

BEACON 2026



The Cognitive Evaluation

Movement, engagement, and function — not just testing



A PRESENTATION BY
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Tests, Assessments, and Evaluations

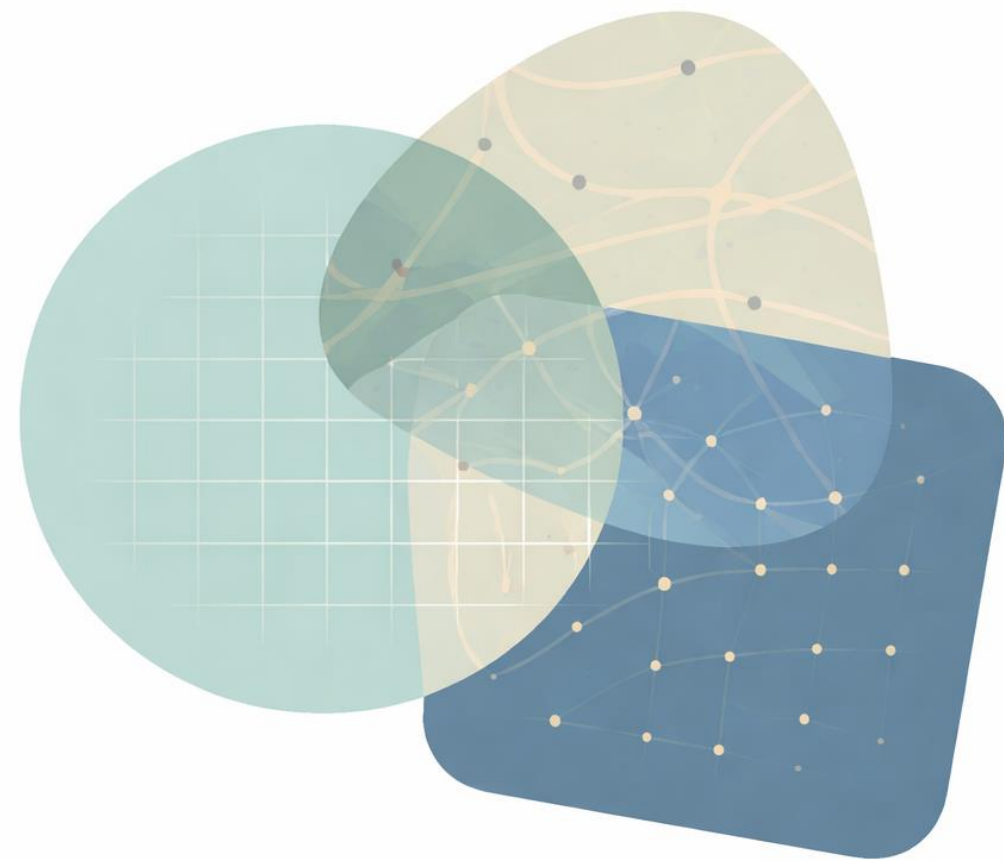
The Cognitive Evaluation



...OH MY!!!

Components of the Cognitive Evaluation

The Cognitive Evaluation



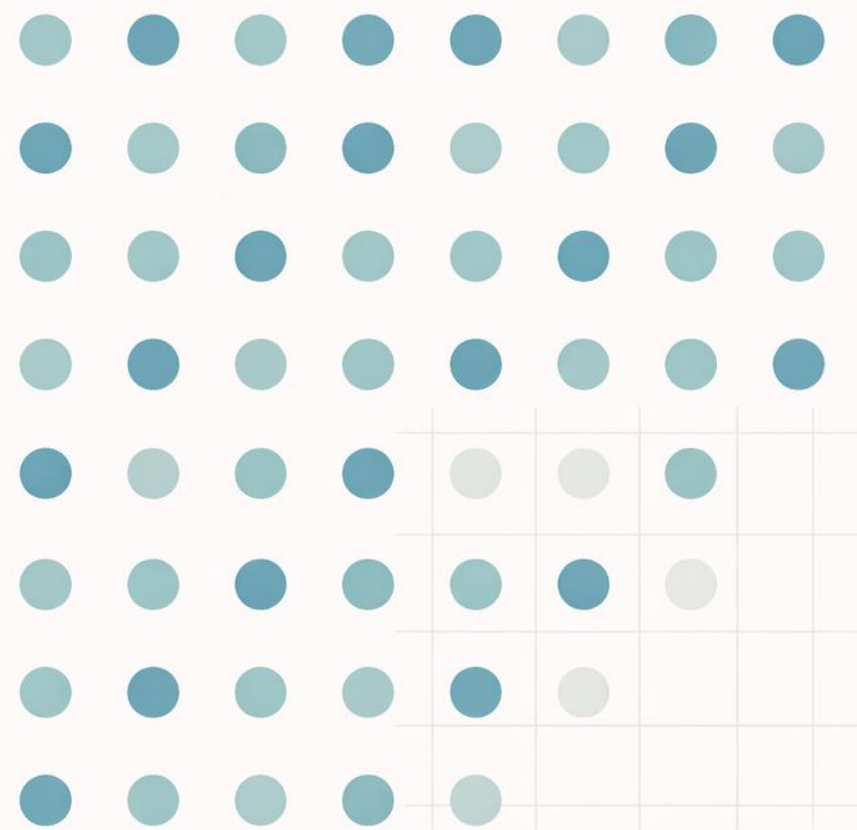
1. Standardized Assessment
2. Questionnaires
3. Non-Standardized Assessments

