



APPROACHES TO ASSESSMENT AND EVALUATION

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OVERVIEW

- SCREENING
 - APPROACHES TO ASSESSMENT AND EVALUATION
 - ASSESSMENT PROCEDURES
 - ETIOLOGY
- 

ROLE OF THE SLP

- SCREEN
- EVALUATE
- PROVIDE SERVICES FOR:
 - SPEECH SOUND PRODUCTION
 - FEEDING AND SWALLOWING
 - COGNITION
 - FLUENCY
 - VOICE
 - LANGUAGE
 - AUDITORY HABILITATION/REHABIITATION
 - RESONANCE

SCREENING

SCREENING PROCEDURES

- ***GATHERING INFORMATION*** FROM PARENTS AND/OR TEACHERS REGARDING CONCERNS ABOUT THE CHILD'S LANGUAGES AND SKILLS IN EACH LANGUAGE
- CONDUCTING A ***HEARING SCREENING*** TO RULE OUT HEARING LOSS AS A POSSIBLE CONTRIBUTING FACTOR TO LANGUAGE DIFFICULTIES
- ***REVIEW AND ANALYZE RECORDS*** (MEDICAL, EDUCATIONAL)
- ***SELECT AND USE APPROPRIATE SCREENING INSTRUMENTS***
- REVIEW AND ***MAKE APPROPRIATE REFERRALS*** BASED ON RESULTS OF SCREENINGS

IDENTIFICATION

- FAILURE TO PASS A SCREENING ASSESSMENT
- UNABLE TO COMMUNICATE FUNCTIONALLY OR OPTIMALLY ACROSS ENVIRONMENTS AND COMMUNICATION PARTNERS
- THE PRESENCE OF A COMMUNICATION AND/OR SWALLOWING DISORDER HAS BEEN VERIFIED THROUGH AN EVALUATION BY AN ASHA-CERTIFIED SPEECH-LANGUAGE PATHOLOGIST
- THE INDIVIDUAL'S COMMUNICATION ABILITIES ARE NOT COMPARABLE TO THOSE OF OTHERS OF THE SAME CHRONOLOGICAL AGE, GENDER, ETHNICITY, OR CULTURAL AND LINGUISTIC BACKGROUND
- COMMUNICATION SKILLS NEGATIVELY AFFECT HEALTH, SAFETY, SOCIAL, EMOTIONAL, EDUCATIONAL STATUS
- UNABLE TO SWALLOW TO MAINTAIN ADEQUATE NUTRITION

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.


APPROACHES TO ASSESSMENT

ASSESSMENT PROCESS

- CASE HISTORY INTERVIEW (PARENT, PATIENT, TEACHER ETC.)
- INFORMAL MEASURES (LANGUAGE SAMPLE, CLASSROOM OBSERVATION, CURRICULUM BASED ASSESSMENT, STIMULABILITY TESTING, ORAL MOTOR EXAM)
- FORMAL TESTING MEASURES (CAAP-2, SSI-4, GFTA-4, WAB)
- ASSESSMENT FACTORS (CULTURAL BACKGROUND, AGE, LANGUAGE, AND SUSPECTED SEVERITY TO DETERMINE THE MOST APPROPRIATE METHODOLOGY FOR THE ASSESSMENT).




INTERVIEWING TECHNIQUE

- LOCATION
 - TERMINOLOGY
 - BODY LANGUAGE
 - OPEN ENDED QUESTIONS
- 



CHILD CASE HISTORY (HX)

- IDENTIFYING INFORMATION
 - PRENATAL AND BIRTH HX
 - MEDICAL HX
 - DEVELOPMENTAL HX
 - PREVIOUS SPEECH AND LANGUAGE EVALUATION
 - EDUCATIONAL HX
 - HEARING SCREENINGS
 - PARENT/TEACHER CHECKLIST/QUESTIONNAIRE
- 

ADULT CASE HISTORY (HX)

- IDENTIFYING INFORMATION
- PATIENT ACTIVE PROBLEM LIST
- PAST MEDICAL HX
- RELEVANT HX
- BARRIERS
- SOCIAL HX
- DIET (PO STATUS)
- PREVIOUS INSTRUMENTAL SWALLOW STUDIES
- EDUCATION
- NATIVE LANGUAGE
- PREVIOUS SKILLED SPEECH THERAPY
- COMMUNICATION/SOCIAL SKILLS

ASSESSMENT

- ASSESSMENT (PROCESS OF COLLECTING VALID AND RELIABLE INFORMATION, INTEGRATING IT, AND INTERPRETING IT TO MAKE A JUDGMENT OR A DECISION ABOUT SOMETHING.
- ASSESSMENT IS SYNONYMOUS WITH EVALUATION.
- A GOOD TEST IS VALID.
- A GOOD TEST IS RELIABLE.
- A GOOD ASSESSMENT IS TAILORED TO THE INDIVIDUAL CLIENT.
- A GOOD ASSESSMENT USES A VARIETY OF ASSESSMENT MODALITIES (CASE HISTORY, INTERVIEW, FORMAL/INFORMAL TESTING, CLIENT OBSERVATIONS).

