Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Kurt Huneke	**GENDER:**	Male
DATE OF BIRTH:	07/12/1953 (73)	**HANDEDNESS:**	Right
DATE OF EXAM:	07/14/2026	**ETHNICITY:**	Caucasian
EDUCATION:	18	**MARITAL STATUS:**	Married
OCCUPATION:	Retired	**REFERRED BY:**	Barbara Robinson, NP

REASON FOR REFERRAL

Mr. Huneke was referred for evaluation of cognitive functioning due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Huneke presented with complaints of cognitive changes, reporting a slowness in thought and a slight decline in short-term recall. He noted that these non-motor symptoms began around the beginning of 2025 and have been gradually worsening over time. Specifically, he endorsed forgetting recent, minor events (e.g., when they last had dinner with neighbors), though he maintained that he easily remembers historical or detailed information that others might deem unimportant. He denied problems with learning, retaining new information, or making decisions. However, he reported increasing word-finding difficulties and slower processing speed, noting that he often hesitates while speaking to ensure he forms the whole thought, although his wife does not perceive his hesitation as being as severe as he does. If he waits patiently, he reported that the words eventually come to him. He also noted that his speech has become more muffled and quiet, with less projection. Furthermore, Mr. Huneke reported that his handwriting has become illegible and his spelling ability has noticeably declined. He indicated that basic multitasking remains intact, but he struggles with organization if he attempts to run errands without a structured list.

Emotionally, Mr. Huneke denied experiencing current or historical symptoms of anxiety or depression, noting only that a recent family trip to celebrate his 50th wedding anniversary was slightly stressful but ultimately turned out well. He reported that his sleep is adequate and he wakes up feeling rested. His energy levels are sufficient for most of the day, though he typically tires out by the late afternoon. His appetite remains adequate, and he denied experiencing any visual or auditory hallucinations.

Functionally, Mr. Huneke remains independent for basic activities of daily living and maintains an active lifestyle, participating in "Rock Steady Boxing" classes. He denied experiencing any recent falls. Regarding instrumental activities, he continues to drive independently and feels comfortable driving long distances to familiar locations (e.g., Austin); however, he reported feeling less sharp and avoids driving long distances to unfamiliar places (e.g., Florida). His wife is currently monitoring his driving. He manages his finances independently without any problems. Regarding medications, he is participating in a four-year Phase 3 clinical trial for a Parkinson's medication. He reported that his wife organizes his medications into a pill case, and while he takes them reliably on most days, he occasionally forgets doses when traveling. Mr.

Huneke attends medical appointments independently and coordinates his care effectively, occasionally attending with his wife. He also reported independently preparing simple meals using a microwave.

MEDICAL HISTORY
Conditions: Parkinson's disease (diagnosed in January 2016), hypertension, skin cancer, alopecia, and osteoarthritis.

Surgeries: Bilateral total shoulder replacements, torn Achilles tendon repair, deep brain stimulator (DBS) implantation (bilateral STN DBS placed 09/30/2021; pulse generator placed 10/14/2021) to manage primary tremor symptoms, deviated septum repair, MOHS surgery for two skin cancers (one basal, one squamous), LASIK on his left eye, and numerous colonoscopies.

Imaging: Mr. Huneke reported no recent brain imaging (MRI or CT) within the past one to two years.

Current medications: Carbidopa-Levodopa, Rasagiline Mesylate (1 mg), Amlodipine Besylate (2.5 mg, two tablets daily), Ibuprofen (800 mg), Finasteride (1 mg), Oxybutynin Chloride (10 mg), Sildenafil Citrate (100 mg), Losartan Potassium (100 mg), Magnesium, Cholecalciferol (Vitamin D3), Multivitamins (ICAPS), Clotrimazole-Betamethasone cream, and Fluorouracil cream.

Substance use: Mr. Huneke has never smoked tobacco or used recreational drugs. He rarely consumes alcoholic beverages, estimating his intake at approximately 10 drinks per year.

