

CNS Vital Signs Neurocognitive Tests

To BUY in India, Contact: Gunjan Human Karigar Pvt. Ltd., Delhi
Mobile: +91 9899135554 | Email: humankarigar@gmail.com
Web site: www.humankarigar.com

CORE Tests

Verbal Memory (VBM)

Approximately Three Minutes



Visual Memory (VIM)

Approximately Three Minutes



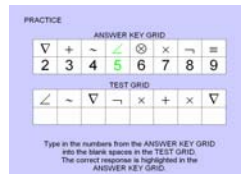
Finger Tapping (FTT)

Approximately Two Minutes



Symbol Digit Coding (SDC)

Approximately Four Minutes



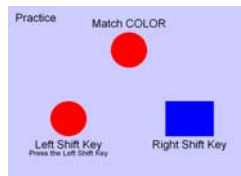
Stroop Test (ST)

Approximately Two and a Half Minutes



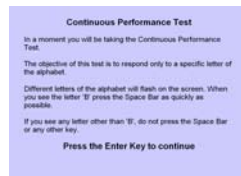
Shifting Attention (SAT)

Approximately Two and a Half Minutes



Continuous Performance (CPT)

Approximately Five Minutes



Neurocognitive Function

- Verbal Learning
- Memory for Words
- Immediate and Delayed Recall

- Visual Learning
- Memory for Geometric Shapes
- Immediate and Delayed Recall

- Motor Speed
- Fine Motor Control

- Complex Attention
- Visual-Perceptual Speed
- Information Processing Speed

- Executive Function
- Simple and Choice Reaction Time
- Speed-Accuracy Trade-Off
- Information Processing Speed
- Inhibition / Disinhibition

- Executive Function: Shifting Sets
- Reaction Time
- Information Processing Speed

- Sustained Attention
- Choice Reaction Time

Total Testing Time: 25 to 30 Minutes

CNS Vital Signs neurocognitive tests creates valid and reliable clinical endpoints that assist in the evaluation and management of conditions that are characterized by neurocognitive decline (e.g. MCI, Multiple Sclerosis, AD/HD, etc.), to monitor the results of therapy on neurocognitive performance (e.g. AD/HD Medications, CPAP, etc.), and to detect change in neurocognitive performance over time (e.g. concussion, TBI rehabilitation). However, CNS Vital Signs does not assess the cause of changes in cognitive performance. CNS Vital Signs CORE Clinical battery is a precise computerized assessment of neurocognitive status, which measures the speed and accuracy of nine basic mental functions. These mental functions are indicators of the health and integrity of the brain's higher functions.

CNS Vital Signs Clinical Domains

Neurocognition Index

Measure: An average or mean score derived from the domain scores or a general assessment of the overall neurocognitive status of the patient.

Relevance: Summary view tends to be most informative when evaluating a population, a disease or condition category, and outcomes.

Composite Memory

Measure: How well subject is able to recognize, remember and retrieve words and geometric figures. Identify problems with the storage, manipulation, and retrieval of information. (results come from sum of verbal and visual memory tests)

Relevance: Remembering and learning new information, turning off the stove, recalling an appointment or rehabilitation information, taking medications, attending class, inability to navigate in familiar places, recalling images, etc.

Verbal Memory

Measure: How well subject can recognize, remember, and retrieve words e.g. exploit or attend literal representations or attribute. (results come from one test)

Relevance: Remembering, turning off the stove, recalling an appointment or rehabilitation information, taking medications, and attending class.

Visual Memory

Measure: How well subject can recognize, remember and retrieve geometric figures e.g. exploit or attend symbolic or spatial representations. (results come from one test)

Relevance: Remembering graphic instructions, navigating, operating machines, recalling images, remember a calendar of events, and using a graphical user interface.

Processing Speed

Measure: How well a subject can automatically and fluently perform relatively easy or over-learned cognitive tasks, especially when high mental efficiency is required i.e. attention and focused concentration. (results come from one test)

Relevance: Medication effect, ability to respond/react to threats, take evasive action or see possible danger/risk signs, or issues with accuracy and detail.

Executive Function

Measure: How well a subject recognizes set shifting (mental flexibility) and abstraction (rules, categories) and manages multiple tasks simultaneously. (results come from one test)

Relevance: Ability to sequence tasks and manage multiple tasks simultaneously, flexibility required for self-correction, tracking and responding to a set of simple instructions.

Psychomotor Speed

Measure: How well a subject recognizes and processes information i.e., perceiving, attending/responding to incoming information, motor speed, fine motor coordination, and visual-perceptual ability. (results come from two tests)

Relevance: Distractibility, fitness-to-drive, occupation issues, obsessive concern with accuracy and detail. May be a result of: medication effects, anxiety, learning disabilities, visual perceptual problems, working under time pressure, typing and machine operation.

Reaction Time

Measure: How fast the subject can react, in milliseconds, to a simple and increasingly complex direction set. (results come from one test)

Relevance: Driving a car, attending to conversation, tracking and responding to a set of simple instructions, taking longer to decide what response to make.

Complex Attention

Measure: How well the subject can maintain focus and perform quickly and accurately e.g. problem attending to multiple stimuli at the same time. Ability to track and respond to information over brief or lengthy periods of time and/or performs mental tasks quickly and accurately requiring vigilance. (results come from three tests)

Relevance: Self-regulation, learning, productivity, and behavioral control.

Cognitive Flexibility

Measure: How well subject is able to adapt to rapidly changing and increasingly complex set of directions and/or to manipulate the information. (results come from two tests)

Relevance: Reasoning, switching tasks, decision-making, impulse control, strategy formation, attending to conversation.

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