ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Attachment A

Fax Cover Sheet

Date 10.18.24 Number of pages 35 (including cover page)

To:

Name Matthew G. Jacobs, General Council

Company CALPERS

Telephone 916-795-3659

Fax 916-795-3972

From:

Name Rosa Marla Garibay de Guzman

Company

Telephone [redacted]

Comments

4900
Fax - Local Send

4901
Fax - Domestic Send

4902
Fax - International Send

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2188309R

Petition for Reconsideration

Dear Board of Administration,

I am writing to formally request a reconsideration of the decision made on September 18th, 2024 regarding my application for disability retirement benefits. My application was denied based on my absence from the video call on June 6, 2024.

I applied for disability retirement due to one of two strokes I experienced while working and employed by the St. Helena Unified School District on August 11, 2021. My application included statements from Dr. Shaver where it was determined that Rosa Guzman was unable to work more than part time due to the fact that, "she experiences cognitive fatigue more easily as a consequence of the neurocognitive disorder". Dr. Shaver also stated if she worked longer than suggested, "she must take a nap for brain rest". These findings were sent to CALPERS and SUHSD however, SUHSD denied the accommodation.

I believe the decision to deny my application may have been based on my lack of attendance and not on the medical findings found by many medical professionals. I respectfully request that the board review the following additional information and documents that support my case, attached to this document along with my personal statement.

I appreciate your attention to this matter and respectfully request a thorough reconsideration of my application based on the additional evidence provided. I am hopeful for a favorable outcome, as this decision is crucial for my well-being.

Thank you for your time and consideration. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

Rosa Maria Garibay de Guzman

Personal Statement

Since the incident, I have made significant efforts to return to work. I consulted my doctor, expressing my desire to come back because I loved my job. She agreed to allow me to work, and we decided I would start with 2-3 half days a week, finishing at 1 PM.

I managed to return and worked those hours, but I had to take naps in my car afterward to prepare for my 45-minute commute home. Despite these challenges, I remained committed to completing my tasks and attending work regularly.

After some time, my supervisor, Mr. Heller, informed me that I needed to return to a full-time schedule or risk losing my job. Upon learning this, I contacted my doctor, who explained that I was not capable of handling full-time duties due to my mental and physical state. She emphasized that she wouldn't compromise her license or my well-being by pushing me into full-time work, especially since even part-time hours were exhausting. She concluded that while I could continue part-time if approved by Mr. Heller, he ultimately denied the request. My doctor hoped to see improvements in my condition, but she didn't feel I was ready for full-time work, regardless of the district's or Mr. Heller's wishes.

I have been doing my best to push my body to reintegrate into the workforce, but given the lack of improvement in my cognitive health, it seems likely that my condition may be permanent and not something to overlook.

This situation is detailed in a letter dated December 16, 2022, signed by Dr. Julia Mary Shaver, M.D., which includes her findings. Additionally, please refer to the "Neuropsychology Consultation" report dated April 12, 2022, signed by my neurologist, Dr. Christine Naber, PhD.

After undergoing extensive testing, it has become clear that my condition is not improving sufficiently for me to return to work. I kindly ask you to reconsider your previous decision so that I may continue to heal as advised by my healthcare professionals.

Best,

Rosa Maria Garibay de Guzman

Physical Therapy Clinic- Hidden Valley Lake
18990 Coyote Valley Road, Suite 11 | Hidden Valley Lake, CA 95467
P 707-987-9046 | F 707-987-9532 | AdventistHealth.org

Rosa Guzman, DOB 2/9/72, requested information regarding specific questions from a progress report. Below is my assessment of pt's current status as of 11/15/2023, related to the form she presented.

Sit – can perform continuously with standard breaks

Stand – can perform intermittently with standard breaks, can stand for approx 20-30 mins at a time

Walk – can perform intermittently with standard breaks, can walk for approx 20 mins at a time

Drive- occasionally

WBing – frequently

Climbing- occasionally

Bending- occasionally

Max lift: 10 pounds

Max carry: 10 pounds

Squat/kneel - occasionally

Fine manipulation: unable to assess, pt is seeing OT next week and is able to determine

Gross manipulation: frequently with b/l UE

Reach above shoulder: occasionally

Reach below shoulder: frequently

Please reach out with any questions,

Alexa Yancey, PT, DPT

August 21 2024

ROSA GARIBAYDEGUZMAN

Start

magnesium oxide 400 mg daily
Start Jardiance 10 mg daily for diabetes

For anemia:
Increase iron-rich foods liek beans and spinach daily
Start iron daily with Colace to help prevent constipation
If constipated, take iron a few times a week
Order colonoscopy--will call you

Due to history of a stroke, and to help prevent another stroke:
Ordered referral to cardiology--will call you
Order Zio patch to monitor heart activity--will call you
Ordered bubble study-will call you
Ordered carotid ultrasound-will call you
Ordered echocardiogram--will call you
Referred to PT- will call you
See neurologist as planned

Filled out your disability paperwork

Get labs done in one month and come back to see Stephenie ---you go to lab at
Building E at hospital in Clearlake

Sincerely,

Stephenie Hargrove

(707) 263-3746

Kaiser Permanente Attending Physician Statement

Statement Date
11/2/2021

PATIENT INFORMATION

Patient First Name	Patient Last Name	MRN	DOB	Deceased
Rosa	Guzman	[redacted]	[redacted]	N

PHYSICIAN/PROVIDER INFORMATION

Provider First Name	Provider Last Name	License Type	License No.	License State
JULIA MARY	SHAVER	PHYSICIAN	A121043	CA

Provider Address	City	State	ZIP	Phone	Specialty
401 BICENTENNIAL WAY	SANTA ROSA	CA	95405-2149	707-571-3770	Family Practice

CERTIFICATION INFORMATION

Date Disability Began	First Treatment Date	Last Treatment Date	Still Treating?	Treatment Intervals
10/07/2021	10/07/2021		Y	AS NEEDED

Date of Expected Return to Pre-Impairment/Pre-Injury Activity	Work-Related?	Unable to Work?	Permanent Disability?	Trauma?
11/20/2021	N	Y	N	N

Reason for Impairment
COGNITIVE SOCIAL OR EMOTIONAL DEFICIT, LATE EFFECT OF ISCHEMIC STROKE.

PREGNANCY INFORMATION

Pregnancy Related (not currently pregnant)?	Pregnant?	Expected Delivery Date
N	N	

Actual Delivery Date	Delivery Type	Disabled Days (Vaginal)	Disabled Days (Cesarean)

MEDICAL INFORMATION

Diagnosis	Code Set	First Dx	Second Dx	Third Dx	Fourth Dx
COGNITIVE SOCIAL OR EMOTIONAL DEFICIT, LATE EFFECT OF ISCHEMIC STROKE	ICD10	I69.315	I69.30		

Related Hospitalization?	Currently Hospitalized?	Admit Date	Discharge Date
N	N		

Disclosure Mentally/Psychologically Detrimental?	Referral to Drug/Alcohol Facility?
N	N

Seen By Non-KP Provider?	Date Care Started w/Non-KP Provider
N	

Electronically Signed By: SHAVER, JULIA MARY (M.D.) on 10/18/2021

Please fax the completed form to:
The Hartford - Administered by Keenan & Associates
P.O. Box 2707 Torrance, CA 90509
Telephone: (800) 444-9995; ext. 3103, ext. 3732, and/or ext. 3105
Fax: (310) 320-3705
Email Address: TorranceDisability@keenanassoc.com

Attending Physician's Statement – Progress Report

The patient is responsible for completion of this form without expense to the company

Patient Last Name:	Patient First (or Preferred) Name:	Date of Birth:	Claim Id Number:
Garibaydeguzman	Rosa		

Level of Functionality (Based upon your medical findings and opinion, address the full range of your patient's abilities. We will conclude that there are no restrictions on function unless specified below.)

