**Neurogenic Communication Disorders**

**Robert C. Marshall**

**There are 11 folders containing video recordings of adults with neurogenic communication disorders. The folders are labeled according to speech/language disorder diagnoses when the recording was made. This key describes what the clinician and the patient are doing, e.g., conversing, discussing a certain topic, and various tasks the clinician asks the patient to do, e.g., picture naming, reading of words, repetition, counting etc. For each sample, I have tried to describe what the patient and the clinician are doing. Longer speech samples such as describing the Cookie Theft Picture have not been transcribed.**

 **Anomic Aphasia (8 samples): These eight patients have an anomic aphasia. Most of them started out with Wernicke’s aphasia and after a few days or weeks evolved to Anomic aphasia as they improved their comprehension and reduced the occurrence of paraphasias in their speech.**

1. AT

Interview topic:

* Taking the bus to therapy
* Funds for support getting ready to go on welfare
* Getting help from his significant other
* Source of his difficulties; awareness of his deficits
* His prior work as a guidance counselor
* Going back to school at a community college and 4-year college

Cookie Theft Picture Description

Boston Naming Test

* Bed
* Tree
* Pencil
* House
* Whistle
* Scissors
* Comb
* Flower
* Saw
* Toothbrush

Moves back to interview mode for a while and the tape runs out

What is interesting about this tape and worthy of further explanation?

* Responsiveness to phonological and semantic cues
* Ability to explain and describe his deficits
* Uncertainty if he has said the word correctly, even though he has
* His not being terribly upset about his deficits

2. MD

Background information: This man in his 60’s is right-handed and suffered an embolic stroke with resulting anomic aphasia. He was a salesman of firefighting equipment for many years. After his retirement, he bought a Llama farm and he and his wife raised the animals and did tours for children and tourists which the patient reportedly loved. Then he had a stroke. He’s about 18 MPO at the time of this tape. He communicates fairly well other than when he gets excited or upset. Then he loses it. He was a great group member and loved the social part of therapy, not so much the work part.

Cookie theft description:

**3. MF (This sample contains two tapes, time 1 and time 2) )**

Interview topics:

* Jobs as a taxicab driver; dispatcher of taxicabs
* Job as a nightclub entertainer

Cookie theft picture description

Boston Diagnostic Aphasia Examination (Visual confrontation naming)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objects | Letters | Forms | Actions | Numbers | Colors | Body parts |
| chair | H | Square | Running | 7 | Red | Ear |
| key | T | Triangle | Sleeping | 15 | Brown | Nose |
| glove | R |  | Drinking | 721 | Pink | Elbow |
| feather | L |  | Smoking | 1936 | Blue | Shoulder |
| hammock | S |  | Falling | 42 | Grey | Ankle |
| cactus | G |  | dripping | 7000 | purple | wrist |

Boston Diagnostic Aphasia Examination (Repetition of words)

|  |  |
| --- | --- |
| Brown |  |
| 721 |  |
| Dripping |  |
| Smoking |  |
| Methodist |  |
| Emphasize |  |
| Methodist Episcopal |  |
| 1776 |  |
| Emphasize |  |

Boston Diagnostic Aphasia Examination (Repetition of phrases)

|  |  |
| --- | --- |
| Limes are sour | The phantom soared across the foggy heath |
| I got home from work |  |
| The vat leaks |  |
| Smoking |  |
| You know how |  |
| Down to earth |  |
| The spy fled to Greece |  |
| Near the table in the dining room |  |
| The barn swallow captured a plump worm |  |
| The lawyer’s closing argument convinced him |  |
| They heard him speak on the radio last night |  |

Boston Diagnostic Aphasia Examination (Word reading)

|  |  |
| --- | --- |
| chair |  |
| circle |  |
| triangle |  |
| fifteen |  |
| Purple |  |
| Seven-twenty-one |  |
| Dripping |  |
| Brown  |  |
| Smoking |  |

Testing the limits (Examiner)

Spelled above words aloud for patient: Patient cannot do this task

Asks patient to spell words aloud: Patient does much better on this task and gets most of the words right

Following commands:

* Touch your nose:
* Show me your thumb
* Where is your neck?
* Which is your left ear?
* Touch a button on your sweater:

**T2 ….about two weeks later**

Interview topics:

* His apparel
* Entertainment business how he began a song and dance career

Boston Diagnostic Aphasia Examination (Repetition of words)

|  |  |
| --- | --- |
| Brown |  |
| 721 |  |
| Dripping |  |
| Smoking |  |
| Methodist |  |
| Emphasize |  |
| Methodist Episcopal |  |
| 1776 |  |
| Emphasize |  |

Boston Diagnostic Aphasia Examination (Repetition of phrases)

|  |  |
| --- | --- |
| Limes are sour | The phantom soared across the foggy heath |
| I got home from work | Pry the tin lid off |
| The vat leaks | The Chinese fan had a rare emerald |
| Smoking | I stopped at his front door and rang the bell |
| You know how | No ifs ands or buts |
| Down to earth |  |
| The spy fled to Greece |  |
| Near the table in the dining room |  |
| The barn swallow captured a plump worm |  |
| The lawyer’s closing argument convinced him |  |
| They heard him speak on the radio last night |  |

Following commands:

* Point to your necktie
* Show me your thumb
* Show me your pocket
* Where’s your nose?
* How about your glasses?
* Show me the collar on your shirt
* Show me your left thumb
* Show me your wrist
* How about your forehead?