Each provides a different lens on function



Standardized Cognitive Assessments

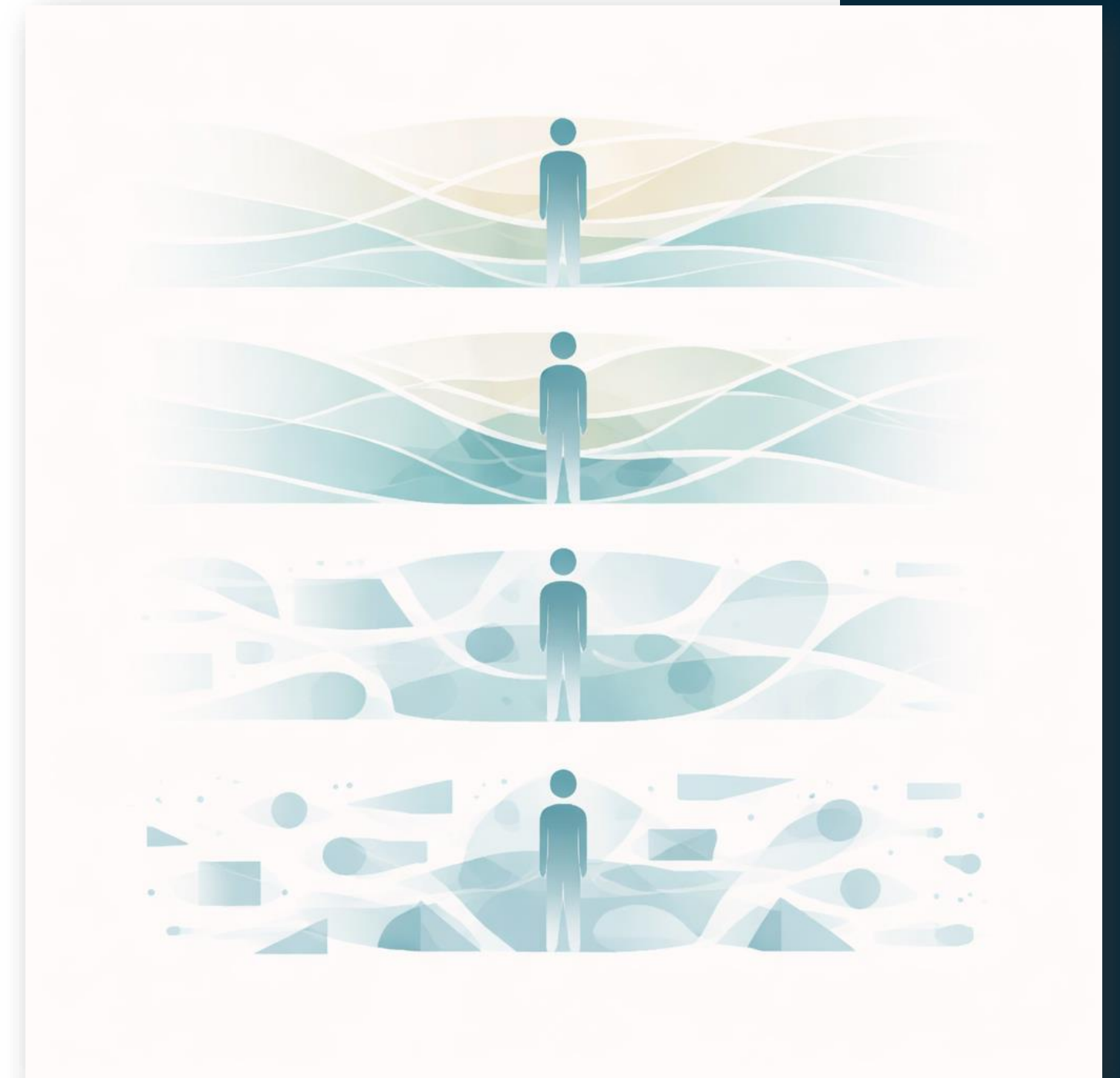
- Cognitive-Linguistic Quick Test, CLQT by Nancy Helm-Estebrooks
- Arizona Battery of Cognitive-Communication Disorders 2, ABCD2 by Bayles and Tomoeda
- Montreal Cognitive Assessment, MoCA, by Ziad Nasreddine, M.D.
- St. Louis University Mental Status Examination, SLUMS
- The Stroop Color and Word Test, SCWT
- Mini-Cog
- Self Administered Gerocognitive Examination, SAGE
- Mini-Mental State Examination, MMSE



