

SAMPLE: FLUENT APHASIA
(Space down seven spaces)

March 30, 2000
SPEECH AND LANGUAGE EVALUATION

NAME:	Mr. X	D.O.B:	1/8/43
ADDRESS:	100 Easy Street	AGE:	62
	Mobile, AL 36608	D.O.E:	3/18/04
PHONE:	XXX-XXXX	REFERRAL:	Family
		PATIENT #:	XXXX000

STATEMENT OF THE PROBLEM

Mr. X, age 67, was seen at this Center for a communication assessment. He was accompanied by Mrs. X, his former wife, who provided history information. Additional information was submitted by the patient's son, Dr. X, on a case history form.

HISTORY INFORMATION

According to information provided, the patient suffered his communication deficits as a result of a CVA/fall occurring on 2/28/99. Mrs. X felt that it was uncertain if the patient's stroke precipitated the fall, or if the CVA was the result of injuries he sustained from falling down a flight of stairs. Dr. X reported that his father suffered a "right temporoparietal skull fracture and right frontal lobe infarction with a subdural hematoma and left middle cerebral distribution stroke". During his hospitalization, surgical operations for gastrostomy feeding and burrholes were done. According to Dr. X, the patient was ventilator dependent for three weeks and hospitalized at Springhill Memorial until 5/1/99. After that time, the patient was transferred to Rotary Rehabilitation Hospital for a short stay (10 days), and was subsequently discharged to Dauphin Health Care Nursing Home. At this Center, he was a patient for approximately three months and Dr. X's information indicated that his father demonstrated "considerable improvement over this time". With regard to the patient's previous medical history, no other major illnesses or injuries were reported.

Currently, Mr. X resides in his own condo with support services (e.g., someone to cook and clean). According to Dr. X and Mrs. X, the patient has a past and present history of tobacco and alcohol abuse. Mr. X was previously employed as a stockbroker, and unemployed since his injury.

In discussing the patient's current communication abilities, Mrs. X noted that Mr. X had difficulty using specific names and words (e.g., "wood thing" for table). She felt that his pattern of communication remained consistent throughout the day.

EVALUATION RESULTS

LANGUAGE: The Western Aphasia Battery was administered to assess the patient's performance on selected verbal and auditory comprehension tasks, as well as aspects of his reading comprehension. Mr. X scored an aphasia quotient of 42.6 (scale of 100), and his pattern of responding was similar to a Wernicke's aphasia. Specific subtest scores were as follows:

<u>Western Aphasia Battery</u> Patient Score/Total Possible	<u>Subtest</u>
Spontaneous Speech	11/20
Comprehension	4.9/10
Repetition	4/10
Naming	1.4/10
Aphasia Quotient	42.6/100

Verbal Expression: Mr. X's verbal expression was representative of a fluent aphasia. On the WAB, the patient showed inconsistent success when repeating words and more difficulty as the length of the stimulus was increased. Of note, Mr. X showed greater success in repeating numbers (e.g., 45) versus words. On the object naming subtest, Mr. X spontaneously named four of the 20 test items (20% success). Phonemic (initial sound) and tactile cues did not significantly aid his accuracy; however, the patient repeated the target response with approximately 50% success. During confrontation naming, his errors typically reflected verbal paraphasias (word substitutions), such as "carbon" for spoon, and his other errors were primarily neologisms (e.g., "parken" for pipe). The patient's conversational speech was fluent, marked with word finding difficulty and semantic jargon (i.e., a high frequency of word substitutions). Overall, Mr. X did not show awareness of his spoken word substitutions. In addition, he often verbalized during activities in which a nonverbal response was requested.

With regard to the patient's gestural (nonverbal) communication, few spontaneous responses were observed within conversational interactions. Within a structured activity, Mr. X was able to demonstrate the functional use given four of the six common objects presented.

