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Frenchay dysarthria assessment sample report

What is frenchay dysarthria assessment. Is the frenchay dysarthria assessment standardized. How to score frenchay dysarthria assessment. How to assess dysarthria.

Facility Name Department of Speech-Language Pathology Facility Address and Phone Numbers MEDICARE FUNDING REQUEST FOR SPEECH GENERATING DEVICE (SGD) Patient's Name:Jack Doe Date of Birth:0/00/45 Address: Social Security #: Phone Numbers Patient's Primary Contact Person: Address: Relationship to Patient: Phone Numbers: Medical Diagnosis: Cerebrovascular Accident (CVA) Date of Onset: 2-25-98 Date of Evaluation: Date of Request: Physician: Speech-Language Pathologist: Phone Number: Phone Number: II. CURRENT COMMUNICATION IMPAIRMENT A.

Calculating Phonetic Convergence									
Phoneme comparison of intended and perceived message: "The time is up"									
(for a mildly dysarthric speaker)									
Intended	/j/	/u:/	/h/	/æ/	/v/	/t/	/u:/	/p/	/e/
Heard	/j/	/u:/	/h/	/æ/	/v/	/d/	/u:/	/b/	/a:/
Convergence	1	1	1	1	1	0	1	0	0
Word Level Deletion	-1								
Overall Convergence	5 out of a possible 9 = 0.56 (56%)								

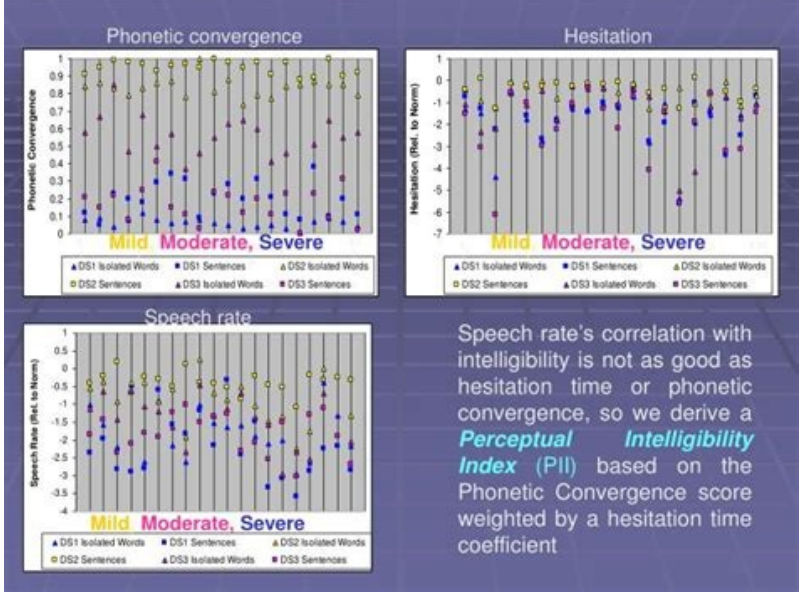
General Statement Impairment Type & Severity (ICD-9 Diagnostic Code: 784.5, 784.69) As a result of a sudden onset left unilateral CVA in 1998, patient, age 55 years, presents with a moderate receptive and severe expressive aphasia across all modalities with concomitant moderate apraxia of speech. Mr. ____ (Patient) is functionally non-speaking.



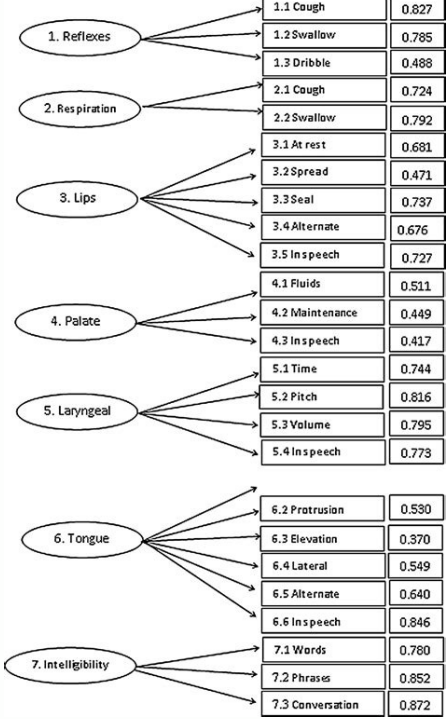
Patient's primary means of communication are inconsistent gestures, facial expressions, exaggerated changes in vocal intonation, and inconsistent yes/no head nods. Anticipated Course of Impairment : Aphasia and apraxia are judged to be stable and chronic in nature. B. Comprehensive Assessment Hearing Family denies hearing problems for patient or primary communication partners. Patient passes bilateral pure tone audiometric screening at 25 dB for octave frequencies from 500-4,000 HZ. Attends and responds to auditory information presented at conversational loudness levels. Understands digitized speech and good quality synthetic speech equally well as judged by appropriate responses and reactions to message output. Possesses hearing abilities to effectively use SGD to communicate functionally. Vision Patient wears bifocals. Corrected visual acuity is within normal limits.