Expected duration of any restriction(s) or limitation(s) listed below THROUGH __/__/ depends on Neurology assessment.
MM DD YYYY

In a workday the patient is able to: (select either Continuous or Intermittent)

	Continuously with standard breaks		Intermittently with standard breaks	If intermittent, enter time for each section below: Hours at one time	Total hours in a workday
Sit	☒	or	☐		
Stand	☒	or	☐		
Walk	☒	or	☐		

Key: C = Continuously (5.5 – 8 hours) F = Frequently (2.5 – 5.5 hours) O = Occasionally (up to 2.5 hours) N = Never

Activity Ability	C	F	O	N
☒ Drive	☐	☐	☒	☐
☒ Weight bearing	☐	☐	☐	☒
☒ Climb	☐	☐	☐	☒
☒ Bend	☐	☐	☒	☐
☒ Max lift	__LBS	__LBS	__LBS	0 LBS
☒ Max carry	__LBS	__LBS	__LBS	0 LBS

Activity Ability	Right/Left	C	F	O	N
☐ Squat/Kneel		☐	☐	☒	☐
Hand Dominance	☒ R ☐ L				
☒ Fine Manipulation	☒ R ☒ L	☒	☐	☐	☐
☒ Gross Manipulation	☐ R ☐ L	☐	☒	☐	☐
☒ Reach above shoulder	☒ R ☒ L	☒	☒	☐	☐
☒ Reach below shoulder	☒ R ☒ L	☒	☐	☐	☐

Completed or Planned Diagnostic Tests, Labs and Imaging (related to the disabling diagnosis)

Completed: ☐ X-ray __/__/____ ☒ MRI 04/2021 ☐ CT __/__/____ ☐ EKG __/__/____
☐ ECHO __/__/____ ☐ EMG __/__/____ ☒ Lab Work 11/07/2023

Findings of completed tests: ☐ No significant findings ☒ Confirmed diagnosis

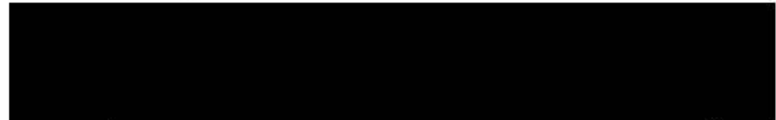
Planned: ☐ X-ray ☒ MRI ☐ CT ☐ EKG ☐ ECHO ☐ EMG ☐ Lab Work Scheduled date Not available yet order placed

Provider Details

Provider Name: Khatereh Asadi MD
Email:
Specialty: Family Medicine
Phone: (707) 9954500
EIN Number:
Fax: (707) 994-2401
License Number: C154956

Provider Signature: [signature] MD.
Date: 12-09-2023

Please fax the completed form to:
The Hartford - Administered by Keenan & Associates
P.O. Box 2707 Torrance, CA 90509
Telephone: (800) 444-9995; ext. 3103, ext. 3732, and/or ext. 3105
Fax: (310) 320-3705
Email Address: TorranceDisability@keenanassoc.com



Attending Physician's Statement – Progress Report

The patient is responsible for completion of this form without expense to the company

Patient Last Name: Garibaydeguzman
Patient First (or Preferred) Name: Rosa
Date of Birth:
Claim Id Number:

Condition Please complete this form based upon the most recent patient contact/evaluation

Projected full time return to work date: __/__/Unknown
MM DD YYYY

Office visit to complete this form: 11/29/23 MM DD YYYY ☒ In Person ☐ Telemedicine

If pregnancy, what is date of delivery? __/__/____ MM DD YYYY ☐ Actual ☐ Estimated

Current Disabling Diagnosis(es) and Impact to Function

ICD 10 Codes
Please provide most specific codes:
Z86.73 \ R41.3

Description of corresponding symptoms and clinical exam findings: pt. with h/o ischemic CVA in 2021 with memory deficit, impared auditory processing

Co-Morbid Conditions with Impact to Diagnosis

☐ None ☐ Opioid Usage ☐ Psoriasis ☐ Mental Health
☒ Diabetes ☐ Heart Disease ☐ Asthma/Bronchitis ☐ Cognitive Impairment
☒ Hypertension ☐ Obesity ☐ Auto-Immune Disease
☐ COPD ☐ Arthritis ☒ Other-Anemia hyperlipidemia

In your opinion is the patient competent to endorse checks and direct the use of proceeds? ☒ Yes ☐ No

Treatment Plan

☐ Conservative treatment ☐ Bed Rest ☐ Palliative care ☐ Hospice Care

☐ Hospitalization Admittance date: __/__/____ MM DD YYYY Discharge date: __/__/____ MM DD YYYY

☒ Next/Another appointment Date: 02/29/2024 MM DD YYYY ☒ In Person ☐ Telemedicine

☒ Physical/Occupational therapy 1-2 times per week ☐ until 03/01/2024 MM DD YYYY ☐ Actual ☒ Estimated

☐ Surgery Date: __/__/____ MM DD YYYY CPT Code(s): |_||_||_||_||_| \ |_||_||_||_||_|

☒ Referral to a specialist Type: Neurology Contact Info: Sutter Neurology in Santa Rosa

Current Medications (related to condition or impacting function)

☐ None ☐ Over counter medications:

☒ Prescription medications Name(s): See printed list attached

☐ Impacting function? ☐ Yes ☒ No If yes, why?

☐ Chemotherapy ☐ Radiation Start Date: __/__/____ MM DD YYYY End Date: __/__/____ MM DD YYYY

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Result Type:	MRI Brain WO Contrast
Result Date:	January 08 2024 16:04 PST
Result Status:	Auth (Verified)
Result Title:	MRI Brain WO Contrast
Performed By:	Reynolds, Larry D on January 08 2024 16:04 PST
Verified By:	Resnick, MD, Daniel on January 08 2024 16:18 PST
Encounter info:	49701797024, 90, Outpatient, 01/08/2024 - 01/08/2024

* Final Report *

Reason For Exam
Stroke, follow up;Decision Support

REPORT
EXAM: MRI Brain WO Contrast

CLINICAL INDICATION: Follow-up stroke.

COMPARISON: None available.

TECHNIQUE: Sagittal T1, axial T1 and T2 and FLAIR, coronal T2, diffusion weighted imaging.

FINDINGS:

Normal cortical sulci, ventricles, and basal cisterns.

No acute infarct. No focal intra-axial or extra-axial mass or hemorrhage .

There is moderate periventricular subcortical white matter T2 and FLAIR hyperintensity. There is an old lacunar infarct in the right centrum semiovale white matter. .

Pituitary gland and craniocervical junction grossly unremarkable. Visualized midbrain structures and corpus callosum appear normal.

The visualized paranasal sinuses and mastoid air cells are clear.

Orbits and ocular globes appear unremarkable. Intact calvarium.

IMPRESSION:

1. White matter signal changes may represent small vessel ischemic disease however other demyelinating entities are hard

to exclude. Old lacunar infarct.

Dictated and Signed by Daniel Resnick, MD at 1/8/2024 4:18 PM

Signature Line
*** Final ***

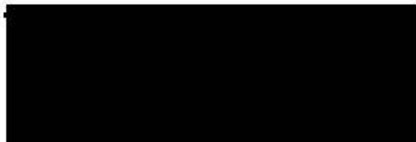
Electronically Signed By: Resnick, MD, Daniel

on 01/08/2024 16:18

Report
This document has an image

Completed Action List:
* Order by Assadi, MD, Khatereh on December 06 2023 08:55 PST
* Perform by Reynolds, Larry D on January 08 2024 16:04 PST
* VERIFY by Resnick, MD, Daniel on January 08 2024 16:18 PST
* VERIFY by Resnick, MD, Daniel on January 08 2024 16:18 PST
* Endorse by Assadi, MD, Khatereh on January 10 2024 09:54 PST

The Permanente Medical Group, Inc.
ADULT & FAMILY MEDICINE
401 BICENTENNIAL WAY
SANTA ROSA CA 95403-2149
Dept: 707-393-4000
Main: 707-393-4000



Rosa M. Ganboa de Guzmán

December 16, 2022

RE: Rosa Guzman, DOB

Dear Ms Guzman -- below is a copy of the letter we discussed . You may provide it to whomever you wish. Please be aware that it contains your personal health information.

To Whom it May Concern:

Ms. Rosa Guzman has been under my care since 2018. In August 2021 she presented to the emergency department and was diagnosed with an ischemic stroke via neuroimaging techniques and neurologic examination. She initially had deficits involving vision, paresthesias, and cognitive deficits related to visuo-spatial skills, executive function, and attention.

She has participated regularly in occupational and other therapy since her initial diagnosis, and underwent a comprehensive neurocognitive evaluation in April 2022 which confirmed a continued diagnosis of mild neurocognitive disorder secondary to stroke as well as some mild residual left motor weakness.

