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**THE UNIVERSITY  
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AUSTRALIA

# Simulation-based Learning Program

## Student workbook: Day 4

Developed as part of the *Embedding Simulation in Clinical  
Training in Speech Pathology* project 2014 – 2018



**THE UNIVERSITY OF  
SYDNEY**



**LA TROBE  
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## Day 4 timetable - overview

Day 4	
8:30am	Stop-Keep-Start debrief
8:45am	General preparation time
9:15am	<b>Simulation 7:</b> Mrs Beth Connor
	<b>Simulation 8:</b> Mr Jim Parker
	<b>Simulation 9:</b> Mr Selwyn Walker
	<b>Simulation 10:</b> Ms Emily Gleeson
12:00pm	LUNCH
12:45pm	<b>Simulation 11:</b> Mrs Margaret Henderson (therapy session)
3:00pm	Simulated patient feedback
3:15pm	Afternoon tea
3:30pm	<b>Prebrief Simulation 12:</b> Mr James (Jim) Parker - Review videofluoroscopy
4:30pm	Preparation for Day 5
5:00pm	Close of Day 4

## SIMULATIONS SEVEN, EIGHT, NINE AND TEN

**Mrs Beth Connor** is a 32 year old female who was admitted to the NSHS for surgical removal/resection of a left cerebellar lesion.

**Mr Jim Parker** is a 70 year old man admitted to the NSHS with a urinary tract infection, dehydration and delirium on the background of a two day history of frequent urination, fevers and confusion.

**Mr Selwyn Walker** is an 89 year old man admitted to the NSHS with a fractured left neck of femur.

**Ms Emily Gleeson** is a 35 year old female with multiple sclerosis who was admitted to the NSHS following a sudden decline in functioning of her lower limbs.

### SIMULATION DETAILS:

Each student pair will assess/review one patient only for simulations 7, 8, 9 and 10. The requirements for each patient as are detailed below. For the other simulations, you are required to observe your peers and be able to provide feedback during the debrief.

#### **Mrs Beth Connor**

In this simulation you will review Beth on the neurosurgical ward to:

1. Discuss the post-operative course with Beth with regard to her communication skills.
2. Complete an informal screening assessment of Beth's speech and voice.

Your pair will have approx. 1-2 mins to complete a verbal handover to the clinical educator prior to assessing Beth, 15mins to assess Beth and 10 mins to discuss the case with the clinical educator and other students post assessment.

#### **Mr Jim Parker**

In this simulation you will review Jim on the general medical ward to:

1. Conduct a clinical swallowing examination.
2. Discuss the results of the swallowing assessment with Jim and recommend a safe oral diet and fluids based on the results.
3. Identify the need for an instrumental assessment of swallowing with support from the clinical educator.

Your pair will have approx. 1-2 mins to complete a verbal handover to the clinical educator prior to the review, 15mins to assess Jim and 10 mins to discuss the case with the clinical educator and other students post review.

#### **Mr Selwyn Walker**

In this simulation you will discuss Selwyn's discharge plans with the treating dietitian. Note: Selwyn is in the discharge lounge awaiting transfer back to his Residential Aged Care Facility (RACF). You will be required to:

1. Discuss Selwyn's concerns with regard to his dysphagia with the dietitian.
2. Provide education to the dietitian about dysphagia and specific management of Selwyn's dysphagia.

Your pair will have approx. 1-2 mins to complete a verbal handover to the clinical educator prior to the discussion with the dietitian, 15mins to conduct the session and 10 mins to discuss the case with the clinical educator and other students after the discussion with the dietitian.

#### **Ms Emily Gleeson**

In this simulation you will review Emily on the Neurology ward to:

1. Collect important case history information about Emily's disease progression to date and

## SIMULATIONS SEVEN, EIGHT, NINE AND TEN

typical speech and swallowing function.

2. Complete an informal motor speech assessment at the bedside.
3. Conduct a clinical swallowing examination with consideration of compensatory strategies.
4. Recommend strategies to be used for both speech and swallowing to maximise Emily's function.

Your pair will have approx. 1-2 mins to complete a verbal handover to the clinical educator prior to your review, 15mins to assess Emily and 10 mins to discuss the case with the clinical educator and other students following the review.

### INTENDED LEARNING OUTCOMES:

#### **Mrs Beth Connor:**

After participation in this clinical simulation, you will be able to:

1. Effectively conduct a pre-operative screening assessment of communication skills.
2. Effectively communicate information to the patient regarding the likely post-operative course in relation to her communication skills.

#### **Mr Jim Parker:**

After participation in this clinical simulation, you will be able to:

1. Effectively conduct a clinical swallow examination.
2. Appropriately discuss swallow assessment results with the patient.
3. Recommend an appropriate, safe oral diet for the patient based on results.
4. Identify the need for an instrumental assessment of swallow with support from clinical educator.

#### **Mr Selwyn Walker:**

After participation in this clinical simulation, you will be able to:

1. Effectively communicate information regarding patient's swallowing function to the dietitian.
2. Effectively explain need for continued modified diet and fluids.

#### **Ms Emily Gleeson:**

After participation in this clinical simulation, you will be able to:

1. Gather relevant case history information about a patient's disease progression to date and typical speech and swallowing function.
2. Effectively conduct a bedside oromotor and motor speech assessment.
3. Effectively conduct a clinical swallowing examination including the use of compensatory strategies.
4. Suggest appropriate compensatory strategies to be used for both speech and swallowing to maximise function.

### SETTING:

NSHS Acute wards – various  
Patient bedside and nurse's station.

### RESOURCES PROVIDED:

1. NSHS Clinical Swallowing Examination form (located at the back of this booklet).
2. NSHS Basic Language Screener (located at the back of this booklet).
3. NSHS Informal Motor Speech Assessment (located at the back of this booklet).

## Pre simulation activity

Complete the following tasks in preparation for your session.

1. Read the patient's medical records and gather relevant information.

Name:	Gender:
Age:	Occupation:
Reason for admission:	
Investigations (Ix):	
Diagnosis:	
Past medical history (PMHx):	
Medications (Rx):	
Social history (SHx):	

2. What information is important for you to consider from the medical chart before you conduct a session with your patient?







**For the sessions you are observing:**

Complete one structured observation guide per session you observe. Indicate which session and which pair you are observing at the top of each page.

Please note: you may be required to provide feedback to your peers during the debrief time. You may wish to review the “Guidelines for Providing Feedback” document given to you on Day 1.

Simulation: \_\_\_\_\_ Student pair: \_\_\_\_\_  
 Patient: \_\_\_\_\_

	Observations
Physical arrangement of clinic room/table for session	
Patient's general presentation (affect, motivation, physical appearance)	
Goals of the session	
Activities and materials used to achieve the goals	
Student clinicians' adaptation of session goals during session in response to patient	
Patient's receptive and expressive language skills	
Patient's speech/ voice/ fluency/swallowing skills	
Further notes/ observations/ comments:	

Simulation: \_\_\_\_\_

Student pair: \_\_\_\_\_

Patient: \_\_\_\_\_

	Observations
Physical arrangement of clinic room/table for session	
Patient's general presentation (affect, motivation, physical appearance)	
Goals of the session	
Activities and materials used to achieve the goals	
Student clinicians' adaptation of session goals during session in response to patient	
Patient's receptive and expressive language skills	
Patient's speech/ voice/ fluency/swallowing skills	
Further notes/ observations/ comments:	

Simulation: \_\_\_\_\_

Student pair: \_\_\_\_\_

Patient: \_\_\_\_\_

	Observations
Physical arrangement of clinic room/table for session	
Patient's general presentation (affect, motivation, physical appearance)	
Goals of the session	
Activities and materials used to achieve the goals	
Student clinicians' adaptation of session goals during session in response to patient	
Patient's receptive and expressive language skills	
Patient's speech/ voice/ fluency/swallowing skills	
Further notes/ observations/ comments:	

## Post simulation activity

### Reflection task:

Following the debrief for this simulation, consider some of the important information or feedback you received or gained from this simulation (from your clinical educator, simulated patient and peers). Space to record this information has been provided below.

