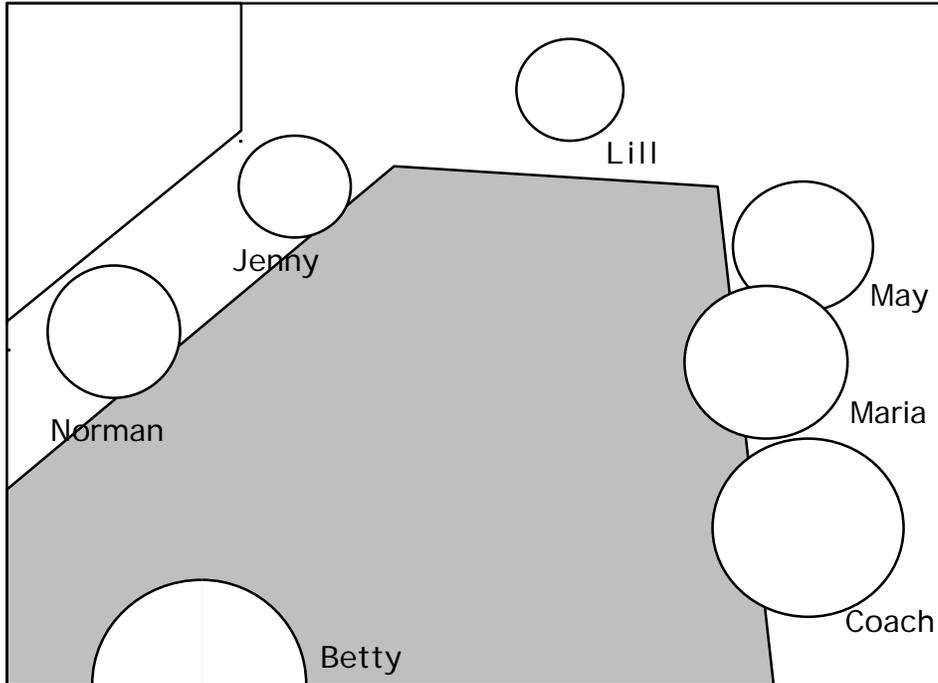


Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)



1 |0:20:12:20|Betty: See, what it said in here n-my theory
2 about this
3 [
4 |0:20:15:00|(?): khu-(.hhhh)
5 |0:20:15:00|Betty: amnesic (.) dysnomic aphasia? (0.6) um
6 it says the cause of lesion is usually
7 deep in temporal lobe just like Maria
8 was saying presumably interrupting
9 connections of sensory speech areas with
10 the hippocampal and parahippocampal
11 regions. (1.0)
12 and I think the hippocampus
13 is like a lot more medial so if it was
14 affecting that area it might be the
15 |0:20:33:00|Norman: Anterior.
16 |0:20:35:00|Coach: Where is the hippocampus.

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

17 | 0:20:37:00 | Betty: I don-do we have a picture up there
18 | | | on the
19 | | | [
19 | 0:20:38:00 | Norman: It's right down there, it's the bottom of
20 | | | this thing.
21 | | | (2.5)((walks over to chart, points))
22 | | | Right in here
23 | | | (1.2)
24 | 0:20:45:00 | Maria: I think it's un:der that.
25 | | | [
25 | 0:20:45:00 | (Jenny): (I can't remember)
26 | 0:20:47:00 | Norman: It's under that?
27 | 0:20:48:00 | Maria: I think it's on the inside.
28 | 0:20:49:00 | Coach: It's on the middle, (0.7) middle top.
29 | 0:20:52:00 | Maria: Sts-lk-if you lift ("lifting" gesture
30 | | | with right arm, elbow out) up that little
31 | | | temporal lobe, it's on the inside.
32 | | | [
32 | 0:20:55:00 | Coach: You can you can point to it
33 | | | on the middle top.
34 | | | (1.1)
35 | 0:20:57:00 | Maria: Middle top?
36 | 0:20:58:00 | Coach: Mm-mmm.
37 | | | (1.5)
38 | 0:21:01:00 | Maria: °Ye:ah its, °
39 | | | (3.5)
40 | 0:21:04:00 | Lill: In here? ((points to chart))=
41 | 0:21:05:00 | Maria: =Yeah, yeah
42 | | | [
42 | 0:21:05:00 | Norman: yeah
43 | | | [
43 | 0:21:06:00 | Coach: That's it (0.2) tha:t's the
44 | | | hippocampus, then you go over one more
45 | | | gyrus and you're in the temporal lobe.
46 | 0:21:10:00 | Maria: °Ri:ght°
47 | 0:21:11:00 | Coach: So you can also see it on the (0.6)
48 | | | frontal.
49 | | | (1.5)
50 | 0:21:15:00 | Coach: No (you can find it) on the second row left
51 | | | from there