VALIDITY

- VALIDITY (TRULY MEASURES WHAT IT CLAIMS TO MEASURE).
- FACE VALIDITY- APPEARS TO MEASURE WHAT IT CLAIMS TO MEASURE.
- CONTENT VALIDITY- COMPLETENESS OF A TEST (SAMPLE REPRESENTATION FROM THE WHOLE SPECTRUM) EX. A VALID ARTICULATION TEST IS DESIGNED TO ADDRESS ALL OF THE PHONEMES.
- CONSTRUCT VALIDITY- TEST ABILITY TO MEASURE A PREDETERMINED THEORETICAL CONSTRUCT. EX. EXPLAIN A BEHAVIOR BASED ON OBSERVATION.
- CRITERION VALIDITY- ESTABLISHED BY USE OF AN EXTERNAL CRITERIA.

RELIABILITY

- RELIABILITY(RESULTS ARE REPLICABLE. EX. A TEST GIVES CONSISTENT RESULTS ON REPEATED ADMINISTRATION OR WITH DIFFERENT INTERPRETERS JUDGING THE SAME ADMINISTRATION.
- RATER-RELIABILITY- THE SAME PERSON OR DIFFERENT PERSON OBTAIN THE SAME OR DIFFERENT RESULTS POST ADMINISTRATION OF THE TEST
- INTRA-RATER RELIABILITY- TEST RESULTS ARE CONSISTENT WHEN THE SAME PERSON ADMINISTERS THE TEST ON MORE THAN ONE OCCASION.
- INTER-RATER RELIABILITY- TEST RESULTS ARE THE SCORES. CONSISTENT WHEN MORE THAN ONE PERSON ADMINISTERS THE TEST.
- TEST-RETEST RELIABILITY- TEST'S STABILITY OVER TIME. ADMINISTERING THE SAME TEST MULTIPLE TIMES TO THE SAME GROUP AND THEN COMPARING

The background is a light blue gradient. In the top-left corner, there are several water droplets of varying sizes, some overlapping. In the top-right corner, there is one small droplet. In the bottom-right corner, there is a cluster of droplets, including a large one and several smaller ones. In the bottom-center, there are two small droplets.

SELECTION OF ASSESSMENT INSTRUMENTS

ASSESSMENT TOOLS

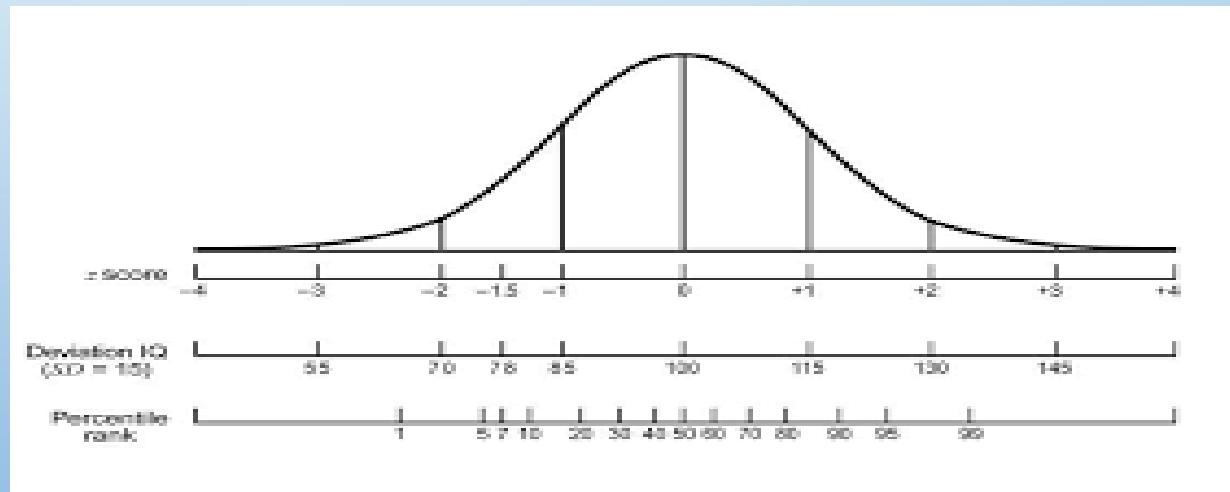
- STANDARDIZED ASSESSMENTS
- NORM REFERENCED
- CRITERION REFERENCED
- LANGUAGE SAMPLING
- ETHNOGRAPHIC INTERVIEWING
- PARENT/TEACHER/CHILD REPORT MEASURES