### Notes from Simulations 7, 8, 9 and 10:

## References/recommended reading:

### **Beth Connor:**

1. Go to <https://mayfieldclinic.com/pe-BrainTumor.htm> to read about types of brain tumours.
2. Murray, L., & Clark, H. (2006). *Neurogenic disorders of language: Theory driven clinical practice*. Clifton Park, NY: Thomson Delmar Learning. (Section on "Brain Tumours" (pp 67-68; Chapter 4)).
3. Duffy, J.R. (2013). *Motor speech disorders: Substrates, differential diagnosis and Management*. 3rd edition. St. Louis: Mosby. (Section titled "Distinguishing among the Dysarthrias" (p357-363) in Chapter 15).

### **Jim Parker:**

1. Vogels, B., Cartwright, J., & Cocks, N. (2015). The bedside assessment practices of speech-language pathologists in adult dysphagia. *International Journal of Speech-Language Pathology*, 17(4), 390-400.
2. Forster, A., Samaras, N., Gold, G., & Samaras, D. (2011). Oropharyngeal dysphagia in older adults: a review. *European Geriatric Medicine*, 2(6), 356 -362.

### **Selwyn Walker:**

1. Smith, H.A., Kindell, J., Baldwin, R.C., Waterman, D. & Makin, A.J. (2009) Swallowing problems and dementia in acute hospital settings: Practical guidance for the management of dysphagia. *Clinical Medicine*, 9(6), 544-548.
2. Morrison, S.C., Lincoln, M.A., & Reed, V.A. (2011). How experienced speech-language pathologists learn to work on teams. *International Journal of Speech-Language Pathology*, 13(4), 369-377.

### **Emily Gleeson**

1. Poorjavad, M., Derakhshandeh, F., Etemadifar, M., Soleymani, B., Minagar, A., & Maghzi, A. (2010). Oropharyngeal dysphagia in multiple sclerosis. *Multiple Sclerosis*, 16(3), 362-365.
2. Piacentini, V., Mauri, I., Cattaneo, D., Gilardone, M., Montesano, A., & Schindler, A. (2014). Relationship between quality of life and dysarthria in patients with multiple sclerosis. *Archives of Physical Medicine and Rehabilitation*, 95, 2047-2054.
3. Duffy, J.R. (2013). *Motor speech disorders: Substrates, differential diagnosis and Management*. 3rd edition. St. Louis: Mosby. (Section titled "Distinguishing among the Dysarthrias" (p357-363) in Chapter 15).

## SIMULATION ELEVEN – Mrs Margaret (Margie) Henderson

Mrs Margaret Henderson is a 66 year old woman who suffered a left middle cerebral artery (MCA) stroke **over a week ago**. You will recall conducting initial swallowing and communication assessments with Margie 2 days post stroke. She has been upgraded to tolerate thin fluids and a soft diet by another speech pathologist since you have last reviewed her (*refer to progress notes in medical file for details*).

### SIMULATION DETAILS:

In this simulation you will return to Margie’s bedside to conduct a therapy session with her. You will be required to:

1. Implement therapy tasks with Margie targeting speech and language (receptive and expressive) impairments and swallowing difficulties.
2. Provide appropriate feedback and prompting during the tasks to support Margie during this therapy session.

You will have approx. 15 mins per pair to provide therapy for Margie’s speech, language and swallowing difficulties.

Each student pair will treat a different area (speech, receptive language, expressive language and swallowing).

The simulation will consist of three parts. All parts will be led by your clinical educator:

1. Prebrief– refer to pre simulation activities below.
2. Simulation.
3. Debrief.

### INTENDED LEARNING OUTCOMES:

After participation in this clinical simulation, you will be able to:

1. Clearly explain therapy task requirements to a patient with aphasia.
2. Appropriately adapt session requirements within-session to reflect patient needs.
3. Provide relevant, specific feedback during and post therapy tasks to support a patient to participate effectively within the session.

### SETTING:

NSHS Acute Stroke Unit, Ward 2C  
Patient bedside

### RESOURCES PROVIDED:

1. Therapy resources (some located at the back of this booklet – others to be sourced locally following discussion with your clinical educator).



3. Read the attached session plan to become familiar with the therapy task you will be conducting with Margie. Considering what you know already, what might you be expecting during the session?

4. Discuss the session with your partner and determine how you will break up the task so that you both have an opportunity to conduct the therapy. Practice conducting the therapy task and note down any thoughts / considerations / questions you have in the space below.



## Session goals:

1. To introduce a rehabilitation swallowing technique (effortful swallow) to ensure that Margie's swallow function is safe and efficient.
2. To complete impairment based therapy tasks targeting receptive and expressive language and motor speech skills.

Session element	Goal / Activity	Time	Materials	Criterion	Theoretical basis & rationale
1. Swallowing	<ul style="list-style-type: none"> <li>Students to teach Margie the steps required for an effortful swallow.</li> </ul>	10 Mins	Effortful swallow handout (located at the back of this booklet).	n/a	<ul style="list-style-type: none"> <li>Margie presents with oropharyngeal dysphagia. One component of her dysphagia is characterised by pharyngeal weakness, noted particularly with solid food. An effortful swallow is recommended to assist pharyngeal clearance of solids.</li> </ul>
2. Receptive language	<ul style="list-style-type: none"> <li>Student clinicians to engage Margie in semantic network with choice therapy task to target her auditory comprehension skills.</li> <li>Semantic network - student clinicians to present Margie a picture with written choices. Margie is to point to the correct word when she is asked for each category e.g., Is it a panther, a wolf or a tiger? Semantically related and unrelated distractors will be used.</li> </ul>	10 mins	<u>Resources:</u> semantic network task (located at the back of student workbooks).  Pens / paper	90% accuracy	<ul style="list-style-type: none"> <li>Margie presents with impaired auditory comprehension skills. Semantic network therapy tasks target neural networks to improve lexical semantics.</li> <li>Using the semantic relatedness of distractors can assist to grade task demands and increase / decrease complexity in relation to patient performance.</li> </ul>
3. Expressive language	<ul style="list-style-type: none"> <li>Students to engage Margie in a cued naming (single word retrieval) task using pictures to target improved verbal expression skills.</li> </ul>	10 mins	<u>Resources:</u> Picture cards, cueing hierarchy.	90% accuracy in naming pictures	<ul style="list-style-type: none"> <li>Margie presents with impaired verbal expression skills. Picture naming tasks target neural networks to improve lexical semantics.</li> </ul>

Session element	Goal / Activity	Time	Materials	Criterion	Theoretical basis & rationale
	<ul style="list-style-type: none"> <li>Student clinicians to use given cueing hierarchy to support Margie to name pictures of basic, everyday objects.</li> <li>Students may provide more or less support depending on Margie's needs and should identify the most beneficial types of cues to use with Margie based on performance.</li> </ul>		(located at the back of workbooks) Pens / paper		<ul style="list-style-type: none"> <li>Cueing can provide support Margie to achieve success in session and may assist in identifying appropriate strategies for Margie to use for word finding difficulties.</li> <li>Students can use amount and type of prompting to grade task demands and increase / decrease task complexity relative to patient performance.</li> </ul>
4. Motor speech	<ul style="list-style-type: none"> <li>Student clinicians to engage Margie in a dysarthria therapy task targeting impaired subsystems. Appropriate target areas for Margie would include lip and tongue. This will improve overall intelligibility.</li> <li>Student clinicians to start with single syllable words and increase complexity of task to CV, CVC and monosyllabic words depending on Margie's needs.</li> <li>Students say the stimulus item. Margie repeats the item 1 to 5 times.</li> </ul>	10 mins	<b>Resources:</b> Dysarthria therapy resources (you will need to source appropriate therapy items from your university clinic).  Pen / Paper	90% intelligibility	<ul style="list-style-type: none"> <li>Margie presents with moderate motor speech impairment. Targeting therapy at the impaired subsystems will help improve intelligibility of her speech sounds.</li> <li>Increasing / decreasing the number of syllables or length of sequence will assist in grading task demands relative to patient performance.</li> <li>Modelling / repetition of targets by clinician should be faded as possible to increase Margie's independence in task.</li> </ul>

**Note: The above therapy activities are suggestions only. Please discuss appropriate therapy options with your clinical educator and source therapy worksheets and activities from your local clinics.**

PLAN:


- (1) Ongoing monitoring of swallow and communication and provision of therapy while on ward.



