# NEUROPSYCHOLOGICAL REPORT

Tijuana, Baja California, Mexico
March 9, 2025

## I. Patient Information

**Name:** Kevin I.

**Age:** 53

**Date of birth:** August 10, 1971

**Place of birth:** Pennsylvania, USA

**Education:** 16 years, BA in Logistics. University of Tennessee.

**Marital Status:** Married.

**Languages:** English.

**Laterality:** Right-handed.

**Name of caregiver or companion:** Sarah (Wife).

**Referral motive:** Neuropsychological assessment post-treatment.

## II. Consultant

**Name:** Eduardo Castillo Riedel

**Specialty:** Neuropsychology

**Institution:** Private consultant.

**Licenses to practice:**

- Professional License No. 9841712
- State License No. 025541-02/19
- Master's License No. 12813745

## III. Results

### Considerations for the Comparative Analysis of Results

Various considerations were considered in the previous evaluations due to the patient's inability to perform motor exercises. In the TMT test, the patient identified the sequence of elements but was unable to manually trace them. Regarding Luria's motor programming exercises, it was decided that the patient would perform them with his non-dominant hand to assess cognitive function without the interference of the physical impairment.

For the following analysis, pre- and post-treatment results will be compared without considering the initial adaptations. That is, the scores obtained in the pre-treatment tests will be reassessed without the support of these adaptations, which may result in lower scores than those reported in the previous assessment.

For example, in the MoCA test, the item corresponding to the TMT would receive a score of 0 due to the patient's inability to perform the exercise because of the physical impairment. Similarly, in the IFS and FAB tests, the items for Luria's motor programming, conflicting instructions, and motor inhibitory control would also be scored lower, given that the patient was unable to complete them using his dominant hand.

This adjustment is necessary since the goal is to strictly observe the improvement of the PD's physical symptoms pre- and post-treatment. Any change regarding cognitive functions will be reported in detail following the results.

| | RESULTS | | |
|---|---|---|---|
| **Tests** | **Pre-treatment** February 11, 2025 | **Post-treatment** March 7, 2025 | **Score change** |
| MoCA 8.3 | 19 | 24 | +5 |
| IFS | 13.5 | 23 | +9.5 |
| FAB | 10 | 17 | +7 |

## IV. Symptoms and Analysis of Results

- Significant improvement in all motor exercises.
- Significant improvement in memory: MIS PRE = 5/15; MIS POST = 11/15.
- Slight reduction in auditory-verbal and visual working memory.

The patient shows significant improvements in motor control, successfully performing physical exercises with his dominant hand (the most affected side), which was not possible before treatment. He is now able to successfully execute the movements required to complete the TMT test, clock-drawing test, Luria's motor programming, conflicting instructions, and physical inhibitory control, all performed with his dominant hand.

Additionally, a notable improvement is observed in his ability to recall memories, particularly in the word retrieval section of the MoCA test. Before treatment, the patient was unable to recall any words spontaneously or with semantic cues, retrieving all words solely through recognition. In contrast, after treatment, he was able to recall 2 out of 5 words spontaneously, 2 out of 5 with semantic cues, and only 1 through recognition. This change indicates a significant improvement in both spontaneous memory retrieval and retrieval with semantic support.