STANDARDIZED ASSESSMENTS

- STANDARDIZED TEST (FORMAL TESTS) PROVIDE STANDARD PROCEDURES FOR THE ADMINISTRATION AND SCORING OF THE TEST.
- MINIMIZE TEST-GIVER BIAS AND OTHER EXTRANEIOUS VARIABLES AFFECT ON CLIENT'S PERFORMANCE SO RESULTS FROM DIFFERENT PEOPLE ARE COMPARABLE.
- STANDARDIZED TEST ARE ALSO NORM-REFERENCED TESTS.

NORM REFERENCED

- ALWAYS STANDARDIZED
- COMPARE AN INDIVIDUALS PERFORMANCE TO THE PERFORMANCE OF A LARGER GROUP
- NORMAL DISTRIBUTION





NORMAL DISTRIBUTION


- STANDARD DEVIATION
 - MEAN
 - PERCENTILE RANK
 - STANINE
- 

CRITERION REFERENCED TEST

- DOES NOT COMPARE AN INDIVIDUAL'S PERFORMANCE TO ANYONE ELSE.
- THEY IDENTIFY WHAT A CLIENT CAN AND CANNOT DO COMPARED TO A PREDEFINED CRITERION.
 - HOW DOES A PATIENT COMPARE TO AN UNEXPECTED LEVEL OF PERFORMANCE
- CRT ASSUME THERE IS A LEVEL OF PERFORMANCE THAT MUST BE MET FOR A BEHAVIOR THAT IS TO BE ACCEPTABLE.



INFORMAL ASSESSMENT

- PLACY ACTIVITIES
 - ROLE PLAYING
 - FOLLOWING BASIC COMMANDS
 - ROTE ACTIVITIES
 - SPATIAL CONCEPTS
 - DESCRIBING PICTURE SCENSES, ABSURD SITUATIONS
 - SEQUENCING
 - WHAT WOULD YOU DO QUESTIONS?
- 



LANGUAGE SAMPLING

- LOCATION
 - MATERIALS
 - ACTIVITY
 - CONVERSATIONAL STYLE
- 



LANGUAGE SAMPLING

- UTTERANCE LENGTH
 - COMPLEXITY
 - ARTICULATION ABILITIES
 - NARRATIVE SKILLS
 - COMPREHENSION
 - IMITATION
 - DIRECTION-FOLLOWING ABILITIES
- 

The background is a light blue gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.


ASSESSMENT PROSEDURES & TYPES OF ASSESSMENT

GOAL OF THE ASSESSMENT

- ESTABLISH A DIFFERENTIAL DIAGNOSIS BASED ON CLINICAL FINDINGS.
- DOCUMENT CHANGES FROM PREMORBID ABILITIES, THE EXTENT TO WHICH THE DISORDER HAS IMPACTED DAILY LIFE, AND CURRENT LEVEL OF FUNCTIONING.
- DETERMINE PATIENT'S/CAREGIVER'S PERCEPTION OF ABILITIES/DEFICITS AND ESTABLISH PATIENT/CAREGIVER GOALS
- OBTAIN CURRENT, OBJECTIVE MEASURES TO DESCRIBE FUNCTIONAL LEVELS OF COGNITION
- DETERMINE IF TREATMENT IS NECESSARY AND POTENTIAL FOR FUNCTIONAL GAINS.