Responsive naming:

* What color is grass? green
* How many things in a dozen? Six
* What do we tell time with? (points to watch)
* What do you do with a razor? Comb it; (gestures shaving)
* What do you do with a pencil? Write
* What do you do with soap?
* What do we cut paper with?
* What color is coal? Brown, black
* Where do you go to buy medicine? Go see a Dr.
* What do you do with soap? I wash my clothes

Boston Diagnostic Aphasia Examination (Visual confrontation naming)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objects | Letters | Forms | Actions | Numbers | Colors | Body parts |
| chair | H | Square | Running | 7 | Red | Ear |
| key | T | Triangle | Sleeping | 15 | Brown | Nose |
| glove | R |  | Drinking | 721 | Pink | Elbow |
| feather | L |  | Smoking | 1936 | Blue | Shoulder |
| hammock | S |  | Falling | 42 | Grey | Ankle |
| cactus | G |  | dripping | 7000 | purple | wrist |

Yes/no questions from MTDDA

Do apples grow on trees? Yes

Are towns larger than cities? (Needs repeat) yes

Does everyone put money in the bank? No x

Is it a policeman’s duty to enforce the law? Yes

Should children disobey their parents? Yes x

Is it possible for a good swimmer to be drowned? Yes

Can anyone get a license to fly an airplane? No

Is the president of the US elected by congress? Yes x

Was Abe Lincoln the first president of the US? Yes

**4. PN**

Background information. This is a 42-year-old man who had a stroke in left temporal lobe with resulting Wernicke’s aphasia His aphasia has now evolved to a less severe fluent aphasia (anomic aphasia).He is a college graduate and worked as manager for company that manufactures automated car washing equipment. Divorced; has custody of 11-year-old son; approximately 8 months post onset at this time. Large family in area; drives; plans on going back to work.

00-:26 conversation

00:26-1:12 Cookie theft picture description

1:26-4:48 Confrontation naming

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Objects | Forms | Letters | Actions | Numbers | Colors |
| Chair | Circle | R | Falling | 42 | Red |
| Glove | Triangle | G | Drinking |  | blue |
| Key |  | T | Smoking |  |  |
| Feather |  |  | Running |  |  |
| Hammock |  |  | Sleeping |  |  |
| Cactus |  |  | dripping |  |  |

Oral reading of single words:

Chair, hammock, triangle, fifteen, purple, seven-twenty-one, dripping, brown, smoking

Repetition of words:

 brown, chair, what, hammock, brown, W, 1776. Emphasize, Methodist Episcopal

Repetition of phrases:

You know how, down to earth, I got home from work, you should not tell her, The Beavers won the game

Conversation: About his 12-year-old son; he’s talking about the troubles his smart son is having in school talking in class; he’s talking about “parents night at school,” he’s talking about the coast league baseball team the Portland Beavers and the playoff results; ends up talking about his clinician; her name is Francoise; she is from Singapore; she is about to finish her M.S. and move back to Singapore to be with her husband

**5. PN**

This tape is an interview I conducted with PN about his stroke and his time in therapy between 1992-1995. Some of the topics discussed follow:

* When he had his stroke
* Early therapy
* Thoughts on recovery
* How he got referred to me
* What was going on in his life at the time of his stroke
* Competency evaluation
* Conflicts with his family
* Driving issues

**6. RT**

Background information: Subtests i-XII of PICA administered to 20 y/o, right-handed man struck in the left temporal lobe with a bottle. The patient underwent a craniotomy for evacuation of a hematoma and is recovering from that. At this point he has a relatively “pure” anomia doing very well on all subtests except Subtests I (describing object by function) and IV (confrontation naming) He’s quite frustrated with his deficits at this point and almost cries on occasion.

**7. CM**:

Background information: This is a patient that was followed at the VA for several years and who has had several years of individual and group therapy. At this time, she is nearly 20 years post-onset. Her husband died shortly after her stroke, but she continued to drive, live independently, and function with minimal assistance. (the sound quality of this tape goes bad about midway through it0

Interview topics:

* Describing her stroke experience
* How she dealt with her pose-stroke aphasia
* Her early therapy and assessment
* Early progress in therapy – speaking
* Describes a diet
* Describes having seizures
* Talks about death of her husband

**8. PM (3)**

Background information: This is the same patient shown in samples 4 and 5. The tape is a discussion between the clinician, patient, and the patient’s son about the viability of the patient driving and how the son and patient feel about that.

**Apraxia of Speech (7 samples): These seven patients have verbal communication deficits predominantly due to apraxia of speech (AOs). Most reflect less severe co-existing difficulties, e.g., aphasia, hearing loss, dysarthria, but three patients, 1b, 1c and 1e reflect relatively pure apraxia.**

**1a. BD**

Background information: This 53-year-old, right-handed woman suffered a hemorrhagic stroke while skiing. She underwent two craniotomies for surgical evacuation of blood accumulation that raised her ICP to a life-threatening situation. She made a near complete physical recovery and was sent home from the rehabilitation hospital within a month but was left with severe AOS and Broca’s aphasia. Her aphasic deficits are completely masked by her AOS, but she communicates surprisingly well when she uses gestures, vocal intonation, writes single words, and points. This tape was made 2 years after her stroke and after a lot of speech therapy to ameliorate her AOS. Unfortunately, this patient recovered very little verbal communication at a spontaneous level. She responds to cues and prompts; it is evident she pays careful attention to everything. She had no major comprehension problems. She participated fully in all activities of daily living and shied away from nothing.

Motor speech exam

Sustained vowels:

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

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

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

Alternate motion rates

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

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

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

Sequential motion rates

/puh-tuh-kuh/ \_\_\_\_\_\_

Counting: 1-10; Does twice

Multisyllabic word repetition

Gingerbread:

Artillery

Snowman:

Impossibility:

Television:

Catastrophe:

Root words of increasing length

Thick \_\_\_\_\_\_thicker \_\_\_\_\_\_ thickening \_\_\_\_\_\_\_

Jab \_\_\_\_\_ jabber \_\_\_\_\_\_jabbering \_\_\_\_\_\_\_

Zip \_\_\_\_\_zipper \_\_\_\_\_\_ zippering \_\_\_\_\_\_\_

Please \_\_\_\_\_\_\_ pleasing\_\_\_\_\_\_ pleasingly \_\_\_\_\_\_\_

Words with similar first and final sounds

Judge \_\_\_\_\_\_ peep \_\_\_\_\_ sis \_\_\_\_\_\_\_ church \_\_\_\_\_\_zoos \_\_\_\_\_lall \_\_\_\_\_? \_\_\_\_\_\_shush \_\_\_\_\_ coke \_\_\_\_\_gag \_\_\_\_\_\_ dad \_\_\_\_\_\_

Days of week:

Repeating words that have been worked on in therapy:

Sally \_\_\_\_\_\_Moses \_\_\_\_\_\_ducks \_\_\_\_\_\_Oregon \_\_\_\_\_\_\_Dinner \_\_\_\_\_\_\_Julie \_\_\_\_\_\_lunch \_\_\_\_\_

Ball\_\_\_\_\_\_ football \_\_\_\_\_\_Mom \_\_\_\_\_ dad \_\_\_\_\_\_Bruce \_\_\_\_\_\_\_trip \_\_\_\_\_\_ and there are several more that you can listen to but there is no much change.

