

FAX TRANSMISSION
 SPECTRUM REHABILITATION CENTERS
 26555 EVERGREEN ROAD, SUITE 830
 SOUTHFIELD, MI 48076
 PHONE: (248) 350-3650
 FAX: (248) 3501216

To: Haytham Faraj

Date: 5-10-11

Fax: 202 318-7652

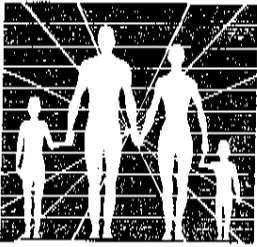
Pages: 9 (including this cover sheet)

From: Bradley G. Sewick

Subject: Faraj, Sekneh

Comments: Neuropsychological evaluation

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SPECTRUM

REHABILITATION CENTERS, INC.

May 13, 2010

NEUROPSYCHOLOGICAL EVALUATION

PATIENT NAME: Sekneh Faraj
AGE: 24
DATE OF BIRTH: 2/25/86
EDUCATION: High school + approximately 30 credits
OCCUPATION: Disabled administrative assistant/student
HANDEDNESS: Right
EVALUATION DATE: 5/12/10

PROCEDURES:

Initial Diagnostic and Evaluation Session
 Biopsychosocial History
 Neuropsychological Symptom Checklist
 Wechsler Memory Scale-III

1. Information and Orientation
2. Logical Memory I
3. Faces I Recognition
4. Verbal Paired Associates I
5. Family Pictures I
6. Letter-Number Sequencing
7. Spatial Span
8. Logical Memory II
9. Logical Memory II Recognition
10. Faces II Recognition
11. Verbal Paired Associates II
12. Verbal Paired Associates Recognition
13. Family Pictures II
14. Word Lists I
15. Word Lists II
16. Word Lists II Recognition

 Reitan-Indiana Aphasia Screening Test
 Reitan-Klove Sensory-Perceptual Examination

1. Tactile Perception
2. Auditory Perception
3. Visual Perception
4. Tactile Finger Recognition
5. Fingertip Number Writing Perception
6. Tactile Form Recognition

 Halstead Category Test
 Tactual Performance Test
 Smith Symbol Digit Modalities Test (Written and Oral)
 Trail Making Test Parts A and B
 Wide Range Achievement Test 3

1. Reading
2. Spelling
3. Arithmetic

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(PROCEDURES cont'd)

Wechsler Adult Intelligence Scale-III

1. Picture Completion
2. Vocabulary
3. Digit Symbol-Coding (including Incidental Learning Procedures)
4. Similarities
5. Block Design
6. Arithmetic
7. Matrix Reasoning
8. Digit Span
9. Information
10. Picture Arrangement
11. Comprehension
12. Symbol Search
13. Letter-Number Sequencing
14. Object Assembly

Beck Depression Inventory
 Barona Index
 Rey 15-Item Memory Test
 Lateral Dominance Examination
 Manual Finger Tapping Test
 Grip Strength Test
 Speech-sounds Perception Test
 Seashore Rhythm Test
 Faced Auditory Serial Addition Test
 Portland Digit Recognition Test
 Wechsler Test of Adult Reading
 Alberta Smell Test
 Bells Test
 Line Bisection Test
 Stroop Test
 Controlled Oral Word Association Test
 Wisconsin Card Sorting Test
 Recognition Memory Procedures for the Halstead-Reitan
 Neuropsychological Test Battery
 Data Analysis, Interpretation, Review of Records and
 Report Preparation

BACKGROUND INFORMATION AND BEHAVIORAL OBSERVATIONS:

Sekneh Faraj is a 24-year-old single Lebanese-American female who was born in the United States. She was referred for neuropsychological testing secondary to a history of changes in mental functioning following an 11/21/09 automobile accident. She has a medical diagnosis of Closed Head Injury. She presents with complaints of problems with irritability, decreased concentration, pain and other problems since an 11/21/09 accident. She indicates that she was a restrained driver of an Ultima on Beach Daly and was stopped to turn left when she turned and was struck on the passenger's side by a Taurus. The car had about \$15,000 worth of damage and was not drivable. She thinks she had right-sided head trauma from the steering wheel. She had right-sided head pain and neck pain from what she described as well as an acceleration/deceleration

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movement of her head and neck in the collision. "I blacked out." The other car was apparently going about 70 miles per hour or more according to what she was told by the police. She thinks she had a loss of consciousness for about a minute. Her first memory after the accident was that of seeing people around the car and trying to see if she was OK. The man that hit her apparently was yelling at her. She felt dazed until the ambulance arrived. She was having trouble with her right arm. She has a "vague" memory of her ride in the EMS to Garden City Hospital, where she was evaluated and treated. She thinks she had trouble answering some of the questions she was asked which should have been routine. She was taken home by her parents and followed up with her physician.