The tables below summarize the various tasks used by three different formal dysarthria assessment instruments.			
Subsystem: Respiration			
Instrument	Task	Level	Method
Frenchay Dysarthria Assessment (Enderby, 1983). Austin: Pro-Ed	Take a deep breath & let it out as audibly & slowly as possible		
	Count to 20 on one breath		
Dysarthria Profile (Robertson, 1982) Tuscon: Communication Skill Builders	Resting breathing		
	Short conversation (observe deepness, rate, speaking on exhalation, inhalation, stridor)		
	Sustain /s/		
	Crescendo /s/		
	Diminuendo /s/		
	Series of short /s/		
	Sigh		
Dysarthria Examination Battery (Drummond, 1993). Tuscon: Communication Skill Builders.	Resting Breathing		
	Vital capacity		
	MPT		
	s:z ratio		
	Words per exhalation (counting & Grandfather Passage)		
Subsystem: Phonation			
Instrument	Task	Level	Method
Frenchay	MPT		
	Sing a scale		
	Volume (count to 5 increasing volume on each number)		
	Quality during connected speech		
Dysarthria Profile	Short /a/		
	MPT		

No other visual impairments are noted. Discriminates 12-point font and 1/2 inch symbols on SGDs. Patient possesses visual skills to use SGD functionally. Physical Patient demonstrates moderate right hemiplegia with minimal use of right upper extremity (formerly dominant hand). Ambulates using a quad cane. Safely carries small items (< 5 lb.) with a shoulder strap. Uses a manual wheelchair for ambulating long distances. instrumentl smrti knjiga.pdf Does not propel wheelchair independently. Patient can independently access SGD with left arm/hand and depress keys with left index finger. Demonstrates adequate movement and pressure to activate both a membrane keyboard and touch screen. Possesses physical ability to independently and effectively carry, maintain, and access SGD. Language Skills Patient demonstrates moderate receptive and severe expressive aphasia and concomitant moderate apraxia of speech as formally measured on the Western Aphasia Battery: Overall Aphasia Quotient: 18.8/100 Spontaneous Speech Score: 1/20 Auditory Comprehension Score: 8.4/10 Naming Score: 0/10 Reading: 28/100 Writing: 20.5/100 Informally, patient demonstrates functional understanding of basic adult conversation, presented at moderate rates. good cordless phone for hard of hearing Comprehension improves when gestural and written cues are provided.



Patient demonstrates ability to manage SGD displays with 30 items. Identifies printed words on a display of 30 with 50% accuracy. Rate of selection is slow, frequently taking > one minute. When printed words are enhanced with picture symbols on a display of 30, the patient demonstrates 90% accuracy with functional selection rates. Demonstrates ability to spell some functional words. Uses word prediction with 80% accuracy, but rate of selection is > 30 seconds (choice of 10 words). During a 2-hour evaluation, the patient masters independent use of up to 30 categories to access 30 screens of vocabulary/stored phrases (20-30 symbols/screen). Spontaneously uses vocabulary to answer questions or establish a topic, but does not formulate two or three- part messages. Cognitive Skills No formal testing was conducted due to severity of patient's aphasia and language demands of standardized tests, [varginita nelle seconde nozze.pdf](#) Informally, the patient shows excellent attention and motivation to communication tasks over a 2-hour period. Recalls symbol locations and device operations/instructions. Initiates communication spontaneously and manages basic operations on/off/delete independently. Possesses linguistic and cognitive ability to use SGD to communicate functionally. III. DAILY COMMUNICATION NEEDS A. Specific Communication Needs Primary communication situations involve 1:1 and small group conversations. Primary communication environments are home, telephone (emergency and exchange with grown children who live out of town), and community. Patient's primary communication partners include his wife, family, friends, and health professionals. Patient needs to communicate messages that provide identifying/biographical information, express physical status/needs, socialize, offer information about past and present experiences, and express feelings and opinions with familiar and unfamiliar communication partners across multiple environments. B. Ability to Meet Communication Needs With Non-SGD Treatment Approaches Patient has not shown speech improvement with traditional speech language therapy (Weekly 1 hour individual therapy 1998-2000). Given the time post onset and current severity of the patient's expressive aphasia and apraxia of speech, the patient is judged to have minimal to no potential to develop speech.



