



# Highly effective therapy for patients with cognitive deficits resulting from stroke, TBI, or degenerative diseases

RehaCom<sup>®</sup> cognitive therapy brought to you by Pearson

- 20+ training modules
- 20+ languages
- For inpatient and outpatient rehab phases
- For core cognitive fields
- Self-adaptive and motivating for clients





# Evidence-based, clinically proven cognitive rehab

**Designed by experts and therapists, RehaCom® cognitive therapy provides more than 25 years of development and clinical experience.**

**Age range:** 8 years–adult

**Qualification level:** B—for use by a variety of allied health professionals in Rehab settings

**Screening:** 9 optional cognitive screeners

**Therapy:** 20+ computerized therapy modules for attention, memory, executive functions and visual field

**Languages:** 20+ languages available

RehaCom provides the busy clinician deficit-specific, targeted, evidence-based, patient-centered treatment that clients can use with minimal supervision. Patient progress and gains are automatically tracked and monitored across a wide variety of cognitive domains while the clinician is able to deliver services to a greater number of clients—increasing both client treatment efficacy and clinician efficiency. All of these factors result in a higher ROI for healthcare institutions.

## Cognitive Therapy in Rehabilitation

Cognition works as an “interface” between the brain and its environment, directing the mental processes involved in gaining knowledge and understanding. These processes are essential for completing everyday activities, and loss of these functions may seriously reduce a person’s quality of life.

The effects of brain damage—whether caused by stroke, traumatic brain injury (TBI), tumors, or multiple sclerosis—occur both physically and mentally. These impairments vary widely from person to person and depend on many factors, including an individual’s personality and the severity of the brain damage.

The aim of cognitive rehabilitation is to minimize the damage, to regain lost skills, to develop compensation strategies, and to help the client to progress to the highest possible level of independence.

# RehaCom offers a wider range of patient support

## Modular structure

The 20+ modules of RehaCom include therapy targeted to discrete cognitive functions as well as specialized and more complex modules for treating several affected cognitive functions. Starting at a low level of difficulty, the client can make progress at a pace that’s comfortable and appropriate for them.

## Adaptivity and Individualization

For most therapy modules RehaCom automatically adapts the complexity of each task to the client’s actual performance. The program provides the user with a “just right” challenge—the requirements are neither too high nor too low—which keeps the user motivated and helps avoid frustration. For other modules like visual field restoration training, the clinician can adjust the training parameters to meet the training needs of each patient.

## Error-specific Feedback

The computer functions as a neutral observer, making objective comments on the client’s performance and giving, if necessary, error-specific feedback. This gives clients higher self-confidence and can help mitigate the risk of side effects often caused by brain damage, such as depression or low self-esteem.

## Continuity and control

RehaCom saves all therapy results. A new therapy session starts where the last one has been finished. Thus, it is possible to control the course of therapy and to adjust therapy targets and goals based on each individual’s progress. The therapist has the ability to analyze all client data to further develop therapy strategies.

## Effectiveness

Numerous studies scientifically support the effectiveness of RehaCom.

Visit [PearsonClinical.com/RehaCom](https://PearsonClinical.com/RehaCom) to find all the latest related research.

## Efficiency

With RehaCom, many clients can train independently. At the beginning and at the end of a session, the client and the therapist determine the therapy goal and discuss the results face to face.

Since RehaCom lets clients complete their cognitive therapy independently, the therapist can spend less time building up cognitive capacities, and more time working on other goals such as developing communication strategies. Implementing RehaCom in a clinic setting also allows therapists to work with several clients at the same time.

“RehaCom is fun and it is very easy to use. I train five days a week and my cognitive abilities are going up and up! It has an incredible impact on my daily life.”





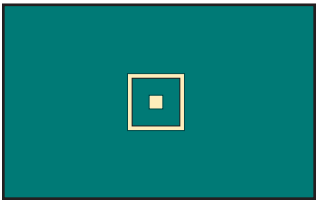
# Screening modules

Targeted cognitive therapy is an essential tool in the rehabilitation process. Before beginning therapy, RehaCom's screening modules suggest areas of impairment and highlight which functions are still intact.