Auditory Comprehension: Mr. X's comprehension of spoken information was decreased, related to the aphasia. The patient had difficulty providing specific yes/no responses, and generally responded with general answers (e.g., "It's not determined" or "I couldn't tell"). Overall, his yes/no answers were 20% accurate in response to specific questions (e.g., Is your name Brown?). When asked to point to various objects (auditory word recognition), he showed the greatest success in his identification of real objects, geometric forms, alphabet letters and numbers, colors, and specific objects in the room. He also showed an ability to demonstrate right/left orientation. Mr. X's auditory word recognition skills decreased when asked to identify line drawings of objects, and also with his recognition of specific fingers (e.g., index or ring finger) and body parts. On the Sequential Commands portion of the WAB, he scored 44 of 80 possible points, reflecting partial accuracy with many of the presented directions. During informal testing, he completed simple one part commands with 75% accuracy when provided a visual model; he was unsuccessful with auditory cues only. Of note, many of these directions required use of a body part (e.g., raise your arm), and his inability to follow the direction may have been influenced by his poor auditory word recognition skills. As previously indicated, his self-monitoring skills were decreased and he showed poor awareness of his spoken errors. Mr. X had difficulty switching from one task to another and often required repetitions to enhance his understanding.

Visual-Linguistics (Reading): The sentence reading portion of the WAB was used for assessment. He scored 18 points of 40 total possible. In general, Mr. X was accurate in his understanding of simple sentences, but showed increasing difficulty as the length of the sentence was increased to a short paragraph. Some success was also noted within his ability to orally read a sentence.

Graphics (Writing): Writing attempts were completed with the right (dominant) hand. The patient was able to accurately generate his name and portions of his address. He refused to attempt other activities, which required him to copy a letter or word. He did not appear to comprehend the task; further assessment of his writing skills should be conducted as part of his treatment program.

MOTOR SPEECH (Articulation/Voice): Specific motor control (dysarthria) or programming (apraxia) deficits were not perceived. The patient's sound and word substitution errors, decreasing the intelligibility of his responses, were related to the language (aphasia) component.

COGNITION: Limited assessment was attempted due to the aphasia. Mr. X was alert and cooperative. At times, he required additional cueing to maintain on-task behavior. It would be difficult to assess aspects of the patient's reasoning skills due to the significance of his expressive and receptive aphasia.

ORAL EXAMINATION: A cursory assessment was completed. The patient was able to complete most oral movements with greater accuracy when also provided a visual model. No significant oral motor weakness deficits were perceived. Mr. X indicated that he wore partial upper dentures. The patient was observed to frequently "smack" his lips and he also showed random or involuntary movements with his tongue, which in appearance were similar to a dyskinesia behavior. Mrs. X indicated that this behavior had emerged since the time of his injury.

HEARING: The patient wore an in-the-ear hearing aid in his right ear. A hearing screening was not completed, but will be planned at a later date.

BEHAVIORAL OBSERVATIONS

Mr. X was independent in his ambulation and was able to use both upper extremities for responding. He was pleasant and attempted to complete all presented tasks.

SUMMARY/IMPRESSIONS

The patient presented a moderately-severe aphasia, with breakdown evident across all language modalities. According to information obtained, the patient has received minimal intervention to date, and he would be a candidate for a trial period of treatment. It is anticipated that his functional skills could be improved; however, overall prognosis regarding the degree of change would be guarded based on the time post injury. Family support was viewed as a positive factor.

RECOMMENDATIONS

It was recommended that Mr. X participate in a formal treatment program, with emphasis on increasing the functional nature of his communication across all language modalities. Also, emphasis should be placed on family education and counseling regarding his communication strengths and weaknesses. It was anticipated that the patient would enroll in treatment at this Clinic during the Spring Semester, 2000.

Harvey P. Jones, B.S.
Graduate Student Clinician

Jennifer S. Wonderful, MS, CCC-SLP
Speech/Language Pathologist

cc: Mr. X