To this date she has been able to re-engage back in her usual work activities on a part-time basis only. The reason for the part-time basis is that she experiences cognitive fatigue more easily as a consequence of the neurocognitive disorder, and while she is able to perform her usual tasks her time to complete them may need extension and her ability to work on sustained cognitive tasks is limited. She is currently able to tolerate up to four half-days a week of her usual work activity. If working for longer than this, her deficits become exacerbated and she experiences fatigue to the point that she must take a nap for brain rest.

As her deficits have now been present for longer than 15 months despite regular engagement in therapy and recommended medical treatment, it is reasonable to assume that this may be a permanent condition.

Supporting medical documentation related to the above is available upon request from the patient, who may request them through our Release of Medical Information office.

Thank you for your kind attention.

Sincerely,

JULIA MARY SHAVER MD
Board Certified in Family Medicine, License number A121043

SANTA ROSA MEDICAL CENTER
Department of Neurology
401 Bicentennial Way
Santa Rosa, California 95403
Phone (707) 571-3953

Name: Rosa Guzman
MRN: [redacted]
Testing ID: [redacted]
Date(s) of Evaluation: 04/12/2022
Date of Report:04/16/2022

Age: 50
Birthdate: [redacted]
Gender: Female

OUTPATIENT NEUROPSYCHOLOGY CONSULTATION REPORT – CONFIDENTIAL

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ID/REFERRING INFORMATION

Rosa Guzman is a 50 Y married, right handed, Latina female, referred by primary care provider, JULIA MARY SHAVER MD for a neuropsychological evaluation to assist with differential diagnosis, documenting cognitive status and the provision of neuropsychological treatment recommendations. The patient was interviewed via video accompanied by her son, who does contribute to the interview. The patient was tested independently in person. The patient lives with their family.

Prior to the start of the evaluation, the purposes of the evaluation were discussed with the patient, as were the limits to confidentiality. The patient gave assent to participate and was provided with consent forms. The patient was aware that a copy of the report would be placed in the visible notes section of HealthConnect and be sent to the treating providers per Regional Neuropsychology Guidelines.

SUMMARY AND IMPRESSIONS

Ms. Guzman had some difficulty on neuropsychological testing. Specifically, Ms. Guzman had difficulty with visual retrieval, visual organization, some aspects of simple attention, naming, repetition, and some measures of executive functioning, including nonverbal conceptual efficiency and repetition errors. Ms. Guzman demonstrated relative difficulty with perceptual organization. Phonemic fluency, processing speed for unfamiliar stimuli, and auditory comprehension were low average. Left-sided dexterity was average but considerably weaker than Ms. Guzman's high average right-sided dexterity. Strengths were apparent in terms of orientation, simple attention, visual attention, mental math, baseline predicted intellectual functioning, verbal retrieval, verbal encoding, contextual retrieval, contextual encoding, overall auditory memory, semantic fluency, speed of verbal retrieval, lexical speed, visual construction, visual orientation, praxis, and executive functioning, including verbal flexibility, cognitive flexibility, initiation, persistence, inhibition, inhibition/switching, abstraction, verbal deductive reasoning, and judgment. There were no excessive loss of set or intrusions errors either, and there was no decline in fluid reasoning based on the Shipley-2 AQ index. Emotionally, Ms. Guzman endorsed depression, anxiety, and posttraumatic stress symptoms on self-report measures.

Ms. Guzman's presentation, diagnosis, and history are consistent with a diagnosis of mild neurocognitive disorder secondary to stroke. Ms. Guzman experienced a stroke last August, acutely accompanied by pain behind her left eye, left sided weakness, memory issues, difficulty driving, and confusion. Consistent with the contralateral representation of motor functioning in the brain, imaging showed that she had suffered a right hemispheric infarct. Ms. Guzman had primary difficulties with "right hemispheric" tasks, including visual memory, visual organization, nonverbal conceptual efficiency, and perceptual efficiency. She also showed residual left motor weakness.

Ms. Guzman also had some issues with more "left hemispheric" tasks, such as naming, repetition, and phonemic fluency. However, it is important to note that testing was given in English, whereas Ms. Guzman's primary language is Spanish. Difficulties in language measures may be attributed to this crucial cultural factor. Primary focus will be for Ms. Guzman to engage in and practice tasks that can aid in her post-stroke rehabilitation process.

In addition to post-stroke cognitive difficulties, Ms. Guzman endorsed a moderate amount of depression and anxiety, as well as some post-traumatic stress disorder symptoms due to her experience with her stroke. It is important that she addresses these depressive, anxious, and trauma-related symptoms as well, as all such conditions could be exacerbating cognitive difficulties on a day-to-day basis. Depression, anxiety,

and trauma symptoms are known to affect attention and processing speed. This would, in turn, impact the ability to efficiently remember and process information.

RECOMMENDATIONS

1. Due to cognitive issues, re-engaging in speech therapy is recommended for cognitive rehabilitation.

2. Ms. Guzman should follow up in Psychiatry for further treatment and/or evaluation. This could include: individual therapy, anxiety/panic group, and/or trauma-focused treatment, such as EMDR. This is particularly important due to Ms. Guzman's endorsed trauma-related symptoms attached to her stroke, as well as her self-endorsed moderate amount of depression and anxiety. Treatment should work on strategies to lower her anxiety and address trauma symptoms. In addition attending Kaiser Health Education classes for anxiety, stress management, etc. can also assist her in this process.

3. Due to reports of mild snoring, Ms. Guzman should discuss whether a referral for a sleep study would be recommended to rule out obstructive sleep apnea (OSA). Untreated OSA may cause hypoxic events that raise the risk for cognitive decline over time, so is important to evaluate and treat as recommended.

4. Ms. Guzman reported that she has had diplopia for years and has a prescription for glasses but has not gotten them. It is recommended for Ms. Guzman to get glasses, as sensory difficulties can affect functional cognition. Financial aid programs may be available to assist with purchasing if needed.

5. Ms. Guzman is encouraged to exercise for at least 30 minutes on a daily basis. Aerobic exercise increases blood flow to the brain and is helpful with mood and can assist with maintaining cognitive functioning and mood regulation.

6. Ms. Guzman should remain cognitively active. Having a specific schedule of organized activities and continuing to learn new things is important for overall brain health.

7. Ms. Guzman should consume a heart-healthy diet that substitutes polyunsaturated fats (fish, avocado, nuts, and seeds, etc.) for saturated and trans fats. Good portion control, lower carbohydrates (higher in fiber), fruits and vegetables, and reduced sodium also make for a good heart-healthy diet.

8. Ms. Guzman should control vascular risk factors such as blood pressure, glucose, cholesterol, and weight. Good control of diabetes is particularly recommended, as uncontrolled diabetes can increase functional cognitive difficulties.

9. Ms. Guzman should try to be unmindful of cognitive difficulties and mindful of cognitive strengths. Focusing on perceived cognitive difficulties will trigger anxiety and lead to greater problems with functional cognition.

10. Socialization groups to increase social support and get out of the house on a more regular basis might be helpful. These do not necessarily need to be psychotherapeutic; exploring classes at the Santa Rosa Junior College, thru the local park district, etc. may be beneficial.

11. Executive function compensatory strategies are recommended as follows:

    Set-shifting
    - Focus on one activity at a time in order to maximize performance on each task
    - Set an alarm for when to end activities

    Categorizing/Organization:
    - Ask for help

    Working Memory:
    - Break information down into smaller chunks
    - Ask for repetition. "Can you give it to me one more time?"
    - Take pictures of where you are parked
    - Carry a notepad to write things down in

12. It is important for Ms. Guzman to engage in activities that may improve the various abilities that were affected by her stroke. This includes:
    - Engaging in visual memory games, such as card memory matching games
    - Engaging in activities that encourage non-verbal problem solving, such as Mastermind, Tangrams, etc.
    - Engaging in activities that encourage fine motor dexterity, such as playing piano, picking a guitar, building models, doing needlepoint, etc.

13. Given greater difficulties with visual than verbal cognitive areas, she should rely more on verbal memory strengths to compensate for visual difficulties. For example, she may benefit from using verbal turn by turn directions, rather than visual maps.

14. Ms. Guzman benefited from retrieval cues. As such, use of reminders, alarms, highlighters, notes, etc. will assist in recall.