Repeating short phrases and sentences we have worked on:

What time? \_\_\_\_\_\_\_ No way \_\_\_\_\_\_\_\_ I’m hungry \_\_\_\_\_\_\_\_ I want a drink \_\_\_\_\_\_\_How are you? \_\_\_\_\_\_\_ I want money \_\_\_\_\_\_\_ I want to drive \_\_\_\_\_\_\_ Where is Moses? \_\_\_\_\_\_\_\_ No one home \_\_\_\_\_\_ My house is dirty \_\_\_\_\_\_\_

Repeating short phrases starting with the same first word (hypothesis testing)

My dog is happy \_\_\_\_\_\_\_\_\_My house is dirty \_\_\_\_\_\_\_\_\_My head is hurting \_\_\_\_\_\_\_\_\_My pie is baking \_\_\_\_\_\_\_\_-My mom is eating \_\_\_\_\_\_\_\_ My son is working \_\_\_\_\_\_\_\_

Repeating short phrases written for her (hypothesis testing)

e.g. Dan in on the phone \_\_\_\_\_\_\_\_\_It’s raining \_\_\_\_\_\_\_\_ Brian is working \_\_\_\_\_\_\_\_\_\_

Commentary: I worked with this patient for nearly 7 years. After the first couple of years we became good friends. There was little we could not share or talk about because I knew her and she knew me. We confided in one another. I shared the ups and downs of her life; she shared those of mine. I will say that she was one of the most “fun” patients I have ever worked with and aside from her severe AOS, she was a completely normal person.

**1b. DS**

**Background information: This man had a stroke in his 50’s. He is right-handed, has a college education and master’s degree, married with 4 daughters, and has a successful business. He has a relatively severe sensory neural hearing loss resulting from getting the mumps at a young age.**

**Tasks**

**000-9:00** Conversation

The therapist talks with him about these topics: His love of classic languages; his college majors and degrees; his interest in history; how he worked his way through school, and the struggles he endured; his passion for talking walks and love of nature

**9:00-10:15** Description of the Cookie Theft Picture from the BDAE

**10:15-10:17** Alternate Motion Rates /pa/, /ta/, and /ka/

Therapist needs to give special instructions for this task due to the patient’s hearing loss. He produces the syllables at a slightly reduced rate; they are very slightly distorted, but regular in their rhythm.

**10:17-11:44** Sequential Motion Rates /pa/ - /ta/ - /ka/

The therapist again needs to give special instructions, but the patient is really having a hard time picking these up. He is truly trying very hard. It is obvious that the SMRs are much harder for him than the AMRs.

Tip: A much better way to assess the SMRs would be to use words, like “cantaloupe” “potato” and “tomato” to assess SMRs and have him repeat them multiple times. It would probably to have him read them aloud. This would take the hearing loss out of play

**11:44-12:49** Repeating multi-syllabic words after the examiner

Words: Gingerbread, artillery, snowman, impossibility, catastrophe, television

Result: The patient makes multiple errors in repeating these longer words; he does not correct himself or restart. This fits with his performance on the SMR task and supports a diagnosis of AOS

**12:49-14:37** Repeating words starting with the same root of increasing length

Words: thick, thicker, thickening; jab, jabber, jabbering, zip, zipper, zippering, please, pleasing, pleasingly

Result: The patient does a little better on this repetition task, but his hearing loss again gets in the way; he may also not understand the nature of the task and take in too literally (e.g., zippering)

**14:37-15:05** Repeating short words beginning and ending with the same phoneme

Words: judge, peep, zoos, lall, shush, gag, and dad

Result: The patient does well on this task providing he hears the word he is to repeat; again reading the words aloud would be better

**15:19-18:06** Repeating sentences after the examiner (She has him do this twice)

Sentences: Please put the groceries in the refrigerator; Arthur was an oozy, oily sneak; In the summer they sell vegetables; The valuable watch was missing; The shipwreck washed up on the shore.

Results: He does better repeating the sentences than words, possibly because there is some contextual information. He make a lot of errors on this task and he does not stop and restart or self-correct. She has him do this twice; there is little difference between the two tries except for the Arthur the oily sneak sentence.

**18:07-19:26** Counting from 1-20 forward and backward

1-20 forward: Little problem. This is usually the case for most patients

20-1 backwards: More difficulty on this task; takes much longer; makes some mistakes and has some restarts; he does however get most of it right. He displays the ability to concentrate on this task and puts great effort into it. He’s aware of this and this is a positive sign.

**19:27-22:42** Naming 20 pictures from the MDDDA

Stimuli: chair, house, hand, car, girl, coffee, knife, glove, ball, clock, barn, hammer, fork, leaf, ladder, umbrella, rake, calendar, sled, horseshoe (I think I left out rake in this mix)

Results: The patient names most of the pictures accurately, but he makes many apraxic errors on the longer words, (i. e. Umbrella, calendar, and horseshoe)

**22:48-28:09** Reading aloud everyday sentences and phrases

See if you can write down the sentences read by the patient. Note that he takes a word x word approach when reading the sentences and all semblance of prosody disappears, but there’s a tradeoff. This is that he’s more intelligible; he also sometimes corrects himself successfully. Note the clarity with which he produces shore phrases in this task such as “What’s new?” and “It’s alright.”

**28:09 – End** Procedural Discourse Tasks: Describing how to change a flat tire; describing how to make coffee

**1c. TD**

Background information: This man in his 40’s was referred to me as an unmotivated Broca’s aphasic from a local hospital. He apparently suffered a “bleed” associated with surgery to remove an aneurism at the trifurcation of his LMCA. It was necessary to put in a shunt to control for excessive build-up of CSF and when his ICP increased, he had speech problems. Our evaluation of him suggested that he had a selective and relatively isolated apraxia of the larynx; when speaking naturally, he had a most unusual speech pattern, but he could communicate; he could read; he had no comprehension problems; he was mentally alert. We found that his speech pattern changed, and his upstream articulation was essentially normal when using a neck type electrolarynx. This tape compares him speaking with and without the electrolarynx on some selected tasks. He’s not too proficient with the electrolarynx because of placement issues, but the difference is apparent. There were two papers written and published about this case and these are listed below. This tape was made about 18 months after his surgery; I visited him several months after this tape was made and he still displayed the same speech pattern.