CHART REVIEW

- PHYSICIAN ORDERS
 - MEDICAL HISTORY/DIAGNOSIS
 - CHECK VITAL SIGNS (NURSING ASSESSMENT)
 - MEDICATIONS
 - LABS
 - CURRENT DIET
 - PULMONARY
- 

ASSESSMENT OF ARTICULATION AND PHONOLOGICAL DISORDERS


- CASE HX
- SCREEN
- ORAM MECH EXAM
- ARTICULATION TEST
- SPEECH SAMPLING
- ANALYSIS (ERRORS, ERROR TYPES, FORM OF ERRORS, INTELLIGIBILITY)
- PLAN OF CARE (WRITTEN REPORT)

ORAL FACIAL EXAMINATION

- STRUCTURES AND FUNCTIONS THAT AFFECT SPEECH AND SWALLOWING PRODUCTIONS
 - LIPS
 - TONGUE
 - HARD/SOFT PALATE
 - CHEEKS
 - MANDIBLE
 - LARYNX
- CRANIAL NERVES



ARTICULATION

- ARTICULATION
 - APRAXIA OF SPEECH
 - DYSARTHRIA
 - ATAXIA
 - DYSKINESIA
- 

ASSESSMENT OF LANGUAGE


- CASE HX
- SCREEN
- SPEECH SAMPLING
- INFORMAL/FORMAL ASSESSMENTS (PRAGMATICS, SEMANTICS, SYNTAX, MORPHOLOGY)
- ANALYSIS (ERROS, FORM OF ERROS, CONSISTENCY OF ERROS)
- PLAN OF CARE (WRITTEN REPORT)

LANGUAGE

- PHONOLOGY
- MORPHOLOGY
- PRAGMATICS (LANGUAGE USE, SOCIAL ASPECTS)
- COGNITION
- SYNTAX
- SEMANTICS
- LITERACY (READING, WRITING, SPELLING)
- PRELINGUISTIC COMMUNICATION (E.G., JOINT ATTENTION, INTENTIONALITY, COMMUNICATIVE SIGNALING) AND PARALINGUISTIC COMMUNICATION



FLUENCY ASSESSMENT

- CASE HX
 - ORAL MECH EXAM
 - ASSESSMENT OF FLUENCY (SCREEN, SPEECH SAMPLING, STIMULABILITY)
 - ANALYSIS (DYSFLUENCY, MOTOR BEHAVIORS, RATE OF SPEECH, PHYSIOLOGIC FACTORS)
 - PLAN OF CARE (WRITTEN REPORT)
- 

FLUENCY

- STUTTERING
 - ❑ TYPE AND FREQUENCY
 - ❑ ASSOCIATED MOTOR BEHAVIORS
 - ❑ SPEECH RATES
- CLUTTERING

VOICE ASSESSMENT

- CASE HX
- ORAL MECH EXAM
- ASSESSMENT OF VOICE (PITCH, QUALITY, RESONANCE, LOUDNESS)
- ANALYSIS
 - S/Z RATIO
 - VELOPHARYNGEAL FUNCTION
- PLAN OF CARE (WRITTEN REPORT)

VOICE

- QUALITY (HOARSE, BREATHY ETC.)
- PITCH (HIGH, LOW, NO PITCH)
- RESONANCE (NASAL, MIXED)
- MUSCULAR TENSION

DYSPHAGIA ASSESSMENT


- CASE HX
- ORAL MECH EXAM
- PROCEDURES
 - INSTRUMENT SWALLOW STUDIES
 - BEDSIDE SWALLOW EVALUATION
- ANALYSIS
 - TYPE/SEVERITY OF DYSPHAGIA
 - STRUCTURAL ABNORMALITIES
- PLAN OF CARE (WRITTEN REPORT)

ASSESSMENT OF NEUROLOGICAL BASED COMMUNICATIVE DISORDERS

- CASE HX
- ASSESSMENT OF DYSARTHRIA & APRAXIA
 - MOTOR SPEECH ASSESSMENT
 - STIMULABILITY OF ERRORS
- ANALYSIS
 - INTELLIGIBILITY
 - TYPE/CONSISTENCY OF ERRORS
- PLAN OF CARE (WRITTEN REPORT)



ASSESSMENT OF APHASIA


- CASE HX
 - PROCEDURES
 - SPEECH/LANGUAGE ASSESSMENT
 - COGNITIVE SKILLS EVALUATION
 - ANALYSIS
 - EXPRESSIVE/RECEPTIVE LANGUAGE ABILITIES
 - PLAN OF CARE
- 

ASSESSMENT OF RIGHT HEMISPHERE SYNDROME

- CASE HX
- PROCEDURES
 - COGNITIVE LINGUISTIC EVALUATION
 - SPEECH AND LANGUAGE SAMPLING
- ANALYSIS
 - PERCEPTUAL, ATTENTIONAL, AFFECTIVE DEFICITS
 - COGNITIVE DEFICITS
- PLAN OF CARE



ASSESSMENT OF DEMENTIA

- CASE HX
 - FAMILY/CAREGIVER INVOLVEMENT
 - COGNITIVE LINGUISTIC EVALUATION
 - SWALLOW EVALUATION (IF SUSPECTED)
 - ANALYSIS
 - PLAN OF CARE
- 

The background of the slide is a light blue gradient. It is decorated with several realistic water droplets of various sizes. Some droplets are at the top left, some at the bottom right, and a few are scattered in the lower center. Each droplet has a highlight and a shadow, giving it a three-dimensional appearance.


