Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

Surname: GOODMAN **URN:** 302844
Given Name(s): MICHAEL
Age: 26 years **Sex:** M
Address: 120 Mayfield Rd, BANKSTOWN NSW

National Simulation Health Service
Patient Admission Details

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB: Sex:

ADMISSION DETAILS

Date of Admission:

Admitting Details: DISCHARGED FROM INPATIENT REHABILITATION UNIT 2 WEEKS AGO. FOR FURTHER OUTPATIENT THERAPY - OT/PT/SP. ONGOING DIFFICULTIES WITH UPPER LIMB FUNCTION, ATAXIC GAIT, SPEECH AND COGNITIVE COMMUNICATION.

PATIENT PERSONAL DETAILS

Title:	MR	Surname:	GOODMAN	First Name:	MICHAEL		
Other Names:		Preferred Name:	MICK				
Address:	120 Mayfield Rd			Suburb:	BANKSTOWN NSW 2200		
Home Phone:	(02) 9708 4565	Mobile Phone:	0416 468 238	Work Phone:	0416 468 238		
Religion:	UNKNOWN						
Primary Language:	ENGLISH						
Occupation:	Marketing						
Medicare Number:	135 649768	DVA Number:	N/A	Pension:	N/A		
Private Health Fund:	BUPA	Membership Number:	231649 57845				

MEDICAL HISTORY

TBI POST MVA– BILATERAL HEMIPARESIS (R>L), ATAXIA, RIGHT SIDED INTENTION TREMOR, DYSATHRIA, HIGH LEVEL LANGUAGE/COG, DIPLOPIA

COMMN DEFICIT, DYSPHAGIA,

CURRENT MEDICATION: UNKNOWN

ALLERGIES: UNKNOWN

CONTACTS

First Emergency Contact

Name:	MRS PAULINE GOODMAN	Relationship to Patient:	MOTHER		
Home Phone:	(02) 9708 4565	Mobile Phone:	0423 165 239	Work Phone:	0423 165 239

Second Emergency Contact

Name:	MR BARRY GOODMAN	Relationship to Patient:	FATHER		
Home Phone:	(02) 9400 4623	Mobile Phone:	0426 539 164	Work Phone:	

General Practitioner (GP)

Doctor Name:	DR JOHN SAMUELS	Practice:	BANKSTOWN MEDICAL CLINIC
Address:		Suburb:	BANKSTOWN NSW 2200
Work Phone:	3176 2111	Mobile Phone:	

Identifying Information

Last Name: GOODMAN D.O.B. ______

First Name: Michael

Address: 120 Mayfield Road
Bankstown NSW 2200

Frenchay Dysarthria Assessment–Second Edition

FDA-2

Rating Form

Date ______

Hospital/Clinic: NSHS

Scale: a (Normal Function) ↑ — b — c — d — e ↓ (No Function)

Section	Item	Rating
Reflexes	Cough	c
	Swallow	b/c
	Dribble/Drool	c
Resp.	At Rest	c
	In Speech	b/c
Lips	At Rest	a/b
	Spread	a/b
	Seal	b
	Alternate	c
	In Speech	b
Palate	Fluids	a
	Maintenance	a
	In Speech	b
Laryngeal	Time	a
	Pitch	a/b
	Volume	b
	In Speech	c
Tongue	At Rest	a
	Protrusion	c
	Elevation	b
	Lateral	b
	Alternate	b/c
	In Speech	c
Intell.	Words	c
	Sentences	b
	Conversation	b

Summary

Moderate dysarthria characterised by impaired precision and coordination of movements for speech and impaired respiratory support for speech

Overall impact – ↓ articulatory precision, impaired ROS and reduced volume. ↓ naturalness + intelligibility

Recommendations

1) 10 sessions speech therapy targeting
- (•) artic. precision
- (•) volume control
- (•) prosodic elements
- (•) rate of speech.