## Post simulation activity

### Clinical task:

Due to bed availability Margie will be moved to a rehabilitation facility to continue her rehabilitation. With your pair, you will need to write a discharge / transfer summary as a handover to the speech pathologist working in the rehabilitation unit. A template has been provided over the page and an example discharge/transfer summary can be found below.

 <p>National Simulation Health Service</p> <p><b>SPEECH PATHOLOGY</b> <b>Discharge/Transfer Summary</b></p>	<i>(Affix Patient Label Here)</i>	
	URN:	
	Family Name:	
	Given Name(s):	
	Address:	
	DOB:	Sex:
<b>DATE OF ADMISSION TO SPEECH PATHOLOGY:</b>	22/07/15	
<b>DATE OF DISCHARGE FROM SPEECH PATHOLOGY:</b>	24/07/12	
<b>MEDICAL DIAGNOSIS:</b>		
<ul style="list-style-type: none"> <li>• Enterocutaneous fistulas</li> <li>• Candida sepsis</li> <li>• Metabolic acidosis</li> <li>• ARDS</li> <li>• Distributive shock</li> <li>• Multifocal bronchopneumonia</li> </ul>		
<b>SPEECH PATHOLOGY DIAGNOSES:</b>		
<ul style="list-style-type: none"> <li>• Mild oropharyngeal dysphagia</li> </ul>		
<b>SUMMARY OF SPEECH PATHOLOGY INTERVENTION:</b>		
<p>Patient was referred to speech pathology for dysphagia management post-extubation. Intervention involved modification of diet and fluids. There were nil concerns regarding motor speech or receptive or expressive language at conversation level.</p>		
<b>STATUS ON DISCHARGE:</b>		
<ul style="list-style-type: none"> <li>• <b>Oromusculature:</b> <ul style="list-style-type: none"> <li>○ CN V: NAD</li> <li>○ CN VII: NAD</li> <li>○ CN IX, X, XI: NAD</li> <li>○ CN XII: NAD</li> </ul> </li> <li>• <b>Swallowing status/diet:</b> <p>Patient currently on Texture B (minced moist) diet with thin Fluids. She is able to tolerate both consistencies with nil aspiration concerns. Patient has not yet returned to her preadmission diet. She reported difficulty with chewing hard solids, which may be due to deconditioning.</p> </li> </ul>		
<b>RECOMMENDATIONS:</b>		
<ol style="list-style-type: none"> <li>1. Continue with Texture B (minced moist) diet and thin fluids.</li> <li>2. Please complete swallow review and determine suitability for upgrade.</li> <li>3. Continue dysphagia management as required.</li> </ol>		
<b>SPEECH PATHOLOGIST:</b>	Sarah Perkins (#302)	Signature: _____

### Reflection task:

Following the debrief for this simulation, consider some of the important information or feedback you received or gained (from your clinical educator, simulated patient and peers). Space to record this information has been provided below.

### Notes from Simulation 11:

### References/recommended reading:

1. Stroke Foundation (2018). Clinical Guidelines for Stroke management 2017. Retrieved 18 June 2018, from <https://informe.org.au>.
2. Australian Aphasia pathway: Best Practice for Aphasia across the Continuum of Care. (2014). [www.aphasiapathway.com.au](http://www.aphasiapathway.com.au) .

**NB:** You will now commence the pre-brief for Simulation 12 which includes a review of Jim's recent videofluoroscopy. Your clinical educator will take you through a video of his videofluoroscopy and assist with your preparation for the simulation on the morning of Day 5.

## SIMULATION TWELVE – Mr Jim Parker and Mrs Betty Parker

Mr Jim Parker is a 70 year old man admitted to the NSHS with a urinary tract infection, dehydration and delirium on the background of a two day history of frequent urination, fevers and confusion. Mrs Betty Parker is Jim's wife.

### SIMULATION DETAILS:

In this simulation you will conduct a session with Jim and Betty in a speech pathology office of the NSHS hospital. The medical team have agreed that Jim is suitable for discharge following education from the speech pathology team on the outcomes of the videofluoroscopy. Jim's wife, Betty, has arrived to attend the meeting and will then take him home. The aims of the meeting are to discuss:

1. The results of Jim's Videofluoroscopic Swallow Study (VFSS).
2. Recommendations for diet and fluids based on the results of the VFSS.
3. Education on appropriate foods and thickening fluids.
4. Plans for ongoing management of Jim's swallowing by speech pathology following his return home.

You will conduct the session in your pair. Each student pair will have an opportunity to conduct the session with Jim and Betty. Each session will run for **15minutes**. Other students will not be observing the session.

### INTENDED LEARNING OUTCOMES:

After participating in this simulation, you will be able to:

1. Effectively communicate the results of the assessment using appropriate language.
2. Make appropriate choice regarding modified foods and fluids in the management of a known patient.
3. Clearly explain to the patient and carer how to appropriately manage his dysphagia in a community/home environment.
4. Respond effectively and appropriately to patient and family questions and concerns.

### SETTING:

Speech pathology office, NSHS hospital.

### RESOURCES PROVIDED:

1. VFSS video footage (if required to show Jim and Betty).
2. Pictures/resources of modified diet and fluids to demonstrate to Jim and Betty (located at the back of this booklet).
3. *Suggested resource: Dysphagia app on iPad.*



## Session overview

**Introduction and outline of the session:** re-introduction to Jim and introduction to Betty. Provide an outline of the session – VFSS results, diet and fluid recommendations and modifications required, management plan for discharge home. Revise the role of speech pathology with regard to swallowing management.

1. **Clinical bedside swallowing management:** provide a brief overview of bedside management of swallowing whilst Jim has been admitted to hospital.
2. **VFSS results:** students to discuss the VFSS procedure and provide reasons as to why this was required to be conducted with Jim. Briefly outline the results to Jim and Betty.
3. **Recommendations:** Discuss swallowing recommendations – diet and fluid modifications and strategies. Students will need to provide information and education about thickened fluids and how to achieve the desired diet modifications including foods to avoid. Advise Jim and Betty that thickened fluids will be delivered to the home so there will be no need to thicken fluids.
4. **Plan:** Discuss the plan which includes: a referral to a community speech pathologist who will be able to visit Jim at home, reassess his swallow and determine the need for ongoing diet and fluid modifications, repeat VFSS in 2-4 weeks here at the hospital.
5. **Education and support:** provide education regarding speech pathology services and answer any questions regarding swallowing.
6. **Follow-up plan and questions:** Discuss understanding of information provided, opportunity for further questions. Clarification of follow-up plan at home.



**Session goals:**

1. Explain results of VFSS.
2. Provide patient with recommendations for safest consistencies.
3. Provide education around how to modify food and fluids.
4. Provide patient and his wife with plan for ongoing management of Jim's dysphagia.

Session element	Goal / Activity	Time	Materials
1. Welcome / intro / explanation of Session	Student clinicians to... <ul style="list-style-type: none"> <li>• Introduce themselves to Jim and Betty.</li> <li>• Outline the aims of the session.</li> <li>• Revise the role of the speech pathologist with regard to swallowing.</li> <li>• Provide an overview of bedside management.</li> </ul>	1-2 mins	N/A
2. Results of VFSS	Student clinicians to... <ul style="list-style-type: none"> <li>• Remind Jim that the procedure was done</li> <li>• Briefly explain results of assessment i.e.               <ul style="list-style-type: none"> <li>○ What did the VFSS demonstrate?</li> <li>○ How does this differ from a normal swallow?</li> <li>○ What does this mean for Jim?</li> </ul> </li> <li>• Outline recommendations for dysphagia management i.e.               <ul style="list-style-type: none"> <li>○ What are the recommendations? Why have they been recommended?</li> <li>○ What is a modified diet and/or thickened fluids?</li> <li>○ How do they modify Jim's diet and fluids when he returns home.</li> </ul> </li> </ul>	10 mins	Diet/fluids handout (located at the back of this booklet).  Minced and moist handout (located at the back of this booklet).  <i>Suggested resource: Dysphagia app</i>
3. Wrap Up / questions / plan	Student clinicians to... <ul style="list-style-type: none"> <li>• Discuss the plan for ongoing management of Jim's dysphagia i.e.               <ul style="list-style-type: none"> <li>○ Referral to speech pathologist in the community.</li> <li>○ Repeat VFSS.</li> <li>○ Who they can contact with questions following discharge.</li> </ul> </li> <li>• Answer any of Jim and Betty's questions and clarify any information.</li> </ul>	3-4 mins	N/A

**Notes:**





# THERAPY RESOURCES

## DAYS 4 and 5

## SIMULATIONS 7-12



## CLINICAL SWALLOW EXAMINATION (CSE)

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

**Observations/Review of End of bed chart**

**Current diet/nutritional status:**

- Diet** – general or modified
- Nil by Mouth** awaiting SP review
- Non-oral feeding:** e.g. nasogastric tube (NGT), nasojejunal tube (NJT), percutaneous endoscopic gastrostomy (PEG), percutaneous endoscopic jejunostomy (PEJ), intravenous fluids (IV fluids), total parenteral nutrition (TPN).