ETIOLOGY

CULTURAL AND ETHNIC FACTORS

- USE CULTURALLY APPROPRIATE ASSESSMENT MATERIALS
- TEST IN CLIENT'S DOMINANT LANGUAGE
- COLLECTING ADDITIONAL SPEECH SAMPLES
- CONSULT WITH INTERPRETER
- AWARENESS OF NORMAL LANGUAGE ACQUISITION
- BE FAMILIAR WITH THE NORMAL COMMUNICATIVE PATTERNS OF THE CLIENTS DOMINANT LANGUAGE



MULTICULTURAL CONCEPTS

- ACCULTURATION : THE PROCESS OF ADAPTATION TO CHANGES IN OUR SOCIAL, CULTURAL, LINGUISTIC ENVIRONMENTS
 - ASSIMILATION: THE PROCESS BY WHICH SOMETHING ABSORBS, MERGES, OR CONFIRMS TO A DOMINANT ENTITY.
- 

DIAGNOSIS

- MEDICAL DIAGNOSIS
- TREATMENT DIAGNOSIS
- THE TREATMENT DIAGNOSIS MUST BEST REPRESENT WHAT THE PATIENT IS BEING TREATED FOR AND RELATES TO THE MEDICAL DIAGNOSIS

AT RISK POPULATIONS

- NEONATAL PROBLEMS (E.G., PREMATURITY, LOW BIRTH WEIGHT, SUBSTANCE EXPOSURE)
- DEVELOPMENTAL DISABILITIES (E.G., SPECIFIC LANGUAGE IMPAIRMENT, AUTISM SPECTRUM DISORDER, DYSLEXIA, ATTENTION DEFICIT/HYPERACTIVE DISORDER)
- AUDITORY PROBLEMS (E.G., HEARING LOSS OR DEAFNESS, CENTRAL AUDITORY PROCESSING DISORDERS)
- ORAL ANOMALIES (E.G., CLEFT LIP/PALATE, DENTAL MALOCCLUSION, MACROGLOSSIA, ORAL-MOTOR DYSFUNCTION)

AT RISK POPULATION

- RESPIRATORY COMPROMISE (E.G., BRONCHOPULMONARY DYSPLASIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE)
- PHARYNGEAL ANOMALIES (E.G., UPPER AIRWAY OBSTRUCTION, VELOPHARYNGEAL INSUFFICIENCY/INCOMPETENCE) LARYNGEAL ANOMALIES (E.G., VOCAL FOLD PATHOLOGY, TRACHEAL STENOSIS, TRACHEOSTOMY)
- NEUROLOGICAL DISEASE/DYSFUNCTION (E.G., TRAUMATIC BRAIN INJURY, CEREBRAL PALSY, CEREBRAL VASCULAR ACCIDENT, DEMENTIA, PARKINSON'S DISEASE, AMYOTROPHIC LATERAL SCLEROSIS)
- PSYCHIATRIC DISORDER (E.G., PSYCHOSIS, SCHIZOPHRENIA)
- GENETIC DISORDERS (E.G., DOWN SYNDROME, FRAGILE X SYNDROME, RETT SYNDROME, VELOCARDIOFACIAL SYNDROME).

EXAMPLE ASSESSMENT

- THE *PRESCHOOL LANGUAGE SCALE-3* (PLS-3) WAS ADMINISTERED TO ASSESS RECEPTIVE AND EXPRESSIVE LANGUAGE ABILITIES.
- **CHRONOLOGICAL AGE:** 4 YEARS 1 MONTH

Subtests	Standard Score	Percentile	Age-Equivalent
Auditory Comprehension	84	47	3 years 7 months
Expressive Communication	71	3	2 years 6 months
Total Language Score	75	5	3 years 2 months

AUDITORY COMPREHENSION SUBTEST

- STRENGTHS
 - UNDERSTANDING USE OF OBJECTS
 - DESCRIPTIVE CONCEPTS
 - PART/WHOLE RELATIONSHIPS
 - PRONOUNS, AND NEGATIVES
 - IDENTIFYING COLORS, PICTURES, AND BASIC BODY PARTS.
- WEAKNESSES
 - ABILITY TO MAKE INFERENCES
 - MAKE COMPARISONS
 - UNDERSTAND PASSIVE VOICE SENTENCES AND QUANTITY CONCEPTS.