15. Ms. Guzman would benefit from organization strategies. For instance, having places to put keys, glasses, or other important items will assist with functional recall.

16. Stress management techniques, such as meditation, yoga, progressive muscle relaxation therapy, autogenic training, biofeedback, or visualization are recommended.

17. Sleep hygiene techniques would be of assistance. Behavioral techniques to assist with sleep should be instituted. The Insomnia Class through Health Education may assist in this regard. In any case, one should go to bed at the same time every night and get up at the same time every morning, within a half hour grace period. This will assist in setting the circadian rhythm. The bed should be used only for sleep, and one should avoid activity such as reading or watching TV in bed. One should engage in the same nighttime routine prior to going to

bed, such as brushing teeth, bathing, getting dressed, etc. in the same order and at the same time every evening. Ambient lighting should be dimmed beginning at dusk, and bright lights should be avoided in the evening.

Once in bed, if sleep onset does not occur within 15 minutes or so, one should get out of bed and engage in a boring, repetitive activity until feeling drowsy (e.g., knitting, diaphragmatic breathing, etc.). Once drowsy, one can return to bed, but should get out of bed if sleep does not occur within 15-20 minutes. This pattern should continue until one falls asleep. If one wakes in the middle of the night and has trouble falling asleep within 15 minutes, one should once again get out of bed and engage in boring, repetitive activities until able to fall asleep within 15 minutes.

It is also helpful to reset the circadian rhythm by having bright lighting available early in the morning. Optimally, a bedside lamp should be set on a timer to turn on approximately 5-10 minutes prior to the normal wake time. Moderate physical exercise on a daily basis prior to 2 p.m., as well as avoiding caffeine, can also assist with improved sleep. Following these sleep hygiene techniques for 2 or more weeks without fail may result in improved sleep.

18. No further neuropsychological services are planned for this current point in time. Results will be presented to Ms. Guzman and family if not already done so.

MEDICAL HISTORY

History of Presenting Problem: Pt started to have symptoms of a stroke on August 11th of 2021. Initial symptoms consisted of nausea and feeling as if something was "not right." She was able to finish her work and began to experience significant pain behind her left eye. She noted shortly thereafter having difficulty finding her car. She began to feel confused and started driving in the wrong direction, without recognizing it at first. After stopping to ask for directions, her husband came to take her to the ER, but she was sent home. The following morning, she wasn't able to stand up and returned to the ER. Pt reported significant headache and ultimately was transferred to a hospital room. She noted loss of memory until the next day when a neurologist came into the room and told her that she had had a stroke.

Pt reported continued numbness in her left hand and foot. She also reported ongoing headaches as well. She noted crying at work and feeling as if work felt she is not as capable. Pt reported forgetting to log in some data at work but noted that this was somewhat unusual in that a teacher was on jury duty. Pt's son reported that his mother seems to panic with certain tasks and seems to have lost confidence. She panics about thinking that she is having another stroke when she has head pain. When walking the dog, she has called him saying that she is lost.

Symptoms have included problems with (pertinent symptoms are in **bold**):

attention, including ALOC; staring episodes; losing track; **problems concentrating--loses focus when doing a task and then forgets what was doing; issues with focus**; distractibility; good and bad days

memory, including **short term impairment**; disorientation; long term impairment; **may not recall specific day of the week but not overall disorientation**

language, including **comprehension--sometimes loses topic; expression of ideas--feels as if people aren't understanding what she is trying to say. Pt has issues expressing her thought and then cries per her son. Occurs in Spanish and English**; disruption in flow of ideas; **word finding**; reading; **word substitutions**; **paraphasias--per patient**; object identification; dysfluency, spelling; **handwriting/printing--harder to grasp the pencil per patient, even before stroke**

visual spatial abilities, including getting lost/**sense of direction--gets confused about directions she is going**; recognizing faces; **R/L confusion**; **problems with driving--DMV notified due to CVA. Didn't pass written exam because thought was only getting the behind the wheel exam**; **misjudging distance**; **visual misperceptions--may think something is closer; visual neglect--doesn't notice things on left per patient**

executive functioning, including **multi-tasking- -has to be hyper-focused or else she couldn't accomplish it; sequencing; organizing--forgets when put things. Thinks has things arranged but then can't find it**; **planning**; **complex thinking; initiation--sometimes per patient**; judgment

ADL's/IADL's, including writing checks; paying bills; balancing checkbook; managing finances; **shopping--son/husband do shopping; managing medications--uses alarms**; **cooking--was cutting herself, burning herself because not feeling how hot it was and burned herself**; dressing; **bathing--not showering as much, husband has reminded her**; **driving**; **working--was working full time, without restrictions when left hospital but was placed off of work by regular doctor. Back at work 3 days of work but with restrictions of needing to be supervised. Is off work again for a month.**

motor, including tremor; **rubbing her hands due to numbness, per son, pt was observed to be scratching at her head, which he thought was a nervous habit to check for a stroke**; **dropping things;** issues with coordination; falls; **near falls--tripping**; falling backwards; issues with tools (knife/fork, remote control, microwave, key in a lock, etc); **asymmetrical weakness--on left**; **balance issues; dizziness--for years. Better now**; vertigo; signs of possible orthostatic hypotension; **gait changes--walks more slowly, not able to jump or run now**

vision, including **double vision--for years. Better now**; **blurred vision**; **needing glasses--has a Rx but hasn't gotten it due to finances**; blindness/macular degeneration/cataracts; trouble interpreting what seeing; color vision deficiency (for males); visual misperceptions; trouble looking down

hearing, including hearing issues; hearing aids; tinnitus; **pain around the left ear, breeze/fan bothers her**

swallowing; choking; coughing after eating; **was having small issues but talked to SLP and has improved**

sense of smell; **sense of taste--feels nausea with certain food**

sense of touch--residual numbness in foot and hands; proprioception; neuropathy

pain, including **headache (with photophobia; with phonophobia**; with nausea; with vomiting); chronic pain

urinary/bowel issues, including urinary incontinence; bowel incontinence; urinary urgency; urinary frequency; constipation

sleep, including sleep walking; **sleep talking**; unusual motor movements in sleep; restless leg; signs of possible REM sleep disorder; **nightmares--related to hospital, no one will see her; snoring--husband has told her she snores mildly. Has not had a sleep study**; obstructive sleep apnea (uses CPAP/BiPAP, not using CPAP/BiPAP); **napping--briefly; initial onset insomnia--if worried; middle term insomnia--if worried**

eating behavior, including **appetite changes-- has to force herself to eat**; unusual cravings; odd eating behaviors; eating non-food items; over-indulgence in sweets; **weight loss--lost some weight;** weight gain; overeating; binging; purging; excessive exercise

energy, including **fatigue**; hypersomnolence; excessive napping; poor motivation; **exercises 0 days per week aerobically**

depression, including **feeling sad but not all day, daily**; **crying**; **decreased interest in most activities**; psychomotor retardation; **poor energy; poor concentration; poor appetite; hopelessness**; suicidal ideation; suicidal intent; past suicide attempt

mania, including elevated mood, grandiosity, excessive talking, decreased need for sleep without missing it, risk taking, hypersexuality, psychomotor agitation

anxiety, including **excessive worry**; rumination; panic attacks; **trauma history--stroke;** posttraumatic stress; sweating; heart palpitations; **chest pain when anxious**; flashbacks; avoidance; startle response; physiologic reactivity; negative cognitions/emotions

psychosis, including auditory hallucinations; visual hallucinations; seeing shadows; sensing a presence; delusions; paranoia; visual illusions

behavior change, including disinhibition; inappropriate behavior; judgment issues; loss of empathy; **motivation issues;** initiation issues; anger outbursts; **irritability--with frustration**; **excessive crying;** inappropriate laughing; change in alcohol intake; change in drug use; **loss of confidence per her son, as well as depressive symptoms of not showering, staying in her room**

sexual functioning, including decreased libido; **lack of interest**

Prior Medical History: The patient's mother's pregnancy and delivery were within normal limits, without complications. Developmental milestones were at the appropriate times.

Childhood medical history was unremarkable. There was not a history of concussions, head injury, or loss of consciousness in childhood. There was no history of physical abuse.

As an adult, the patient has had issues with DM and HTN (see problem list below for additional information). Twenty years ago, she fell and hit her head but denied any injury or sequelae.