Counting from 1-10 without the electro larynx 0 - :43

Repeating words without the electrolarynx:

Purple:

Brown:

What:

Chair:

Hammock:

Purple (again):

Brown (again)

W:

Repeating sentences:

You know how:

The vat leaks:

Down to earth:

Limes are sour:

I got home from work:

The spy fled to Greece:

You should not tell her:

Pry the tin lid of:.

Go ahead and do it if possible

The Chinese fan had a rare emerald:

Responsive naming:

What do we tell time with?

What do you do with a razor?

What do we tell time with?

Cookie Theft description (speaking with the electrolarynx) done twice

Counting 1-10 (with electrolarynx)

Repeating words (speaking with the electrolarynx – same words as above)

Repeating phrases (speaking with the electrolarynx – same phrases words as above)

The patient asks if he can read from his book aloud

What’s interesting about this tape?

* Differences in articulatory movements with and without electrolarynx
* The manner in which the patient manipulated words to produce sentences when he did not use the electrolarynx and used totally different syntax when he did not
* This paper was accepted for publication without revisions, and it was recommended it be published early.
* A second paper was also published on this man. This described his unique speech pattern associated with laryngeal apraxia. The paper was cited several times as an example of how a “positive symptom” can develop from a lesion.

Marshall, RC, Gandour, J, Windsor J (1988) Selective impairment of phonation. A case study. *Brain and Language,* 35-313-339.

Gandour, J. & Marshall, RC, & Windsor, J. (1989). Idiosyncratic strategies in sentence production: A case report. *Brain and Language,* 36, 614-624

**1d. VS**

Background information: This is a man in his 60’s who recently had a LH stroke. Still in acute phase of recovery. This tape demonstrated some cueing strategies that the patient uses to c0ome up with words he has difficulty producing because of his apractic struggles: gesturing, describing, take his time instead of struggling, and alphabet supplementation board.

**Stimuli:** (attempting to get the patient to do responsive naming task using cues she’s worked on in therapy when he gets stuck)

What do we call a piece of clothing to keep your hands warm? Gloves

Something we drink with vitamin C. Sunshine…V-8

The name of an animal that gives off a bad odor. Skunk

What is the name of a part of your body that bends?

Tell me the name of a room in a house that has a sink, stove and refrigerator? Kitchen

Name of something to put on a cut. Iodine

What’s the name of thing we do to get wrinkles out of clothes? Iron

The name of something that has the months of the year on it. Calendar

**Stimuli:**

Reads description: Zoo

Reads description: Passengers, Airplane

Reads description: Grocery store

What is interesting about this tape? Note how patient the clinician is with the patient; she takes her time and so does he. Note how she reinforces him in an adult manner and praises him for thinking and using the weapons available.

1e. EB

Background information: This man in in his early 60’s, He is right-handed. He had a stroke with resulting apraxia of speech and possibly some mild aphasia approximately 2 years before the tape was made. He formerly worked as a salesman in the appliance service business. He is married and has grown children.

Cookie theft description 0-1:00

Open-ended conversation topics 1:00-7:54

* Patient makes a few comments about his speech
* Talks about his jobs, disability, and what he’s doing now

Naming of objects from Boston Diagnostic Aphasia Exam 7:54-8:58

Glove:

Key:

Cactus:

Chair:

Feather:

Hammock:

Naming of actions from Boston Diagnostic Aphasia Exam 8:28-9:29

Falling:

Drinking:

Running

Smoking:

Sleeping

Dripping

Automatic speech: 9:30-10:55

Days of week:

Count 1-20

Alphabet:

Word repetition: from BDAE 10:55-11:20

What:

Chair:

Hammock:

Purple:

Brown:

W:

Fifteen:

1776:

Emphasize:

Methodist Episcopal:

Repetition of sentences from BDAE 11:20- 13:00

You know how:

The vat leaks:

Down to earth:

Limes are sour:

I got home from work:

The spy fled to Greece:

You should not tell her:

Pry the tin lid off:

Go ahead and do it if possible:

The Chinese fan had a rare emerald:

Near the table in the dining room:

Reading sentences aloud: 13:00-14:03

You know how:

Down to earth:

I got home from work:

They heard him speak on the radio last night:

You should not tell her:

Responsive naming: 14:04-15:21

What do you tell time with?

What do you do with a razor?

What do you do with soap?

What do you do with a pencil?

What do we cut paper with?

What color is grass?

What do we light a cigarette with?

How many things in a dozen?

What color is coal?

Where do you go to buy medicine?

What is interesting about this tape?

* Close to pure AOS
* Big difference between automatic and volitional
* Benefits from taking more time and being deliberate
* Reacts to his errors
* Highly aware of errors

1f. JP

Background information: This man is in his middle 50’s. He has a diagnosis of AOS and Broca’a aphasia. The AOS is the more severe problem. This a combination MSE and aphasia exam. The patient also has right-hemiparesis.

Motor Speech Evaluation

Sustaining vowels

* /a/ \_\_\_\_\_\_\_\_
* /ii/ \_\_\_\_\_\_\_\_
* /u/ \_\_\_\_\_\_\_\_

Alternate motion rates

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

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

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

Sequential motion rates

/p/ - /t/ - /k/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repetition of multisyllabic words: gingerbread, artillery, snowman, impossibility, catastrophe, television

Repetition of shorter words getting longer with the same “root”

Thick, thicker, thickening; jab, jabber, jabbering; zip, zipper, zippering; please, pleasing, pleasingly

Repetition of short words having the same sound at the beginning and end:

Judge, sis, peep, church, zoos, lall, shush, coke, gag, dad

Repetition of sentences:

Please put the groceries in the refrigerator.

Arthur was an oozy oily sneak

In the summer hey sell vegetables.

The valuable watch was missing.