Questionnaires



- Functional Activities Questionnaire, (FAQ)
- AD8; Dementia Screening Interview
- Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) Long and Short form
- The Lawton Instrumental Activities of Daily Living (IADL) Scale





Non-Standardized Assessment

- **Built from multiple elements**
 - Individual tasks targeting specific cognitive domains
 - Combination of screening tools and subtests
- **Adapted to the individual**
 - Flexible and responsive
 - Customized to the person and population
- **Focused on real-world function**
 - Measures skills needed for daily activities
 - Context-driven and meaningful



My Cognitive Evaluation:

The Cognitive Evaluation



**Combines standardized +
individualized measures**

- Identifies barriers
- Identifies strengths to target weaknesses
- Builds insight and understanding
- Establishes a baseline and care plan



Cognitive Evaluation Demonstration

- I. Interview
- II. Processing Speed
- III. Attention Skills
- IV. Memory Skills
- V. Problem Solving Skills
- VI. Language Skills
- VII. Executive Function Skills

The Cognitive Evaluation



Interview



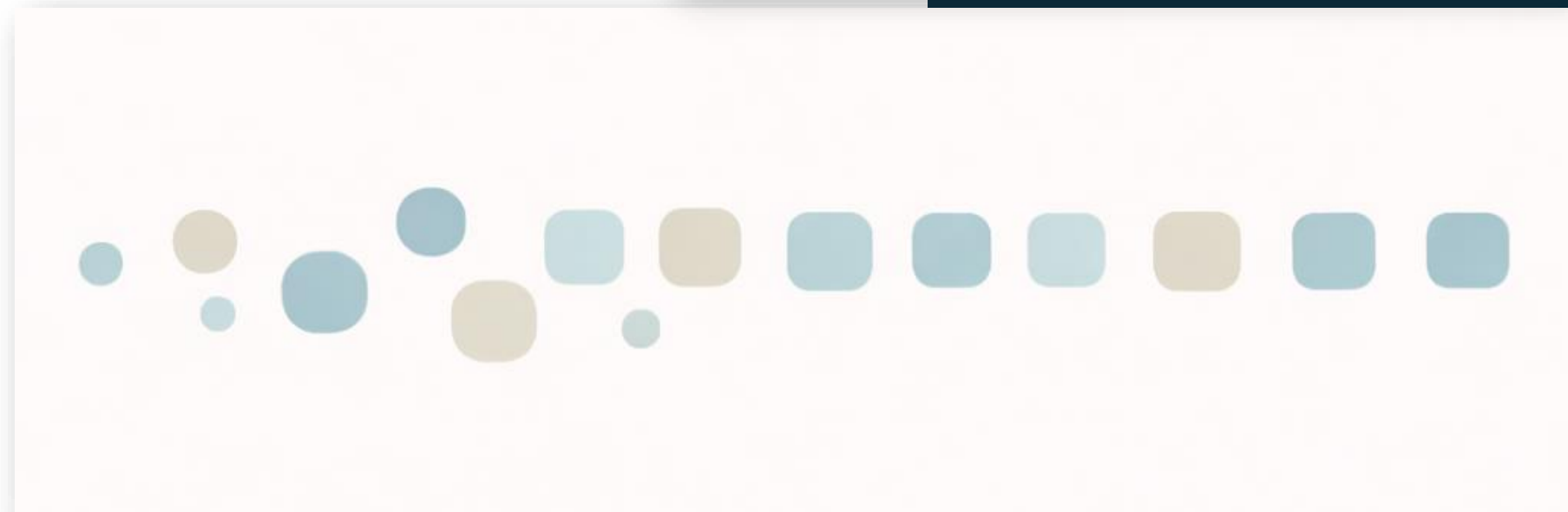
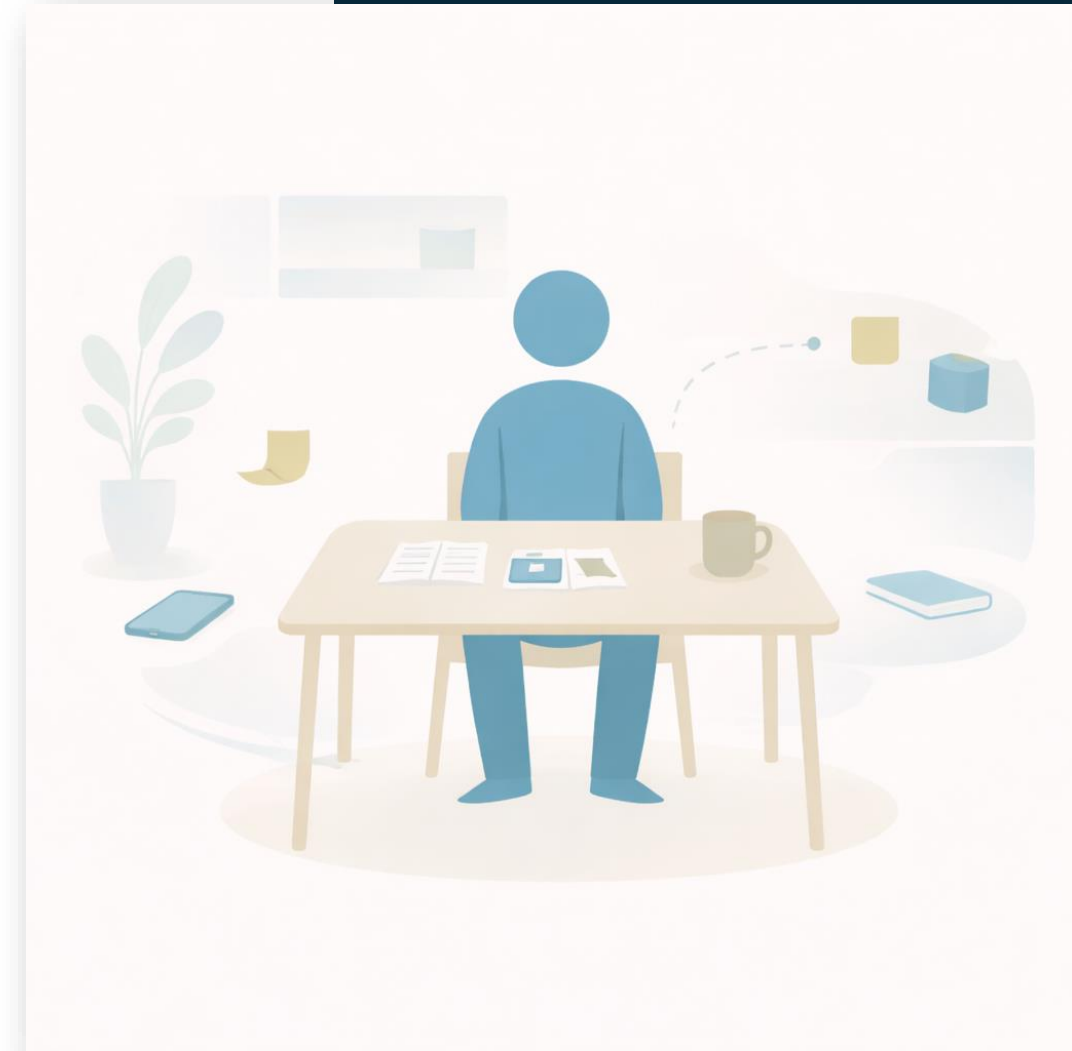
- **Introduction:** who I am, what we will be doing, and consent
- **History:** education, work, family, interests
- **Current function:** areas of difficulty across domains and IADLs/ADLs
- **Context:** ideal time of day, medical history, medications (including over-the-counter), accurate and updated in the record