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

52 (3.3)
53 | 0:21:21:00 | Norman: (hh hh hh)
54 (1.5)
55 | 0:21:24:00 | Coach: Where would it be in that section.
56 (1.5)
57 | 0:21:26:00 | Lill: °Somewhere in here?° (*pointing*)
58 (1.5)
59 | 0:21:29:00 | Coach: Th:at's white matter.
60 (2.2)
61 | 0:21:31:20 | Maria: °In that crevice?
[
62 | 0:21:33:00 | Norman: Go to the crevice there.
63 (1.0)
64 | 0:21:34:00 | Norman: That little loop?
65 (1.0)
66 | 0:21:36:00 | Norman: Yeah.
67 (1.0)
68 | 0:21:37:00 | Coach: That's it.
69 | 0:21:38:00 | Betty: My other theory is that if it was- i- i-
70 if it's not a vascular lesion but a space
71 occupying lesion if it was (.) right
72 there(*points to chart*) in the area we
73 were pointing to it would be like in a
74 posterior limb of the internal capsule
75 which would be where (.) the
76 corticospinals to the leg would be going
77 through that part.
78 (1.0)
79 | 0:21:53:00 | Maria: Wouldn't you expect to see a lot=
[
80 | 0:21:53:00 | Norman: (kh hh huh hh)
[
81 | 0:21:53:00 | Coach: Whoa kay
[
82 | 0:21:53:00 | Maria: greater involvement if you got
[
83 | 0:21:55:00 | Norman: (hh hh)
84 | 0:21:58:00 | Norman: Yeah
85 | 0:21:59:00 | Maria: internal capsule?=
86 | 0:22:02:00 | Betty: =If it's small. >I mean if< it's

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

87 in the very posterior li:mb,(.)
88 posterior part of the posterior
89 li:mb.(1.0) Because there's a-the-
90 (2.0) somato:graphic whatever
91 that word was,(.) arrangement of the
92 corticospinals as they go
93 |0:22:13:00| (?): °right°
[
94 |0:22:13:00|Betty: through the (internal) capsule.
[
95 |0:22:14:00|Norman: Yeah
96 |0:22:16:00|Betty: If you get way to the posterior part of
97 the internal capsule the only thing that's
98 there is motor and it's
[
99 |0:22:18:00|Norman: motor
100 |0:22:18:00|Betty: going to be the le:g.
[
101 |0:22:19:00|Norman: motor
102 |0:22:21:00|Norman: That's true
103 (3.0)
104 |0:22:24:00|Coach: So why do the leg findings go away?
105 (1.0)
106 |0:22:27:00|Betty: That's a good question that kind of goes
107 against it being some kind of a space
108 occupying lesion because you would expect
109 it to get progressive and then (you want
110 it) to involve more areas.
111 (0.4)
112 |0:22:34:00|Betty: So then it's probably more likely
[
113 |0:22:35:00|Maria: Headaches,=
114 |0:22:36:00|Maria: =you would expect
115 |0:22:36:15|Norman: You'd expect to have headaches
116 |0:22:37:00|Betty: °Maybe, yeah.°
117 |0:22:38:00|Maria: Seizures.
118 (0.7)
119 |0:22:41:00|Betty: Um (0.8) it's more likely to be vascular.
120 (2.5)

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

121 | 0:22:45:00 | Coach: °Okay°
[
122 | 0:22:46:00 | Maria: °With his history and social°
[
123 | 0:22:46:15 | Coach: So
124 | 0:22:48:00 | Coach: So if it's vascular did he have a stroke
125 or is he having a TIA. What is the
126 difference between those two things
127 anyway.
128 | 0:22:53:00 | Norman: With TIAs, it's like twenty-four
129 hours
[
130 | 0:22:55:00 | Jenny: TIAs well, a_cording to Harrison's TIAs
131 um shows some neurological damage but
132 it's all better in twenty-four hours.
133 According to Cecil's it's all better in
134 one hour um a (hh hh hh)
[
135 | 0:23:09:00 | Lill: (one of 'em)
136 | 0:23:11:00 | Jenny: and Cecil's also talked about something
137 called RI:ND (.) which is a reversible
138 icschemic(1.6)
139 neurological deficits?=
[
140 | 0:23:16:00 | Norman: neurological deficits
[[
141 | 0:23:16:00 | Coach: neurological deficits
142 | 0:23:19:20 | Jenny: =which is somewhere in between a
143 completed stroke and a TIA. Which,
144 (hh huh huh)=
145 | 0:23:25:00 | Betty: Sorta like angina or unstable angina of
[
146 | 0:23:26:00 | Jenny: (hh huh huh huh)
147 | 0:23:27:00 | Betty: the mind.
148 | 0:23:29:00 | Jenny: =which um (.) gets better within twenty-
149 four to thirty- six hours, um,
150 (1.2)((*Lips smack then mouths something*
151 *like "I don't know"*))
152 | 0:23:38:00 | Coach: So which one did he ha:ve?
153 (1.0)

Segment: My Theory

Tap: #91-002 (0:20:12:20 to 0:26:10:00)

154 | 0:23:40:00 | Jenny: °Mm.°
155 | 0:23:41:00 | Maria: I think he's (.)progressing to a
[
156 | 0:23:41:10 | Norman: >A little bit of both.<
157 | 0:23:43:00 | Maria: stroke.
158 | 0:23:43:20 | Betty: I think it's really hard to say because I
159 | don't think we have a very good history
160 | about exactly what's happened in the
161 | last three weeks. And I don't know how
162 | we can im prove that.
163 | 0:23:50:00 | Jenny: We don't know how long his leg was
164 | clumsy
165 | (0.5)
166 | 0:23:53:00 | Betty: The leg was (clum)
[
167 | 0:23:54:00 | Norman: We don't know how long it was
168 | clumsy? It's gone now yet he still has
169 | the verbal problem.
170 | (1.5)
171 | 0:23:59:00 | Betty: He doesn't have any memory
[]
172 | 0:23:59:00 | Norman: (so)
173 | 0:24:00:00 | Betty: problem right now.=
174 | 0:24:01:00 | Norman: =Yeah, which is very o:dd.
[
175 | 0:24:02:00 | Betty: Based on our mental
176 | status exam,
177 | (0.3)
178 | 0:24:04:00 | Coach: °Hm mm°
179 | 0:24:05:00 | Betty: But yet his wife says that he's
180 | periodically gets goofy or >whatever it
181 | was that she said<
182 | (3.8)
183 | 0:24:11:00 | Betty: So,
184 | 0:24:13:00 | Maria: See a stroke can develop over a period of
185 | several days usually progressing in a
186 | step like fashion=
187 | 0:24:18:00 | Norman: =(Unless it's)
188 | 0:24:19:00 | Maria: With a deficit being added from time to
189 | time.

