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|  | **MATERIALS**  -INDIVIDUALS DIAGNOSED WITH ALZHEIMER'S DISEASE OR A FACILITY DESIGNED TO CARE FOR AND STUDY ALZHEIMER'S DISEASE  Hacienda Care Center in CA  -MINI-MENTAL STATUS EXAMINATION  -TOUCH SENSORY: walnuts, scrubber, makeup sponge, rubber, squishy ball, sponge, plastic bubbles, and rice  -SMELL SENSORY: peach lotion, gardenia lotion, cinnamon, cloves, banana extract, and orange extract  -SIGHT SENSORY: different pictures, books, and magazines with colorful pictures  **PROCEDURE**  1. INITIATING THE PROJECT: The first step in carrying out our project was to find a facility which would suit our needs. After researching various homes, institutions, and hospitals for Alzheimer�s patients, we decided to go with Hacienda Care Center in Livermore. It is a live-in home and care center for the aged, of which numerous suffer from different forms and degrees of dementia and Alzheimer�s. After meeting with the director of the facility we were then directed to work with the resident activities specialist, Ms. Howell. Initially we wanted to study the effects of music therapy on Alzheimer�s patients, but after discussing our ideas with Barbara Howell, we chose to turn our project in a different direction.  2. FINDING OUR SAMPLE GROUP: We then asked Ms. Howell to come up with a list of patients who would be ideal for our studies. After we were given a list of about twelve patients, male and female, we spent about two hours visiting their rooms, talking to them, and evaluating whether or not they would be ideal for our tests. In order to avoid legal complications, we sent out a letter to each of our patients� families explaining our project and what it would entail. We were able to come up with five patients (2 males and 3 females) who we thought would give us he best results. They all had been clinically diagnosed as sufferers of Alzheimer�s and they all were in different states of the disease. Some were very coherent and just a little fuzzy, while others were obviously very incoherent and unaware.  3. ADMINISTERING THE PRETEST: On our next visit we administered The Mini-Mental Status Examination (please see attached). There were over twenty questions, dealing with recalling dates and times, identifying basic objects, and motor and mental skills. We took down each of the five patients� answers to keep for later comparison. Some scored very well, while others did not.  4. SENSORY TESTING: Working in conjunction with Hacienda Care Center, they were able to give us various ideas for sensory treatment. We decided to work with three of the five senses: sight, sound, and touch. We also did a lot of personal talking and conversation one on one with the individual patients. For sight we did two different treatments. We first got a book which had numerous pictures of different wild animals. We then would spend about ten or fifteen minutes with each of the five patients looking at the book and naming and describing the animals. We also would pick out random objects that we brought or in their room and ask them to name or describe their colors. We would do this over and over again, and sometimes the repetition would prove useful. Another test we did dealt with touch. We had a box of about eight objects, all with distinctly different feels: rubber, rice, walnuts, plastic bubbles, metal, sandpaper, sponges, and hairbrush bristles. We then spent a few minutes massaging their hands with fruity lotion, which they seemed to enjoy greatly. Our third sensory test dealt with smell. We let each of them smell different scents like: fresh lemon, cinnamon, oranges, and pepper. Many of them were able to recall stories of their pasts which were triggered by the different scents.  5. HUMAN INTERACTION: We also found individual human interaction with them very productive. We would sit with them one-on-one in their rooms or in the halls and discuss things of both the past and present. We would talk about the weather and about world events, and then we would talk about where they grew up and stuff about their families. We did not initially intend to do as much personal talking, but it proved to be the most useful, productive, and enjoyable for the patients. For the most part there was immediate reactions in their eyes when they saw us come to visit them. They became very involved in what they would tell us, even if it was the truth or they just thought it was. With some we even tried to carry on conversations we held a few days prior, to stimulate their short term memory.  6. RE-ADMINISTERING THE MINI-MENTAL STATE EXAMINATION: After two months of working with the patients and administering the sensory tests, we decided it was time to re-administer the Mini-Mental State Exam (shown below), the same exact one used for the pretesting. Our goal was to get not better results, but the same results as the pretest, to see if through sensory interaction the regressions of the disease had been slowed down if not temporarily halted. We administered the test in the same exact fashion as we had done two months prior. We also recorded their results.  7. COMPARISON OF RESULTS: Taking each of the five cases separately we carefully went over the results on their pre and post tests. Each of course had a different results, and it was obvious that the disease and its effects reacted differently to the treatments. Of coourse there were numerous outside variables which were out of our control, such as diet, age, other treatments, and personal attitudes.  **THE MINI-MENTAL STATUS EXAMINATION**  Question Points  ORIENTATION  1. Name: season/date/day/month/year 5 (1 for each name)  2. Name: hospital/floor/town/state/country 5 (1 for each name)  REGISTRATION  3. Identify three objects by name and ask 3 (1 for each object)  patient to repeat  ATTENTION AND CALCULATION  4. Serial 7s; subtract from 100 5 (1 for each subtraction)  (e.g., 93, 86, 79, 72, 65)  RECALL  5. Recall the three objects presented earlier 3 (1 for each object)  LANGUAGE  6. Name a pencil and watch 2 (1 for each object)  7. Repeat �No ifs, ands, or buts� 1  8. Follow a 3-step command (e.g., �Take 3 (1 for each command)  this paper, fold it in half, and place it on  the table�)  9. Write �Close your eyes� and ask patient 1  to obey written command  10. Ask patient to write a sentence 1  11. Ask patient to copy a design (e.g., 1  intersecting pentagons) |

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