Influencing Factors

Check if contributing to speech disorder	✓
Hearing	
Sight	
Teeth	
Language	
Mood	
Posture	
Rate (Words/Min)	
Sensation	
Upper Lip (R)	
Upper Lip (L)	
Tongue Tip	
Subjective Report on Sensation	

Signed [signature]

© 1983, 2008 by PRO-ED, Inc.
4 5 6 7 8 9 10 11   23 22 21 20 19 18 17 16
12687

From Frenchay Dysarthria Assessment - second edition, by P.M. Enderby and R.Palmer, 2008, Austin, Texas: Pro-Ed, Inc. Copyright (2008) by Pro-Ed. Used with Permission.

Additional copies of this form (#12687) may be purchased from PRO-ED, 8700 Shoal Creek Blvd., Austin, TX 78757-6897 800/897-3202, Fax 800/397-7633, www.proedinc.com

SPEECH PATHOLOGY – Progress and Assessment Report

PATIENT NAME: Michael Goodman
AGE: 26 years
GENDER: Male

ADDRESS: 120 Mayfield Road, Bankstown NSW 2200
PHONE: 0416 468 238
NEXT OF KIN: Mrs Pauline Goodman (mother) PH: 0423 165 239

BACKGROUND:

Michael is a 26 year old gentleman who suffered a traumatic brain injury (TBI) 6 months ago as a result of a single vehicle high speed motor vehicle accident. Emergency services attended the site of the accident. He had a GCS 3 at the scene. Michael was intubated and airlifted to the Intensive Care Unit (ICU) at the NSHS Hospital. Neuroimaging showed areas of petechial haemorrhage in subcortical white matter and thalami consistent with diffuse axonal injury. He was in an induced coma for 28 days in ICU. A tracheotomy was performed on Day 14. He was weaned from sedation and ventilation and, once medically stable, was transferred to the HDU of the acute neurosurgical unit where he remained for 2 months. He was weaned from the tracheostomy, successfully decannulated and recommenced oral intake during this time. He was then transferred to the Brain Injury and Rehabilitation Unit (BIRU) at NSHS. Following 3 months of inpatient rehabilitation, Michael was discharged. He is currently living with his parents.

On initial presentation to BIRU, Michael demonstrated bilateral hemiparesis (greater on the right than the left), ataxia, right sided intention tremor, dysphagia, dysarthria and a cognitive communication deficit. Michael is now walking with minimal supervision. He continues to require supervision to manage stairs. His gait is ataxic. He can independently complete personal ADLs. His right sided intention tremor has some impact on feeding himself and writing/using a keyboard.

Prior to his accident Michael was working for a property company in their marketing team. He had been with this company since graduating from university four years prior. He was living in an apartment with two friends (where he hopes to return to live in the future). He played soccer for a local team.

Michael has no significant medical history.

SPEECH AND LANGUAGE THERAPY HISTORY:

Michael was initially referred to speech pathology in ICU at the NSHS Hospital. He has continued to receive speech pathology management since this time for swallowing and

communication. Most recently, while in BIRU, treatment has included intensive and sessional programs targeting speech, high level language/cognitive communication deficits and swallowing difficulties. Michael's hearing has been assessed and is within normal limits.

<u>Swallowing status/diet:</u>
Michael has progressed onto a normal diet and thin fluids while an inpatient at BIRU. He experiences occasional coughing only on thin fluids. He uses a chin tuck technique when swallowing thin fluids to manage this. There are no current concerns regarding his chest condition.

<u>Speech:</u>
Michael's speech was assessed with the Frenchay Dysarthria Assessment – 2© FDA-2 edition on his admission to BIRU. At this time, he presented with a moderate-severe dysarthria with reduced intelligibility. He has received regular therapy primarily targeting articulatory precision and rate of speech to improve overall intelligibility.

<u>Cognitive communication:</u>
The Cognitive Linguistic Quick Test (CLQT)© was also administered on Michael's admission to BIRU. Results indicated mild impairments in the cognitive domains of working memory and executive functions. Michael has received regular therapy targeting these areas of deficit and was making good progress. It has been recommended (by the speech pathologist working with Michael in BIRU) that this type of therapy continue with a focus on tasks pertaining to his work.

