

SAMPLE: ADULT DYSARTHRIA  
(Space down seven spaces)

June 16, 1999

SPEECH AND LANGUAGE EVALUATION

NAME:	Mr. Dys Arthria	D.O.B.:	12-28-66
ADDRESS:	123 West Street	AGE:	34
	Mobile, AL 36583	D.O.E.:	6-16-99
PHONE:	444-4567	REFERRAL:	Ind Living Center
		PATIENT #:	DYSAR0000

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STATEMENT OF THE PROBLEM

Mr. Dys Arthria, age 34, was initially seen at this center for an evaluation of his communication skills. He was accompanied by his mother, Mrs. Info. Case history information was provided by Mr. Arthria and Mrs. Info and from medical records describing speech and language therapy services received by Mr. Arthria at Rotary Rehabilitation Hospital and the Biloxi Veterans Administration Hospital.

HISTORY INFORMATION

Mr. Arthria suffered a head injury resulting from a motor vehicle accident on March 2, 1995. He was hospitalized at the University of South Alabama Medical Center until his transfer to the Biloxi VA on April 11, 1995. He was transferred home on November 14, 1995. Mr. Arthria received therapy at Rotary Rehabilitation Hospital from August 14th through 24th of 1996. At that time, he transferred to the VA Nursing Home (Jackson, MS) and remained until December 10, 1997. Mr. Arthria received speech and language services through Rotary Rehabilitation Hospital subsequent to his release from the nursing home (January to April 28, 1999). Mrs. Info reported that he has not received formal speech and language services since that time.

Since his head injury, Mr. Arthria has divorced and currently resides with his mother, stepfather, and sister. Prior to his injury, Mr. Arthria was employed as a Welder. His current schedule includes an exercise class for the handicap at the YMCA (three days weekly) and activities at the independent Living Center (two days weekly). He uses the Handivan as a major form of transportation.

Reports from previous therapy programs indicated that Mr. Arthria had a severe dysarthria with mild anomia and receptive deficits. Some improvement in his intelligibility occurred when using pacing and exaggerated articulation techniques. He was provided with a communication board fixed to his lap tray. Reports indicated that carryover of good intelligibility into conversational speech was limited.

EVALUATION RESULTS

MOTOR SPEECH (Articulation/Voice/Fluency): The Sentence Intelligibility Test was administered to assess Mr. Arthria's speech intelligibility (information understood) and efficiency (rate of intelligibility) as compared to a normal population. For single words, Mr.

Arthria's intelligibility was 10 percent. For sentences, he was 8 percent intelligible with an efficiency ratio of .04 (rate of intelligible speech compared to a normal population). His intelligibility decreased with longer length sentences. These results suggested that Mr. Arthria is experiencing a severe flaccid dysarthria. An informal assessment of articulation revealed that Mr. Arthria had slow, imprecise sound production. Mr. Arthria demonstrated minimal movement of his articulators during speech. His rate was slow. His vocal quality was hypernasal, low pitched, monotone, wet, and gargled.

Mr. Arthria had an alphabet board attached to his lap tray for spelling out unintelligible words for his listeners. He made minimal attempts to use the board even though he was largely unintelligible.

LANGUAGE: Skills were informally assessed due to time limitations. Overall, Mr. Arthria demonstrated functional receptive and expressive language skills. With regard to his verbal expression, Mr. Arthria was able to complete an automatic task and name common objects without error. His responses were mildly delayed. Mr. Arthria was able to speak in sentences that had appropriate content. His overall expressive language was affected by decreased intelligibility and limited pragmatic skills. Mr. Arthria was verbose, dominated conversation, and showed limited awareness of his listener's needs (e.g., to clarify unintelligible responses) and turn-taking skills. Auditory comprehension was good. Mr. Arthria answered yes/no questions with 100% accuracy. He completed one, two and three part directions without errors. Mr. Arthria occasionally required cuing to change to a new activity.

Reading and writing skills were informally assessed also. Mr. Arthria could follow written instructions with three step directions. He was able to print his name, letters of the alphabet, short words, and a linguistically appropriate sentence. He wrote with his left (dominant) hand.

COGNITION: Cognitive deficits were evident. On the Mental Status Questionnaire, Mr. Arthria scored eight correct (10 possible) that placed him in the minimal range of dysfunction with regard to orientation and retention of general information. Subtests of the Ross information Processing Assessment (RIPA) were given to assess both immediate and recent memory skills. Mr. Arthria scored at the 13th percentile with a severity rating of "profound" for immediate memory skills (i.e., "Say this after me..."). Recent memory ability (e.g., "What is the first thing you did today?") ranked in the 42nd percentile with a rating of "severe".

ORAL PERIPHERAL: An oral examination was completed to assess structural and functional adequacy for speech. Mr. Arthria displayed an open mouth posture and severely impaired oral motor control characterized by decreased mobility, strength, and range of motion of the lips, tongue and mandible. Motor agility was slow and imprecise. A tremor was observed in both the mandible and tongue when asked to maintain a posture. The velopharyngeal mechanism appeared functional. A gag reflex was not elicited. Mr. Arthria exhibited difficulty initiating a swallow and at times seemed to choke slightly during speech. Mr. Arthria received a modified barium swallow evaluation on 2-12-98, with specific eating/drinking recommendations made for his family at that time.

HEARING: Mr. Arthria responded within normal limits on the pure tone hearing screening at 25 dB HL for 1000, 2000, and 4000 Hz for the right ear. He did not respond at 25 dB HL for 2000 and 4000 Hz for the left ear.

MOTOR: Mr. Arthria presented limited range of motion and poor coordination for his upper extremities.

#### BEHAVIORAL OBSERVATION

Mr. Arthria was friendly, cooperative, and alert during testing.

#### IMPRESSIONS/PROGNOSIS

Mr. Arthria appears to have a severe flaccid dysarthria and moderate-range cognitive deficits. Based on Mr. Arthria's time post-onset and current level of functioning, his prognosis for improvement in specific skill areas is guarded. However, intervention would be appropriate to formulate an augmentative communication system to facilitate speech intelligibility and develop compensatory strategies for his cognitive deficits.

#### RECOMMENDATIONS

It was recommended that Mr. Arthria participate in a structured treatment program with the emphasis on improvement of functional communication and cognitive skills using compensatory strategies. A formal hearing evaluation is also recommended. The Independent Living Center should be provided recommendations for activities to facilitate Mr. Arthria's communication.

Janice Stanley, B.S.  
Graduate Student Clinician

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Judith P. Livingston, M.S., CCC-SLP  
Speech-Language Pathologist

cc: Mr. Arthria  
Independent Living Center