Problem List:

Active Ambulatory Problems

Diagnosis	Date Noted
• HTN (HYPERTENSION)	02/20/2015
• DM 2 W CKD STAGE 3A (GFR 45-59)	04/29/2015
• HIRSUTISM	01/31/2017
• FHX OF COLON CANCER	02/03/2021
• HX OF COLONOSCOPY	02/12/2021
• DIPLOPIA	02/26/2021
• NONTOXIC UNINODULAR THYROID GOITER	03/17/2021
• HX OF ISCHEMIC STROKE	08/13/2021
• DIARRHEA	08/13/2021
• NONTRAUMATIC ACUTE KIDNEY INJURY	08/13/2021
• HEMIPLEGIA & HEMIPARESIS, LEFT NONDOMINANT SIDE, LATE EFFECT OF STROKE	01/12/2022
• COGNITIVE DEFICIT, LATE EFFECT OF STROKE	02/03/2022

Additional diagnoses from the Past Medical History section

Diagnosis	Date
• CORONAVIRUS COVID-19 RULED OUT	8/13/2021

Medications:

Current Outpatient Medications

Medication	Sig
• Atorvastatin (LIPITOR) 40 mg Oral Tab	Take 2 tablets by mouth daily
• Aspirin 81 mg Oral Chew Tab	Chew and swallow 1 tablet by mouth daily
• DULoxetine (CYMBALTA) 20 mg Oral CPDR SR Cap	Take 1 capsule by mouth daily . Increase as directed to goal dose of three capsules (60 mg) daily.
• Lisinopril-hydroCHLOROthiazide (PRINZIDE/ZESTORETIC) 20-25 mg Oral Tab	Take 1 tablet by mouth daily
• metFORMIN (GLUCOPHAGE) 500 mg Oral Tab	Take 1 tablet orally in the morning and 2 tablets in the evening with food
• Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA	Inhale 2 Puffs by mouth every 4 hours as needed for quick relief of asthma symptoms . 100 days supply for asthma is 1 canister
• Pantoprazole (PROTONIX) 20 mg Oral TBEC DR Tab	Take 1 tablet by mouth daily 30 minutes before breakfast

- blood-glucose meter (OneTouch Verio Flex Start) Misc Kit — Use as directed to test blood sugar

No current facility-administered medications for this visit.

OTC Medication: Tylenol—as needed but not weekly
Alternative/Herbal Remedies: herbal teas only

Labs:
Lab Results

Component	Value	Date/Time
HGB	13.6	08/14/2021 11:34 PM
HCT	40.0	08/14/2021 11:34 PM
WBC	10.2	08/14/2021 11:34 PM
PLT	195	08/14/2021 11:34 PM
NA	136	08/20/2021 10:46 AM
K	3.9	08/20/2021 10:46 AM
CL	97 (L)	08/20/2021 10:46 AM
CO2	27	08/20/2021 10:46 AM
CA	9.8	08/20/2021 10:46 AM
BUN	18	08/20/2021 10:46 AM
CR	1.22 (H)	08/20/2021 10:46 AM
AST	22	08/14/2021 11:34 PM
ALT	29	08/14/2021 11:34 PM
ALKP	53	08/14/2021 11:34 PM
TSH	1.4	08/13/2021 08:17 AM
HA1C	6.3 (H)	03/14/2022 11:25 AM

No results for Vitamin B1 or Vitamin D

Medical record review:

According to an 08/11/2021 Emergency department note by Dr. Michael Gerstein of Emergency Medicine, the patient was coming into the ED because she was not feeling well. She recently started a new dose of her blood pressure medication and mixed it with her new medication. Over the past week, she was unsure whether she had accidentally been taking either two of her old medication or one of her new medication. She was feeling okay until she started feeling unwell with fatigue, dizziness, and headache two days prior to the note being written. She denied fever or chills, sore throat, anosmia, cough, chest pain, or shortness of breath, abdominal pain, and urinary symptoms. She denied knowing anyone who was sick. The day prior she was feeling dizzy and had a period of confusion where she got lost driving her car. She denied having speech or language changes, numbness, weakness, or tingling. Review of systems was positive for fatigue, nausea, and headaches. She was not in acute distress. She was well developed and did not look ill-appearing. Her head, mouth/throat, pharynx, eyes, cardiovascular system, pulmonary system, abdominal system, musculoskeletal system, and skin were normal. On exam, she was alert and oriented to person, place, and time. Her GCS eye subscore was a 4. Her GCS verbal subscore was a 5. Her GCS motor subscore was a 6. Her cranial nerves, sensory, motor, coordination, and gait were intact

and normal. Assessment was headaches and nausea. She presented well-appearing, afebrile, with reassuring vital signs, no acute focal neurologic deficits, and an otherwise unremarkable exam. There was no suspicion for meningitis, subarachnoid hemorrhage, CVA, or TIA. Her symptoms were thought to possibly be related to an accidental overdose of her old hypertensive medications. Rest, drinking fluids, and a review of her current antihypertensive medications were recommended. The patient was discharged to home.

According to a Discharge note written on 08/12/2021 by Dr. Joe Saenz, the patient presented on 08/12/2021 with a right sided headache, intermittent confusion, and nausea and was found to have a PCA p2 segment occlusion. Neurology was consulted, noting that she was out of her thrombolytic window. She was started on ASA and statin. Hypercoagulable work up was in process. The patient had had episodes of intermittent sharp chest pain (EKG and troponin were negative), as well as perioral numbness that self-resolved. She declined having these symptoms the day of discharge. Her neuro exam was normal prior to discharge as well. A need for more strict diabetes control was discussed. Changes were made to her statin, Metformin, and BP meds, and she was also continued on an aspirin at time of discharge. Outpatient referral to OT was placed, and E con was placed for Zio patch placement. On exam, she was alert and oriented with no acute distress. Her eyes, HENT, neck, lungs, heart, abdomen, musculoskeletal, skin, neurologic, and psychiatric was normal. Assessment was a Cerebrovascular Accident. It was recommended for the patient to have stricter diabetes management, increase her Lipitor, start ASA, increase metformin, and decrease Lisinopril. A referral to occupational therapy was made.

According to a 12/23/2021 Telephone Appointment visit note written by Dr. Julia Mary Shaver of Family Practice, the patient came in to discuss some recent events. The patient noted how she could not do her DMV writing test, noting how she had trouble understanding the questions. She also noted how she had trouble understanding recreational reading and trouble retaining what she was reading. She also said that she sometimes had gone on short walks by herself and sometimes got lost. She had a hard time using her phone to find her way. She noted how her left hand continued to feel numb. The patient noted how she felt afraid about work and that she would not be able to take care of the kids she was in charge of. She reported crying uncontrollably when she got anxious and did not want her kids to worry. She felt like she was not independent anymore. Assessment was cognitive deficit, as a late effect of ischemic stroke. It was noted that she continued to struggle with executive function/cognitive tasks. Dr. Shaver noted that Ms. Guzman continued to have trouble with forgetting what she was supposed to be doing (attention), getting lost (orientation), and cognitive processing. Dr. Shaver extended her leave for another month and encouraged her to talk with her organization to see if she could transition to a different role. The patient was recommended to continue therapy for PTSD, speech therapy, and occupational therapy. A neuropsychological evaluation was also going to be referred.

Imaging:

CT of the Head 08/12/2021

Impression

1. Focal 4 cm region of vasogenic edema is noted in the right temporal parietal lobe, concerning for underlying mass/lesion. Recommend MRI with contrast for further evaluation.
2. Otherwise, no acute major vascular territorial infarction or intracranial hemorrhage.

Action required. +

Narrative

CT HEAD WITHOUT CONTRAST

** HISTORY **:
49 years old, headache

** TECHNIQUE **:
CT images of the head acquired without intravenous contrast.

CTDI: 48.65 mGy
DLP: 778.34 mGy-cm

COMPARISON: None available.

** FINDINGS **:
BRAIN PARENCHYMA: There is a focal region of vasogenic edema seen in the right temporoparietal lobe measuring approximately 4 x 3.2 cm, concerning for underlying lesion/mass (axial series 4, image 24). Gray-white differentiation is grossly preserved. White matter is within normal limits for age.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections.

EXTRACRANIAL STRUCTURES: Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.

MRI of the Head 08/12/2021

Impression

Right medial temporal/anterior occipital lobe acute infarct distribution.