Family history: Medical history is notable for depression, congenital heart disease, and type 2 diabetes in his father, as well as breast cancer in his mother. His brother has a history of type 2 diabetes and melanoma, and his sister has a history of depression. He denied any known family history of Alzheimer's disease or other dementias.

MENTAL HEALTH HISTORY
Unremarkable.

EDUCATIONAL HISTORY
Mr. Huneke completed 18 years of education, earning a Master's degree in Business Administration from Creighton University. He described himself as a good student and denied any history of learning problems or grade retention.

OCCUPATIONAL HISTORY
Mr. Huneke is retired. He previously worked in the corporate finance sector, primarily performing office work.

SOCIAL HISTORY
Mr. Huneke has been married for 50 years and resides with his wife in Pinehurst, Texas. They share three children together (two daughters and one son).

BEHAVIORAL OBSERVATIONS

Mr. Huneke presented as a well-groomed man with adequate hygiene. He was alert and fully oriented to person, place, time, and situation. His gait was unassisted; however, the examiner observed the presence of slight action tremors in his right hand during the assessment, though they did not interfere with testing. Vision (with glasses) and hearing were normal and appeared adequate for testing purposes. Expressive and receptive language functions were within normal limits, though it was noted that he was soft-spoken. His mood was observed to be pleasant.

During testing, the examiner noted that Mr. Huneke's attention and concentration were normal. While his memory was also noted as normal during the session, he did require occasional reminders. Overall, the technician reported that Mr. Huneke demonstrated full cooperation and was "easy to test," appearing to put forth his best effort throughout the evaluation. Thus, these evaluation results appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview
Wide Range Achievement Test -5 (Word Reading)
Wechsler Adult Intelligence Scale-IV (select subtests)
Neuropsychological Assessment Battery-Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Line Orientation (RBANS)
Rey Complex Figure Test (copy)
Hopkins Verbal Learning Test-Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Color Word Interference Test (D-KEFS)
Trail Making Test
Finger Tapping Test
Patient Health Questionnaire (PHQ-9)
Generalized Anxiety Disorder (GAD-7)

TEST RESULTS

Premorbid/Intellectual: Mr. Huneke was administered a word reading test that estimated his premorbid general intellectual functioning to be within the high average range. Semantic knowledge was high average. His composite performance on a variety of verbal and nonverbal tests estimated his current general intellectual functioning to be within the average range.

Attention/Concentration & Processing Speed: Overall working memory abilities were average. Specifically, on a measure of digit span recall, reversal, and sequencing, his performance was high average, average, and average, respectively. Mental arithmetic was in the high average range. Overall processing speed abilities were average. More specifically, graphomotor speed was average. Visual scanning and symbol identification was also average. Speeded word reading was average, and speeded color naming abilities were in the low average range.

Memory: On a 12-word list learning and memory test, he demonstrated average immediate recall, as he recalled 6, 9, and 10/12 words, respectively, across three consecutive trials. Following a 20-minute delay, his recall was average, as he recalled 8/12 words. His discrimination accuracy on a recognition format was high average, as he correctly identified 12 out of 12 words, and he endorsed 0 false positive errors.

Verbal memory for a set of prose passages was in the exceptionally high range for immediate recall. After a delay, his recall was high average. His recognition of details, when presented with a forced-choice format, was within normal limits.

Immediate recall and reproduction of a series of geometric designs was average. Following a delay, his recall was below average. His discrimination accuracy was within normal limits.

Language: Naming to visual confrontation was performed in the average range. Semantic fluency was average. Lexical fluency was low average.

Visuospatial: His ability to copy a complex figure was within normal limits. Judgment of angular line relations was in the low average to below average range. He performed in the average range on a subtest assessing visual construction with blocks.

Executive Functioning: Verbal abstract reasoning was low average. Speed of visual-graphomotor tracking for a simple (numerical order) sequence was low average with one error. Set-shifting abilities were in the low average range and error-free. Mr. Huneke's performance on a measure of response inhibition was low average for speed and average for accuracy. When an additional component of cognitive flexibility was added, his performance was average for speed and high average for accuracy.

