



Speech Language Pathology

Initial Evaluation

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Patient Name: Cerethrom, Frank **Date:** 11/18/2008 07:09 PM
Medical Record #: 484584093 **DOB:** 10/17/1940
Account #: 80-9-09090 **SOC Date:** 11/18/2008
Provider: West Clinic
Provider #:
Treating Clinician: Wanda Webber, MS, CCC-SLP
Referring Physician: Megan William, MD (NPI: 8191D)
Primary Care Physician: Buryl Jones MD

Patient Information

Address: 4614 Winstead Way **Physician:** Megan William, MD
City, State, Zip: Franklin, Tennessee 37065 **Physician #:** 5130
Occupation: Healthcare - Medical & Dental Practitioners **# of Approved Visits:** 10
Gender: Male
Contact Person: Mary Hester **Medicare #:** B

Rehabilitation Information / History

	Onset Date	Code	Description
Primary Diagnosis:	10/7/2008	434.01	CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION
Other Diagnosis:	8/3/2013	780.93	MEMORY LOSS

Reason for Visit: ensure competency to practice medicine

Subjective Comments: Affect noted to be flat with monotonous prosody; little humor expressed throughout lengthy and detailed interview. Rocked in chair during entire session reportedly a long term strategy for remaining awake given a state of chronic sleep deprivation.

Has there been any changes to the patient's medications, allergies, operative procedures or diagnosis? No

Are you being threatened or hurt by anyone? No

Prior Functional Status: Communication appropriate and efficient in all situations

Safety Measures: Not applicable

Recent Speech\Language Therapy: None within the last sixty days

Rehabilitative Prognosis: Good rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres - cooperative and motivated

Special Needs: Not applicable

Concerns that led Patient to SLP: Decreased functional communication

Ambulatory Status: Requires assistive device with stand-by assistance

Clinically Complex Situation Comments: Complex medical history; level of competency required to resume occupation.

Patient / Caregiver is aware of and understands his/her diagnosis and prognosis: Yes

There is need for further functional assessment by another discipline: No

Patient is currently receiving functional rehab by another discipline: Yes

Mental Status Behavior: Alert and oriented in all spheres; Other

Mental Status Cooperation: Cooperative

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Right Sided Weakness

Strength Reduced in:

Lips - Right; Tongue - Right

Rate of Movement Reduced for:

Lips; Tongue

Diadochokinetic Testing Reveals:

Sequential Motion Rates: Slow

Alternate Motion Rates: Slow

Articulation:

Imprecise consonants

Oral Motor Comments:

Mild dysarthria though intelligibility is largely unaffected.

Language Exam**Production of Spoken Language****Level of Break Down:**

Social conversation

Oral Expression Characterized by:

Pauses for word-finding; Use of interjections and filler words

Improvement noted with:

Increased formulation time

Production of Written Language**Difficulty With:**

Handwriting; Mechanical aspects; Spelling

Improvement noted with:

Increased formulation time

Language Exam Comments:

No apparent aphasia with exception of probable mild anomia. Patient expressed concern regarding his observation that retrieval of medical vocabulary is diminished. Occasional interrupting behaviors and reduced eye contact noted. Writing limited by resolving right hemiparesis. Reduced automaticity in spelling with relatively high error rate for low frequency words also noted.

Informal assessment of high level reading and writing required due to daily / career demands.

Swallowing Exam**Swallowing Comments (Liquid):**

No related challenges noted.

Swallowing Comments (Food):

All related deficits resolved.

Cognitive-Communicative Exam

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Recent (hours- few days)

Executive Functions:

Self-awareness

Use of Compensatory Strategies:**Yes****What Strategy?** External memory aids (electronic devices)**Deficits Significantly Impacted:**

New learning

Cognitive-Communicative Exam Comments: Assessment of new learning functions with the CVLT at Vanderbilt revealed moderate deficiencies in learning efficiency and capacity with some tendency towards confabulation and interference effects. While formal executive functioning measures have suggested intact skills in cognitive flexibility and adaptability to novel tasks, further observation of these skills will be essential to making accurate determinations about ability and timeline to return to work. Slight pragmatic communication challenges reveal some degree of social disinhibition and lack of related awareness.

Voice (Perceptual) Exam**Oral Motor Voice Exam is normal in all aspects:****No****Pitch:**

Monopitch

Voice Comments:

Family report that vocal characteristics, including monotone speech pattern are pre-existing.