<b>Level of Alertness</b>	<input type="checkbox"/> Alert and stable <input type="checkbox"/> Responsive	<input type="checkbox"/> Drowsy but rousable <input type="checkbox"/> Fluctuating alertness <input type="checkbox"/> Fatigued during session	<input type="checkbox"/> Non-responsive/unable to be roused
<b>Behaviour</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Non cooperative	<input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive	<input type="checkbox"/> Unable to maintain attention
<b>Positioning</b>	<input type="checkbox"/> Lying in bed (LIB) <input type="checkbox"/> Resting in bed (RIB)	<input type="checkbox"/> Sitting upright in bed (SUIB) <input type="checkbox"/> Sitting out of bed (SOOB)	<input type="checkbox"/> Difficulty establishing appropriate posture (e.g. poor head control/sitting balance/staff required to assist)
<b>Hearing/sight</b>	<input type="checkbox"/> Glasses <i>Details:</i> _____	<input type="checkbox"/> Hearing adequate <input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Wearing hearing aids <input type="checkbox"/> No hearing aids
<b>Dentition/oral hygiene</b>	<input type="checkbox"/> Natural dentition <i>Details:</i> _____	<input type="checkbox"/> Dentures <i>Details:</i> _____	<i>Oral hygiene</i>
<b>Respiratory Status</b>	SpO <sub>2</sub> _____ Respiratory Rate (RR) _____ Please select from the below: <input type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> via NC (nasal cannula) _____ <input type="checkbox"/> FiO <sub>2</sub> _____		
<b>Communication</b>	<p>Language spoken: _____ Interpreter required? Yes / No</p> <p>Is the patient able to follow basic instructions?</p> <p>Can the patient functionally communicate their needs/wants? E.g., pain, hunger, thirst, need for the toilet etc.</p> <p>Are there any concerns regarding the patient’s communication skills? If yes, provide details:</p> <p><input type="checkbox"/> dysarthria</p> <p><input type="checkbox"/> dysphonia</p> <p><input type="checkbox"/> dyspraxia</p> <p><input type="checkbox"/> AAC user <i>Details:</i> _____</p> <p><input type="checkbox"/> Other? <i>Specify:</i> _____</p> <p>Is there a need for further assessment of this patient’s communication skills? Provide details:</p> <p>_____</p>		



**Oromotor / cranial nerve assessment**

<b>Cranial Nerve</b>	<b>Observations</b>	<b>Comments/Notes</b> <i>**Strength, Symmetry, Speed, ROM, Coordination**</i>
<p><b>CNV</b>  Trigeminal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jaw opening / closing</li> <li><input type="checkbox"/> Jaw opening / closing with resistance</li> <li><input type="checkbox"/> Jaw strength</li> <li><input type="checkbox"/> Lateral movement of jaw</li> </ul>	
<p><b>CNVII</b>  Facial</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facial symmetry at rest</li> <li><input type="checkbox"/> Raise / lower eyebrows</li> <li><input type="checkbox"/> Close / open eyes</li> <li><input type="checkbox"/> Frown</li> <li><input type="checkbox"/> Lips protrusion (kiss)</li> <li><input type="checkbox"/> Lips retraction (smile)</li> <li><input type="checkbox"/> SMR protrusion / retraction of lips (oo-ee)</li> <li><input type="checkbox"/> Lip seal (puff cheeks and hold air)</li> </ul>	
<p><b>CNIX, CNX</b>  Glossopharyngeal and Vagus</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Soft palate elevation ("ah")</li> <li><input type="checkbox"/> Vocal quality</li> <li><input type="checkbox"/> Volitional cough</li> <li><input type="checkbox"/> Dry swallow</li> <li><input type="checkbox"/> Breath support</li> </ul>	
<p><b>CNXII</b>  Hypoglossal</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tongue at rest</li> <li><input type="checkbox"/> Tongue protrusion</li> <li><input type="checkbox"/> Tongue lateralisation</li> <li><input type="checkbox"/> Lateralisation with resistance</li> <li><input type="checkbox"/> Tongue elevation (nose)</li> <li><input type="checkbox"/> Tongue depression (chin)</li> <li><input type="checkbox"/> Elevation / depression SMR</li> <li><input type="checkbox"/> Tongue ROM (lick lips)</li> <li><input type="checkbox"/> DDK</li> </ul>	

**Other comments:**

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**Swallowing assessment**

<b>Current nutritional status</b>	<input type="checkbox"/> Oral diet <i>Details:</i>	<input type="checkbox"/> NBM (nil by mouth)	Alternative feeding: <input type="checkbox"/> NGT / NJT <input type="checkbox"/> PEG / PEJ <input type="checkbox"/> TPN
<b>Consistencies trialled</b>	<input type="checkbox"/> Thin fluids <input type="checkbox"/> Mildly thick fluids <input type="checkbox"/> Moderately thick fluids <input type="checkbox"/> Extremely thick fluids	<input type="checkbox"/> Normal diet <input type="checkbox"/> Soft diet <input type="checkbox"/> Minced-moist diet <input type="checkbox"/> Puree diet	<input type="checkbox"/> Single sips <input type="checkbox"/> Continuous drinking <input type="checkbox"/> Mixed consistencies <input type="checkbox"/> Other:
<b>Other information</b>	<b>Quantity trialled:</b> <i>Details:</i>	<b>Rate of intake:</b> <input type="checkbox"/> Adequate <input type="checkbox"/> Slow <input type="checkbox"/> Too fast <i>Details:</i>	<b>Independence with feeding:</b> <input type="checkbox"/> Self-feeding <input type="checkbox"/> Requires assistance <i>Details:</i>

Phase of swallow	Parameters to observe/assess	Comments/Notes
<b>Oral</b>	<ul style="list-style-type: none"> <li>• Lip seal</li> <li>• Oral manipulation / control of bolus</li> <li>• Mastication of solids</li> <li>• Oral preparation / transit time</li> <li>• Nasal regurgitation</li> <li>• Oral residue post swallow</li> </ul>	Location of residue _____ Prompt required to clear? Yes / no; Effective Y/N
<b>Pharyngeal</b>	<ul style="list-style-type: none"> <li>• Swallow initiation / trigger</li> <li>• Number of swallows per bolus</li> <li>• Hyolaryngeal excursion</li> <li>• Breath-swallow synchrony</li> <li>• Vocal changes post swallow (i.e. wet voice)</li> <li>• Airway protection i.e., Cough/throat clear – is it immediate or delayed.</li> </ul>	

Were any compensatory swallow strategies trialled?

Yes     No

Details:

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Other comments:

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**Summary of findings**

**Dysphagia:**     Nil                             Oral Phase                             Pharyngeal Phase

**Severity:**     Mild                             Moderate                             Severe

**Dysphagia characterised by:**

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**Patient at risk of aspiration:**                     Yes                             No

Details:

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**Recommendations**

NBM             Referrals required: \_\_\_\_\_

Oral diet     Fluids: \_\_\_\_\_     Diet: \_\_\_\_\_

Safe swallow/compensatory strategies:

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Instrumental assessment required?