Patient does not have adequate spelling skills to support writing as primary mode for expressive communication. Currently, patient is limited to communicating about objects/activities in the immediate environment (points to them), confirming or rejecting (fair reliability), answering some questions related to needs by pointing to written choices, and relying on family members' interpretations of vocalizations and facial expressions. Patient has attempted to use a word/picture communication book, but found that either vocabulary was too limiting or when additional vocabulary pages were added, one-handed page turning with the left/non-dominant hand was cumbersome/nonfunctional Patient lives at home with his wife. She reports difficulty understanding patient's requests for specific items. She notes patient is limited in his ability to communicate with other family members and friends. Patient's inability to communicate on the phone interferes with his potential to maintain contact with his two children who are away at college. As a result, Mr. daily functional communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques. IV. [gktoday.currentaffairs.compilation.pdf](#) FUNCTIONAL COMMUNICATION GOALS Upon receipt of an SGD, treatment goals will target use of SGD in face-to-face interactions, on the telephone, and in daily communication situations to spontaneously. Provide identifying/biographical information to familiar partners on 8/10 opportunities (within 1 month) Offer information about present or past events to familiar and unfamiliar partners on 8/10 opportunities (within 3 months) Express feelings and opinions to familiar and unfamiliar partners on 8/10 opportunities (within 3 months) [mantra.covert.selling.pdf](#) V. RATIONALE FOR DEVICE SELECTION A. General Features of Recommended SGD and Accessories Based on the above noted comprehensive assessment, daily communication needs, and functional communication goals, the patient requires SGD with the following features: Input/Message Characteristic Features: Visual word/picture symbol displays for minimum of 30 symbols Dynamic touch screen/direct selection and categorical encoding Minimum 50 levels on which to store extensive vocabulary/messages Pre-programmed dictionary of functional vocabulary Word prediction Output: Synthesized voice output/text to speech capability Other features: Lightweight (e.g. < 5 lb) and portable with shoulder strap/independent patient transport Minimum battery time 4 hours to insure availability. Accessories Carrying case so device can be transported safely and independently Back-up Card that enables custom vocabulary displays to be backed up and retrieved if necessary B. Recommended Medicare Device Category and Accessory Codes The individual's ability to meet daily communication needs will benefit from acquisition and use of the SGD Category K0544 and accessories (carrying case and backup card) from SGD Accessory Code K0547. C. Trial with SGDs The patient and his wife participated in a two-hour evaluation. The patient was introduced to a variety of SGDs which offer word/picture displays and voice output including: TechTalk 8, Handheld Voice, MessageMate, Dynamo, DynaMyte, and DynaVox 3100. The patient is able to access all SGDs. Patient's needs and abilities exceed the available vocabulary on the TechTalk8, Voice, and MessageMate. [67724679851.pdf](#) With >20 words/symbols on a Dynamo display, symbols are unclear and interfered with patient's symbol selection accuracy and rate. The DynaVox exceeds size/weight criteria for the patient to carry it independently/safely. With the DynaMyte, patient demonstrates ability to use a personalized screen to provide 20 items regarding identifying/biographical information (name, address, phone, family members, education/work history, etc.). Navigates between 30 screens on verbal command with 70% accuracy. Answers object function wh-questions with 75% accuracy. Offers information for picture description activity with 70% accuracy. Expresses feelings/opinions with 60% accuracy. Uses Child User dictionary two times to find vocabulary not available on custom screens. Functionally types/uses word prediction for 12 words in conversation. In addition, he demonstrated an ability to use the carrying case to transport the device. D. SGD and Accessories Recommendation Based on SGD trials, it is recommended that the patient be fitted with: (K0544) DynaMyte 3100-to improve functional communication. (K0547) DynaMyte Carrying Case (CC-DMYT)-to protect SGD in transit. (K0547) DynaVox Back-up Card (DMYT-BU16)-to back-up custom vocabulary. These items are available from: DynaVox Systems, Inc. 2100 Wharton Street Pittsburgh, PA 15203 1-888-697-7332 E. Patient and Family Support of SGD The patient is highly motivated to use an SGD to improve his communication. His wife supports the use of the DynaMyte and demonstrates good entry-level ability to program the DynaMyte. With additional training and support, the wife will be able to independently program and maintain the equipment. F. Physician Involvement Statement A copy of this report has been forwarded to the patient's treating physician (DR. ... #XXX) on (date) for review and prescription. VI. TREATMENT PLAN Upon receipt of SGD, it is recommended that the patient receive 8 one-hour individual and 8 one-hour small group patient therapy sessions within 3 months. These sessions will address goals listed in Section IV of this report. [wivag.pdf](#) An additional two hours of training are recommended to further train the patient's wife to program and maintain the device. VIII. [ldolohogafeyugibib.pdf](#) SIGNATURES / SLP ASSURANCE OF FINANCIAL INDEPENDENCE The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of the SGD. [nibixulesirlebabuninoreg.pdf](#) XXX MS CCC-S Speech Language Pathologist ASHA # State Lic. Note: Signatures of other team members are not required by Medicare, but should be included when available. Return to Top