The shipwreck washed up on the short.

Describe Picture from MTDDA:

Counting 1-20: Ok up to 15 then he falters

Counting 20-1: much more difficult

Days of the week: starting with Sunday

Backward: much more difficulty

Following of commands to assess for oral apraxia (i.e., stick out your tongue)

Following of commands to test for limb apraxia (i.e., show me how you salute)

Naming task from MTDDA: Stimuli: chair, house, hand, car, girl, coffee, knife, glove, ball, clock, barn, hammer, fork, leaf, ladder, umbrella, rake, calendar, sled, horseshoe

Comment: The patient shows a nice difference between tasks done forwards and backwards like counting and saying days of week.

**1g. KB**

Background information: This is a right-handed man in his middle 50’s who had a left hemisphere stroke with resulting AOS and aphasia approximately two months before this tape was made. He’s going through a MSE and language exam. This patient has a severe motor speech disorder that reflects a combination of apraxia of speech, spastic dysarthric, and severe problems with phonatory control. He’s certainly not aphasic. He actually seems pretty “sharp” in terms of his memory, pragmatics, sense of humor, tolerance of the clinician, and his patience.

Interview:

* Starts of by telling clinician he was on TV – What’s my Line?
* He tries to tell the clinician about his experience on the TV show in Milwaukee 25 years ago and she tries hard to interpret and keep up.
* It’s easy to see when he uses the Canon Communicator it slows down as he writes American Lesion
* He asks her if she’s got her flu shot. She is able to get this.

Motor Speech Evaluation

* /a/ \_\_\_\_\_\_\_\_
* /ei/ \_\_\_\_\_\_\_\_
* /u/ \_\_\_\_\_\_\_\_

Alternate motion rates

/p/

/t/

/k/

Sequential motion rates

/p/ - /t/ - /k/

Repetition of multisyllabic words: gingerbread, artillery, snowman, impossibility, catastrophe, television

Repetition of shorter words getting longer with the same “root”

Thick, thicker, thickening; jab, jabber, jabbering; zip, zipper, zippering; please, pleasing, pleasingly

Repetition of short words having the same sound at the beginning and end:

Judge,\_\_\_\_\_ peep, church, zoos, lall, shush, coke, gag, dad

Repetition of sentences:

Please put the groceries in the refrigerator.

Arthur was an oozy oily sneak

In the summer hey sell vegetables.

The valuable watch was missing.

The shipwreck washed up on the short.

Counting 1-20

Counting 20-1

Days of the week

Forward and backward

Following of commands to assess for oral apraxia (i.e., stick out your tongue)

Following of commands to test for limb apraxia (i.e., show me how you salute)

Comment:

Comment: At no time does this patient’s speech intelligibility improve, regardless of the task employed. He has difficulty across the board. The Canon communicator is too slow, but this was “high tech” at the time this tape was made. If the listener knows the context, it is sometimes possible to communication with this man.

There was an article written about this patient:

Tompkins, C.A, Golper, L.A., Marshall, R.C., & Nishamura, R. (1983). Persistent language impairment with Broca’s area infarction: A Case Study. *Aphasia, Apraxia, Agnosia,* 3, 24-39.

**Broca’s Aphasia (8 samples): These eight patients have chronic Broca’s aphasia, or what some researchers call agrammatic non-fluent aphasia. Most of them have a “touch” of AOS as well.**

**5a. BH.**

**Background information: This patient mild Broca’s aphasia in combination with some unilateral upper motor neuron dysarthria, and possible spastic dysarthria. These deficits occurred from a stroke about 7 years before this tape was made. He’s made a wonderful speech recovery and he loves to talk. He does very well in a conversational or social setting, but he’s a lousy test taker. He has been a very good member of a high-level group for men with aphasia, always showing an interest in people and wanting to know about them regardless of if they were students, other patients, or faculty. He’s tough to dismiss from therapy because he is so likable. He loves sports, all kinds, particularly Pittsburgh teams since he hails from Pennsylvania. His wife, Janet is a stellar person, a great cook, and this wonderful couple had a great retirement plan suddenly interrupted by Bob’s stroke. BH is right-handed, has a BS BS and an MA degree and was a banker. BH was a patient beloved by all the students who worked with him; he never failed to compliment the students and me. I consider him a real friend.**

**All I have on BH is this lone recording of his description of the Cookie Theft Picture.**

**5b. MH**

**Background information: This is a woman in her late 50’s with classic Broca’s aphasia. She may have a little AOS as evinced by here groping and searching for the right articulatory position but by and large syntax is the problem . MH is right-handed and worker for years as a nurse at the medical school. This recording was made about 19 years after an ischemic stroke that cause her problems. MH was not a veteran, but I included her in our program at the VAMC for many years (about 20 actually). Was married briefly but has no children. After she had her stroke, she was able to care for her mother for several years and lived on her disability income. We saw her for individual therapy at the VAMC for years and included her in our weekly aphasia group. She participated in many of our research projects. She used the word “Hon” a lot and liked to start her communications with the phrase “is it.”**

Interview**: The therapist gets a little background information on MH and has her describe the Cookie Theft picture.**

The conversation continues after the description of the cookie theft picture and focuses on MH’s pets, specifically her cat Toby, who apparently is missing.

**There is a classic story associated with this patient concerning her reaction to and response from an African American student observing MH’s group one day. The student had a nose staple. MH looker at her and said “Africa Hon?” The student, cool as a cucumber, responded, “No, Cleveland, Ohio.” We laughed about this for years.**

**5c. BL**

Background information: This is a right-handed man in his late 50’s or early 60’s with chronic Broca’s aphasia and apraxia of speech. He had a thriving dental practice on the Oregon Coast until he had his stroke. He was divorced at the time, and he made a good physical recovery. He was able to live along and to drive. lives alone and drives. This patient has a terrific sense of humor. He “gets by
 with his speech and language, but he has difficulties as things get more complex and requires some support. At the time this tape was made he is about 3-4 years post-onset. .