The patient reports no prior history of neuropsychological testing. She reports no prior history of significant head injuries. She has been prescribed Tylenol 3 and Fioricet since the accident. She is taking Motrin only at this time. She reports no prior serious medical problems. There is no prior history of fractures or surgeries or hospitalizations. There is no prior psychiatric history. There is no history of problems with alcohol or substance abuse.

The patient indicates that she graduated from Crestwood High School. She indicates that there were no repeats or failures. She indicates that she had about a 2.9 GPA at graduation. She reported no history of special education or of attention deficit disorder or hyperactivity disorder-related symptoms. She reported no history of a learning disability or of a conduct disturbance.

The patient indicates that she has completed about 30 credit hours at Henry Ford Community College and last attended in May of '09 when she completed the winter semester.

At the time of the 11/09 accident, the patient was working full time in an administrative position in an accounting firm and she was planning to begin taking classes at the University of Michigan-Dearborn. She had been at the accounting firm for about one-and-a-half years. She had previously worked as a pharmacy technician at CVS; and she worked at Children's Garden as a child care worker, and she also volunteered at Crestwood High School at the child care center. She wanted to complete her education and work with autistic and developmentally limited kids. Since the accident, she has not been able to return to work and she has been on medical leave. She was unable to pursue returning to school as planned.

The patient indicates that her 60-year-old father is a retired foreman from Ford Motor Company. She indicates that her 48-year-old mother is a homemaker. She has a 19-year-old brother and a 25-year-old brother who is married and working in health care. She reports no known family history of psychiatric or neurological problems. She reports good relationships with family. She is not romantically involved at this time. She has no children. She reports a good childhood. She was very close to her mother. Her parents were born in Lebanon and moved to the United States as children.

The patient lives in a house in Dearborn Heights, Michigan, with her parents and 19-year-old brother. She reports that since the accident she has difficulties initiating tasks. She doesn't get things done. She complains of fatigue. She has some help from her mother.

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The patient used to enjoy working. She used to work out five times or more per week at the FitZone in Livonia, where she would do cardio and weights. She did a lot with two kids who are friends of the family who are now 7-year-olds. She has friends, and they would get together. Her parents were quite strict with her and kept an eye on her and what she was doing. She has been withdrawn since the accident. She has not been able to engage in prior activities and outlets because of interference effects associated with her symptoms.

The patient is followed by her primary care physician, Sami Abu-Farha, M.D., and she has been taking medication. She has had a brain CT scan.

The patient is about 5'2" in height and weighs about 124 lbs. She has lost about 8 lbs. since the accident. She is dressed in a turquoise top and black slacks and black shoes. She has long straight black hair with a reddish tint that is pulled back. Her hands are clean. Her nails are trimmed. She has a watch on the left and a ring on left hand finger number one. She is wearing a necklace. Her grooming is good. She was cooperative. She was able to tell me today's date and that Barack Obama was the president and that Dave Bing was the mayor of the city of Detroit. English is her preferred language, but she has also learned Arabic from her parents.

The patient was born at Oakwood Hospital.

The patient reports difficulties with lethargy and fatigue since the accident. She has trouble getting out of bed. There do seem to be elements of depression involved with these symptoms. She is having trouble initiating sleep and getting up as early as she used to. Pain symptoms appear to be contributing to these difficulties. She has an average pain rating for the past month up to an 8 on a 0 to 10 scale with most of the pain in her right frontal head region. Before the accident, her average pain rating was a 0.

The patient's gait was grossly functional.

The patient complains of upper extremity weakness on the right since the accident. She reports some tingling in her fingers at times.

The patient's vision and hearing were grossly functional.