Hearing Screening:

Not tested

Standardized Tests**Standardized Test:** Boston Naming Test Third Edition

Raw Score	Standard Score	Percentile Rank	Age Equivalent
55/60			

Comments: Within mean for age, though educational level suggests mild deficiencies.**Standardized Test:** Stroop Neuropsychological Screening Test

Raw Score	Standard Score	Percentile Rank	Age Equivalent
94		42nd	

Comments: <.01 probability of brain damage.**Standardized Test:** Word Fluency Measure / FAS

Raw Score	Standard Score	Percentile Rank	Age Equivalent
24			

Comments: Mean for age / education is 45.96; with performance falling -1.96 SD from mean.**Standardized Test:** The APT Test**Comments:** Above the mean for all subtests, with exception of divided attention though still within the norm.

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Patient exhibits mild high level challenges in word retrieval, spelling and pragmatic communication. Probable deficits in ongoing / episodic memory, as well as new learning ability.

Functional Goals**Functional Characteristics and Analysis**

Functional Characteristics and Analysis: Dr. Hester is a 65 year old full time practicing cardiologist with recent left lacunar infarct most likely precipitated by non-compliance with diabetes management. He now appears resolved to strict adherence to diet and medication recommendations and presents with a goal of return to work. Though identified language and cognitive deficits are mild (word retrieval, spelling, new learning and on going memory), given the nature of his employment, ensuring competency at a high level of functioning is of the utmost importance. Patient is also responsible for managing the care of adult child with severe disabilities.

Goals

- Functional Goals; Short Term:** Comply with recommended medication regimen, safety restrictions and home programs independently.
 Eliminate falls due to impulsivity or lack of compliance.
 Read complex medical texts for one hour periods without perceived decline in performance (efficiency, comprehension).
 Identify and retain three key points from novel medical literature (auditory or written) following a one week delay without reference to original source with 90% success.
 Locate desired information from recently reviewed medical material with 95% accuracy and reasonable efficiency.
 Consolidate multiple information sources (medical education / patient profiles) without interference or confabulation, using self-checking methods when necessary to ensure near 100% accuracy in retrieval.
 Spell medical terminology to dictation with 95% accuracy.
 Retrieve medical terms from description and in context with minimal hesitation 90% of the time.
 Write medical orders / prescriptions with reasonable efficiency and 100% accuracy.
 Evaluate all aspects of functioning post-activity completion with 85% agreement with the clinician.
 Acknowledge potential consequences of errors and identify methods to eliminate in subsequent attempts with minimal clinician guidance.
 Anticipate the need for compensations based on task analysis prior to completion to minimize opportunity for error.
 Develop reasonable return to work schedule and identify methods of supervision to ensure competency.
- Functional Goals; Long Term:** Demonstrate safety awareness and judgement which promote recovery and minimize risk of injury.
 Demonstrate the cognitive endurance to return to full time employment (40 hours) without compromise in cognitive functioning.
 Complete neuropsychological evaluation prior to work return to ensure necessary competencies and to fulfill employer / malpractice requirements.
 Exhibit complex memory processes free from confabulation and interference effects.
 Demonstrate the capacity to comprehend and retrain large volumes of complex novel information with use of strategies.
 Retrieve and spell pertinent medical terminology (diagnoses, procedures and medications) with minimal hesitation and without error.
 Demonstrate functional writing skills to fulfill work demands with reasonable work efficiency.

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Exhibit full awareness of residual limitations, potential consequences and related compensations.
Adjust activity level based on accurate self-assessment of functional performance.

Patient / Caregiver concurs with established treatment plan and goals:**Yes****NOMS Functional Communication Measures****Memory**

FCM Levels: LEVEL 5: The individual consistently requires minimal cues to recall or use external memory aids for complex and novel information. The individual consistently requires minimal cues to plan and follow through on complex future events (e.g., menu planning and meal preparation, planning a party, etc.).

Spoken Language Expression

FCM Levels: LEVEL 6: The individual is successfully able to communicate in most activities, but some limitations in spoken language are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to frame complex sentences. The individual usually self-cues when encountering difficulty.

Functional Limitation Reporting**Memory**

G9168 - Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals

Current Status: CJ - At least 20 percent but less than 40 percent impaired, limited or restricted

G9169 - Memory functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy

Goal Status: CI - At least 1 percent but less than 20 percent impaired, limited or restricted

Functional Limitation Reporting Comments: Functional Limitation Reporting category selected based on:

- noted impairment on standardized measures (CVLT)
- chosen goal of return to work as physician and associated demands
- consequences of related errors in managing patient care needs

Interventions (CPT Code)

Eval - Speech/Language/Voice/Communication/Auditory &/or Aural Rehab 92506

Speech/Hearing/Voice/Communication Therapy - Individual 92507

Cognitive Skill Development - Improve Attention, Memory, Problem Solving - Direct Contact 97532

Frequency of SLP: Two times weekly

Duration of SLP: 8 weeks



8/8/2013
1:59:39 PM

Wanda Webber, MS, CCC-SLP

Date/Time

State License #: