

FOREWORD

Right hemisphere dysfunction, or right hemisphere syndrome, refers to a constellation of somewhat unusual signs and symptoms that result from damage to the cortex of the right cerebral hemisphere. The incidence of right hemisphere dysfunction is uncertain; however, the annual incidence of cerebral vascular accidents in the United States approximates 500,000 new cases, which should be divided about equally between the left and the right hemispheres. Around half are likely to result in permanent disabilities. Then if you add the tumors, accidents, disease, and other neurological conditions that damage the brain, it appears that the number of persons (and family members) who are trying to cope with right hemisphere dysfunction for the first time must number close to several hundred thousand each year. Naturally, as the population ages rapidly over the decades ahead, both the incidence and the prevalence of these impairments should increase at a similar rate and result in health-care cost increases in the billions of dollars. Thus, the impact of this disorder in terms of its personal, social, and economic costs is substantial.

The cognitive and linguistic processes affected by damage to the cortex of the nondominant hemisphere of the brain result in a variable and sometimes puzzling collection of perceptual and behavioral disturbances that may seem subtle to casual observers but produce profound effects on a person's quality of life. There may be, for example, a variety of visuospatial deficits that can include neglect of the left half of

space, difficulty recognizing faces, and poor scanning and tracking of visual stimuli. Such deficits can impair a person's ability to read and write, drive, or cross streets or walk in parking areas unattended and can prevent his or her return to work. Similarly, an array of linguistic-communication deficits, which may include insensitivity to pragmatic and paralinguistic cues; interpreting figurative language literally; and difficulty understanding, organizing, and expressing verbal information or discourse, are often present. These typically impair a person's participation in interpersonal, social, educational, and vocational activities, thereby restricting his or her ability to participate satisfactorily in many activities of normal daily living. Then, too, some of these patients will also have a left-side muscle paralysis or weakness, hemisensory losses, or mood and personality disturbances, any or all of which further impair their functional abilities and slow or restrict their recovery.

It may come as a surprise to some *Seminars* readers, those who completed their education and training in the past decade or so, that right hemisphere deficits were largely ignored and untreated throughout most of the 20th century. Indeed, speech-language pathologists have been involved in the management of these patients for only a relatively short period of time. Ironically, as speech-language pathologists became increasingly involved in the assessment and treatment of this clinical population, a series of ongoing changes in medical and rehabilitation environments has occurred as managed care and other

third-party payer reimbursement practices changed. I decided, therefore, that this would be a good time to obtain an update on the management of patients who present right hemisphere dysfunction and on how the changes in health-care settings may be affecting their care. So, I contacted Dr. Martha Burns, whose work with right hemisphere patients I had followed, and asked if she could find the time to organize an issue of *Seminars* on this topic. In spite of holding

appointments at both Northwestern University and the University of Illinois, she agreed to be a guest editor, and the result is this issue of *Seminars in Speech and Language*. I found it to be filled with ideas and material, ready to be applied, with the next right hemisphere referral. It's all there for the reading.

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