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Swallow rehabilitation plan:

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### BASIC LANGUAGE SCREENER

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

#### AUDITORY COMPREHENSION

**Yes / No Questions:** I'm going to ask you some questions. Answer yes or no (*responses may be verbal or gestural*).

Personal			Abstract		
Is your name Jeff / Jess?	1	0	Does it snow in winter?	1	0
Do you live in <insert correct town or suburb>?	1	0	Are circles round?	1	0
Is there a television in the room?	1	0	Is this a hotel?	1	0
Are you in hospital?	1	0	Can a car fly?	1	0
Are you awake?	1	0	Does April come before October?	1	0
Personal score:			Abstract score		
TOTAL SCORE (personal + abstract): _____/10					

**Single word comprehension:** I'm going to ask you to point to some objects in the room.

Floor \_\_\_\_\_ Light \_\_\_\_\_ Chair \_\_\_\_\_  
Ceiling \_\_\_\_\_ Pillow \_\_\_\_\_

Score \_\_\_\_\_ / 5

**One stage commands:** I'm going to ask you to do some things. Please listen to the whole instruction before you start.

Raise your arm \_\_\_\_\_ Touch your nose \_\_\_\_\_  
Shake your head \_\_\_\_\_ Lick your lips \_\_\_\_\_

Score \_\_\_\_\_ / 4

**Two stage and sequential commands:** I'm going to ask you to do some things. Please listen to the whole instruction before you start.

Point to the ceiling and then to the floor \_\_\_\_\_  
Before clapping your hands, close your eyes \_\_\_\_\_  
After you touch your nose, touch the bed \_\_\_\_\_

Score \_\_\_\_\_ / 3





**Complex commands (if appropriate):**

Tap the chair twice with a clenched fist, while looking at the ceiling \_\_\_\_\_

Blink your eyes twice, then point to the ceiling and then the door \_\_\_\_\_

Score \_\_\_\_\_ / 2

**VERBAL EXPRESSION**

**Automatic Speech:** Can you tell me your...

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Score \_\_\_\_\_ / 2

**Connected speech:**

*Can you tell me a bit about your family?*

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*What is/was your occupation?*

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**Serial speech:** Can you...

Count from 1 to 20: \_\_\_\_\_

Say the days of the week: \_\_\_\_\_

Say the months of the year: \_\_\_\_\_

Score \_\_\_\_\_ / 3



### Naming

Confrontation (object): Locate/point to the following objects in the hospital room and asked the patient 'What is the name for this?'

1. Pen \_\_\_\_\_
2. Bed \_\_\_\_\_
3. Cup/Mug \_\_\_\_\_
4. Light \_\_\_\_\_
5. Chair \_\_\_\_\_

Description: I am going to describe an object. I want you to name the object that I am describing.

1. What do we drink with? \_\_\_\_\_
2. What do we clean our teeth with? \_\_\_\_\_
3. What do we tell the time with? \_\_\_\_\_
4. What do we sleep in? \_\_\_\_\_
5. What do we write with? \_\_\_\_\_

Score \_\_\_\_ / 10

### Phrase/sentence completion:

Can you finish these sentences for me?

1. Up and \_\_\_\_\_
2. Left and \_\_\_\_\_
3. Boys and \_\_\_\_\_
4. Shut the \_\_\_\_\_
5. The grass is \_\_\_\_\_

Score \_\_\_\_ / 5

### Repetition

#### Words:

Say these words after me...

1. apple \_\_\_\_\_
2. sun \_\_\_\_\_
3. plant \_\_\_\_\_
4. table \_\_\_\_\_
5. hospital \_\_\_\_\_

Score \_\_\_\_ / 5



**Phrases/ sentences:**

Say these phrases after me...

1. The plane was fast \_\_\_\_\_
2. Pick up the phone \_\_\_\_\_
3. Roses are red, violets are blue \_\_\_\_\_
4. Do you know what the day is? \_\_\_\_\_
5. Along the river, there was a little brown cottage \_\_\_\_\_

Score \_\_\_\_ / 5

**Picture description:**

Look at this picture (use attached stimulus sheet). Tell me what is going on in this picture.

<transcribe patient response here>



**READING COMPREHENSION** (use attached stimulus sheet)

Please read these instructions and follow them.

Point to your:

1. nose \_\_\_\_\_
2. bed \_\_\_\_\_
3. chair \_\_\_\_\_
4. ceiling \_\_\_\_\_
5. pillow \_\_\_\_\_

Complete the following:

6. touch your nose \_\_\_\_\_
7. wave your hand \_\_\_\_\_
8. shake your head \_\_\_\_\_
9. touch your ear and your knee \_\_\_\_\_
10. close your eyes and tap your leg \_\_\_\_\_

Score \_\_\_\_ / 10

**WRITTEN EXPRESSION** (use the attached writing subtest response forms)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Score \_\_\_\_ / 2

Copying

C \_\_\_\_\_ O \_\_\_\_\_ A \_\_\_\_\_ F \_\_\_\_\_ Y \_\_\_\_\_

car \_\_\_\_\_

bottle \_\_\_\_\_

fly to the moon \_\_\_\_\_

Score \_\_\_\_ / 8

Dictation:

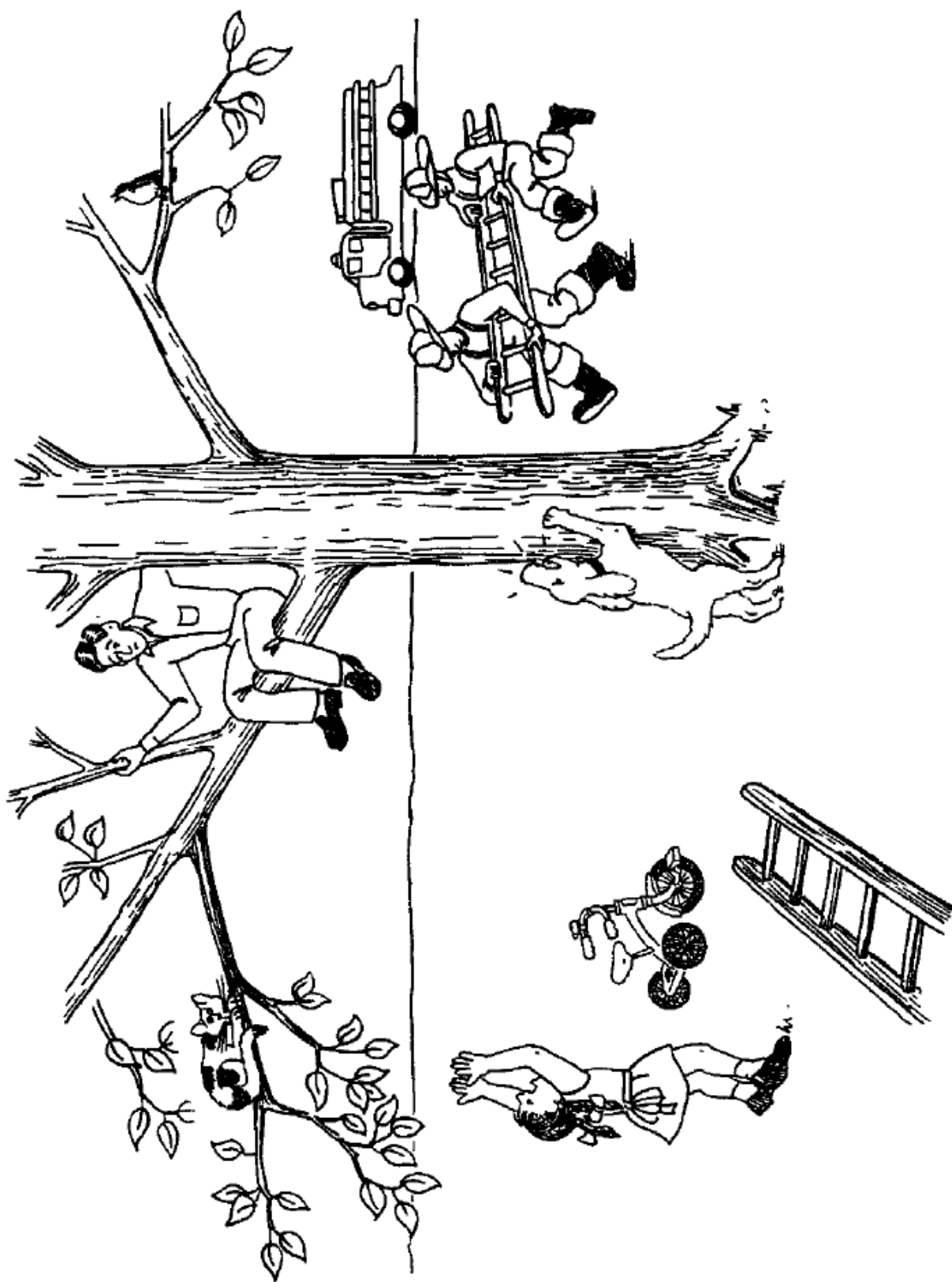
P \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

pen \_\_\_\_\_

pillow \_\_\_\_\_

jump up and down \_\_\_\_\_

Score \_\_\_\_ / 8





Read and follow these instructions:

Point to your nose

Point to the bed

Point to the chair

Point to the ceiling

Point to the pillow

Touch your nose

Wave your hand

Shake your head

Touch your ear and your knee

Close your eyes and tap your leg



## Written expression response form

My name is:

---

My address is:

---

---

---

**Copy these:**

C \_\_\_\_\_

F \_\_\_\_\_

O \_\_\_\_\_

Y \_\_\_\_\_

A \_\_\_\_\_

car \_\_\_\_\_

bottle \_\_\_\_\_

fly to the moon \_\_\_\_\_

Letters:

1. \_\_\_\_\_

2. \_\_\_\_\_



3. \_\_\_\_\_

4. \_\_\_\_\_

### Words/phrases:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_





## INFORMAL MOTOR SPEECH ASSESSMENT – DYSARTHRIA & APRAXIA

Patient: \_\_\_\_\_ URN: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

### Assessment of cranial nerve function

- Obtain information regarding: symmetry, strength, range, speed and coordination of orofacial movements.
- Observe musculature: at rest, during movement, during sustained postures, reflexive movements as appropriate.

<u>Cranial nerve:</u>	<u>Observation:</u>
V	
VII	
IX, X	
XII	

### Vowel prolongation

Instruction to patient: *Take a deep breath and say ‘Ah’ for as long and as steadily as you can, until you run out of air.*

- Time \_\_\_\_\_ (seconds)
- Observe: Pitch, loudness, vocal quality, jaw, face, tongue and neck.

Normative Data: maximum duration of sustained phonation “ah”

Age group	Ages (years)	Mean (seconds)	SD
Male young children	3 -4	8.95	2.16
Male children	5 – 12	17.74	4.14
Male adults	13 – 65	25.89	7.41
Male seniors	65+	14.68	6.25
Female young children	3 - 4	7.5	1.80
Female children	5 – 12	14.97	3.87
Female adults	13 – 65	21.34	5.66
Female seniors	65+	13.55	5.70

(Colton & Casper, 2006)



**Motion rate tasks**

Instruction to patient: 'Take a breath and repeat \_\_\_\_\_ for as long and as steadily as you can'.

- Observe speed, range, coordination and regularity of movements (articulatory of lips and jaw) and presence of interruptions or extraneous movements.

p^p^p^... \_\_\_\_\_

k^k^k^... \_\_\_\_\_

t^t^t^... \_\_\_\_\_

p^t^k^... \_\_\_\_\_

NB: If patient has difficulty with p^t^k^p^t^k^ substitute with 'buttercup, buttercup'.

Normative data:

Motion Rate Task:	Median syllables per second:
/p^p^p^.../	6.3 (SD 0.7)
/t^t^t^.../	6.2 (SD 0.8)
/k^k^k^.../	5.8 (SD 0.8)
/p^t^k^.../	5.0 (SD 0.7)

(Taken from Duffy, 2005)

Motion Rate Task:	Mean syllables per second:	
<b>65-74 years</b>	Males	Females
/p^p^p^.../	6.9 (SD 0.81)	6.3 (0.69)
/t^t^t^.../	6.8 (SD 0.43)	5.9 (SD 1.00)
/k^k^k^.../	6.3 (SD 0.75)	5.6 (SD 1.03)
/p^t^k^.../	6.1 (SD 5.4)	5.9 (SD 1.09)

Motion Rate Task:	Mean syllables per second:	
<b>74-86 years</b>	Males	Females
/p^p^p^.../	6.7 (SD 0.74)	5.9 (1.02)
/t^t^t^.../	6.4 (SD 1.08)	5.9 (SD 0.87)
/k^k^k^.../	5.8 (SD 1.17)	5.2 (SD 1.06)
/p^t^k^.../	5.4 (SD 1.67)	5.7 (SD 0.69)

(Taken from Pierce, Cotton & Perry, 2013)



## CONNECTED SPEECH

### *Conversational / discourse analysis*

Possible topics to elicit discussion:

- What brought you to hospital?
- What are your concerns with your speech?
- Where have you been to on holidays?
- Please tell me about the place where you were born / grew up?
- Hobbies/interests
- Tell me about your family

<transcribe response here>

### **Grandfather passage** (Darly et al., 1975)

Instruction to patient: *Read the following story out loud* (use attached Grandfather Passage)

Comments:

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Note:

- Approximate time to read aloud by normal speakers with normal reading skills: 35-45 seconds.
- Number of words in passage: 115 words.



**Dysarthria Rating Scale**

(Modified from Mayo Clinic in Duffy, 2005)

Rate speech by assigning a value of 0-4 to each of the dimensions listed below.

0 = Normal | 1 = Mild | 2 = Moderate | 3 = Marked | 4 = Severely Deviant

*\*\*May be appropriate to use +/- to indicate in-between ratings.*

Dimension	Element	Rating	Dimension	Element	Rating
PITCH	Pitch level (+/-)		RESPIRATION	Forced inspiration- expiration	
	Pitch breaks			Audible inspiration	
	Mono pitch			Inhalatory stridor	
	Voice tremor			Grunt at end of expiration	
	Myoclonus		PROSODY	Rate	
	Diplophonia			Short phrases	
LOUDNESS	Mono loud			Increased rate in segments	
	Excess loudness variation			Increased rate overall	
	Loudness decay			Reduced stress	
	Alternating loudness			Variable rate	
	Overall loudness (+/-)		Prolonged intervals		
VOICE QUALITY	Harsh voice		ARTICULATION	Inappropriate silences	
	Hoarse (wet) voice			Short rushes of speech	
	Continuously breathy			Excess and equal stress	
	Transiently breathy		RESONANCE & INTRAORAL PRESSURE	Imprecise consonants	
	Strained strangled			Prolonged consonants	
	Voice stoppages			Repeated phonemes	
	Flutter			Irregular articulatory breakdowns	
OTHER	Slow alternating motion rate (AMR)		RESONANCE & INTRAORAL PRESSURE	Distorted vowels	
	Fast AMR			Hypernasality	
	Irregular AMR			Hyponasality	
	Simple vocal tics			Nasal emission	
	Palilalia			Weak pressure	
	Coprolalia			Consonants	



**Grandfather passage** (*Darby et al, 1975*)

**Read the following story aloud:**

You wish to know all about my grandfather. Well he is nearly 93 years old, yet he still thinks as swiftly as ever. He dresses himself in an old black frock coat, usually with several buttons missing. A long beard clings to his chin, giving those who observe him a pronounced feeling of the utmost respect. Twice each day he plays skilfully and with zest upon a small organ. Except in the winter when the snow or ice prevents, he slowly takes a short walk in the open air each day.

We have often urged him to walk more and smoke less, but he always answers, “Banana oil!” Grandfather likes to be modern in his language.