RehaCom then creates a therapy plan to meet the client's specific needs, and you can define specific goals with the client to ensure their best chance at success.

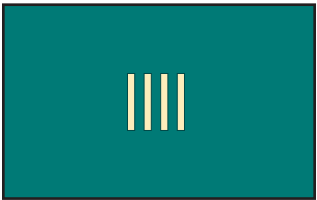
RehaCom includes nine optional modules for screening the cognitive status of clients with neurological and/or psychiatric diseases.

## Alertness



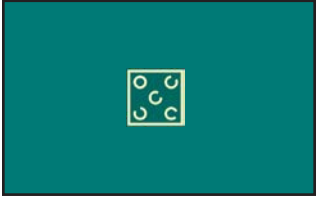
Measures the phasic and the tonic aspects of alertness.

## Selected Attention



Examines the ability to react in an appropriate way under timed pressure and simultaneously control behavioral impulses.

## Divided Attention



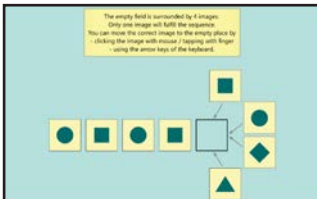
Presents divided visual and auditory attention stimuli simultaneously.

## Spatial Numbers Search



Measures basal cognitive performance, selective attention, and visual scanning.

## Logical Reasoning



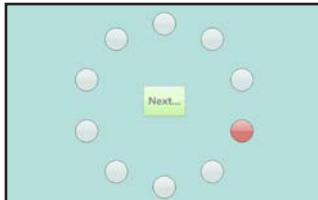
Measures the ability to identify regularities, to continue series, and to draw logical conclusions.

## Memory for Words



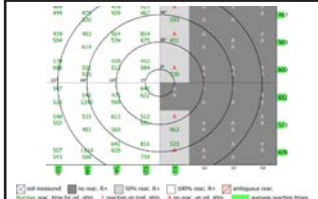
Investigates verbal learning ability with recurring figures.

## Working Memory and Orientation



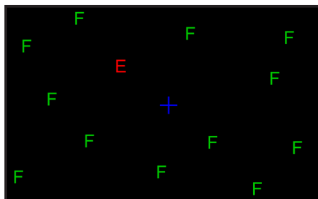
Measures visual-spatial memory span. It is also used for testing the implicit visual-memory learning and working memory.

## Visual Field



Measures the visual field, fixation accuracy, and sustained attention.

## Visual Scanning



Measures the patient's performance in exploring his visual field. Measures parallel and serial search.