Interview/conversation:

* Have we helped you here?
* Past speech therapy experiences?
* Talks about his use of computers in therapy probably the language master
* Full name and full address (he writes it down for her)
* Relates a story about burning his hand while cooking

Cookie theft picture description:

Responsive naming

What do you tell time with? Asks for repeat; delays..watch

What do you do with a razor? Shave

What do you do with soap? Scrub

What do you do with a pencil? Write

What do we cut paper with? Knife, after a repeat

What color is grass? (Starts to struggle; starts to become overloaded)

What do we light a cigarette with? Match

How many things in a dozen? (writes12)

What color is coal? Black

Where do you go to buy medicine? Pharmacy

Comment: Note there is a big difference is the more non-propositional utterances of this patient such as “actually,” “sure why not,” and “on the other hand” and those utterances when he needs to compose (create a proposition).

**Something that stood out with this patient was his remarkable presence. Even though he had relatively severe aphasic deficits, he was proud, stood tall, and carried himself with great dignity. He was unlike may non-fluent aphasic clients in that he terminated his therapy on his own. We had many who stuck around forever.**

5d. HB

Background information: This WW-II vet is a retired LAPD detective. He had a stroke in his late 50’s and had extensive treatment at a Southern California VAMC, before he moved to the Northwest and entered our program in Portland. He’s been in an rocky marriage, but he has always remained independent even though his communication problems are rather severe. He drives, has a part time job mucking out a bar at night, and he likes to fish. He enjoys communicating with people and he has a wonderful sense of humor. In this tape it is quite apparent that he uses every weapon in his arsenal to communicate as best he can. .

This taps is an interview with HB about his life, current medical problems and how he handles his aphasia: Some topics are:

* Talking about his fishing and how he does it
* Talk about his medical problems; pains in his legs
* Talk about his care at the VA, Portland, and Salt Lake (note unique way of coming up with Tylenol #3)
* Note unique way of telling me about his angiogram
* Talking about his meal preparation (unique way of saying TV dinner)
* Talking about making coffee and drinking coffee; talking about smoking

**HB is one of my all-time favorite patients. He has that proud bearing that serves him well. He has a determination to “communicate at all costs” and he is very determined to succeed. He cares little about the fancy trappings of communication and is a meat and potatoes guy. HB was the type of patient that you just wanted to talk to and share stories with and hear his stories. He was easy to simple accept as he was and let him be himself.**

5e. TR

Background information: TR has severe aphasia and apraxia of speech. He is a retired “top sergeant” who had a large LH ischemic stroke. He’s confined to a wheelchair and is cared for by his wife. His priority is his walking and mobility. He really tries hard, but he needs a lot of support from his partner. Many would probably say TR has global aphasia, but I think he has more “on the ball” that that and I have never liked to use that term to describe him.

This tape shows TR being administered the PICA by a student clinician. He does poorest on the verbal subtests I, IV, IX, and XII and the reading subtests V and VII. The writing subtests are not shown on this tape.

**One of the things I remember about TR is how devoted and supportive TR’s wife was and how she treated him with such dignity. She was always with him. When I would pass her in the hall, and ask how she was, she would always answer “He’s fine.” It sometimes seemed she had forgotten she existed and was part of him. This is a couple whose retirement plans went awry following TR’s stroke.**

**5f. RM and RR (2 samples)**

Background information: RM is in 60’s. He is right-handed and has chronic Broca’s aphasia and mild apraxia of speech. He handles his aphasia very well. He speaks at a slow rate; his articulation is awkward, but his speech is intelligible. He and the clinician are having a conversation about their mutual love of camping.

It is interesting how well RM paces himself; he’s good at “holding his place” in the conversation and signaling the partner if he needs more time or is not finished with his turn.

The conversation shifts to a new topic after talking about camping. This focuses on how RM’s group members are putting pressure on him to quit smoking and his long-term smoking addiction. They also talk about RM’s significant other, Charlotte and her ex-boyfriend and the conflicts they are having with him.

Some would argue RM’s communication is more representative of agrammatic non-fluent aphasia rather than Broca’s aphasia and AOS.

 RR

Background information: RR is a right-handed man in his 60’s who worked as a carpenter. He’s married to Jody. RR and Jody have no children and they live in a small town on a fixed income since RR’s stroke has made in impossible for him to work.

Speech and Language: RR has less speech than the RM; he has more speech than TR. He does have Broca’s aphasia and AOS, but some would argue that he has Global aphasia.

Interview: The clinician and RR are talking about a recent outing RR and Jody took with a group to Timberline Lodge that included a train ride through the Cascade Mountains. It’s easy to see that this RR needs support from the clinician. RR can only produce a few words on his own. He’s slow to respond and communicates mostly using single words. His auditory comprehension is relatively intact when he knows the context. This is a good example of a patient with severe aphasia.

An important feature of this tape is the clinician’s ability to wait for RR to finish and not interrupt him with questions and demands to repeat. This allows RR to experience some success in communicating.

RR was stagnating in his therapy until there came a time when he and Jody needed to make a decision about a long-awaited trip across the US to visit relatives. They has little money and RR’s stroke and loss of income had threatened this trip. Therapy focused on how this might be possible by renting a motor home to save the cost of hotels and airfare. This gave RR and Jody something to think about and plan for, and anticipate, and it helped get therapy off on a positive trajectory. .

5g. MH

Background information: MH is described in a prior tape (5b). In this tape I am conducting an exit interview with her. She is a patient I followed for over 20 years. She was not a veteran, but a nurse at the nearby Oregon Health Sciences Center and Hospital who has a stroke and was forced to retire from nursing. We took her on a patient who needed therapy and we let our students provide that therapy under supervision. She also was a 20 + year-member of our aphasia group which met at 10:00 am on Thursdays from 1969 to 1995 without interruption.

* Use of the term OK – Dokey
* Her volunteer work schedule and what she does
* Her living situation
* Her home in Canby, OR
* Other activities – Loaves and Fishes; Breakfast group
* Stopping driving
* Brother’s time in service. Brother’s name is Don
* Marge’s job – RN in Tillamook, Santa Barbara
* Talks about relatives living in California
* Talks about Madera, California, and weather; ivied there 9 years
* Talks about husband, her divorce, a still born baby
* Talks about her husband Woody and his lady friends
* Crops grown in Madera and Fresno
* Schooling – in Oregon; St Mary’s. 1948 Has a hard time with this. Born in 1029
* First car – 1934 chevy; 1946 black car
* Talks about family and their living

Interesting: The thing that is amazing about this patient is that she has lived nearly 25 years with aphasia and has led a full life. She has taken care of her mother, herself, and remained active socially. Her persistence in communication and getting the facts right are remarkable.