## Tests for Apraxia of Speech (AOS) and Oral Apraxia

(Taken from Mayo Clinic Apraxia Screener)

### 1. Repeat:

/a/ \_\_\_\_\_

/o/ \_\_\_\_\_

/i/ \_\_\_\_\_

/u/ \_\_\_\_\_

/ɛ/ \_\_\_\_\_

/au/ \_\_\_\_\_

/aɪ/ \_\_\_\_\_

/eɪ/ \_\_\_\_\_

/ɔɪ/ \_\_\_\_\_

/m/ \_\_\_\_\_

/p/ \_\_\_\_\_

/b/ \_\_\_\_\_

/n/ \_\_\_\_\_

/t/ \_\_\_\_\_

/d/ \_\_\_\_\_

/k/ \_\_\_\_\_

/g/ \_\_\_\_\_

/f/ \_\_\_\_\_

/s/ \_\_\_\_\_

/z/ \_\_\_\_\_

/ʃ/ \_\_\_\_\_

/ʒ/ \_\_\_\_\_

/tʃ/ \_\_\_\_\_

/dʒ/ \_\_\_\_\_

### 2. Name the days of the week

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

### 3. Repeat:

mum \_\_\_\_\_

peep \_\_\_\_\_

bib \_\_\_\_\_

nine \_\_\_\_\_

tote \_\_\_\_\_

dad \_\_\_\_\_

coke \_\_\_\_\_

gag \_\_\_\_\_

fife \_\_\_\_\_

sis \_\_\_\_\_

zoos \_\_\_\_\_

shush \_\_\_\_\_

church \_\_\_\_\_

judge \_\_\_\_\_

lull \_\_\_\_\_



4. Repeat rapidly: (equal stress? Yes / No)

Snowman \_\_\_\_\_

Several \_\_\_\_\_

Tornado \_\_\_\_\_

Gingerbread \_\_\_\_\_

Artillery \_\_\_\_\_

Catastrophe \_\_\_\_\_

Impossibility \_\_\_\_\_

Statistical analysis \_\_\_\_\_

Methodist Episcopal Church \_\_\_\_\_

zip – zipper – zippering \_\_\_\_\_

please – pleasing – pleasingly \_\_\_\_\_

sit – city – citizen – citizenship \_\_\_\_\_

cat – catnip – catapult – catastrophe \_\_\_\_\_

door – doorknob – doorkeeper – dormitory \_\_\_\_\_

The valuable watch was missing \_\_\_\_\_

In the summer they sell vegetables \_\_\_\_\_

The shipwreck washed up on the shore \_\_\_\_\_

Please put the groceries in the refrigerator \_\_\_\_\_



## Effortful Swallow Exercise

### Aims:

- To make the swallow stronger.
- To help food and drink move into the stomach safely.

### Instructions to patient:

Remember you will need to squeeze hard with all of your muscles that you use when you swallow your food and drink.

1. Take a sip of water or a mouthful of food.
2. Think about squeezing very hard with your tongue and throat muscles.
3. Swallow hard feeling the effort of the muscles working in your neck when you swallow your food or drink.

If you have any queries regarding your swallowing or this technique, please contact the NSHS Speech Pathology department.





**PICTURE NAMING – LIST OF PICTURE CARDS** *(picture cards at back of booklet)*

Target	Response	Correct
1. TV/television		
2. Remote		
3. Toothbrush		
4. Toothpaste		
5. Hairbrush		
6. Phone		
7. Bed		
8. Chair		
9. Couch		
10. Table		
11. Lamp		
12. Glass		
13. Plate		
14. Spoon		
15. Knife		
16. Fork		
17. Clock		
18. Ball		
19. Book		
20. Socks		
21. Shoes		
22. Jug		
23. Hat		
24. Cardigan/Jumper		
25. Tshirt/Shirt		
26. Plant/flower		
27. Watering can		
28. Newspaper		
29. Pen		
30. Scissors		
<b>TOTAL</b>		<b>/30</b>



## Spoken Naming Cueing Hierachy (Cardell and Lawrie, 2012)

### Clinician's Cueing Hierachy:

*Note: Encourage the individual to silently rehearse each word 'in their head' before saying the word aloud to optimise the retrieval of the correct phonological form.*

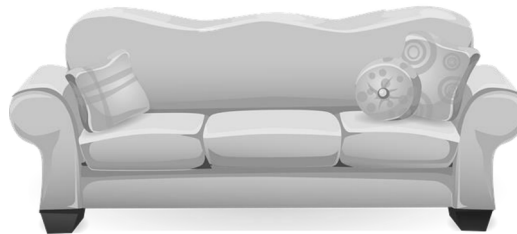
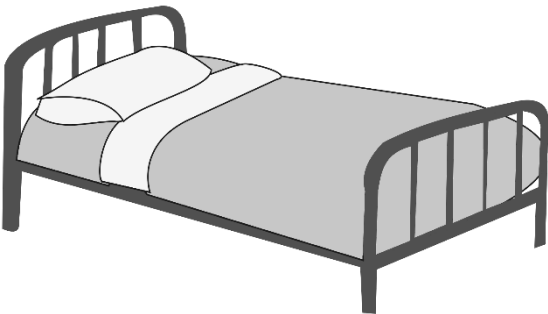
**Target = 'bed'**

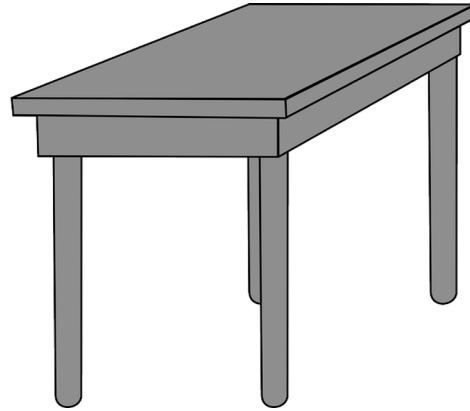
<b>1. Phonemic cue (PC)</b>	It starts with a 'b'.
<b>2. Semantic cue (SC)</b>	You sleep in it.
<b>3. Sentence completion cue (Sent)</b>	You sleep in a _____.
<b>4. Sentence completion and phonemic cue (Sent &amp; PC)</b>	You sleep in a b_____.
<b>5. Anagram using letter tiles (An)</b>	
<b>6. Written word cue/arrange letter tiles (W)</b>	
<b>7. Written word cue and phonemic cue (WC &amp;PC)</b>	
<b>8. Repetition (Rep)</b>	

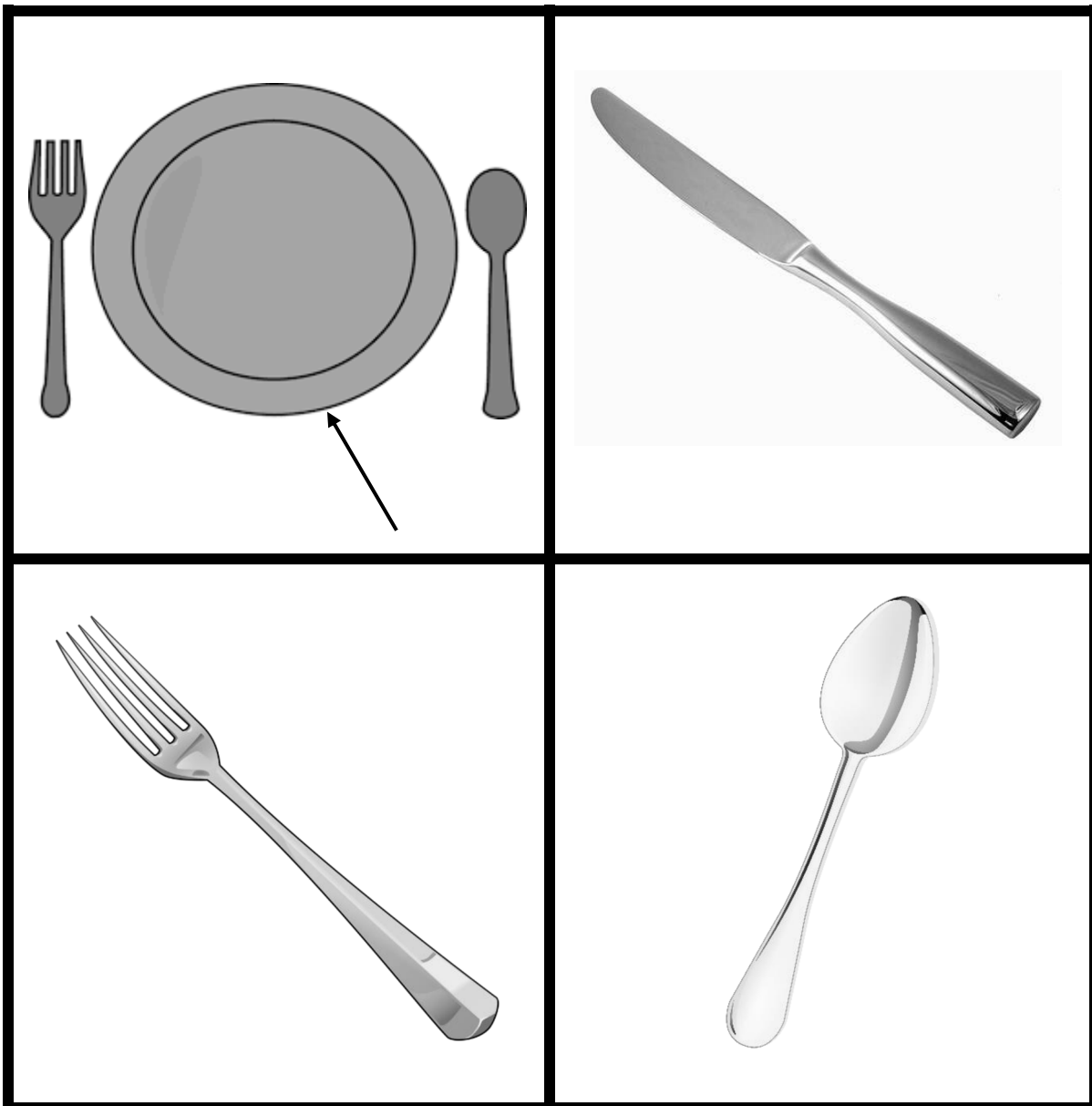
*Note: The above hierarchy is not 'set in cement'. Use your clinical judgement to modify the hierarchy of cues, according to the client's individual processing profile.*