Motor: The patient is right hand dominant. Fine motor dexterity was low average bilaterally.

Emotional/Behavioral Functioning: He endorsed mild symptoms of depression but denied significant symptoms of anxiety on two separate self-report inventories of mood.

SUMMARY

Mr. Huneke is a 73-year-old, right-handed Caucasian male with a Master's degree who was referred for a neuropsychological evaluation by Barbara Robinson, NP, due to suspected cognitive decline. The patient presented with complaints of recent cognitive changes, specifically noting slowness in thought, a slight decline in short-term recall, increasing word-finding difficulties, and worsening speech, with the onset of these symptoms reportedly beginning around the early part of 2025.

Regarding cognitive strengths, Mr. Huneke demonstrated high average premorbid intellectual functioning and average current general intellectual abilities. His performance across several cognitive domains remains well-preserved; specifically, his working memory, basic visual scanning, and mental arithmetic abilities fell within the average to high average ranges. His memory for both structured and unstructured verbal information is a notable strength, characterized by average to exceptionally high immediate and delayed recall, as well as intact recognition accuracy. Furthermore, his basic language skills, including confrontational naming and semantic fluency, were average, and his basic visuospatial constructional abilities for block design and complex figure copying were intact.

Despite these preserved abilities, Mr. Huneke demonstrated specific vulnerabilities and deficits, primarily within the domains of executive functioning, processing speed, and fine motor skills.

He exhibited low average performance in verbal abstract reasoning, lexical fluency, and cognitive set-shifting abilities. His speeded color naming, simple visual-graphomotor tracking speed, and response inhibition speed were also in the low average range, indicating a noticeable decline in complex cognitive processing efficiency. Additionally, while his immediate visual memory was intact, his delayed recall of geometric designs fell to the below average range, and his judgment of angular line relations was low average to below average. Finally, bilateral fine motor dexterity was found to be low average, which is consistent with his subjective reports of illegible handwriting.

Emotionally, Mr. Huneke endorsed mild symptoms of depression on a self-report inventory, though he concurrently denied any significant symptoms of anxiety. During the clinical interview, he explicitly denied experiencing any current or historical psychiatric symptoms and reported that his sleep, energy, and appetite remain generally adequate. Behaviorally, he presented as a pleasant and cooperative individual who was soft-spoken and exhibited action tremors during the assessment, which aligns with his underlying neurological status.

Functionally, Mr. Huneke remains highly independent in his basic activities of daily living and maintains an active lifestyle, including regular participation in boxing exercise classes. He also remains largely independent in his instrumental activities of daily living, including managing his finances, preparing simple meals, and coordinating his medical appointments. While he continues to drive independently, he insightfully limits himself to familiar locations and avoids long-distance travel to unfamiliar areas, with his wife currently monitoring his driving safety. Regarding medication management, his wife assists by organizing his pills into a dispenser; he remains generally compliant with administration, though he admitted to occasionally forgetting doses when traveling, as this is out of his usual routine.

In summary, Mr. Huneke’s cognitive profile is characterized by generally intact general intellectual functioning, robust verbal memory retention, and preserved basic language and visuospatial skills, juxtaposed with circumscribed deficits in executive functioning, processing speed, and fine motor dexterity. This specific pattern of intact primary memory storage coupled with executive dysregulation and slowed processing speed is a hallmark of frontostriatal network disruption. Given his extensive medical history, which is significant for Parkinson's disease diagnosed in 2016 and the subsequent implantation of a deep brain stimulator for tremor control, his neurocognitive presentation is highly consistent with the typical cognitive sequelae of his underlying movement disorder. At this time, his cognitive profile meets the criteria for Mild Cognitive Impairment associated with Parkinson's disease.

