

A New Vision for Neuropsychological Assessment: Unlocking the Gate to Rehabilitation for Individuals with Brain Damage

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BACKGROUND

- **Invisible disability, silent epidemic.** Brain damage is easily misdiagnosed or overlooked, even when it has drastic effects on cognition, emotion, social skills, and behavior.
- Neuropsychological assessment can reveal expressions of brain dysfunction, and provide healthcare professionals with critical guidelines for diagnosis and therapy. It is generally the gateway to neuropsychological rehabilitation.
- Health laws in many countries entitle citizens to neuropsychological assessment, but global health statistics reveal that few individuals are referred.
- Referral policies worldwide are often vague, institution-specific, and guided largely by funding considerations.
- It is unclear whether healthcare professionals responsible for referring relevant patients to neuropsychological assessment have access to knowledge and guidelines to support referral decisions.

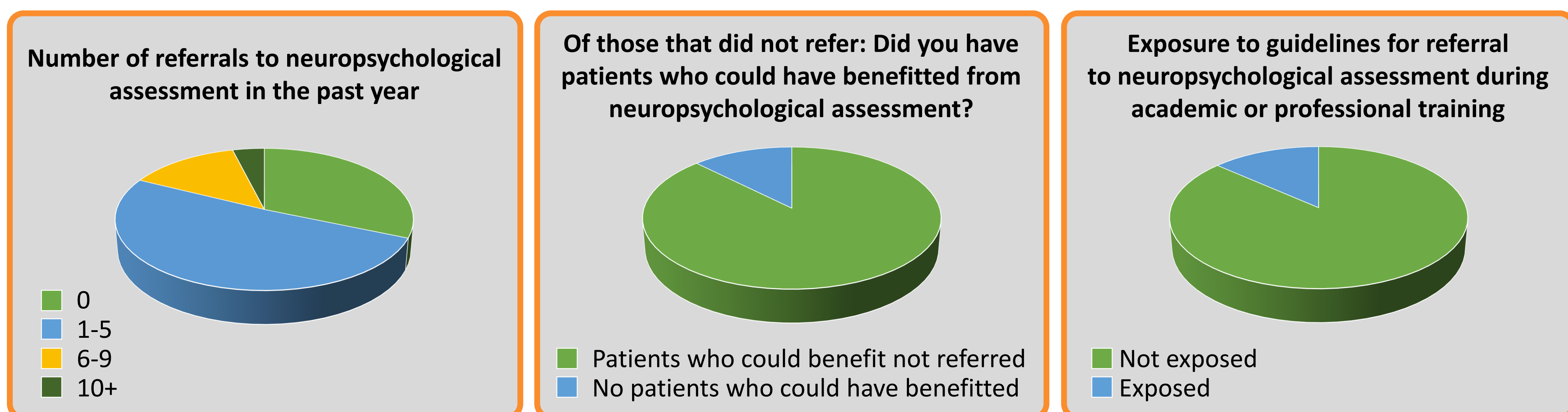
AIMS

- To conduct an initial evaluation of knowledge and views regarding neuropsychological assessment among primary care physicians.
- To define when neuropsychological assessment is indicated and propose a clear and feasible referral model.

SURVEY OF PRIMARY CARE PHYSICIANS

50 primary care physicians in Israel completed an anonymous online survey with 12 questions addressing:

- Knowledge and views on neuropsychological assessment
- Extent to which they found neuropsychological assessment necessary
- Number of referrals they made annually
- Institutional resources and policies



REFERRAL MODEL FOR NEUROPSYCHOLOGICAL ASSESSMENT

The proposed model (Figure 1) includes four lists:

- **List A** – Medical conditions involving significant, known damage to the brain (e.g., traumatic brain injury, epilepsy, stroke, brain tumor, dementia)
- **List B** – Medical conditions frequently, but not necessarily, associated with damage to the brain (e.g., heart disease, diabetes, autoimmune disease, substance abuse)
- **List C** – Complaints or indications of cognitive decline and/or behavioral changes potentially associated with brain damage (e.g., memory loss, disorientation, personality changes, speech problems)
- **List D** – List of questions regarding diagnosis, treatment, or rehabilitation that neuropsychological assessment can answer.