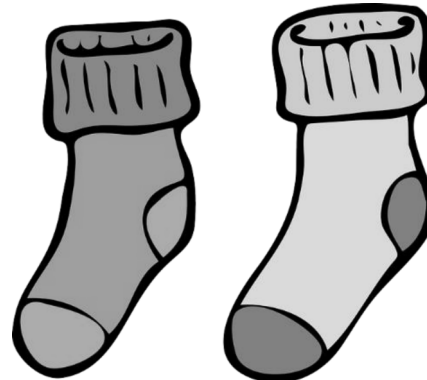
## PICTURE NAMING – PICTURE CARDS





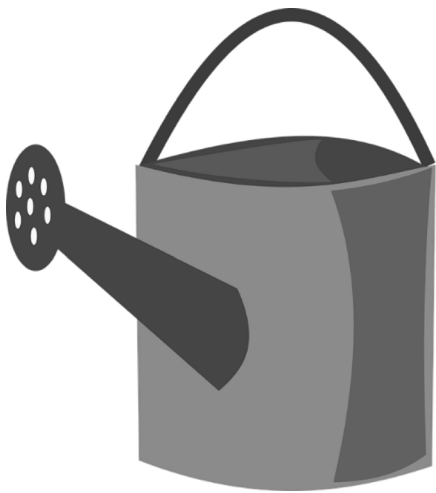
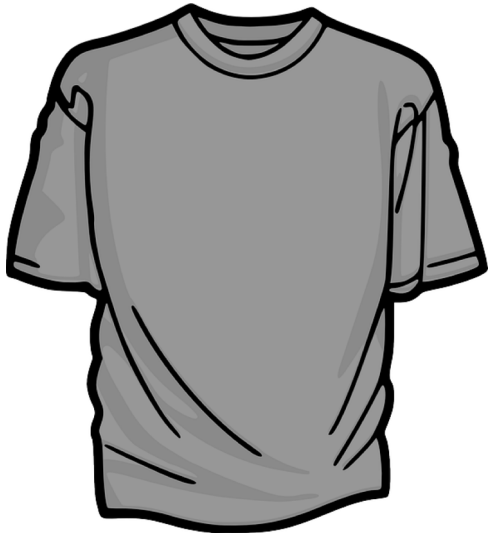


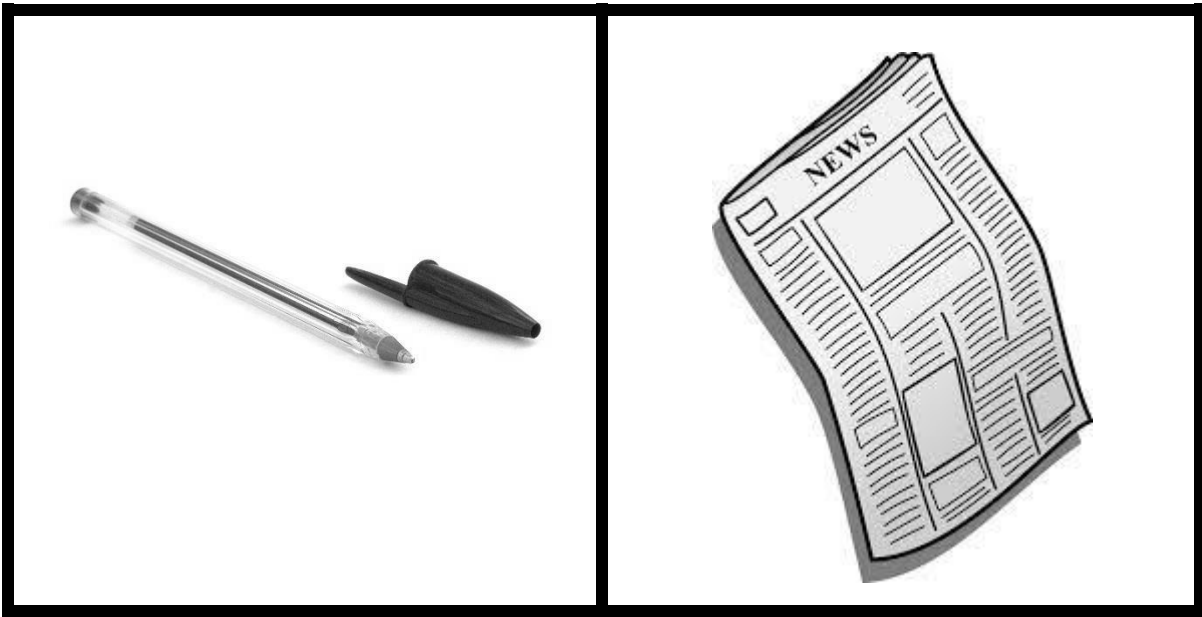














References/recommended reading:

1. Chapter 6, Rehabilitation pp. 79-95 of the Clinical Guidelines for Stroke Management 2010, National Stroke Foundation <http://www.strokefoundation.com.au/clinical-guidelines>
2. Section titled “Distinguishing among the Dysarthrias” (p357-363) in Chapter 15 of the Online version of Duffy, J.R. (2013). *Motor speech disorders: Substrates, differential diagnosis and management*. 3rd edition. St. Louis: Mosby. (Get via UQ library)
3. Sections (listed below) from: Murray, L., & Clark, H. (2006). *Neurogenic disorders of language: Theory driven clinical practice*. Clifton Park, NY: Thomson Delmar Learning.
  - “Aphasia” pp 25-38 (Chapter 2)
  - “The Team” pp 88-92 (Chapter 4)
  - “General Assessment Procedures” pp 92-108 (Chapter 4)
4. Colton, R.H., & Casper, J. (2006). *Understanding Voice Problems: A Physiological Perspective for Diagnosis and Treatment*. Baltimore, MD: Lippincott Williams & Wilkins.
5. Darly, F.I., Aronson, A.E., & Brown, J.R. (1975). *Motor Speech Disorders*. Philadelphia: W.B. Saunders.
6. Duffy, J.R. (2005). *Motor Speech Disorders: Substrates, Differential Diagnosis and Management*. 2<sup>nd</sup> Ed. St Louis, Mo: Elsevier Mosby.
7. Pierce, J.E., Cotton, S., & Perry, A. (2013). Alternating and Sequential Motion Rates in Older Adults. *International Journal of Language and Communication Disorders*, 48(3), 257-264.