The patient reports head pain that seems to be increasing since the accident. She is now experiencing head pain about six days per week on average that can last hours. Activity and exercise seem to increase the frequency and intensity of headaches. Medications are only of some benefit.

The patient does not complain of neck pain at this time. She did have neck pain after the accident that improved. She does not report back pain.

The patient's speech was fluent. Articulation was good.

The patient feels tired and irritable and weak, and she complains of head pain. She finds herself crying now over minor things, which is out of character.

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The patient reports difficulties with memory, efficiency of thought, concentration, depression, anxiety, irritability, changes in her attitudes and a loss of interest in previous activities since the accident.

The patient indicates that she weighed 6 lbs. 7 oz. at birth. She reported no known problems during her mother's labor or delivery with her and no birth defects or complications after the delivery. She reported no early behavioral problems. She has a current driver's license. She is anxious in cars now since the accident. She had some nightmares with accident-related themes that continue since the accident with morbid themes. She avoids the area of the accident. When anxious, she sometimes feels her legs get numb. She is highly anxious when about to make turns. She avoids driving since the accident. She did not drive for about two months after the accident. Sometimes she feels like she is getting out of breath, etc. when she is anxious about the accident. She thinks about the accident a lot and has intrusive thoughts.

REVIEW OF RECORDS:

At the time of this evaluation, I had the opportunity to review some medical records concerning this patient.

Discharge records from Garden City Hospital dated 11/21/09 indicate diagnoses of closed head injury, contusion foot/ankle, contusion hip and contusion shoulder. Information in her file from Garden City Hospital indicates that a concussion is a state of changed mental ability and that symptoms may be seen after discharge including memory difficulties, dizziness, headaches, and problems with vision, hearing, depression and problems with concentration. A review of what appear to be the Emergency records indicates some difficult-to-read notation that appears to indicate a loss of consciousness, headaches and a closed head injury. Results of a CT scan of the brain dated 2/4/10 were unremarkable.

TEST RESULTS:

The present test results appear to reflect reliable measurements of current functional capacities. The patient generated a WTAR standard score of 62. In the context of the history and other findings, these results suggest what appear to be likely developmental limitations in reading-related functions. She has a demographically predicted premorbid standard score of 105 with respect to estimated characteristic levels of functioning, which would certainly be more consistent with her history. Overall expressive vocabulary abilities are in the average range. It appears likely that this patient functioned with at least low average to average levels of functioning during her characteristic or premorbid status.

In the tactile portion of the sensory-perceptual examination, the patient performed with evidence of mild difficulties with finger localization on the left. There were mild signs of dysgraphesthesia bilaterally, worse on the right. The auditory-perceptual and olfactory-perceptual examinations were within normal limits. The visual-perceptual examination was within normal limits overall, although results of a line bisection procedure revealed a minor tendency to neglect peripheral aspects of the left visual field.

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The patient was well oriented to time, place, person and situation as well as for information regarding her remote personal past. Her fund of factual-historical information in general was in the low average range. Basic attention span capacities were at least mildly impaired. Passive sustained attentional capacities were mildly impaired for more rapidly presented materials and marginal for more slowly presented materials. Working memory performance was somewhat variable, and the patient's performance was most impaired on more difficult measures of higher level divided attentional functions.

In the memory examination, the patient performed with evidence of significant impairment. On a haptic memory procedure, for example, she generated an impaired memory score following extensive motor learning trials for the stimuli with the dominant right hand, the nondominant left hand and with both hands together. Results of the Wechsler Memory Scale-III reveal an Immediate Memory Index score of 73 and a General or Delayed Memory Index score of 82, both of which were in the impaired range. Auditory immediate memory capacities were more impaired than were auditory delayed memory capacities, suggesting probable difficulties with attentional functions on this task performance. Overall auditory delayed memory capacities were considered in the borderline range.

The patient demonstrated intact receptive and expressive communication capacities. She demonstrated minor difficulties with more complex repetition. She generated one potential minor error on a naming item from the Aphasia Screening Test. Overall expressive vocabulary abilities were in the average range. Word reading, word spelling and formal arithmetic achievement levels were limited and in only the mid to higher primary range. Basic writing abilities were intact as were right-left orientation capacities. Mental calculation abilities were considered marginal.

