

*The Clinical Neuropsychologist*

Russell M. Bauer, Ph.D. and Jerry J. Sweet, Ph.D., Editors

Presents

Grand Rounds in Clinical Neuropsychology

Joel E. Morgan, Ph.D., Section Editor

Overview: Grand rounds in Clinical Neuropsychology, a new section in TCN, will be devoted to case presentations of interesting, timely, important, or unusual cases. Cases of interest to be considered may represent unusual presentations of well-known disorders/syndromes, rarely seen disorders, ‘classic’ or prototypical neuropsychological syndromes (textbook presentations), or other cases of distinction. Adult and child cases will be considered. Criteria for publication include a well-documented history of the patient, medical/neurologic/psychiatric findings, neuroimaging (*preferred, but not required*), neuropsychological evaluation, discussion, and conclusions. Cases should be instructive and focus on the contributions that competent neuropsychological assessment makes in terms of (1) elucidating brain-behavior relationships; (2) determining the functional status of patients; and (3) instructing intervention, treatment, rehabilitation, education, etc.

*TCN* Grand Rounds in Clinical Neuropsychology, unlike the aims and scope of *Neurocase*, a sister publication of T&F, will not focus on elucidating theoretical aspects of brain-behavior relations, but instead will focus on well-known and documented aspects of “behavioral geography” particularly as illustrated in neurological or neuropsychiatric conditions.

Format: Two general formats will be utilized: (1) The traditional case presentation format, where the diagnosis/syndrome/disorder is known in advance, usually in the title, and (2) clinical problem-solving cases, where the diagnosis/syndrome/disorder is not revealed until the conclusion, similar in organization to the Grand Rounds Presentations of the Massachusetts General Hospital in the *New England Journal of Medicine*.

Page Limitations: 35, double spaced pages, inclusive of references. Allowances will be made for slight departures, dependent on the case.

Neuropsychological Testing: Neuropsychological assessment may follow a flexible or fixed battery approach as long as the referral question is appropriately and fully answered. Truncated or focused assessment batteries may be acceptable in specific cases; comprehensive testing is not always indicated or necessarily appropriate. Authors are encouraged to present cases that illustrate assessment skills and clinical knowledge at an advanced level, illustrative of strong clinical judgment skills.

Literature Review: Sufficient review of the literature regarding the syndrome is necessary, but this should not be overly elaborated and detailed. Where presented findings are congruent or at odds with ‘classic’ cases, this should be so noted and appropriately referenced. Presentations of a relatively ‘pure’ prototypical disorder should reference the original article (e.g., a circumscribed Gerstmann’s syndrome).

Neuroimaging: Authors are encouraged to present CT/MRI when available, documenting the relationship between neuropsychological test findings and cerebral abnormalities. Where definitive “diagnoses” have been made in a neurological or other medical venue, confirmatory evidence must be presented. These may include neuroimaging where available (this is preferred; we will publish b&w CT/MRI) scans, pathology reports, inclusive of examination by board certified medical specialists.

Types of Cases: The editor(s) will consider most all types of clinical cases. These may include well-known and documented neurological conditions, low base rate (rarer or unusual) disorders, and common disorders with an unusual presentation or neuropsychological findings (e.g., a large cerebral neoplasm with a paucity of neuropsychological test abnormalities), neurodevelopmental conditions (in the case of a pediatric presentation), and disorders of controversial etiology (e.g., CFS). Cases involving poor effort, frank malingering, factitious disorders and the like must include appropriate use of SVT’s and documentation of a lack of medical evidence. Some psychiatric conditions with known or putative CNS abnormalities may be appropriate (e.g., schizophrenia) at the discretion of the editor(s).

Grand rounds in Clinical neuropsychology is an exciting new section in TCN. As part of one of neuropsychology’s leading journal publications, the highest professional standards of practice and publication are expected.