

DOCUMENTATION EXAMPLES:

EXPLAINING TESTING SCORES AND ASSESSMENT DATA

The below are excerpts of my actual reports describing the cognitive tests and other assessment tools used and examples of scores.

<i>How I describe the test/tool:</i>	<i>Example report excerpt [add specifics on areas of difficulty]</i>
<p>Frontal Assessment Battery (FAB): designed to assess frontal lobe dysfunction to screen for frontotemporal dementia versus other types of dementia. A score below 12 indicates frontal lobe dysfunction.</p>	<p>[Person] scored 13, just above the cut off for frontal lobe dysfunction.</p> <p>[Person] scored 6, indicating very significant frontal lobe dysfunction.</p>
<p>Montreal Cognitive Assessment (MoCA): a cognitive screening tool that tests attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 26 or above is normal.</p>	<p>[Person] scored 25 out of 30, indicating moderate cognitive impairment most likely at a mild to moderate level of dementia.</p> <p>[Person] scored 12 out of 30, indicating very significant cognitive impairment most likely at a significant or advanced level of dementia.</p> <p>[Person] scored 15 out of 24 for items attempted/administered, indicating significant cognitive impairment most likely at a significant level of dementia.</p>
<p>The MOCA-Blind is specifically designed to assess cognition in people with loss of vision. A score of 18 or above out of 22 is normal.</p>	<p>[Person] scored [Person] scored 16 out of 22, indicating significant cognitive impairment most likely at a significant level of dementia.</p>

<i>How I describe the test/tool:</i>	<i>Example report excerpt [add specifics on areas of difficulty]</i>
<p>Rowlands Universal Dementia Assessment Scale (RUDAS): measures a variety of mental abilities including language, reasoning, problem solving, attention and working memory. The RUDAS was designed for use with multicultural populations and is considered to be less influenced by language and education level than other tests. A score below 20 indicates likely dementia.</p>	<p>[Person] scored 24 out of 30, indicating mild cognitive impairment.</p> <p>[Person] scored 19 out of 30, indicating significant cognitive impairment, most likely at a moderate level of dementia.</p> <p>[Person] scored 12 out of 30, indicating very significant cognitive impairment, most likely at a significant or advanced level of dementia.</p>
<p>St Louis University Mental Status (SLUMS) exam is a cognitive screening tool that tests orientation, memory, attention, naming, figure recognition, and calculation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 27 or above is normal, and a score 20 or below indicates dementia.</p>	<p>[Person] scored 22 out of 30, indicating moderate cognitive impairment most likely at a mild level of dementia.</p> <p>[Person] scored 12 out of 30, indicating very significant cognitive impairment, most likely at a significant or advanced level of dementia.</p> <p>[Person] scored 6 out of 18 for items attempted/administered (33%, dementia indicated for 66% or below). This indicates severe cognitive impairment at a significant or advanced level of dementia.</p>

<i>How I describe the test/tool:</i>	<i>Example report excerpt [add specifics on areas of difficulty]</i>
<p>Trail Making Test: measures a variety of mental abilities including letter and number recognition mental flexibility, visual scanning, and motor function. Trails A involves connecting numbers in sequence; a time of 29 seconds is average while greater than 78 seconds is deficient. Trails B requires alternating between numbers and letters; a time of 75 seconds is average while greater than 273 seconds is deficient. A difference in performance on the two parts indicates executive functioning impairment.</p>	<p>[Person] completed Trails A correctly in 28 seconds (around average time), but was unable to complete the Trails B sample, so the Trails B test was not administered. [Person]’s inability to do Trails B indicates significant impairment in executive functioning.</p> <p>[Person] completed Trails A correctly but with significant difficulty, stopping each time to look for next number, and finishing in 56 seconds. He was unable to complete Trails B, even after having no difficulty with the sample exercise. [Person]’s slower performance on Trails A and inability to do Trails B indicate significant impairment in executive functioning.</p>
<p>Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE): This asks people to compare how the person is doing today versus how they were 10 years ago, on a scale of 1 (much improved) to 5 (much worse). Scores indicate improvement or worsening in cognitive functioning.</p>	<p>[Person]’s son’s scores averaged 3.1, indicating not much cognitive decline.</p> <p>[Person]’s sister’s scores averaged 4.8, indicating severe cognitive decline.</p>
<p>California Undue Influence Screening Tool (CUIST): This tool looks at factors involved in undue influence, which is not a crime in and of itself, but rather a method to commit theft.</p>	<p>[Person]’s situation has many of the factors involved in undue influence:</p> <ul style="list-style-type: none"> • Client’s vulnerability – [details] • Influencer position – [details] • Actions/tactics – [details] • Unfair/improper outcomes – [details]

Language to describe where testing was not completed at this visit, but outside info was provided:

Example:

As noted above, due to reports of doctor's recent cognitive testing, did not administer testing tools at this visit. Attempted to ask client questions to gauge understanding, reasoning, and judgment throughout the visit. See discussion of assessment below.

Neurology clinic note from 4/13/22 visit indicates MOCA score 24/30 – significant impairment. Image of MOCA testing form included in note indicated difficulty with visuospatial task, abstraction, serial 7's; also difficulty with memory – able to registration 4 out of 5 items, only able to recall 2 out of 5.

Example:

Note, per Detective [A], [Person] had recently completed the St Louis University Mental Status (SLUMS) exam and scored 27/30, which is the bottom of the normal range. It is unknown at the time of this writing what [Person]'s performance was on specific testing tasks.

Language to explain MMSE vs other testing tools:

Research has shown ___ (your specific test) to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). The MMSE is problematic as it a very old testing tool and is poorly regarded in comparison with other testing tools. The MMSE lacks sensitivity to detect mild cognitive impairment and does not measure many executive functioning related tasks. The Saint Louis University Mental Status exam (SLUMS), the Montreal Cognitive Assessment (MOCA), and the Rowlands Universal Dementia Assessment Scale (RUDAS) are more robust cognitive tests that are widely regarded as superior to the MMSE. The SLUMS, MOCA, and RUDAS are also backed by more clinical research, particularly with the geriatric population.