Action required. +

Narrative

MRI BRAIN WITHOUT AND WITH CONTRAST

** HISTORY **:

49 years old, intracerebral mass

** TECHNIQUE **:
MR images of the brain acquired without and with 7 mL Gadavist intravenous contrast.

COMPARISON: CT 8/12/2021

** FINDINGS **:
BRAIN PARENCHYMA: There are 5.7 x 3.1 cm area of restricted effusion in the medial right temporal lobe extending into the anterior right occipital lobe most likely represents acute infarct in the right posterior cerebral artery distribution. There is a slight prominence of the vasculature in this region most likely related to edema and congestion. No abnormal parenchymal enhancement seen. Signal intensities are within normal limits for age. No abnormal enhancement.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections.

FLOW VOIDS: Intact.

EXTRACRANIAL STRUCTURES: Visualized structures are normal.

CT of the Head 08/14/2021

Impression

Redemonstration of hypoattenuation in the right temporal lobe extending to the right occipital lobe. Given differences in imaging technique, no significant change in size or appearance compared to MR 8/12/2021. No hemorrhage or midline shift.

Narrative

CT HEAD WITHOUT CONTRAST

** HISTORY **:
49 years old, STROKE TIA recent stroke, bilateral facial numbness, leg weakness bilaterally

** TECHNIQUE **:
CT images of the head acquired without intravenous contrast.

CTDI: 65.88 mGy
DLP: 1102.21 mGy-cm

COMPARISON: CT 8/12/2021, MR 8/12/2021

** FINDINGS **:
BRAIN PARENCHYMA: Redemonstration of hypoattenuation in the right temporal lobe extending to the right occipital lobe. Given differences in imaging technique, no significant change in size or appearance compared to MR 8/12/2021. No acute hemorrhage. Mild effacement of the atrium of the right lateral, otherwise, no mass effect or herniation. White matter is within normal limits for age.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections.

EXTRACRANIAL STRUCTURES: Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.

FAMILY MEDICAL HISTORY

The patient's mother is alive and 82 years of age. She has had issues with varicose veins, diabetes, and has had an MI. The patient's father is alive and 81 years of age. He has diabetes and weight loss. He also had a small stroke 10 years ago. The patient has 10 siblings. The patient's siblings are in good health, generally, but a sister has colon cancer. There was no history of dementia/neurodegenerative diseases.

PSYCHOSOCIAL HISTORY

The patient was raised speaking Spanish in Mexico. She moved to the US in 1994 and learned English after moving here. She had taken some English in middle school and in college in Mexico. She reported being able to read in English with good comprehension. There was no history of trauma in childhood.

The patient is married currently x 30 years. The patient has 2 children. There were no stressors reported other than related to her health. The patient lives in her own home.

Employment status: employed as a teacher's assistant for special education. In Mexico, she was an executive assistant and worked in the accounting department.

Military service: none.

Education: The patient denied issues with problems learning to read, problems with spelling, and problems with math. The patient reported that there was no history of being held back a grade. There was no history of special education, tutoring, and/or learning disability diagnosis. The patient denied problems with attention deficit disorder (ADHD) symptoms. In high school, the patient got good grades in school. The patient graduated high school. The patient graduated from college in Mexico after 3 years with a focus as an executive secretary and accounting. Highest level of education is 15 years for norming purposes.

LEGAL HISTORY

none

PSYCHIATRIC HISTORY

History of no clinically significant psychiatric issues prior to current stroke

Outpatient treatment: none

Psychiatric hospitalization: none

Electroconvulsive Therapy (ECT): none

Family Psychiatric History: negative

RISK ASSESSMENT:

1. In the past few weeks, have you wished you were dead? **no**
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? **no**
3. In the past week, have you been having thoughts about killing yourself? **no**
4. Have you ever tried to kill yourself? **no**

If an individual responds "yes" to one or more of the four above questions, they have a potential risk of suicide and may be at "imminent risk".

5. Are you having thoughts of killing yourself right now? **no**

Suicidal Ideation: denied
Suicidal Plan: denies method and means
Suicidal Intent: denies intent
Imminent Risk Factors Present: none
Global Risk Factors Present: none

Other risk issues none

Assessment of risk: low

HABITS

Current Substances Used: alcohol - 1-2 glasses at social functions

Past Substances Used (Not in Past 12 Months): none reported

Caffeine: The patient drinks 1 caffeinated beverages per day.

Tobacco History

Tobacco Use	
Smoking Status	Never Smoker
Smokeless Tobacco	Never Used

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS EXAMINATION

Appearance: well-groomed and appropriately dressed
Behavior: tearful when talking about her experience with her stroke, but otherwise normal
Demeanor/Manner: pleasant and cooperative
Gait: WNL
Aids Appliances: no support
Motor: not assessed

Vision: not assessed. Ms. Guzman does not use corrective lenses.
Hearing: WNL. Ms. Guzman does not use aids.
Speech: good articulation, phrase length, grammar, use of information words in proportion to overall speech, word finding, fluency, volume, pacing, voicing and prosody. Ms. Guzman had a hard time trying to name common objects in English. She was able to name some words that she couldn't name in English in Spanish. Testing in Ms. Guzman's second language could have affected language difficulties.
Language Preference: Testing given in English but primary language is Spanish
Mood: euthymic
Affect: full range and appropriate
Thought process: logical and goal directed
Thought Content: normal
Orientation: fully-oriented. There was not any alteration in consciousness.
Attention: normal
Fund of Knowledge: normal
Impulse Control: good
Insight: good
Judgment: good

PROCEDURES

Advanced Clinical Solutions (ACS) TOPF: Test of Premorbid Functioning
Beck Anxiety Inventory (BAI)
Beck Depression Scale-II (BDI-II)
Boston Diagnostic Aphasia Exam Long Form (BDAE-SF: Auditory Comprehension)
California Verbal Learning Test-II (CVLT-II)
CLOX Drawing Test
Cognistat (NCSE): Orientation, Repetition and Similarities
Delis-Kaplan Executive Function System (D-KEFS): Verbal Fluency, Color-Word Interference and Twenty Questions
Finger Tapping Test
Grooved Pegboard Test
Letter Cancellation
Life Events Checklist-5 (LEC-5)
Line Bisection
Hooper VOT
Modified Apraxia Examination
Multilingual Naming Test (MINT)
Neuropsychological Assessment Battery (NAB): Judgment
Posttraumatic Disorder Checklist for DSM-5 (PCL-5)
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS): Line Orientation, Picture Naming and Coding
Rey Complex Figure Test (RCFT)
Shipley Adult Intelligence Scale-2 (Shipley-2): Vocabulary and Abstraction
Trail Making Test (Trails)
Wechsler Adult Intelligence Scale-IV (WAIS-IV): Digit Span and Arithmetic
Wechsler Memory Scale-IV (WMS-IV): Logical Memory

Wisconsin Card Sorting Test (WCST)

RESULTS

<table>
<tr><th colspan="28">NEUROPSYCHOLOGICAL ASSESSMENT RESULTS</th></tr>
<tr><th colspan="28">SYSTEM FOR CATEGORIZING SCORES ON TESTS WITH NORMAL DISTRIBUTIONS</th></tr>
<tr>
<td colspan="4">Exceptionally Low:
< 2%ile</td>
<td colspan="4">Below Average:
2-8%ile</td>
<td colspan="4">Low Average:
9-24%ile
:</td>
<td colspan="4">Average:
25-74%ile</td>
<td colspan="4">High Average:
75-90%ile</td>
<td colspan="4">Above Average:
91-97%ile</td>
<td colspan="4">Exceptionally High:
≥ 98%ile</td>
</tr>
<tr><th colspan="28">SYSTEM FOR CATEGORIZING SCORES ON TESTS WITH NON-NORMAL DISTRIBUTIONS</th></tr>
<tr>
<td colspan="7">Exceptionally Low:
< 2%ile</td>
<td colspan="7">Below Average:
2-8%ile</td>
<td colspan="7">Low Average:
9-24%ile</td>
<td colspan="7">Within Normal Limits (WNL):
>24%ile</td>
</tr>
<tr><td colspan="28">To the extent possible, the subject's demographic factors, such as age, gender, and education, were considered in the selection of appropriate norms. Cultural and linguistic background were also considered to the extent possible.</td></tr>
</table>

Validity: On the CVLT-II, the patient passed forced-choice recognition. Approximately 94.7% of persons in the patient's age range performed similarly on force-choice recognition. In addition, the patient passed 2/2 critical word count items on the CVLT-II. Specifically, 97.3 to 99.3% of persons in the patient's age range performed similarly on these critical word count items. Results suggest valid performance on this measure.