Processing Speed



- From the start of the interview through the entire evaluation, processing speed is **continuously observed**
- Consider hearing and vision
- **Reduced processing speed can often be improved by:**
 - reducing environmental stimulation
 - slowing rate of speech
 - using written or visual supports
 - simplifying auditory information



Attention Skills

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- **Sustained:** maintaining attention on a task
- **Divided:** managing attention in the presence of distractions (e.g., auditory)
- **Alternating:** shifting between tasks (up to 3 steps, increasing complexity)
- **Identify barriers to success:**
 - Task length
 - Presence of distractors
 - Number and type of task shifts



Scan the QR code to begin your 1 minute assesment.

User QR Code to try the Stroop Color and Word Test

Memory Skills



- **Verbal Memory**

- Immediate and delayed recall (end of testing / ~60 min)
- Reading: recall of key information from short passages
- Auditory: recall of key information from a short story (4–6 sentences)

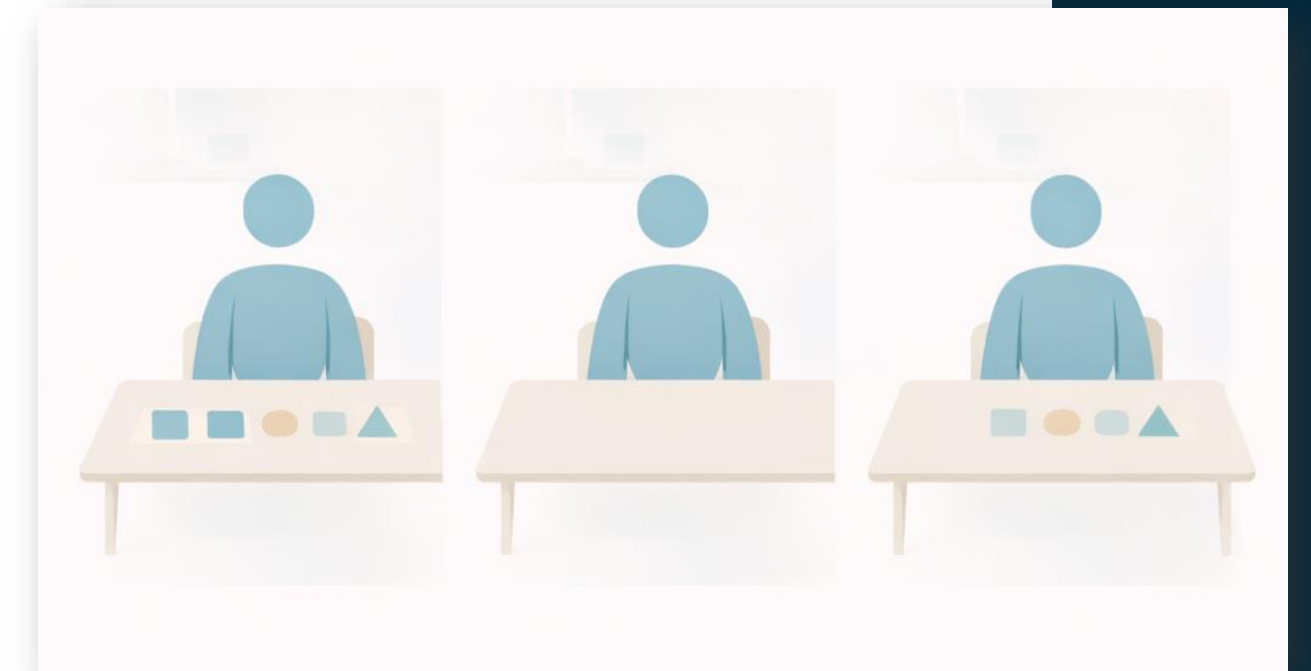
- **Visual Memory**

- Immediate and delayed recall of images (end of testing / ~60 min)

- **Orientation**

- **Long-Term Memory**

- Assessed through interview



Use memory strengths to support function:

