



ELSEVIER

NeuroRehabilitation 5 (1995) 101

NeuroRehabilitation

An Interdisciplinary Journal

Introduction

Behavioral Neurology is often viewed as an arcane pursuit, rich in its descriptions, but being possessed of impenetrable jargon, inherently unquantifiable, and of limited therapeutic influence. It is among the oldest and newest branches of the neurological family tree, owing its roots to the pioneer neurologists like Charcot, Hughlings, Jackson, and Wernicke, and benefiting from a modern resurgence due largely to the influence of Norman Geschwind, his colleagues, and his students.

What is overlooked in such discussions of behavioral neurology is the key role that it can play in other disciplines, such as rehabilitation. The interface of brain and behavior served by behavioral neurology is admittedly challenging, but a working knowledge of the typical disorders can provide a framework for more completely understanding cognitive deficits. Unfortunately formal exposure to behavioral neurology is frequently insufficient in neurology residency programs, much less in the training of many physiatrists. The important roles that such knowledge can play in guiding rehabilitation and recovery are therefore underappreciated by many practicing in the field. As an attempt to broaden exposure to current concepts in behavioral neurology, this issue reviews common problems that impact upon rehabilitation, both neurological and physical. The

authors have been charged to review manifestations and theoretical foundations, as well as practical diagnostic and management advice wherever possible.

This issue is, therefore, structured around common cognitive and behavioral problems that may affect the course of rehabilitation from brain illness or injury. These include the obvious such as language disorders, and memory deficits. Perhaps of greater importance, because of being less easily recognized, are syndromes such as neglect (especially its more subtle variants), higher visual dysfunction, and frontal lobe disorders. I have also chosen to look toward the future of neurorehabilitation by inviting an article (by Raymer, Rothi and Greenwald) exploring the use of cognitive neuropsychological models to guide the principles of therapy.

I am grateful to the editors of this journal for the opportunity to present these ideas to their readers. I hope that the superb efforts of all of the contributing authors may spark or refresh interest in the methods and ideas of behavioral neurology among all professionals practicing in the field of neurorehabilitation, to the benefit of both our discipline and our patients.

David S. Geldmacher