EXPRESSIVE LANGUAGE SUBTEST

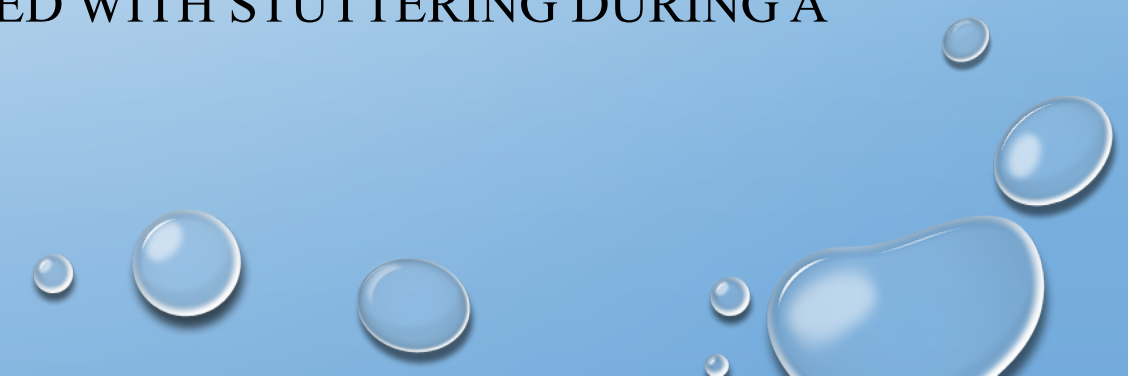
- STRENGTHS
 - ANSWERING WHAT/WHERE, YES/NO QUESTIONS
 - USING VERB + ING
 - PRODUCING BASIC SENTENCES
- WEAKNESSES
 - USING POSSESSIVES
 - TELLING HOW AN OBJECT IS USED
 - ANSWERING QUESTIONS LOGICALLY
 - EXPLAINING REMOTE EVENTS
 - COMPLETING ANALOGIES
 - ANSWERING “WHEN” QUESTIONS

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

QUIZ TIME!!!!



THE PREVALENCE OF A STUTTERING DISORDER IS DEFINED AS:


- A. THE PROPORTION OF PEOPLE WHO STUTTER AT ANY POINT IN TIME.
 - B. THE NUMBER OF PEOPLE WHO STUTTER OVER A LIFETIME.
 - C. THE PROPORTION OF PEOPLE WHO ARE LIKELY TO BE DIAGNOSED WITH STUTTERING.
 - D. THE NUMBER OF PEOPLE WHO ARE DIAGNOSED WITH STUTTERING DURING A CALENDAR YEAR.
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WHICH OF THE FOLLOWING WOULD BE THE MOST APPROPRIATE
ASSESSMENT MATERIAL FOR A CHILD IN 6TH GRADE WITH
DIFFICULTIES IN CONTENT, FORM, AND USE?

- A. CAPP
 - B. CELF-5
 - C. GFTA-3
 - D. SSI-4
- 





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 - B. CELF-5**
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 - D. SSI-4
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AN SLP DETERMINES THE MLU FOR A FOUR YEAR OLD CHILD. THREE WEEKS LATER THE SLP RE-CALCULATES THE SAME SAMPLE AND DETERMINES THE MLU? THE EXTENT TO WHICH A TEST GIVES CONSISTENT RESULTS ON REPEATED ADMINISTRATION IS A RESULT OF:

- A. VALIDITY
 - B. RELIABILITY
 - C. STANDARD DEVIATION
 - D. PERCENTILE RANK
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THE INCIDENCE OF A COMMUNICATION DISORDER:

- A. THE NUMBER OF NEW CASES IDENTIFIED IN A SPECIFIC TIME PERIOD
 - B. THE NUMBER OF PEOPLE WHO ARE LIVING WITH A SPOKEN LANGUAGE DISORDER IN A GIVEN TIME PERIOD.
 - C. MOST COMMON ETIOLOGY OF A DISORDER
 - D. A & B
- 