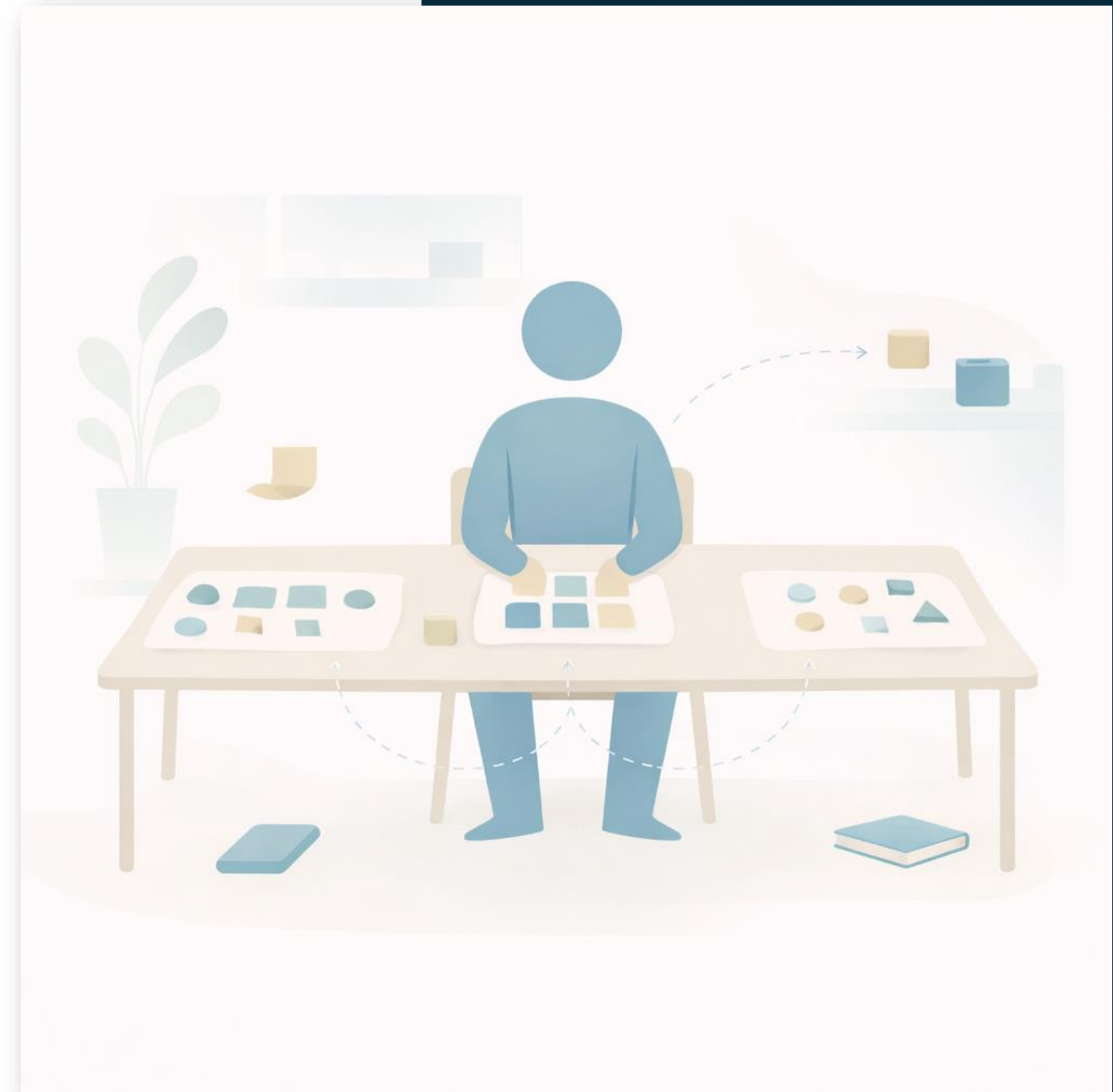
- repetition
- written notes
- visualization
- pairing strategies

