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Hampton Rehabilitation Hospital	Monash Medical Centre - Moorabbin			
Kingston Centre	Community Health Services			
Jessie McPherson	Cranbourne Integrated Care Centre	ADAS-STROKE SERVIC	E	

NEUROPSYCHOLOGICAL ASSESSMENT REPORT

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Name: Lynette Croll Date of Assessment: 30/12/03-2/1/04 Date of Birth (Age): 21/12/30 (73 years)

BACKGROUND INFORMATION Country of Birth Australia

Education/Occupation

Mrs. Croll reported that she successfully completed form four (year 10) at secondary school. Employment history includes bookkeeping, hotelier and dairy farming/cattle.

Medical, psychiatric, social history

Hypertension, two left-sided thromboembolic strokes (1996 and 1998) with no reported residual difficulties. As far as I am aware there is no significant psychiatric history. Mrs. Croll was recently widowed and currently lives with her son. She has five adult children as well as numerous grandchildren and great-grandchildren.

Incident details

Diagnosed with right parietal stroke on 11 November 2003. Mrs. Croll was transferred to the rehabilitation ward at Dandenong Hospital on 20 November 2003.

CURRENT ASSESSMENT

Reports of Cognitive/Behavioural/Emotional Changes

Mrs. Croll complained of feeling weaker physically, particularly when walking. She reported that initially her hands did not "work together" as the left hand "didn't cooperate", and that she kept "forgetting" her left hand. She did not acknowledge any memory or mood difficulties. She reported use of strategies to manage any feelings of stress.

Presentation

Mrs. Croll presented as a pleasant, co-operative, socially appropriate right-handed woman who was mentally alert and oriented. She readily undertook all assessment tasks. Presentation was notable for a mild lisp which reportedly was premorbid, and tangentiality in conversation at times. Mrs. Croll often referred to her left upper limb as "him/he" and described it as seemingly unconnected. However, she demonstrated understanding of the problem and appeared highly motivated to exercise the limb. Mood was euthymic in general, and affect congruent and unrestricted. Appropriately, Mrs. Croll became tearful when discussing the recent death of her husband.

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Kingston Centre		Community Health Services	W.GEE	
Jessie McPhere	na	Cranbourne Integrated Care Centre	ADAS-STROKE SERVIC	E

Tests administered

Lhermitte Spatial Learning Task; Line Bisection Task; Rey Complex Figure Test; Stroop Test; Trail Making Test (A&B); Verbal Fluency; Wechsler Adult Intelligence Scale-Third Edition (WAIS III)-selected subtests; Wechsler Memory Scale-Third Edition (WMS III)-selected subtests; various copying tasks

Summary of Assessment

Based on educational and occupational attainment, and best-test performance, Mrs. Croll was estimated to be of 'average' intellectual ability premorbidly. Predominant deficits noted on assessment include:

- Attentional disturbance marked by fluctuating auditory/verbal attention span and difficulty sustaining a consistent level of attention across assessment; working memory (manipulation of information in mind) albeit at the lower end of the average range overall was similarly marked by fluctuation and repletion was needed for lengthier mental arithmetic problems; moderately impaired speed of information processing, with speed impacting on more complex attentional (e.g. divided/selective) requirements.
- In the learning and memory domain, verbal new learning was characterised by a reduced rate of acquisition and moderately impaired overall with attentional and interference effects evident. Free recall of this information following an extended delay was at expected levels. Performance was not assisted by cues and prompts.
- Moderate difficulties were apparent on a spatial learning task, and recall of a complex geometric figure after a relatively short delay was poor.
- Mild to moderate executive dysfunction included reduced verbal fluency, planning/organisation, visuo-integration/construction and spatial organisation, and difficulty switching mental set easily. Behaviourally, impulsivity was evident though Mrs. Croll was able to self-correct at times. Insight appeared reduced but relatively realistic. Mrs. Croll has experienced benefits from a positive attitude following her previous strokes.

The above was seen within the context of relatively intact verbal reasoning or abstraction, and knowledge of general facts.

Conclusions/Recommendations

Mrs. Croll is a 73-year-old woman who suffered a right parietal stroke in November 2003. Neuropsychological assessment findings appear consistent with documented neuropathology as well as previous cerebral insult. Mrs. Croll's cognitive and behavioural profile was seen within the context of significant grief and recent loss.

A formal feedback session has been held with Mrs. Croll and her son, and compensatory strategies for the above cognitive deficits discussed. Information has been reiterated in a family meeting held prior to discharge. Based on the above cognitive and behavioural deficits, particularly attention, planning/organisation,

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impulsivity, and current level of insight (i.e. needs time to learn to adapt), Mrs. Croll requires supervision in daily life. In general, time needs to be allowed for Mrs. Croll's cognition to stabilise. Overload should be avoided both from a cognitive and an emotional point of view, and rest-breaks used as required.

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Patricia Sheridan Senior Neuropsychologist MAPS CCN

Cc: Dr. Loretto Maxwell, Bunyip Medical Centre, 11 A'Beckett Road, Bunyip 3815

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