Week 1
- Russian – qualitative – Alexander Luria – case studies
- American – quantitative - Roger Sperry – group studies

Purpose of a neurological assessment -why assess?
- differential diagnosis
- delineate competencies
- establishing a profile of cognitive strength & weaknesses to establish baseline
- provide insight into behavioural and/or emotional anomalities
- counsel patient and family
- evaluate rehabilitation potential
- disease progression
- surgical intervention
- pharmacologic intervention
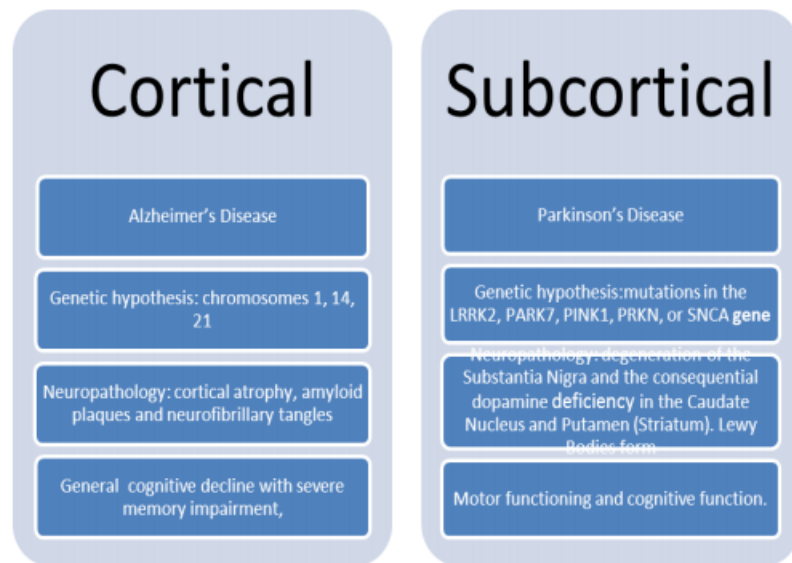
Who needs an assessment & who can do an assessment
- Any disorder with a suspected organic basis that may impact on cognitive function.
- A neuropsychologist may thus be required to assess a wide age range from a diverse population to establish sequelae of TBI, ABI or substance abuse,
- the impact of a number of disease processes
- Patients presenting with a spectrum of soft neurological signs
- Barriers to learning or degenerative processes

SA context – practitioner must:
- Have suitable measuring instruments
- Appropriate experience & sufficient cultural knowledge to discriminate between environmentally-expectant & dependant developmental factors.

Where do you start?
- Examine reports from other professionals, work , school, hospital records & brain images
- Interview patient with collateral info from family
- Decide whether to use a standard battery/ flexible approach
- Consider the requirements of an ideal assessment & the need to assess all modalities (visual, auditory, kinaesthetic ,verbal/non-verbal) as well as qualitative clinical observations
- Consider culture, language, intelligence & educational background of the patient
- Whether test is appropriately graded difficulty, reliable & valid (does it measure what it says it measures in an ecologically appropriate way)
- Whether appropriate norm standards are available