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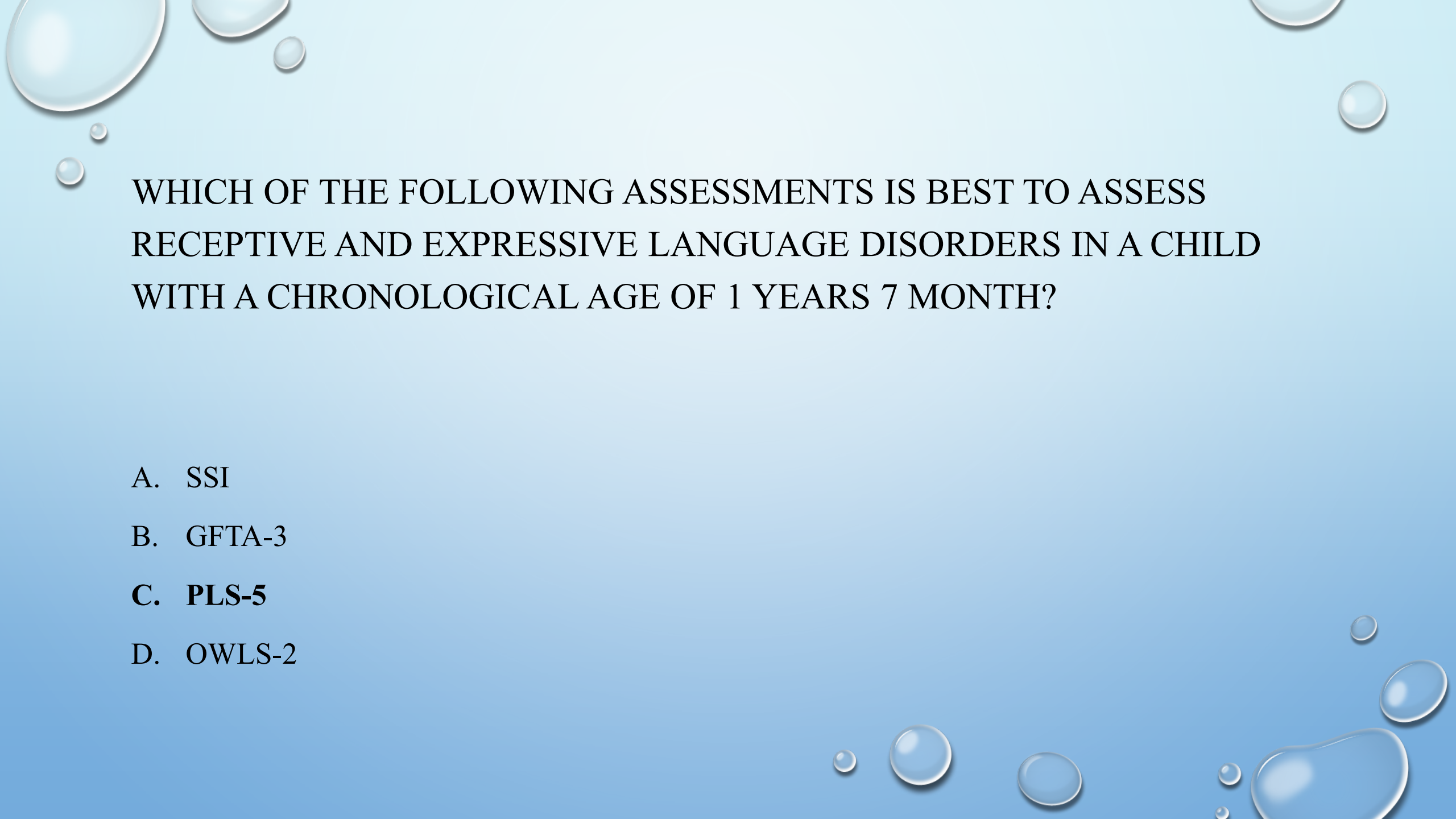
D. A & B






WHICH OF THE FOLLOWING ASSESSMENTS IS BEST TO ASSESS
RECEPTIVE AND EXPRESSIVE LANGUAGE DISORDERS IN A CHILD
WITH A CHRONOLOGICAL AGE OF 1 YEARS 7 MONTH?

- A. SSI
 - B. GFTA-3
 - C. PLS-5
 - D. OWLS-2
- 





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WHICH OF THE FOLLOWING ASSESSMENTS IS BEST TO ASSESS
PHONOLOGICAL PROCESSES IN A CHILD WITH A CHRONOLOGICAL
AGE OF 4 YEARS 5 MONTH?

- A. SSI-4
 - B. CAAP-2
 - C. GFTA-3
 - D. PLS-5
- 



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PHONOLOGICAL PROCESSES IN A CHILD WITH A CHRONOLOGICAL
AGE OF 4 YEARS 5 MONTH?