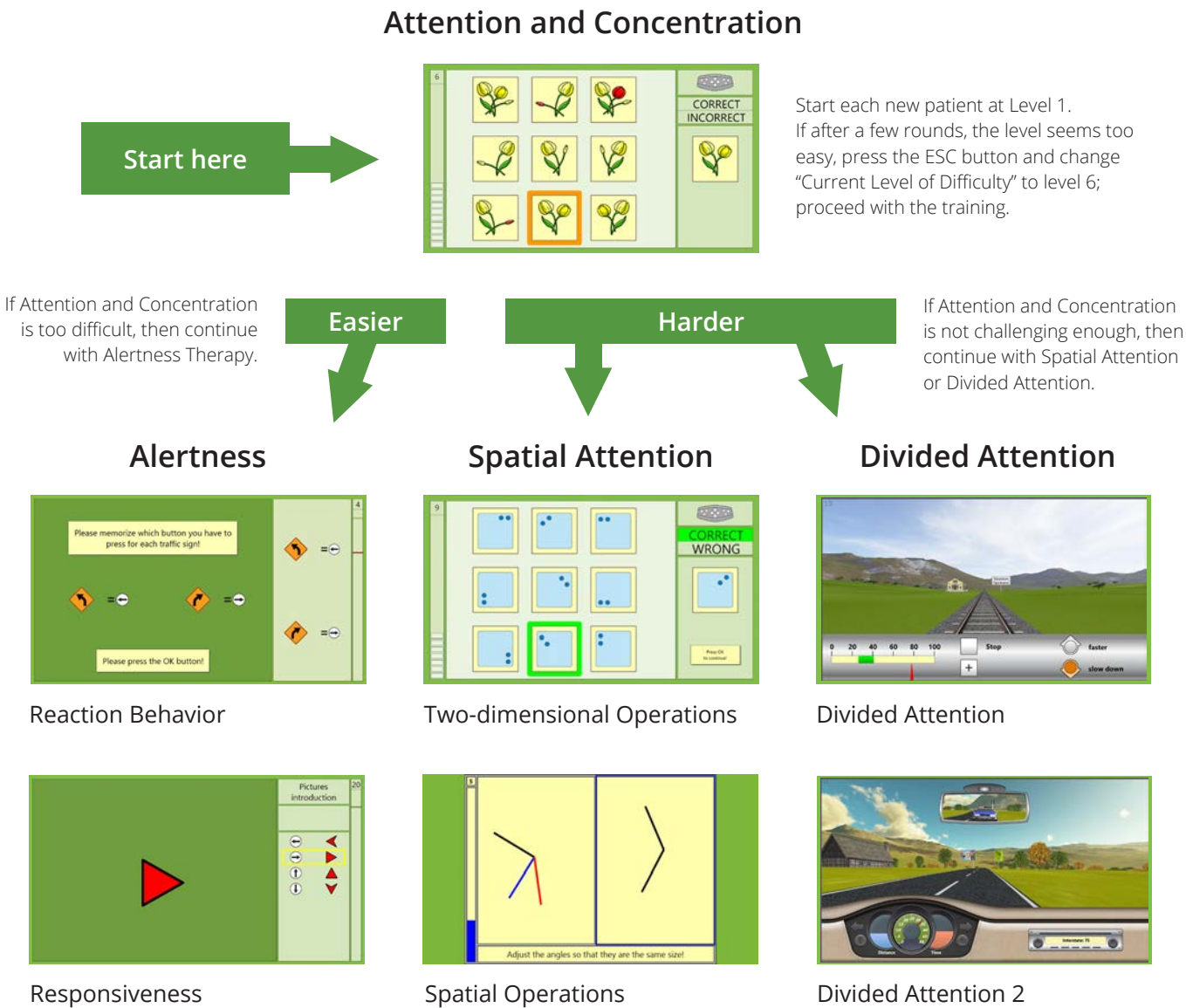
# Patient-driven solutions

The rehabilitation of cognitive impairments requires continuous treatment over time, and the duration of a therapy session with RehaCom depends on the client's personal performance.

According to clinical guidelines, protocol for training may include:

- Several times a day for 10 to 15 minutes in the acute phase
- In the following 6 to 8 weeks, therapy sessions of 30 to 45 minutes about 3 to 5 times per week
- 3 to 5 times a week for about 3 to 5 months in the late phase of rehabilitation

The course of therapy can be individualized to each patient's specific needs based on module difficulty and their current ability. Most therapists start with attention therapy using RehaCom module "Attention and Concentration."



# Therapy modules

Modules can be assigned according to each patient’s clinical presentation as well as their level of deficit in each area: mild (M), mild to moderate (M-M), or moderate to severe (M-S). Each module has multiple levels of difficulty providing an appropriate level of challenge and therapeutic progression.