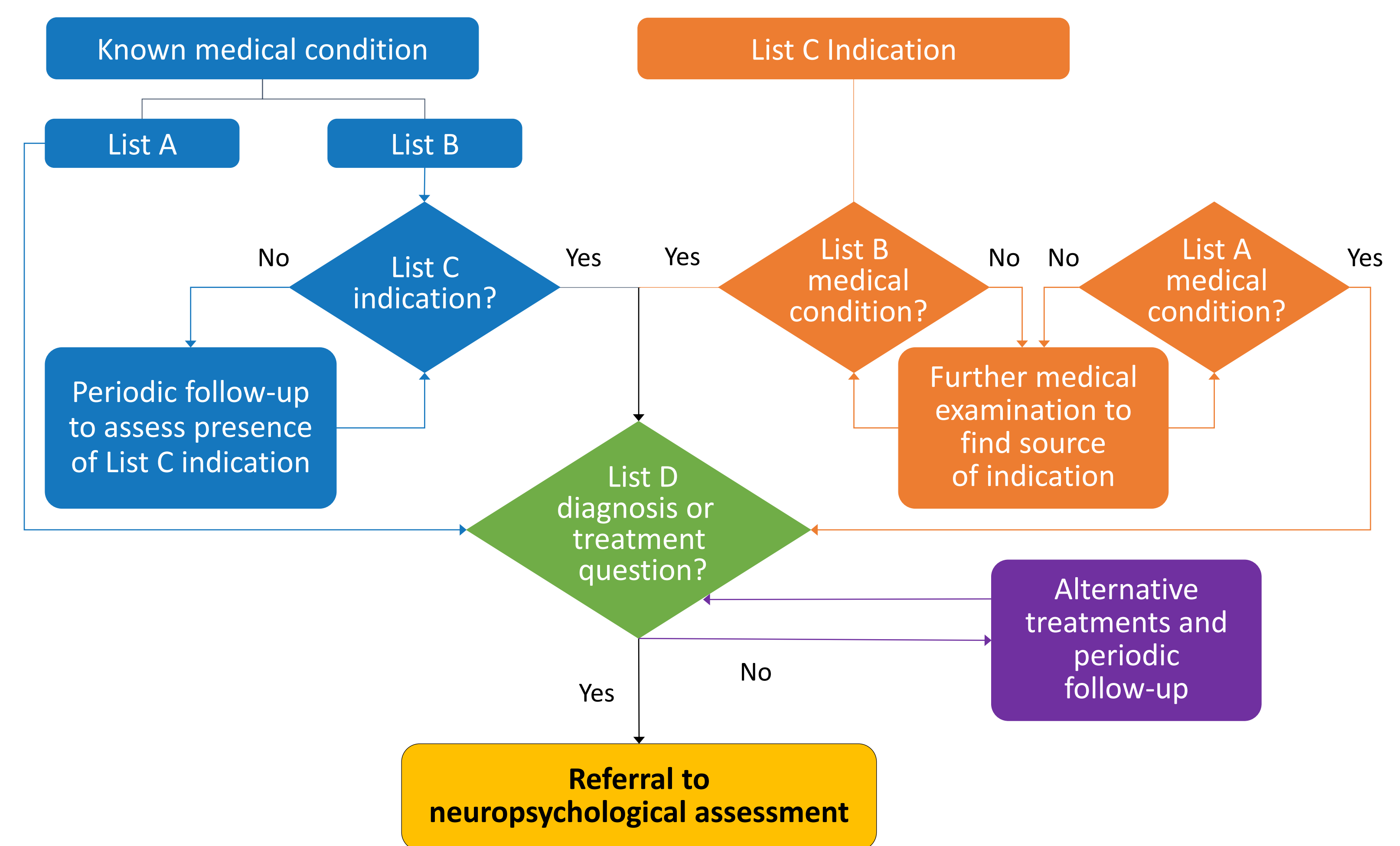


Figure 1. Model of referral to neuropsychological assessment

CONCLUSIONS AND FUTURE DIRECTIONS

- Findings emphasize the need to:
 - Increase awareness of neuropsychological assessment among healthcare professionals authorized to refer patients
 - Define target populations for assessment
 - Implement standardized and feasible referral policies
- Awareness regarding indications for neuropsychological assessment and a multidisciplinary dialogue concerning assessment may have far-reaching benefits for both individual patients and medical systems.