**Conduction aphasia (4 samples): These four patients are good examples of conduction aphasia, an aphasic syndrome characterized by disproportionately impaired repetition in the context of well-preserved auditory comprehension.**

4a. AH

Background information. This is a man in his 60’s of 70’s recently admitted to the hospital following a left hemisphere stroke with conduction aphasia. He has been in the hospital only a short time and is making rapid progress. He has quite a sense of humor and very positive outlook. It’s easy to determine that he’s been asked to do a lot of what people with conduction aphasia have problems doing, repeating.

Task 1. Repetition of words and high and low probability phrases from the BDAE:

1776: 1773

You know how:

The vat leaks:

Down to earth:

Limes are sour:

I got home from work:

The spy fled to Greece:

You should not tell her:

Pry the tin lid off:

Go ahead and do it if possible:

The Chinese fan had a rare emerald:

No ifs ands or buts:

Task w. Reading words aloud from the BDAE:

Chair:

Circle:

Hammock:

Triangle:

Fifteen

Purple:

721

Dripping:

Brown:

Smoking:

Task 3. Reading sentences from the BDAE:

You know how::

Down to earth:

I got home from work:

You should not tell her:

Go ahead and do it if possible:

The Chinese fan had a rare emerald:

The vat leaks

Limes are sour:

The spy fled to Greece:

Pry the tin lid off:

Task 4. Following commands:

Make a fist:

Point to the ceiling then to the floor:

Tap each shoulder twice with two fingers keeping your eyes shut:

Touch your left shoulder:

Touch your right ear:

Show me your left thumb:

How about your right elbow:

How about your eyebrow:

How about your left cheek:

Comment: A few days post-onset, this patient presents with classic conduction aphasia he major characteristics being good comprehension, poor repetition; better repetition of high probability words and phrases; literal and phonemic paraphasias; lots of self-correction attempts, most of them failures. This patient improved markedly in a few days..

An interesting point: Also note the bias of the clinician. It is obvious that the clinician likes this patient by the support given and how kindly he treats the patient. This is noted in the clinician’s tone of voice, reassurance, reinforcement, and concerted effort to make things light in the face of the patient’s failures.

4b. BH

Background information: This patient has a long history of cardiac difficulties. He suffered an embolic stroke with resulting conduction aphasia approximately 2 months before this tape was made. He is right-handed, has a high school education, and worked as a steamfitter. He is big outdoorsman and enjoys hunting and fishing. He made a great physical and speech recovery and participated in a group for individuals with mild aphasia for many years. This patient participated in a research project examining the evolution of the repetition deficit in conduction aphasia published in Brain and Language.

This Tape:

This is an exit interview I conducted with BH when I left the VAMC in 1995 for an academic job. We begin with having him describe the Cookie Theft Picture. The remainder of the tape is Ben just talking with me about his stroke, his therapy, and life in general.

Gandour, J., Marshall, R.C., Kim, S.Y., & Windsor, J. (1991). On the nature of conduction aphasia: a Case study. *Aphasiology, 5, 291-306.*

An interesting story: I came to know BH quite well over a period of several years and he participated in many of my research projects. He once told me this amusing story when he and his wife Barbara were having a beer with another couple. He turned to the woman wanting to say “Nice dress” and instead said “Nice tits.” (A classic verbal paraphasia).

4c. RS

Background information: RS is a man in his 40’s who had an embolic stroke approximately two months before this tape was made. When he had the stroke, he was ta his cabin on the Russian River in California. He did not lose consciousness and he thought he was just ill. He did not go to the hospital right away. This is a fantastic tape and the best example of conduction aphasia I have ever seen..

Interview: The clinician talks to the patient about his stroke onset, how he got to the hospital, his early symptoms, and how he is managing his aphasia. It’s quite a good interview and it gives a good account of how the patient compensated for his aphasic deficits with his good comprehension and compensatory skills particularly by writing. The patient is very keen on putting communication first and spends very little time struggling to produce specific words he cannot retrieve or pronounce.

The interview begins with the clinician asking about the patient’s hobbies and interests and this leads to a discussion about his cabin on the Russian River. He then asks him about his stroke and how it happened. He asks how he got to the hospital. There was a delay before he got to the hospital. Patient stated he was confused. He asks about how the patient is communicating.

Comment: This is an excellent interview. It gives a clear picture of the patient’s communication abilities, his compensatory skills, his ability to recognize his errors (semantic and literal paraphasias) and sometimes correct them, and those islands of fluent speech one hears in a patient with conduction aphasia.

After the interview, the clinician administers most of the Boston Diagnostic Aphasia Exam. This is a pretty no-nonsense administration of the BDAE, and it is easy to score the patient’s responses:

Describes the Cookie Theft Picture

Repetition of words:

Brown:

Chair:

What:

Hammock:

Purple:

W:

15:

1776:

Emphasize:

Methodist Episcopal:

Comment: The patient asks for some repeats (this may represent self-correction or a possible hearing loss on the part of the patient). He very aware of his mistakes and of the items that are too difficult for him to repeat.

Repetition of phrases:

You know how:

The vat leaks:

Down to earth:

Limes are sour:

I got home from work:

The spy fled to Greece:

You should not tell her:

Pry the tin lid off:

Go ahead and do it if possible:

The Chinese fan had a rare emerald:

Near the table in the dining room:

The barn swallow captured a plump worm:

They heard him speak on the radio last night:

The lawyer’s closing argument convinced him:

I stopped at his front door and rang the bell:

The phantom soared across the foggy heath:

Comment: There is a big difference in the patient’s ability to repeat the high probability and low probability phrases; the length of the utterance also comes into play as sentences get longer regardless of their content. Again, the patient is quite aware of his limitations here.

Word Reading

Chair: responds to 1st sound cue

Circle: gestures circle after being asked to do so by clinician

Hammock: The patient knows the word, but the cues do not help him \*

Triangle:

Responsive naming

What do we tell time with:

What do you do with a razor:

What do you do with soap:

What do you do with a pencil:

What do we cut paper with:

What color is grass:

What do we light a cigarette with:

How many things in a dozen:

What color is coal?