Reliable Digit Span: raw = 7, passed (>7/8 suggests valid responding). Results suggest valid performance on this measure.

WCST Validity formula: Probability of invalid responding was deemed to be low based on the patient's pattern of certain errors and other responses.

Qualitatively, the patient appeared cooperative and engaged in the testing process. The patient reported getting 7 hours of sleep and feeling ok. The patient indicated that pain was 0 out of 10 on the pain scale at the beginning of testing and 0 out of 10 at the end. It is important to note that Ms. Guzman's was tested in English and her first learned language is Spanish. As a result, language-based tests may represent an underestimate of optimal capabilities compared to if testing were conducted in Spanish, for example.

Orientation/Attention: The patient was alert and fully-oriented. Orientation was within normal limits on the NCSE (raw = 12 out of 12).

The patient had some difficulty on a test of simple attention and working memory, being able to recite up to 5 digits forward (5th percentile, below average), 4 backwards (25th percentile, average), and 6 in sequence (63 percentile, average) on Digit Span from the WAIS-IV. This resulted in an overall Digit Span score in the low average range (16th percentile). This performance is notable due to the patient's unusual pattern of performing better on harder tests of simple attention and worse on easier tests of simple attention. This could possibly be attributed to the patient's anxiety during testing. The patient performed in the average range when performing mental calculations from the WAIS-IV Arithmetic subtest (25th percentile).

+ Results suggest intact simple attention, intact longer term concentration and numerical reasoning.

The patient's Working Memory Index (WMI) score from the WAIS-IV was in the low average range (18th percentile). The patient's predicted WMI score based on the TOPF was in the average range (27th percentile). There was not a statistically significant difference between obtained and predicted WMI, suggesting adequate overall attention and working memory.

Intellectual Functioning: Screening of intellectual functioning was based on the Shipley-2 and TOPF. The patient's Vocabulary standard score was low average (16th percentile), and the Abstraction standard score was average (32nd percentile). It is important to note that the patient's Abstraction score should be a better baseline of intellectual functioning, knowing as it is less reliant on language than Vocabulary and the patient's first language is Spanish. Combining Vocabulary and Abstraction resulted in an overall Shipley-2 Composite score that was low average (18th percentile). The patient's AQ Index score was 95, which suggests no decline in fluid reasoning.

Estimated baseline intellectual functioning based on the TOPF and demographic factors was predicted to be in the average range (45th percentile). The patient's obtained score on the TOPF was in the low average range (18th percentile). There was a statistically significant difference between obtained and predicted TOPF scores ($P < 0.05$; BR 19.4). Again, it must be considered that Spanish was the patient's first language, and the TOPF requires reading words in English. Although the test was scored generously for potential pronunciation issues, there were words mispronounced likely due to being a non-native English speaker. The TOPF score might underrepresent optimal baseline abilities, as a result.

Memory: The patient was able to learn 8, 11, 11, 14, and 14 out of 16 words over 5 learning trials on the CVLT-II. Recall over trials was in the high average range (61st percentile), indicating good verbal learning. The learning slope was in the average range (50th percentile), indicating adequate ability to acquire information over time.

When examining the patient's learning characteristics, one sees no difficulty with recall depending on word placement. Specifically, 31% of recall occurred from the beginning of the list (69th percentile, average), 45% of recall occurred from the middle of the list (50th percentile, average) and 24% of recall occurred from the end of the list (31st percentile, average).

The patient did not demonstrate difficulty with proactive interference. The patient was able to recall 6 out of 16 words on a distractor list presented subsequent to the learning trials (50th percentile, average performance). This was a relative decline in recall from Trial 1 of the learning trial (16th percentile, low average performance). However, due to the patient's high than normal performance for words initially recalled in trial 1 (84th percentile, high average), as well as her normal performance on trial B, it is considered that her prior learning did not interfere with the ability to learn new information.

The patient also did not demonstrate difficulty with retroactive interference. The patient was able to recall 12 out of 16 words freely after presentation of the distractor list (69th percentile, average). This was not a statistically significant difference in recall from the final trial of the learning trials (50th percentile, average). This suggests that new learning did not interfere with the ability to recall prior information.

The patient recalled 10 out 16 words with semantic cues after distraction (16th percentile, low average). Cueing did not assist recall.

After a 20-minute delay, the patient recalled 12 out of 16 words without cues (50th percentile, average) and 12 out of 16 words with cues (50th percentile, average). The patient recognized 16 out of 16 words with 2 false positive errors. Recognition score was average (69th percentile).
+ Results suggest adequate verbal encoding and adequate verbal retrieval

Logical Memory WMS-IV: immediate recall of story information was in the average range (50th percentile); delayed recall of story information was in the average range (50th percentile). The patient recognized 25 out of 30 story elements (51st-75th percentile, WNL). Delayed free recall was comparable to recognition (Contrast ss = 9). Immediate recall was comparable to delayed recall (Contrast ss = 11).
+ Results suggest adequate contextual encoding and adequate contextual retrieval

The patient's WMS-IV Auditory Memory Index (AMI) score was in the average range (55th percentile).
+ Results suggest intact overall verbal memory

The patient's WMS-IV Auditory Immediate Index (AII) was in the average range (63rd percentile). The patient's WMS-IV Auditory Delayed Index (ADI) score was in the average range (50th percentile).
+ Results suggest intact Immediate and Delayed Memory

There was a statistically significant difference between the patient's obtained and predicted AMI score based on the WAIS-IV Perceptual Reasoning Index (PRI Predicted AMI: 94 percentile, average; $P < 0.05$). The indicates that the patient performed even better than predicted for overall verbal memory based on non-verbal intellectual abilities. However, the patient's PRI score was relatively weak, and given that she had a right-hemispheric stroke, PRI would be less predictive of verbal memory scores.
+ Results suggest adequate overall verbal memory

RCFT: immediate recall of complex visual information was in the exceptionally low range (1st percentile); delayed visual recall was in the exceptionally low range (<1st percentile). The patient recognized 11 out of 12 parts of the figure with 3 false-positive errors, which was in the average range (38th percentile).
+ Results suggest problems with visual retrieval

Language: R-BANS Picture Naming: The patient was able to name 5 out of 10 common objects, scoring in the exceptionally low range (<2 percentile).

MINT: The patient was able to name 21 out of 32 common objects presented to her in English (<1st percentile, exceptionally low). She was able to name 1 out of 11 missed words with phonemic cues presented. It is important to note that the patient was able to name 2 additional items in Spanish that she initially could not name in English, but this did not improve her score. This is crucial, knowing that her first learned language was Spanish, and not English. This consideration could have resulted in a lower naming score.
+ Results suggest impaired naming

Verbal fluency: The patient scored in the average range for semantic fluency on the D-KEFS (Category Fluency: 63rd percentile). The patient performed in the low average range on phonemic fluency within the same measure (Letter Fluency: 16th percentile). Contrast scores revealed that semantic fluency was a strength compared to phonemic fluency (Letter Fluency vs. Category Fluency Contrast ss = 6).
+ Results suggest relative difficulty with semantic fluency due to retrieval issues and intact phonemic fluency

D-KEFS Color Word Interference: Speed of verbal retrieval was in the average range for Color Naming from the Color-Word Interference subtest on the D-KEFS (50th percentile). Lexical speed was in the average range on the Word Reading subtest from the same measure (50th percentile).
+ Results suggest intact speed of verbal retrieval and intact lexical speed

NCSE Repetition: The patient had difficulty repeating complex sentences on the NCSE (raw = 9). Because the patient's first language is Spanish, and this test was given in English, the results of this test are not likely valid.

BDAE-LF Complex Ideational Material: had some difficulty. The patient scored in the low average range (21st percentile) for auditory comprehension from the BDAE. However, this measure is very sensitive to any errors, and the patient made one inconsistent error.