IMPRESSION Mild Cognitive Impairment – Non Amnestic, Multiple Domain Type

RECOMMENDATIONS

Medical & Psychiatric Management

1. **Neurological Follow-Up:** Mr. Huneke should continue close follow-up with his referring provider, Barbara Robinson, NP, and his neurology team for the ongoing management of his Parkinson's disease and Deep Brain Stimulator (DBS) settings. He should also continue his participation in his current Phase 3 clinical trial as directed by his medical team.
2. **Speech and Language Therapy:** Given Mr. Huneke’s reports of increasingly muffled, quiet speech with reduced projection, as well as subjective word-finding difficulties, a referral for outpatient Speech-Language Pathology is recommended. Programs specifically designed for Parkinson's disease, such as LSVT LOUD, can be highly effective in improving vocal volume and speech intelligibility.
3. **Mood Monitoring:** Although Mr. Huneke denied subjective feelings of depression during the clinical interview, he endorsed mild depressive symptoms on a standardized self-report inventory. His medical team should continue to monitor his mood, as apathy and depression are common non-motor sequelae of Parkinson's disease. If these symptoms begin to impact his quality of life or daily engagement, a referral for supportive psychotherapy or involvement in a Parkinson's disease support group is recommended.
4. **Continued Physical Engagement:** Mr. Huneke is strongly encouraged to continue his participation in "Rock Steady Boxing" and other physical routines. Continued aerobic and motor-skill exercises are neuroprotective, help maintain mobility, and serve as excellent behavioral interventions for managing the progression of Parkinson's disease.

Safety & Supervision

1. **Driving Precautions:** Mr. Huneke demonstrated excellent insight by limiting his driving to familiar, short-distance routes and avoiding unfamiliar, long-distance travel. Given the objective findings of slowed cognitive processing speed and reduced executive set-shifting abilities, it is recommended that he strictly adhere to these self-imposed limitations. He should continue to avoid driving in heavy traffic, at night, or in adverse weather conditions. His wife should continue to monitor his driving safety for any signs of delayed reaction time or navigation errors.
2. **Medication Management during Travel:** While Mr. Huneke reliably takes his medications from a pillbox organized by his wife at home, he admitted to forgetting doses when traveling. Because his executive functioning (which governs prospective memory and routine adherence) is vulnerable, he should utilize digital alarms on his smartphone or a travel-friendly automated pill dispenser with auditory alerts when outside of his normal routine.

Functional & Legal Planning

1. **Financial Oversight:** Mr. Huneke currently manages the household finances independently. However, given his diagnosis of Mild Cognitive Impairment—and the progressive nature of his underlying Parkinson's disease—it is recommended that his wife begin to co-monitor large financial transactions or complex accounts to prevent any future executive oversights.
2. **Advance Directives:** If they have not done so recently, Mr. Huneke and his family are encouraged to review and update his Medical Power of Attorney, Financial Power of Attorney, and other advance directives. Establishing these documents now, while his general intellect and primary memory are well-preserved, ensures his future care preferences are legally documented.

Cognitive & Behavioral Strategies

1. **Bypassing Fine Motor Deficits:** Testing confirmed low average fine motor dexterity bilaterally, which correlates with his reports of illegible handwriting. To reduce frustration, Mr. Huneke is encouraged to transition away from handwritten tasks and utilize voice-to-text software, dictation features on his smartphone/computer, or typing for written communication.
2. **Compensating for Executive Vulnerabilities:** Because Mr. Huneke's memory storage is robust but his executive organization is reduced, he will benefit from external organizational aids. He should consistently use written checklists before running errands (which he already noted is helpful) and break complex, multi-step tasks into smaller, manageable steps to reduce the cognitive load on his working memory.
3. **Communication Strategies for Family:** Mr. Huneke noted that his thought process is slower, but if he is given adequate time, he is able to retrieve the correct words. His family is encouraged to allow extra time for him to respond during conversations without interrupting or filling in words for him, recognizing that this slowed processing speed (bradyphrenia) is a feature of his Parkinson's disease rather than a primary memory failure.

Re-evaluation

1. A follow-up neuropsychological evaluation is recommended in 12 to 18 months, or sooner if there is a precipitous change in his cognitive or functional status, to monitor the trajectory of his cognitive profile.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology
Electronically signed: 07/15/2026