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

190 (1.0)
191 | 0:24:23:00 | Norman: But then you would think the leg would be
192 getting worse.
193 (0.5)
194 | 0:24:25:00 | Norman: °I would think.°
195 | 0:24:26:00 | Maria: We: ll it could- I mean usually strokes
196 are preceded by TIAs.
197 (0.5)
198 | 0:24:32:00 | Norman: Yeah
199 | 0:24:32:10 | Maria: So then it could've just been you know
[
200 | 0:24:32:20 | Norman: Well I mean that's a yeah=
201 =that's a risk factor for 'em.(0.7)
202 | 0:24:35:20 | Norman: The thing is that (1.0) we're seeing an-
203 an acute leg deficit and now (.) we're
204 seeing five over five strength.
205 | 0:24:43:00 | Maria: Hm-mm
206 (1.5).
207 | 0:24:43:20 | Norman: What happened to it
[
208 | 0:24:45:00 | Betty: obviously there's no-
[
209 | 0:24:45:00 | Maria: TI A
210 | 0:24:47:00 | Betty: Uh it's most likely there was no
211 permanent damage from what=
[
212 | 0:24:49:00 | Maria: Right.
213 | 0:24:50:10 | Betty: had happened.
=[
214 | 0:24:50:22 | Norman: But wh:y is his speech now screwed up.
215 (0.7)
216 | 0:24:53:00 | Betty: Is it screwed up
217 | 0:24:54:00 | Norman: It's screwed up somehow
218 | 0:24:55:00 | Betty: °a little bit°(hand gesture)
219 | 0:24:56:00 | Norman: =<like it wasn't before>
[
220 | 0:24:57:00 | Maria: He says it's gotten
221 worse in the last couple of days=
222 | 0:24:59:00 | Norman: =Ye:ah.

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

223 | 0:24:59:00 | Maria: Some:thing's gotten worse I assume it's
224 | 0:24:59:00 | Betty: But yet when we-
[
225 | 0:24:59:00 | Maria: his speech.
226 | 0:25:02:00 | Betty: But yet when we actually examine him I
227 | mean occasionally not even very often >he
228 | has trouble finding the right word and we
229 | do a mental status exam<(1.3) rarely
230 | >does he have trouble finding the right
231 | word and he can complete the rest of the
232 | mental status exam with no problems<
233 | (1.0)
234 | 0:25:17:00 | Betty: So I don't know.
235 | (7.0) ((Norman, Jenny looking at board))
236 | 0:25:23:00 | Betty: I think I would prob'ly lean more towards
237 | (1.0) trans- something transient that
238 | comes'n goes 'n we're catching him at a
239 | fairly good moment.
240 | (1.5)
241 | 0:25:31:00 | Maria: Uhh
[
242 | 0:25:32:00 | Norman: Unh::::::::::(("doubt" noise))
[]
243 | 0:25:32:00 | Betty: But I don't know.
244 | (5.0)
245 | 0:25:38:00 | Betty: An' it seems like to me that for(.) for:
246 | his wife to have been concerned about
247 | whatever was going on it has to be worse
248 | than it is right now. Cause it's just-
249 | (.) unless we just (.) don't have a very
250 | clear picture of what he's really like.
251 | Things just don't seem very ba:d.
252 | (1.0)
253 | 0:25:51:00 | Maria: Yeah see I don't think we do have a clear-
[
254 | 0:25:53:00 | Norman: I don't see it either.
255 | 0:25:54:00 | Betty: And I don't know how we can fix that.
256 | (5.0)

Segment: My Theory

Tape: #91-002 (0:20:12:20 to 0:26:10:00)

257 | 0:26:01:00 | Betty: Except if we asked every single question
258 | | | in the book.

[

259 | 0:26:02:00 | Coach: Hmm ((*smile*))

260 | 0:26:02:00 | Norman: ((*smile*))

261 | 0:26:03:00 | Betty: (hu huh huh hh)

262 | 0:26:04:00 | Coach: Some patients are vague,

263 | 0:26:06:00 | Betty: Yep.

264 | | | (1.5)

265 | 0:26:08:00 | Coach: Just don't give you the answers you wanna
266 | | | hear.