

SAMPLE: ADULT APRAXIA
(Space down seven spaces)

September 8, 1999
SPEECH AND LANGUAGE EVALUATION

NAME:	AI X	DOB:	4/3/68
ADDRESS:	100 Studio Street	AGE:	31
	Mobile, AL 33333	DOE:	8/21 & 9/3/99
PHONE:	555-0000	REFERRAL:	James James, M.D.
		PATIENT #:	XXXXX0000

STATEMENT OF THE PROBLEM

Mr. X, age 31 was seen at this Center for an evaluation of his communication skills. The primary case history was provided by the patient and his mother, Mrs X. The patient was referred for an evaluation and possible treatment due to changes in his communication resulting from a recent head injury.

HISTORY INFORMATION

Mr. X was admitted into the University of South Alabama Medical Center (USAMC) on 8/1/99 with an admitting medical diagnosis of "subdural hematoma". No other medical reports were available at this time. According to family report, Mr. X's injury resulted from a blow to his head with an aluminum baseball bat. The patient felt that the injury was sustained to the left posterior portion of his head. Mr. X was hospitalized until his discharge to home on 8/5/99. Aside from his head injury, no other significant illnesses or previous injuries were reported by the family or patient.

Prior to his accident, Mr. X indicated that he worked in the area of construction. He felt that his pre-injury communication skills were unimpaired, with no prior history of speech or hearing difficulty. Mr. X indicated that he had achieved an 11th grade education. Of note, the patient was left hand dominant prior to his injury.

As previously noted, recent changes in Mr. X's communication were reported. Mr. X noted difficulty in pronouncing words and word-finding difficulty was described as well. The patient also reported a period of confusion immediately following his injury, and he felt that his current memory abilities were impaired.

EVALUATION RESULTS

MOTOR SPEECH (Articulation/Voice/Fluency): The patient's expressive output reflected a verbal apraxia component. With regard to his motor sequencing, Mr. X exhibited awareness of his errors but was inconsistent in his ability to correct them. He often made numerous and varied off-target attempts to articulate a word. In general, Mr. X had fewer errors during automatic speech tasks (e.g., counting) as compared to volitional speech (e.g., naming an object). His errors increased with longer or more complex sound sequences (e.g., "urusuh"/eraser; "boos-toosbush"/toothbrush) and vowel errors were prevalent (e.g., "cope"/cup). The combination of these characteristics resulted in a less fluent production. In addition, Mr. X spoke with a lower intensity level and also appeared to slow his rate, at times, to enhance his motor programming skills. Otherwise, no other major voice disturbances were perceived.

LANGUAGE: Portions from the Western Aphasia Battery (WAB) and The Neurobehavioral Cognitive Status Examination (NCSE) were used to assess basic verbal and auditory language

abilities. Of note, his performance on the NCSE was consistent with WAB results. Mr. X scored within the "average" range (NCSE) on the language comprehension and naming portions and mild to moderate range impairment with regard to repeating sentences. Informal tasks were given to screen basic reading and writing abilities. Specific strengths and weakness are described relative to each language modality.

Auditory Comprehension: In general, Mr. X scored with high accuracy on auditory comprehension tasks, with only mild breakdown evident on more difficult activities. Mr. X responded to yes/no questions with 100% success at an egocentric level and with approximately 85% accuracy for more abstract questions. Auditory word recognition was demonstrated for 59 of 60 presented items, and the sequential commands section was completed with 90% success. Of note, Mr. X reversed the sequence on his error responses. Overall, the patient demonstrated comprehension of presented tasks without significant difficulty.

Expressive Language: Although the verbal apraxia was a factor influencing his performance on the expressive portion, basic language content was expressed. Mr. X was able to spontaneously label 19 of 20 presented objects. His spontaneous verbalizations reflected accurate responses to questions, which was also consistent with informal language tasks presented (e.g., describing object functions). At times, delays and self-corrections were evident, suggesting mild word-finding difficulty in addition to motor sequencing errors.

Visual-Linguistics (Reading): The patient showed recognition of his written name (first and last name), but was unable to match an object to a written word with consistency. Also, the patient responded "I can't" when presented with simple written directions (phrase length) to complete.

Graphics (Writing): With regard to his writing, Mr. X used his dominant (left) hand. He was able to generate his name; his accuracy decreased to 40% with letter dictation. Mr. X was unsuccessful in attempting to generate short, familiar words or write to dictation. Overall, his errors were somewhat perseverative in nature. For example, table was spelled as "tesi" and his response to paper was "etis".

COGNITION: The Neurobehavioral Cognitive Status Examination (NCSE) was administered to formally evaluate Mr. X's cognitive abilities. His ratings reflect an average range of performance or degrees of impairment.

Performance Rating

Orientation	Average/Mild
Attention	Average/Mild
Language	
Comprehension	Average
Repetition	Mild/Moderate
Naming	Average
Constructions	Moderate
Memory	Mild/Moderate
Calculations	Mild
Reasoning	
Similarities	Severe
Judgement	Mild

Mr. X demonstrated breakdown within aspects of his cognitive skills. On the orientation portion, he generally scored errors with regard to his time orientation (e.g., month; date). A mild to moderate impairment rating was obtained for the memory subtest. For this portion, he was given

four specific words to remember and an imposed delay (approximately 15 minutes). Mr. X spontaneously recalled one of the four words. His memory was aided when provided the category as a prompt. Although Mr. X showed only a mild range impairment in verbalizing solutions to simple problem-solving situations, he experienced significant difficulty abstracting the main point between paired objects (e.g., "Tell me how a bicycle and a train are alike"... transportation items).

ORAL EXAMINATION: A cursory oral examination was done. Facial appearance reflected symmetry, although, a slight decrease in movement was evident on the right side during specific oral motor tasks. The patient showed occasional breakdown in programming an oral motor movement (e.g., pucker), reflecting an oral apraxia component.

HEARING: Mr. X was unaware of any hearing related difficulty. At a later time, a hearing screening will be done.

MOTOR: The patient was independent in his ambulation and able to use either upper extremity for responding. Of note, Mr. X indicated that his right side was relatively weaker than his left.

BEHAVIORAL OBSERVATIONS

Mr. X was alert, attentive, and cooperative during testing. He also attempted to complete presented tasks.

IMPRESSIONS/PROGNOSIS

Mr. X's communication reflected a significant motor speech breakdown related to a verbal apraxia. Overall, his basic language skills (e.g., naming; sentence responding; comprehension) were considered a relative strength. The patient showed a more significant breakdown with regard to his reading and writing skills. In addition, mild to moderate range breakdowns were recorded within aspects of his cognitive abilities. Based on recency of his injury and progress demonstrated to date, continued gains would be anticipated. Also, Mr. X projected interest in improving his current communicative abilities and family support were viewed as positive indicators for treatment.

RECOMMENDATIONS

Based on formal and informal test results, immediate intervention was recommended. It was anticipated that initial emphasis would be placed on his verbal skills, with secondary focus on orientation/memory and reading/writing abilities.

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Cc: Mr. X
Dr. James