Typical Neurocognitive Assessment

Table 1 Cognitive domains and subdomains involved in the neurocognitive assessment (Lezak, 1995).

Cognitive Domains	Subdomains	Cognitive Domains	Subdomains
Memory	*Immediate memory, short-term memory (including free recall, cued recall and recognition); consolidation and retrieval of long-term memories (explicit/declarative memory including episodic memory and semantic memory; implicit/non-declarative memory including procedural memory)*	**Orientation**	*Awareness; time; place; body orientation; finger agnosia; directional left and right orientation; space*
Language	*Expressive language (including naming; word finding; fluency; grammar and syntax) and receptive language*	**Perception**	*Visual perception; Visual inattention; visual scanning; color perception. Auditory perception; Auditory acuity; discrimination; inattention; auditory verbal perception; nonverbal perception.*
Attention	*Sustained attention; divided attention; selective attention; processing speed; attentional capacity; sustained attention; divided attention; selective attention; processing speed*	**Executive Functions**	*Planning; organizing; decision making; responding to feedback/error correction; overriding habits/ inhibition; self-monitoring; mental flexibility; emotional regulation volition; planning; decision making; purposive action; self-regulation; effective performance*
Reasoning and Concept Formation	*Reasoning: verbal reasoning. Concept formation; sorting; sort and shift. Mathematical procedures. Calculations*	**Construction and Motor Performance**	*Drawing (e.g.; copying; free drawing); assembling and building; motor skills*

Manual Neurolinguistic Assessment

Over the past 50 years, standardized neurocognitive examination tests and neurolinguistic batteries, such as the

- **Boston Naming Test** (BNT, Kaplan et al., 2001),
- **Western Aphasia Battery-Revised** (WAB-R, Kertesz (2006)),
- **Boston Diagnostic Aphasia Examination** (BDAE, Goodglass & Kaplan, 1983),
- **Psycholinguistic Assessment of Language Processing in Aphasia** (PALPA, Kay et al., 1992)

have been serving as the primary tools for screening patients with speech, language, and communication deficits for neurocognitive assessment. Manual neurolinguistic assessments have been useful as a generic language assessment tool.