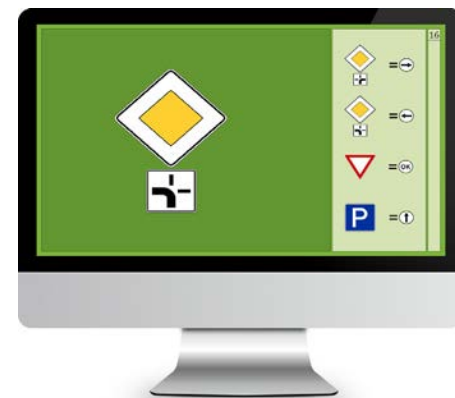
				Patient's Presentations														
				Neurological Rehab			Geriatrics			Psychiatry			Pediatrics			Neurodegenerative Diseases		
				M	M-M	M-S	M	M-M	M-S	M	M-M	M-S	M	M-M	M-S	M	M-M	M-S
Attention	Alertness	Alertness	16			●			●					●			●	
		Reaction Behavior	16		●			●			●					●		
		Responsiveness	20			●			●								●	
	Vigilance	Vigilance	15		●							●				●		
	Perceptive-Visual Spatial Attention	Spatial Operations	42			●			●								●	
	Cognitive-Visual Spatial Attention	Two-Dimensional Operations	24		●			●			●					●		
		Spatial Operations 3D	24	●			●			●					●			
	Selective Attention	Attention and Concentration	24			●			●			●		●			●	
	Divided Attention	Divided Attention	14	●			●			●			●		●			
		Divided Attention 2	22		●			●			●			●		●		
Memory	Working Memory	70		●			●			●			●			●		
	Topological Memory	20		●			●			●			●			●		
	Physiognomic Memory	21		●			●			●					●			
	Memory for Words	30			●			●			●			●			●	
	Figural Memory	9			●			●			●			●			●	
	Verbal Memory	10	●			●						●						
Executive Functions	Plan a Vacation	55	●			●			●					●				
	Shopping	18		●			●			●			●			●		
	Logical Reasoning	23		●						●			●			●		
Visual Field	Saccadic Training	34			●			●			●			●			●	
	Overview and Reading	51	●			●			●			●		●				
	Restoration Training	1		●			●			●			●		●			

Key to Deficit Levels:

- M = Mild
- M-M = Mild to Moderate
- M-S = Moderate to Severe

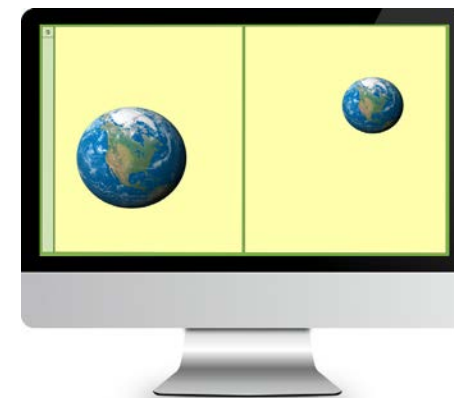


# Attention



## Reaction Behavior

Alertness, traffic signs, impulse control, and load-carrying capacity



## Spatial Operations

Mental rotation, visual scanning, focusing, shifting, and neglect



## Attention and Concentration

Selective attention, visual scanning, focusing, shifting, and neglect



## Responsiveness

Simple discrimination, initiation, inhibition, and differential responding



## Two-Dimensional Operations

Rotate and compare two-dimensional visual stimuli, focus, and sustained attention



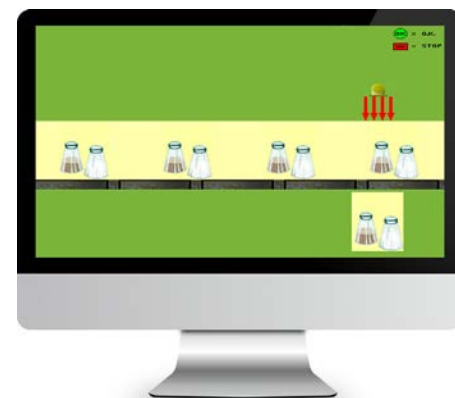
## Divided Attention

Train driving, up to 6 attention levels, and visual stimuli



## Alertness

Intensity of attention and intrinsic alertness



## Vigilance

Sustained attention, assembly-line work, tracking, and targeting



## Spatial Operations 3D

Rotate and compare 3D objects, focus, and sustained attention



## Divided Attention 2

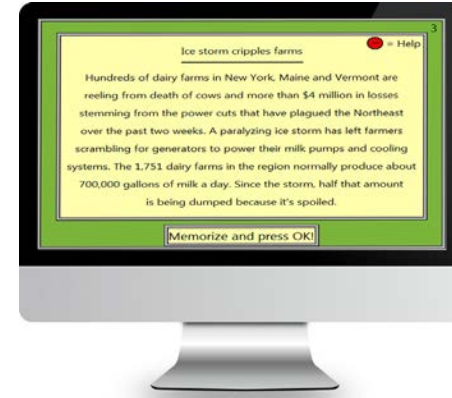
Car driving, up to 8 attention levels, visual and acoustic stimuli