The patient's performance was moderately impaired on timed measures of basic visual feature analytic functions required for associated higher level cognitive operations including visual discrimination and object recognition. Her performance was also impaired on several measures of constructional abilities where she did appear to experience some difficulties in negotiating spatial relationships.

The patient's performance varied between normal limits and the impaired range on several measures of linear information processing speed and efficiency that were administered in this examination. Ms. Faraj was able to engage in overlearned and routine problem solving. She was able to solve some novel problems as well. She was able to shift cognitive sets within a simple paradigm when instructed concretely on how to do so. Her performance was impaired, however, on several measures of problem solving and particularly on a measure of higher level logical analytic reasoning capacities assessing executive-related functions. For example, she generated 95 errors on the Halstead Category Test. On the Wisconsin Card Sorting Test, she was only able to complete five of the six categories. It should be noted that on the Tactual Performance Test, the patient needed breaks because of dizziness that she experienced with the blindfold.

In the motor examination, Ms. Faraj performed with evidence of mild upper extremity motor slowing bilaterally with each hand; and upper extremity grip

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strength was marginal overall. Motor problem-solving abilities were slow with each hand.

Intellectually, the patient is functioning with a WAIS-III Verbal IQ of 80, a Performance IQ of 77 and a Full Scale IQ of 77.

Results of the Beck Depression Inventory indicated significant depressive symptoms including feelings of sadness and being discouraged. There were indications of decreased self-confidence, easy crying, restlessness, a decreased interest in people and things and feelings of worthlessness. There were indications of decreased energy, changes in sleep, decreased concentration and fatigue. It is noted that the patient did not return to our offices to complete the MMPT-2, BCI and FrSBe procedures that had been planned.

SUMMARY AND RECOMMENDATIONS:

Results of this neuropsychological examination indicate that Ms. Faraj did perform within the impaired range on some of the neuropsychological evaluation procedures that were administered in this examination. It should be noted that some of the sensory and motor abnormalities observed may be related at least in part to peripheral factors and should be evaluated and treated through the appropriate medical procedures if necessary. As I indicated above, the scores that she obtained on measures of word reading suggest that she likely had developmental limitations in those areas, although it appears that she was able to successfully complete high school and multiple college-level courses and was able to function effectively in an administrative position in an accounting firm. We can explore these issues further through a review of prior records, etc. if necessary. This patient reports declines in several areas of mental functioning following an 11/21/09 automobile accident with head trauma, and some of the impairments observed on objective measures of functioning are consistent with some of her complaints in this respect. She has a medical diagnosis of a Closed Head Injury, and information was provided to her regarding concussion, etc. I do think that she does continue to present with some Post-concussion Syndrome symptoms at this time. There is also evidence of an Adjustment Disorder with PTSD Features that appear to be present associated with the accident, and it appears that she has developed a Pain Disorder Associated With Both Psychological Factors and Medical History With Dyssomnia secondary to the 11/21/09 injuries.

IMPRESSIONS:

1. Post-concussion Syndrome secondary to 11/21/09 Closed Head Injury
2. Adjustment Disorder with PTSD Features secondary to 11/21/09 accident
3. Pain Disorder Associated With Both Psychological Factors and Medical History With Dyssomnia secondary to 11/21/09 injuries
4. Probable developmental limitations in reading-related functions
5. Referral diagnosis Closed Head Injury (854.9)

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Ms. Faraj is being followed in treatment by Dr. Farha at this time. Given her overall presentation at this time, I certainly do think that her overall symptoms would adversely affect her abilities to resume work and more completely reintegrate at home and to school and prior activities, etc. I do think that her emotional symptoms and difficulties with sleep and pain regulation continue to represent significant barriers in this respect, and she could likely benefit from psychotherapy and possibly psychiatric evaluation and treatment as well. She is only six months status post injury at this time. Hopefully, she will continue to improve. We contacted the patient to discuss completion of planned procedures and recommended treatment, but she did not return. We would be happy to follow up in the future as may be beneficial.

Please contact me if I can provide you with any additional information concerning these findings.

Very truly yours,



Bradley G. Scwick, Ph.D., ABN, CCM
Licensed Psychologist
Board Certified Neuropsychologist
Certified Case Manager

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