Problem Solving Skills

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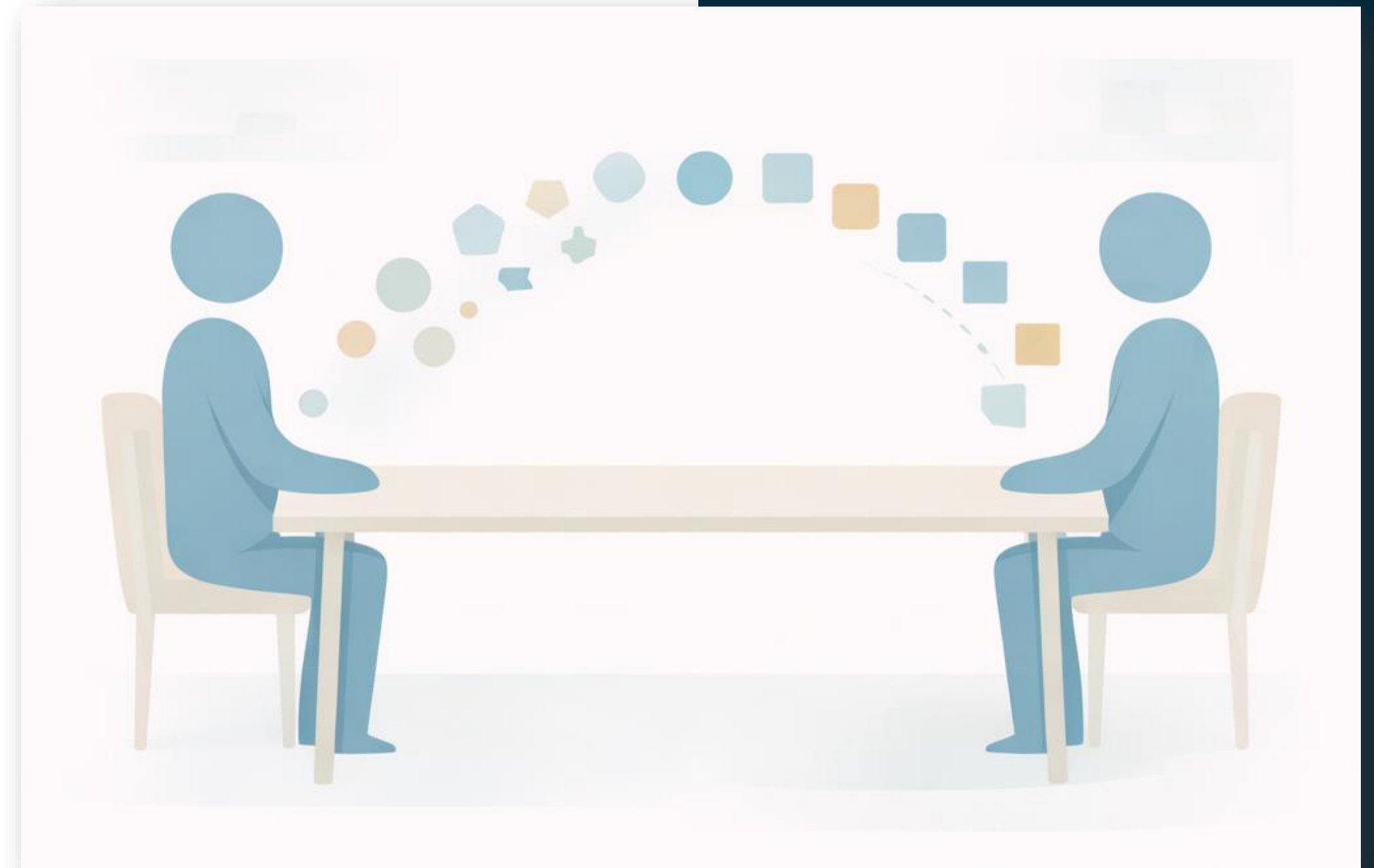
- **Skills Assessed:**
 - Verbal (language-based) reasoning tasks
 - Visual reasoning tasks
- **Identify areas of breakdown:**
 - sequencing
 - organization
 - time management
 - distractors
 - memory