## Working Memory

Short-term and selective memory, and mental manipulation



## Memory for Words

Memorize up to 10 words in three degrees of complexity



## Plan a Vacation

## Priorities, shortest ways, and schedule optimization



## Saccadic Training

## Eye movement training, hemianopia, and neglect



## Topological Memory

Picture cards are turned over, memorize position and content



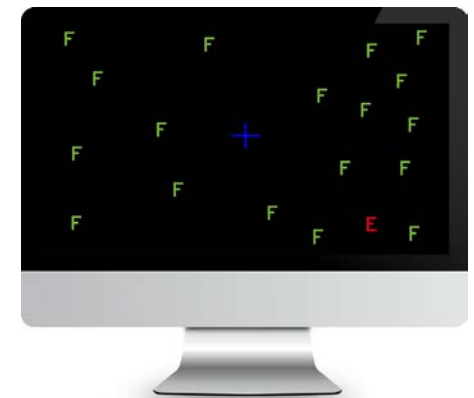
## Figural Memory

Figural content, picture-word association, captions, and aphasia



## Shopping

Virtual supermarket / hardware store,  
shopping list, and money



## Overview and Reading

### Parallel and sequential search on homonymous visual field losses



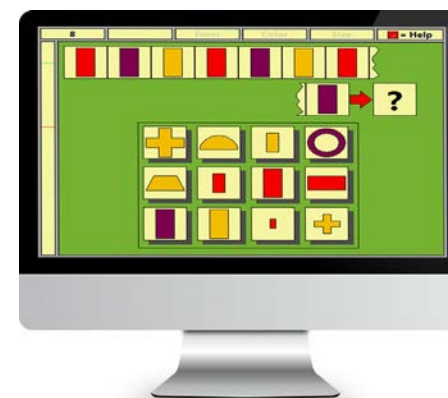
## Physiognomic Memory

Memorize faces, names, occupations,  
and phone numbers



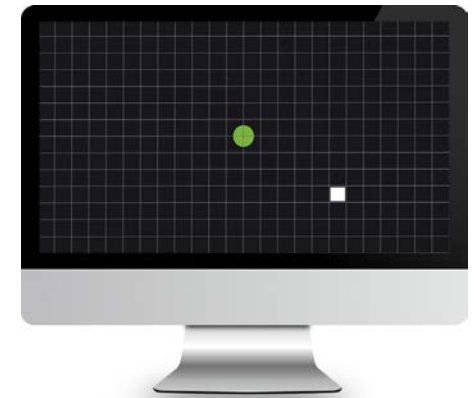
## Verbal Memory

Recognize and identify target words from a previous presented learning list



## Logical Reasoning

Conclusive thinking, problem solving, and series completion



## Restoration Training

Stimulates the re-organization of damaged, but not destroyed, neuronal structures through intense stimulation

# Product details

## RehaCom Panel

A conventional PC keyboard is sometimes inappropriate as an input device for computer-based therapies. To help clients with severe motor impairments a RehaCom panel is available.

## Chin Rest / Head Rest

For visual field therapy an adjustable chin rest/head rest is recommended. This allows the client to stay in a comfortable and reproducible position in front of the monitor, remaining the same throughout the therapy session. The chin rest is adjustable in height and can be adapted for each patient. It is made of a light and stable aluminium wood construction, which can be fixed to the table with a screw clamp, making it very easy to clean.

## System Requirements

To install RehaCom you need:

Intel Core i3, i7, or comparable | RAM: 4GB | Windows 7 or later | Graphics card: DirectX10.1 (Intel HD3000 or better) | Hard drive: 100GB+ | Screen: 19"+ | USB Port or DVD drive | RehaCom panel | Printer

## Languages

English	Polish
Spanish	Turkish
German	Estonian
French	Korean
Italian	Hebrew
Portuguese	Arabic
Russian	Mandarin Chinese
Dutch	(Simplified & Traditional)
Greek	Lithuanian (coming 2017)
Finnish	Czech (coming 2017)
Norwegian	
Swedish	



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