Visuospatial Functioning: RCFT: complex visual construction was within normal limits (>16th percentile). Time to copy was within normal limits (>16th percentile). The approach showed good organization and showed good attention to detail.
+ Results show intact complex construction

CLOX2: simple visual construction was within normal limits (Raw 14/15).
+ Results suggest intact simple visual construction

WAIS-IV: On a task of perceptual abstract reasoning, the patient scored in the average range (Matrix Reasoning: 25th percentile). On a task involving mental manipulation of geometric shapes, the patient scored in the low average range (Visual Puzzles: 16th percentile). Combining these 2 measures resulted in an overall Perceptual Reasoning Index (PRI) in the low average range (Prorated PRI: 18th percentile). The patient's predicted perceptual reasoning abilities were in the average range based on the TOPF and Complex demographic factors (TOPF predicted PRI: 37th percentile). There was a statistically significant difference between the patient's actual and predicted performance (P <0.05; BR: 24.1).

+ Results suggest relative difficulties with perceptual reasoning abilities

RBANS Line Orientation: Judging the orientation of lines was within expectation (51st-75th percentile).
+ Results suggest intact visual orientation

Hooper VOT: The patient had difficulty identifying objects from components parts (>99th percentile). This suggests a very high probability of impairment in visual organization on this measure.
+ Results suggest impaired visual orientation

Letter Cancellation Test: The patient had no difficulty identifying target letters on the left side of a page.
+Results suggest no visual inattention

Line Bisection Test: The patient had no difficulty marking the middle of lines in space.
+Results suggest no visual inattention

Motor Skills and Processing Speed: R-BANS Coding: visual motor scanning and processing speed was low average for unfamiliar stimuli (16th percentile). There were 0 errors.

Trails A: Visual motor scanning of numeric sequences was average (55th percentile). There were 0 errors.
+ Results suggest intact visual motor scanning and speed of information processing overall.

Grooved Pegboard: Dominant hand dexterity was high average (Right: 82nd percentile, 0 drops). Non-dominant dexterity was average (Left: 27th percentile, 0 drops).
+ Results suggest relative weakness in left dexterity overall

Finger Tapping Test: This could not be scored due to 5 trials being administered without each trial being within an appropriate range of variability.

Praxis: Dominant hand (Right): The patient scored with 100% accuracy for upper limb and 100% accuracy for instrumental praxis. There were 0 body part as object errors.

Non-dominant hand (Left): The patient scored with 100% accuracy for upper limb and 100% accuracy for instrumental praxis. There were 0 body part as object errors.

The patient scored with 100% accuracy for facial and 100% accuracy for complex motor planning. There were 0 body part as object errors.
+ Results suggest intact bilateral praxis

Executive Functioning: WCST: The patient demonstrated 48% conceptual level responses, indicating low average insight into the correct sorting principles of this test compared to age and education (10th percentile). The patient's Learning to Learn score was within normal limits (>16th percentile), although the patient was able to complete only 5 out of 6 categories over 128 trials (11th-16th percentile, low average). The patient took 29 trials to complete the first category (2nd-5th percentile, below average).

+ Results suggest difficulties with non-verbal conceptual efficiency

WCST errors: overall errors were below average compared to age and education (7th percentile). Perseverative responses were low average compared to age (18th percentile). Perseverative errors were low average compared to age and education (19th percentile). There were 0 loss of set errors, (>16th percentile, within normal limits).
+ Results suggest relative issues with perseveration and no excessive loss of set

Trails B: Cognitive flexibility was adequate for written number letter sequences on the Trail Making Test. The patient scored in the average range (69th percentile). There were 0 loss of set and 0 sequencing errors.
+ Results suggest intact cognitive flexibility

Abstraction: Simple abstraction was within normal limits on the Similarities subtest of the NCSE (raw = 8 out of 8). The patient had no difficulty identifying how concepts related to one another.
+ Results suggest intact abstraction

Abstraction on the Shipley-2 was in the average range (32nd percentile). The AQ index score suggested no decline in fluid reasoning (AQ = 95).
+ Results suggest intact fluid reasoning

NAB Judgment: The patient scored in the average range when describing what to do in various scenarios (66th percentile). The patient had no difficulty with judgment on this measure.

CLOX1: The patient performed within normal limits on the executive portion of the CLOX Drawing Test (Raw = 11/15).
+ Results suggest intact planning, abstraction, and/or sequencing

D-KEFS Category Switching: Cognitive flexibility was average for Category Switching: Total Correct Responses (50th percentile), and average for Category Switching: Total Switching Accuracy (37th percentile). Contrast scores suggested that semantic fluency was comparable to flexibility (Contrast ss = 9).
+ Results suggest intact cognitive flexibility on verbal fluency testing

Initiation: The patient did not demonstrate difficulty with initiation on verbal fluency testing. Specifically, the patient scored in the average range during the 1st interval (63rd percentile).
Persistence: The patient did not demonstrate difficulty with persistence on verbal fluency testing. Specifically, the patient scored in the average range during the 2nd interval (37th percentile), low average range during the 3rd interval (16th percentile), and average range during the 4th interval (37th percentile).
+ Results suggest intact initiation; intact persistence on verbal fluency testing

Verbal fluency errors: The patient scored in the low average range for overall repetition errors (9th percentile) and below average range for % repetition errors (2nd percentile). The patient scored in the average range for overall loss of set errors (50th percentile) and average range for % loss of set errors (37th percentile). Percent Switching Accuracy was average (50th percentile).

+ Results suggest no excessive loss of set, issues with repetition error, and intact flexibility

D-KEFS Color Word Interference: Inhibition of conflicting responses was average (Inhibition: 25th percentile). Cognitive flexibility was average (Inhibition/Switching: 37th percentile). Contrast scores suggested that the ability to inhibit conflicting responses was comparable to flexibility (Inhibition/Switching vs. Inhibition Contrast ss =11). Lexical and verbal retrieval speed were comparable to cognitive flexibility (Inhibition/Switching vs. Combined Naming + Reading Contrast ss = 9).
+ Results suggest intact ability to inhibit responses; intact flexibility

Color-Word Interference errors: Color Naming errors (Cumulative Percentile Rank = 100, within normal limits); Word Reading errors (Cumulative Percentile Rank = 100, within normal limits); Inhibition errors (63rd percentile, average); Inhibition/Switching errors (50th percentile, average).
+ Results suggest no excessive errors

CVLT-II errors: Repetition errors (<1st percentile, exceptionally low performance). Intrusion errors (69th percentile, average performance).
+ Results suggest issues with repetition errors

D-KEFS Twenty Questions: The ability to rapidly narrow down target stimuli by initial questioning was average (Initial Abstraction: 37th percentile). The ability to obtain a solution within a typical number of questions was high average (Total Questions Asked: 75th percentile). The patient's resulting overall Weighted Achievement score was high average (84th percentile).
+ Results suggest intact verbal deductive reasoning

Emotional Functioning: The patient's BDI-II score indicated moderate depressive symptoms (raw score = 20). The patient endorsed sadness, pessimism, past failures, loss of pleasure, self-dislike, self-criticalness, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, sleep disturbance, irritability, appetite changes, concentration problems, fatigue and decreased libido.

The patient's BAI score indicated moderate anxious symptoms overall (raw = 21). The patient endorsed various physical and psychological symptoms of anxiety.

The patient endorsed multiple potential traumas on the LEC-5. These included direct and/or indirect experiences of natural disaster, fire, transportation accident, life-threatening illness/injury and other stressful events, The event causing the most symptoms at the current time was reported to be the patient's experience with her stroke. The patient scored a 42 on the PCL-5 (positive screen for PTSD is 31 or greater). The patient did meet overall criteria for PTSD based on cluster scoring on this measure. Specifically, the patient met criteria for reexperiencing, avoidance, negative emotions/cognitions and hyperarousal.

No further neuropsychological services are planned at the current time, other than providing the results of testing in a follow-up meeting.

Thank you for the opportunity to assist you with this case. If we can be of further assistance, please do not hesitate to contact us (707) 571-3953.

ASSESSMENT:

Impression: see summary

DIAGNOSIS:
See encounter diagnosis

COORDINATION:
Staff message to PCP and referral source

PATIENT INFORMATION AND TREATMENT PLAN:
Goals/time frames: No specific goals. Patient discharged from further neuropsych services, other than results meeting if not already conducted.

REFERRAL:
See recommendations

CHRISTINE NABER PHD
Neuropsychologist
CA Psychologist PSY15668

CC: primary care provider, Dr. Mary Julia Shaver
Speech therapist Dr. Claudia Morelli