

SAMPLE REPORT: ADULT FLUENCY

February 11, 2005

SPEECH AND LANGUAGE EVALUATION

NAME:	Ewan McGregor	D.O.B.:	05/03/1962
ADDRESS:	4242 Sunny Way	AGE:	42
	Mobile, AL 36695	D.O.E.:	02/11/05
PHONE:	444-444-4444	REFERRAL:	Self
		PATIENT #:	MCG001

STATEMENT OF THE PROBLEM

Dr. McGregor, age 42, was seen at this clinic for an evaluation of his communication skills. Dr. McGregor provided case history information and identified stuttering as his primary concern.

HISTORY INFORMATION

Dr. McGregor reported that he lives at home with his wife and child and he works as a physician. He is not a native speaker of English, but has lived in this country for 12 years. His stuttering began approximately between the ages of seven and eight. Dr. McGregor also sustained a head injury from a fall around the ages of seven or eight. Dr. McGregor stated there is no history of stuttering his family. He received speech therapy in New Jersey from 2003 to 2004. Dr. McGregor found the therapy helpful and is eager to begin therapy now.

Dr. McGregor stated that speaking is most difficult when “speaking under pressure” (e.g., talking to his boss or talking to students) or when speaking in large groups of people. Dr. McGregor described his disfluencies as blocks, avoidance of certain sounds (e.g., t, b, r), substitutions, and tension in his throat, shoulders and back. Speaking is easiest for Dr. McGregor when speaking in more relaxed situations, such as talking to his wife. Dr. McGregor reports that he occasionally uses strategies to improve his stuttering including: slowing down, easy onset of words, and reading in phrases.

EVALUATION RESULTS

FLUENCY: Dr. McGregor’s speech was evaluated during a spontaneous speech sample. His speech was characterized by sound/syllable repetitions, (s-s-so and t-t-t-tympanic), interjections (um, and like), sound prolongations being 1 to 2 seconds in duration, (s---something), and blocks (stoppages of forward airflow) approximately 1to 2 seconds in duration. His speech was approximately 11% disfluent. This percentage was calculated from a 550 word sample from his spontaneous speech. Of the total 550 words, 63 were disfluent. The following are the percentages of each type of disfluency present in his speech: Whole word repetitions-11% (7/63), Interjections- 35% (22/63), Blocks-11% (7/63), Prolongations-10% (6/63), and sound/syllable repetitions-37% (23/63). Dr. McGregor had a high number of interjections; however, this may be due to word finding difficulties with a second language. It should also be noted that Dr. McGregor reported that the speech sample during the time of the evaluation did not reflect the amount of disfluency typically present in his speech when he is in a high-pressure speaking situation. Additionally, Dr. McGregor did not demonstrate any concomitant behaviors.

Therapy options were discussed with Dr. McGregor. The therapy of easy onset was explained and demonstrated for Dr. McGregor. The clinicians modeled the techniques of light articulatory contacts, continuous airflow, and smooth movements between sounds and words. He was responsive to these techniques, because he reported that he received similar therapy for his disfluencies.

LANGUAGE/VOICE/ARTICULATION: These areas of communication were observed informally and determined to be satisfactory. Although Dr. McGregor spoke with an accent, his speech was easily intelligible and his command of English good.

ORAL EXAMINATION: The oral mechanism was determined to be structurally and functionally satisfactory for speech production purposes.

HEARING: Dr. McGregor passed a 20 dB pure tone audiometric screening at the frequencies 1000, 2000 and 4000 Hz, indicating normal hearing sensitivity bilaterally. Tympanograms were also normal bilaterally.

IMPRESSIONS/PROGNOSIS

Dr. McGregor presented with significantly disfluent speech patterns characterized primarily by sound/syllable repetitions and interjections. No concomitant behaviors were noted. Prognosis appears positive with formal therapy due to his favorable response to trial treatment techniques.

RECOMMENDATIONS

It is recommended that Dr. McGregor be seen for hour-long sessions once per week when scheduling permits for both the Clinic and Dr. McGregor.

Janis Joplin
Graduate Student Clinician

Mandy Williams, Ph.D., CCC-SLP
Speech-Language Pathologist

CC: Dr. McGregor