

SAMPLE: LARYNGECTOMEE
(Space down 7 spaces)

June 12, 2000
SPEECH AND LANGUAGE EVALUATION

NAME:	Dr. J	D.O.B.:	9/7/34	AGE:	65
ADDRESS:	18356 P C Court	SEMESTER:	Summer	2000	
	Fairhope, AL 36532	REFERRAL:	Dr. James Pitcock		
PHONE:	(334) 000-0000	PATIENT #:	JXXXX0000		

STATEMENT OF THE PROBLEM

Dr. J, a 65 year old laryngectomee, was referred by Dr. James Pitcock for an alaryngeal evaluation and therapy.

HISTORY INFORMATION

Dr. J is a practicing pediatrician in the Mobile/Baldwin County area. His pre-surgery language, fluency, voice and articulation were reportedly within normal limits.

Dr. James Pitcock, a head and neck surgeon, performed a complete laryngectomy in December of 1999, at Springhill Memorial Hospital. Dr. J developed a fistula and had to undergo hyperbaric oxygen treatment to promote healing. Irradiation prior to surgery resulted in some fibrotic tissue. Following surgery, a speech pathologist introduced Dr. J to the electrolarynx and later began esophageal speech training. Dr. J also has a history of diabetes.

PRESENT COMMUNICATION SKILLS

Dr. J has learned to use the electrolarynx well. He is able to achieve a good seal and articulate well enough to be understood by his auditors. In his esophageal speech training, he has learned to produce acceptable words such as "church", "touch" and other words beginning with /p/, /t/, and ch. However, for the most part he does not load adequately. Dr. J tends to speak without triggering the cricopharyngeus (pseudoglottis). Most of the vibration is made with the tongue in the buccal area and the pharynx. This production is difficult to understand and thus prevents him from achieving good esophageal speech. Dr. J was given the Photo Articulation Test to assess his sound productions. The test revealed that he was able to produce only a limited number of speech sounds. The sounds which were acceptable included the /p/, /t/, ch, and a few vowels. Other productions consisted of pharyngeal/buccal distortions.

Loading Time: Loading for words that he had practiced was .2 sec or less, which is normal for alaryngeal speakers. However, over 80% of his words could not be produced or were produced erroneously.

Mean Length of Utterance: The length of his utterance was usually one and two syllables.

Rate: Dr. J is not able to speak at a rate of over 15-20 syllables per minute with known subject content. Most of the time he has trouble initiating the sound (loading).

Sustaining the Sound: Vowel sounds could not be produced in isolation and when combined with a consonant, sound could not be sustained for more than 1-2 seconds.

Voice Quality: Dr. J's pseudovoice quality at times had a cul-de-sac quality, indicative of pharyngeal speakers.

Hearing: A hearing evaluation revealed a mild to severe sensorineural hearing loss in the mid to high frequencies for both ears.

Oral Peripheral: The oral structures appeared normal. Dr. J was able to move the tongue adequately for chewing and speech articulation. However, he did report some trouble controlling a large bolus such as a piece of steak.

IMPRESSIONS

Dr. J has learned to use the electrolarynx quite well. He has subsequently learned to produce some sounds and words using esophageal speech, but has difficulty with the production of most sounds and can only say appropriately words that he has previously mastered such as "church".

RECOMMENDATIONS

It is recommended that Dr. J receive therapy twice a week at the USA Speech & Hearing Clinic. The following goals and recommendations should prove helpful:

1. Eliminating buccal/pharyngeal speech
2. Loading efficiently on plosives, fricatives, affricates, and other sounds
3. Sustaining vowel sounds for a much longer period
4. Increasing length of utterance; the best speakers produce 8-10 syllables per load
5. Learning to speak in phrases with varying intonation pattern
6. Eliminating undesirable mannerisms such as clunking, following the injection method

Dr. J has the desire and structures to master esophageal speech. With practice, his should be a good communicator. Due to his hearing loss, consideration should be given to further testing in this area with possible amplification to assist in his learning the high frequency sounds.

Jeffrey P. Dozier, B.S.
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Speech-Language Pathologist

Cc: Dr. J.
James Pitcock, M.D.