Language Skills



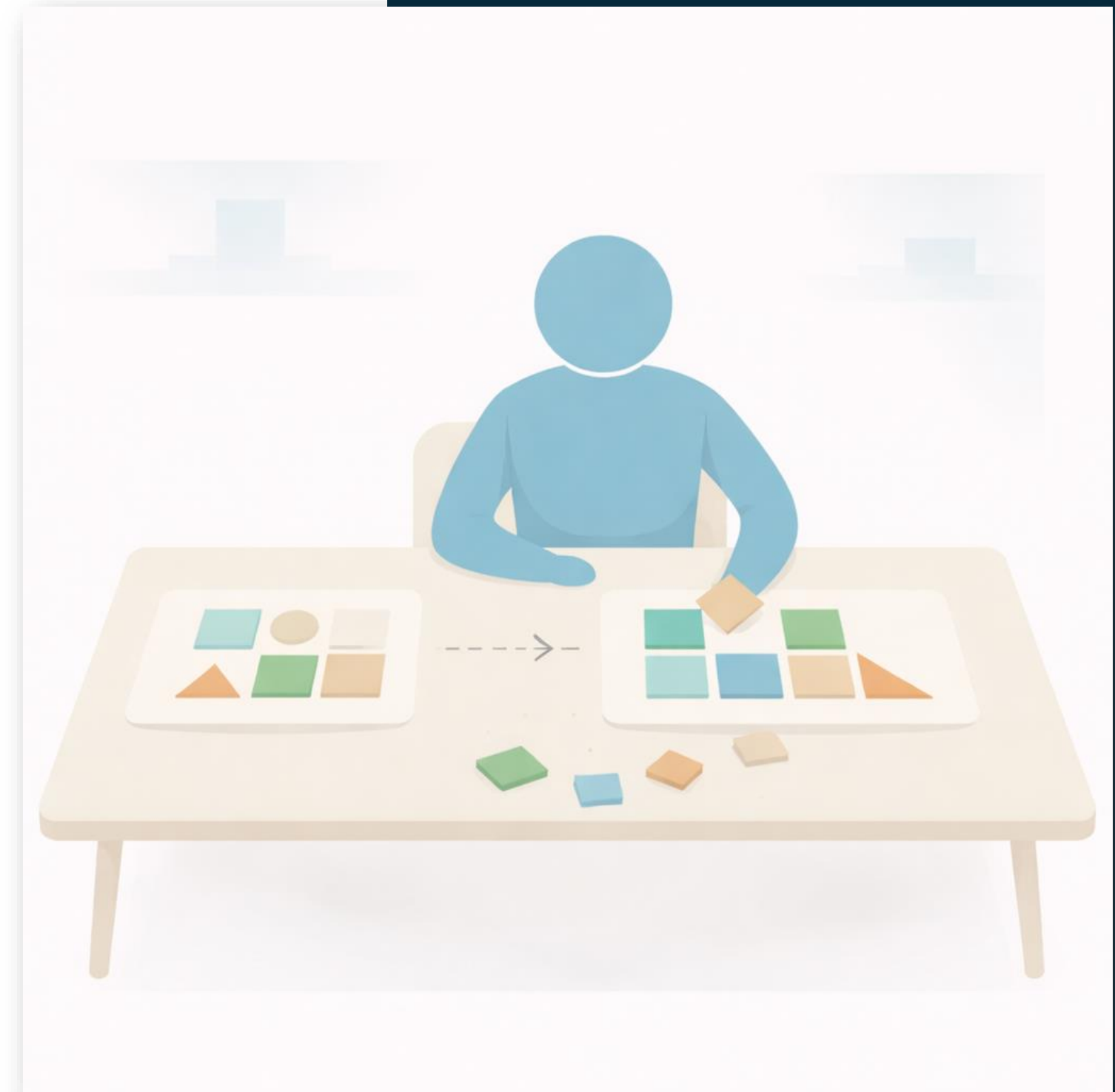
- **Receptive Language:**
 - auditory and reading comprehension (1–3 step commands)
- **Expressive Language:**
 - semantics / vocabulary
 - fluency
 - written expression
 - pragmatics (appropriateness)
- **Clinical considerations:**
 - differentiate expression vs memory
 - use closed vs open-ended questions
 - provide choices and preparation
 - reduce rate of speech
 - use visual and written supports
 - guide conversation
 - build insight and awareness of barriers



Executive Function Skills



- **Skills Assessed**
 - Task completion: clock drawing, design generation
- **Identify areas of breakdown:**
 - Identify areas of breakdown to guide **targeted strategies** (attention, processing speed, memory, language, sequencing)





We can measure the change...

But what is causing it?

- Why does memory fail?
- Why does attention fluctuate?
- Why do behaviors shift?

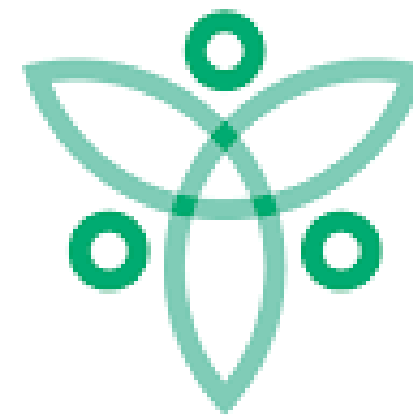
The answer lies in brain biology





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THANK YOU



PMIC

PHYSICAL MEDICINE & INJURY CENTER