<u>Other interventions:</u>
Michael has received both occupational therapy and physiotherapy during the acute and rehabilitation phases of his inpatient admission to the NSHS Hospital. He will continue with both occupational therapy and physiotherapy as an outpatient.

<u>Current communication goals:</u>
Michael's long-term goal is to return to work and to living in his apartment with his friends. He has been in contact with his workplace and they have offered him the opportunity to work a few hours a week with the support/supervision of his team and manager. Michael hopes that he will be able to build up his capacity to work more over time. He would like to improve his intelligibility when using the phone, and would like to speak with a greater degree of naturalness. He is aware that his voice is often quiet and that people often have difficulty understanding him because of this. He is also concerned about expressing himself and being understood in larger group conversations and the impact that this may have on him at work.
Michael reports some ongoing difficulties with verbal working memory and executive functions in more challenging tasks. He would like to focus on this in therapy within the context of work related activities in the lead up to his return to work.

ASSESSMENT RESULTS:

To assess progress and obtain a new baseline of speech functioning, Michael's speech was re-assessed with the FDA-2©. Results are as per below:

FDA-2© results:

- Reflexes: Michael reports occasional coughing on thin fluids. He reported needing to take extra time when eating and drinking and using a chin tuck when drinking fluids (as previously recommended) to manage this.

- Respiration: Impaired respiration observed at rest. Michael demonstrated reduced respiratory control within speech with voice fading towards the end of sentences/utterances.

- Lips: Slight asymmetry at rest and during lip spread. Occasional air leakage from lip seal noted. Poor execution of alternate task i.e. 10 repetitions of "oo-ee". Movement was effortful and distorted production of target sounds.

- Palate: Slightly imbalanced nasal resonance noted. Nil other concerns.

- Laryngeal: Adequate length of phonation (i.e. able to say 'ah' clearly for 15 secs). Pitch was generally good with an occasional pitch break. Michael has minimal difficulty with volume task (counting from 1-5 with increasing intensity). Voice production in speech requires some effort. Volume deteriorates at times (particularly at the end of the utterance/sentence) which has some impact on intelligibility.

- Tongue: Overall, movements were slow and effortful. Particular difficulty noted on protrusion task and with alternating movements (saying ka-la 10 times). Difficulties were observed on isolated speech sounds and in speech and reduced intelligibility.

- Intelligibility: Michael presents with reduced intelligibility at word, sentence and conversation level. At conversation level, reduced intelligibility is only mild with occasional repetitions required to facilitate overall communication exchange.

SUMMARY:

Whilst Michael has shown significant improvements with his speech, repeat assessment indicates that he continues to present with a moderate dysarthria characterised by impaired precision and coordination of movements for speech and impaired respiratory support for speech. This results in overall reduced articulatory precision, impaired rate of speech and reduced volume contributing to a reduction in the naturalness and intelligibility of his conversational speech. Michael has identified speech deficits as an area that he would like to target.

Michael also presents with a mild cognitive communication impairment. He was making good progress with previously prescribed therapy activities targeting verbal working memory and executive functions. He would like to continue this with a focus on work related activities given his impending supported return to work.

RECOMMENDATIONS:

It is recommended that Michael attend a block of 10 therapy sessions targeting speech and cognitive communication impairments. Speech therapy should focus on overall articulatory precision for speech, volume control, prosodic elements and rate of speech. Cognitive communication therapy should target verbal working memory and executive functions within the context of social, home and possibly vocation-related tasks.

The results and recommendations have been discussed with Michael and he has agreed to the therapy.

If you have any further queries regarding this report, please contact the Speech Pathology community-based team on 1000 8729.

Katherine Spencer, SPEECH PATHOLOGIST
NSHS Speech Pathology Department – Brain Injury and Rehabilitation Team

cc: Speech Pathology patient file; Dr John Samuels (GP)