Cortical

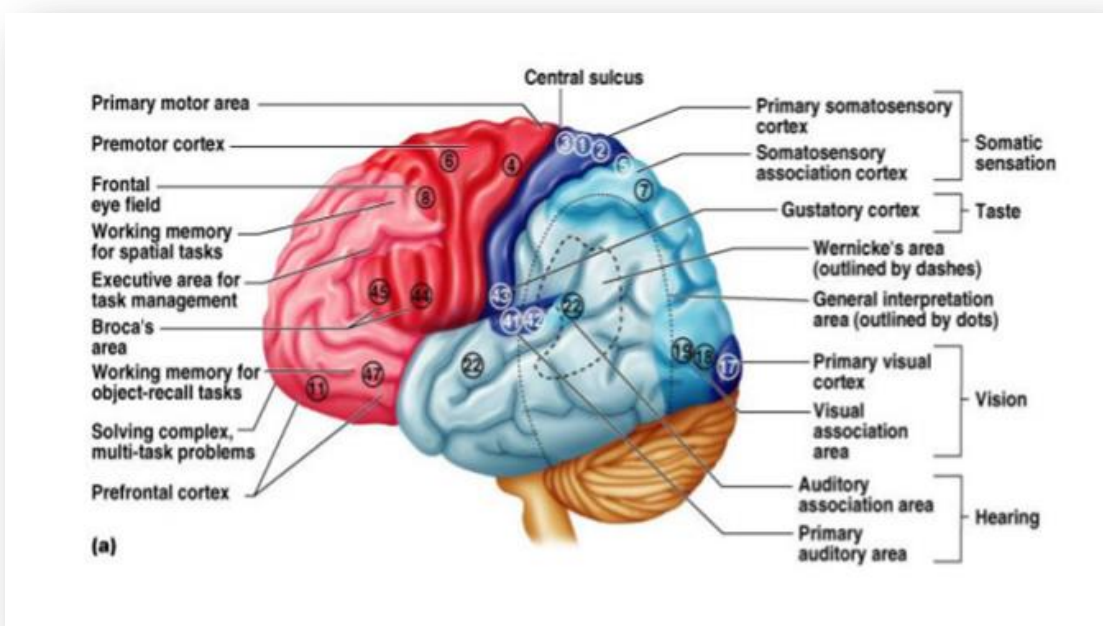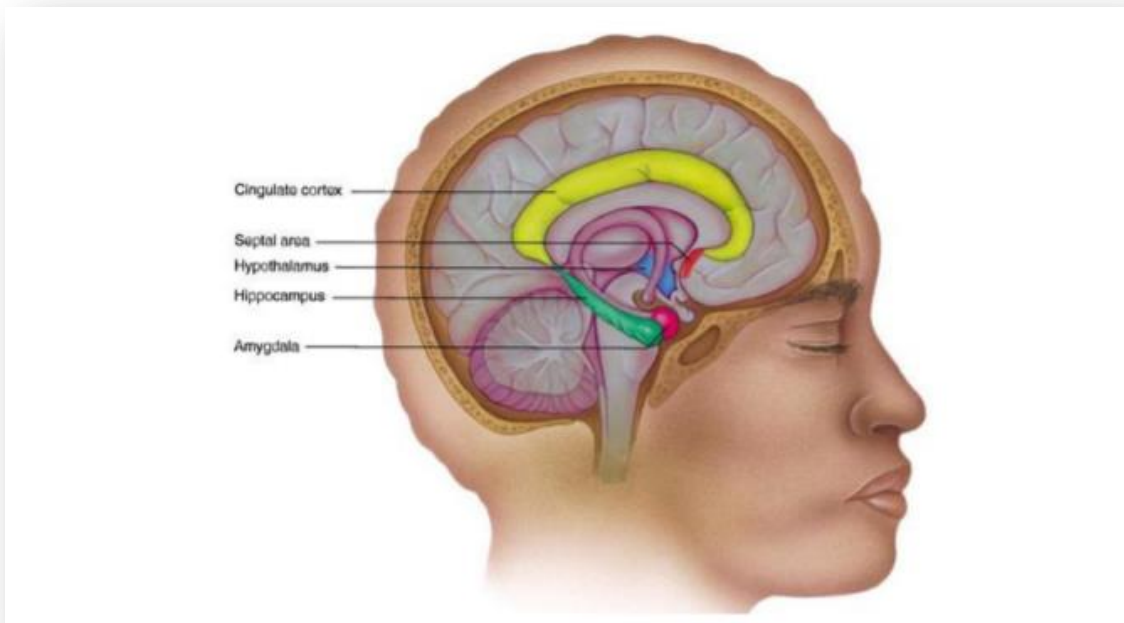| |
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| Alzheimer's Disease |
| Genetic hypothesis: chromosomes 1, 14, 21 |
| Neuropathology: cortical atrophy, amyloid plaques and neurofibrillary tangles |
| General cognitive decline with severe memory impairment, |

Subcortical

Parkinson's Disease
Genetic hypothesis: mutations in the LRRK2, PARK7, PINK1, PRKN, or SNCA **gene**
Neuropathology: degeneration of the Substantia Nigra and the consequential dopamine **deficiency** in the Caudate Nucleus and Putamen (Striatum). Lewy Bodies form
Motor functioning and cognitive function.

Domains evaluated

Neuropsychological test- MOCA	Informant questionnaire - ADCQ
Visuospatial / executive	Recent memory
Naming	Executive function
Memory	Language
Attention	Visuospatial
Abstraction	Mood & behaviour
Delayed recall	Progression
Cued recall	
Abstraction	

Pros of MOCA test
- Requires only patient (not the caregiver) to be present
- Test and Instructions freely available on the web (www.mocatest.org)
- Clear Instructions and scoring
- Translated into 30 + languages
- Covers multiple cognitive domains (orientation, memory, attention, language, executive function, visuo-spatial function)
- Accuracy > MMSE for AD and MCI

Cons of MOCA test
- Takes 10 minutes to administer
- Requires patient to be present
- Requires patient to be cooperative
- Requires staff time to administer

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