

SAMPLE: NONFLUENT APHASIA  
(Space down seven spaces)

August 20, 1998  
SPEECH AND LANGUAGE EVALUATION

NAME:	Mr. X	D.O.B:	11/28/45
ADDRESS:	1000 Mobile Street	AGE:	56
	Mobile, AL 36690	D.O.E:	8/4, 8/6, 8/11/01
PHONE:	xxx-xxxx	REFERRAL:	Self
		PATIENT #:	XXXXX0000

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STATEMENT OF THE PROBLEM

Mr. X, age 56, was seen at this clinic for evaluation of his communication skills. Mrs. X provided history information regarding her husband, and additional records were received from previous rehabilitation programs. At this time, Mrs. X expressed concern regarding her husband's difficulty in conveying information.

HISTORY INFORMATION

According to information received, Mr. X suffered a left cerebral vascular accident (CVA) on 6/2/89. His medical report information included findings from a MRI, which revealed a "large infarct in the distribution of the anterior division of the left middle cerebral artery". Mr. X received an inpatient rehabilitation program at Lakeshore Rehabilitation Center (Birmingham) and was subsequently discharged to his home on 6/27/89. At that time, continued outpatient therapy was recommended, as Mr. X had been diagnosed displaying a significant aphasia with apraxia. Outpatient therapy was maintained by Lakeshore through August 18, 1989. Mrs. X indicated that Mr. X received continued services until October or November, with speech services provided through a home health program.

No prior significant history of medical problems or injuries were reported by Mrs. X. Mr. X's medical records noted a history of hypertension and atrial fibrillation. Mr. X was an iron worker prior to his stroke. Mr. and Mrs. X had lived in Mobile for approximately four months. Of note, Mrs. X reported that she had sustained injuries from a motor vehicle accident several years earlier. She noted a residual decrease in her short term memory.

Mrs. X felt that the stroke had primarily affected her husband's communication. With regard to his current status, she indicated that Mr. X was able to say a limited number of words but primarily pointed as a means to convey a need. He spends the majority of his day with Mrs. X.

EVALUATION RESULTS

LANGUAGE: The Western Aphasia Battery (WAB) was used to assess verbal expression and auditory comprehension. Mr. X scored an Aphasia Quotient (AQ) of 29.9 (based on a scale of 100). His pattern of responding was most reflective of a Broca's Aphasia. Subtest scores are reported below:

<u>Western Aphasia Battery</u>	
Subtests:	score/total possible
Spontaneous Speech	3.00/20
Comprehension	6.25/10
Repetition	2.60/10
Naming	2.70/10
Aphasia Quotient =	29.90/100

Auditory Comprehension: Mr. X's receptive language skills were assessed by administration of the Western Aphasia Battery and through informal testing. His receptive skills were an area of relative strength. Mr. X was able to answer concrete yes/no questions with a high level of accuracy (79% success), but exhibited more difficulty with abstract questions (50% accuracy). Of note, Mr. X also showed evidence of self-correction with yes/no answers for more concrete questions. He demonstrated consistent accuracy for auditory word recognition, as that portion of the test was completed with 88% accuracy. During informal testing, Mr. X was able to complete simple one-part commands, with difficulty occurring at the level of two-part commands.

Verbal Expression: Verbal communication was extremely limited. Mr. X was able to complete some automatic tasks with cues. During the naming portion of the WAB, Mr. X spontaneously labeled three of 20 presented items. He was more successful in naming objects with the aid of tactile and phonemic or semantic cues. The apraxic component was evident in repetition tasks, although he was able to repeat more familiar words (e.g., bed, nose). Overall, Mr. X's spontaneous verbal communication contained a few automatic words and social responses (e.g., "I don't know"; "Okay").

Gestures: Mr. X used gestures within structured contexts. He demonstrated object functions and pantomimed use with approximately 80% success. Within a situational context (e.g., a gesture for "be quiet" or "let's eat"), his accuracy decreased and his responses often lacked completeness.

Graphics: Writing and drawing tasks were completed with his left hand. Mr. X was able to copy alphabet letters and short words. He was able to write letters from dictation, but was unable to write short words at a generative level or when provided dictation. Mr. X was able to generate his first name, and occasionally had success writing the first letter of a word when provided choices from the alphabet. With regard to drawing, he was able to draw objects from line drawings, pictures, and actual items. However, his productions from line drawings were the most complete. Mr. X was able to generate two of three drawings without cues (e.g., draw a fork).

Reading: Mr. X's reading skills were assessed using portions from the Reading Comprehension Battery for Aphasia and through informal testing.

Reading Comprehension Battery for Aphasia

Subtests:	correct/total possible
Word-Visual	8/10
Word-Auditory	10/10
Word-Semantic	8/10

Mr. X's reading comprehension at the word level was achieved with a level of 87% accuracy overall. Mr. X indicated that he was unable to complete the sentence to picture matching subtest. During informal testing, Mr. X showed comprehension of two to three word phrases when asked to point to the one (three choices) described by a situation. Of note, Mr. X's reading comprehension was aided when written material was also read aloud. Given the written plus auditory input, he was able to comprehend sentence length material with up to 100% success. Breakdown occurred at the paragraph level (60%), using both modes of input.

VOICE/FLUENCY: Based on Mr. X's limited verbal responses, a significant voice impairment was not perceived. Mr. X was nonfluent as a result of his motor speech and language deficits.

ORAL EXAMINATION: An oral apraxia was observed. Mr. X had difficulty lateralizing, raising, and lowering his tongue. He also showed breakdown imitating consonant sounds and sequencing repetitive movements (e.g., "puh-tuh-kuh"). A significant unilateral weakness was not observed.

HEARING: A bilateral pure tone air conduction screening at 20dB for 1000 and 2000 Hz indicated hearing within normal limits. Mr. X failed the screening for 4000 Hz bilaterally.

#### BEHAVIORAL OBSERVATIONS

Mr. X was alert and cooperative. He maintained attention to all tasks during the evaluation. Mr. X was able to ambulate to the treatment room. He typically used his left upper extremity for responding (gestures/writing) due to right upper extremity weakness.

#### IMPRESSIONS/PROGNOSIS

Mr. X presented a significant Broca's aphasia, with an accompanying apraxic component. Receptive skills and reading comprehension, as well as gestures and drawing as modes of expression, would represent his current communication strengths. Based on the time post onset, prognosis for gains in specific skill areas would be guarded; however, intervention would be appropriate to formulate consistent use of strategies to facilitate more effective and efficient communication. Mr. and Mrs. X both expressed a desire for him to communicate more information and use alternative forms, which was viewed as a positive indicator for treatment.

#### RECOMMENDATIONS

Mr. X should be enrolled in a treatment program on a trial basis. To enhance functional communication, it was recommended that compensatory strategies be focused on his strengths (receptive and reading skills) to possibly develop a communication notebook. The use of gestures and drawing skills would also represent strategies for augmenting Mr. X's expression.

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cc: M/M X