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 - B. CAAP-2**
 - C. GFTA-3
 - D. PLS-5
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PT. WAS SEATED UPRIGHT FOR EVALUATION , ST NOTED ILL FITTING DENTURES, PT. WITH DECREASED LIP STRENGTH, IMPAIRED JAW/TONGUE DISASSOCIATION, DECREASED LINGUAL ROM AND STRENGTH AS WELL AS DECREASED BUCCAL PRESSURE.

PRESENTATIONS OF 1 TSP., AD LIB CUP, AD LIB STRAW OF THIN LIQUIDS, TSP. AMTS. OF PUREED, AD LIB MASTICATED MATERIAL. LIQUID BOLUSES FALL OUT FRONT OF MOUTH PRIOR TO SWALLOW. PUREED AND MASTICATED MATERIALS REMAIN ON MID TONGUE, ON HARD PALATE AND IN LATERAL SULCI FOLLOWING THE SWALLOW. INCREASED MASTICATION TIMES UP TO 35 SECS. SWALLOW INITIATION IS 1-2 SECONDS. NO OVERT S/S OF ASPIRATION. RECOMMEND SOFT MECH DIET WITH THIN LIQUIDS. SKILLED ST IS REQUIRED TO REHAB ORAL SWALLOWING DEFICITS. WHICH ASSESSMENT WAS UTILIZED TO COMPLETE THIS EVALUATION?

- A. SURFACE ELECTROMYOGRAPHY
- B. BEDSIDE SWALLOW EVALUATION
- C. RIPA:2
- D. MANN ASSESSMENT OF SWALLOWING ABILITY

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PT. ABLE TO IDENTIFY 5/10 PICTURES OF COMMON NOUNS, 4/10 OF VERBS. PT. ABLE TO FOLLOW ONLY 2 STEP VERBAL COMMANDS AND CAN TAKE 3 TURNS IN A CONVERSATION ON ONE TOPIC.

IMMEDIATE MEMORY 5/5, STM 4/5, LTM 5/5. ANSWERED YES/NO QUESTIONS 10/10, WH-QUESTIONS RELATED TO FAMILY RELATIONSHIPS 7/10. GENERAL INFO ACCURATE 5/10 TRIALS, ABLE TO PUT PICTURES INTO CATEGORIES 7/10 AND NAME 3 ITEMS IN A CATEGORY IN 60 SECONDS. SEQUENCED 2 ITEMS 3/3, 3 ITEM 1/3 AND 4 ITEMS 0/3. POOR PROBLEM SOLVING SKILLS FOR SAFETY SITUATIONS. HE PRESENTS WITH DECREASED INTELLIGIBILITY (75%), DECREASED INTENSITY AND POOR BREATH SUPPORT. HE IS ONLY ABLE TO PRODUCE 4 SYLLABLES IN ONE BREATH GROUP. WHAT WAS ASSESSED BASED ON THE INFORMATION ABOVE?

- A. LANGUAGE
 - B. COGNITION
 - C. LANGUAGE AND MOTOR SKILLS
 - D. LANGUAGE, MOTOR, AND COGNITION
- 

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- C. LANGUAGE AND MOTOR SKILLS
- D. LANGUAGE, MOTOR, AND COGNITION**

PT. HAS POOR LIP SEAL ALLOWING BOLUS TO SPILL FROM LIPS. FOLLOWING ORAL SWALLOW SIGNIFICANT AMOUNTS OF STASIS REMAIN IN ORAL CAVITY (ON TONGUE, UNDER TONGUE AND IN BILATERAL SULCI). MBSS INDICATES RESIDUE ON POSTERIOR PHARYNGEAL WALL, DECREASED LARYNGEAL ELEVATION AND RESIDUE IN VALLECULAE AND PYRIFORM SINUS.

NO ASPIRATION NOTED. PT. WAS ON REGULAR DIET WITH GOOD NUTRITION AT AL AND WILL RETURN TO AL FOLLOWING TREATMENT IF SHE IS ABLE TO RETURN TO BASELINE DIET. HER COGNITION WILL ALLOW FOR PARTICIPATION IN THIS PLAN OF CARE. CURRENTLY RECOMMEND PUREE DIET. ST RECOMMENDED TO REHAB DYSPHAGIA TO FOR RETURN TO AL. WHAT ASSESSMENT WAS UTILIZED TO IDENTIFY RESIDUE ON THE POSTERIOR PHARYNGEAL WALL, IN VALLECULAR AND PYRIFORM SINUS?

- A. FEES
- B. BEDSIDE SWALLOW EVALUATION
- C. MODIFIED BARIUM SWALLOW STUDY
- D. WESTERN APHASIA BATTERY

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QUESTIONS ?????