Where do you go to buy medicine:

Comment: The patient seldom responds verbally to these questions, but he answers all of them correcting by writing the word or using a gesture. He does not have a problem with semantics, but with phonological assembly

Confrontation naming from BNT:

Bed:

Tree:

Pencil:

House:

Whistle:

Scissors:

Comment: On this task as well as the responsive naming task, the patient is able to write the names of the objects, but not produce them orally. Cues, sentence completion \_\_\_\_\_\_ , first sound \_\_\_\_\_ and description are not useful in evoking the word from the patient orally.

4d. DG

Background information: This patient developed aphasia following a neurosurgical procedure to clip an aneurism in his left temporal lobe some years ago. He is on disability and onset of his problem is not really known. The patient is right-handed, has a college education, and was a teacher. He currently lives alone in a cottage on a property where he is responsible for doing the yard work.

The patient demonstrated no obvious aphasic deficits. His problem appears to be confined to repetition of longer words and sentences: .

**Description of Cookie Theft Picture:**

Repetition of multisyllabic words:

Catastrophe:

Impossible:

Statistical:

Methodist:

Episcopalian:

Television:

Sarsaparilla:

Tornado:

Comment: I have really tried to make these words as difficult as possible to induce repetition errors

Repetition of phrases:

We live across the street from the school: I …………..

The vat leaks: The vat is leaking

Limes are sour: Limes are sour (awkward/stiff)

You should not tell her: (correct)

You know how: correct

Down to earth: correct

Near the table in the dining room: in the table by the dining room

They heard him speak on the radio last night: I ………

The spy fled to Greece: The spy fled to Greece (awkward/stiff)

The barn swallow captures a plump worm: (makes a joke out of it but does not repeat it)

The phantom soared across the foggy heath: The phantom blew across the something

Word Reading

Chair: correct

Circle: it’s round

Hammock: you sleep in it

Triangle: triangle (awkward)

15: correct

Purple: color purple

721: seven twenty-two (awkward)

Dripping: drip

Brown: correct

Smoking: correct

Alternate Motor Rates:

/p/ \_\_\_\_\_\_\_\_ correct after starting himself with a model

/t/\_\_\_\_\_\_\_\_\_ correct after starting himself with a model

/k/ \_\_\_\_\_\_\_\_correct after starting himself with a model

Sequential Motion Rates:

/p/ /t/ /k/ \_\_\_\_\_\_\_\_\_\_ Slow and some errors, but not awkwardly articulated

Confrontation Naming

Glove: not a hand but a glove

Feather: that’s called a feather

Chair: correct

Key: lock, a think to open a lock called a key

Hammock: correct

Cactus: describes it but does not get it

Letter naming:

H: correct

T: skipped

R: correct

L: correct

S: correct

G: C

Circle: round

Triangle: gets it but does not recognize

Star: Star (awkward)

Square: round, does not get

Color Naming

Red: correct

Brown: correct

Pink: does not get after cue

Actions:

Smoking: he’s smoking

Falling:

Running:

Drinking: drink of water

Repeat No ifs, ands, or buts: Has a lot of trouble with this

**Comment: probably the best diagnosis for this patient is mild conduction aphasia; comprehension is good; language use is good; has difficulty with repetition of lengthy, complex material. He might be mistakenly diagnosed as having apraxia of speech by some clinicians. The patient has many self- induced strategies for handling the repetition problem.**

**Confused language (6 samples): These six patients reflect the Language of Confusion to greater or lesser degrees associated with viral encephalitis, alcohol abuse, and other problems.**

2a. DK

Background information: Right-handed man in his 50’s with a diagnosis of language of confusion caused by viral encephalitis. He’s not really aphasic, but he does have a pronounced naming deficit, but as seen on the tape, his naming errors are not like those of patients with aphasia.

Cookie theft description:

Description of the picture from the MTDDA:

On these picture description tasks, the patient has fluent, well-articulated, grammatically intact utterances containing a number of complicated words. He does have some obvious naming difficulties in his connected speech, and also on confrontation naming tasks. He tends to “augment” his answers with extra information that is unnecessary on all tasks.

Picture naming from MTDDA

Chair: He calls it a bird, then self corrects

House: calls it a building

Hand: hand, fingers

Car: car

Girl: child, carrying a bag it looks like

Coffee: coffee cup, like we use

Knife: knife

Sheep: cannot name it but says “they do bite”

Bell: He calls this a “swinging light.” (it could be mistaken for a chandelier)

Clock: watch, a clock (self corrects)

Barn: barn

Hammer: Broom

Fork: (inaudible, perhaps he said spoon)

Leaf: Leaf

Ladder: Stairs to crawl up

Umbrella: mentions something about moisture; not responsive to cuing for this word

Rake: broom (this may be a preservative response from hammer)

Calendar: a ladder, one of those things (points to calendar on the wall), then says calendar

Sled: for riding down – sled

Horseshoe: that’s a weirdo; fence; used to use on stock

Comment: The patient’s naming errors stem from many sources; he describes; he has visual confusions; he produced semantically related words; he does not respond to cues; he augments his naming responses with more information than is needed. The patient is very aware of his naming difficulties and sometimes becomes upset by them.

2b. DH

Background information: This patient is in his 60’s. He is right-handed and he was admitted to the hospital for suspected deterioration in his mental status. His physicians felt this was the result of chronic alcohol abuse. At the time this tape was made, he had been in the hospital for a few weeks for testing and evaluation of his mental status . In this tape he is being interviewed and evaluated jointly by a neuropsychologist and a SLP.

Interview: (The notes that follow do not represent a verbatim transcription)

NP: What brought you to the hospital?

Patient: 21 years in military, alcohol, Viet Nam

NP: How long have you been here?

Patient: 2 or3 months

NP: I looked it up; it’s actually 24 days; it may seem like 2-3 months. What are your plans after this?

Patient: When I complete this course, I’m going to try to take care of my mother in her golden years

NP: Good, that is very admirable; how about tomorrow, any plans for tomorrow?

Patient: I’d like to take my boat and go fishing, wouldn’t we doctor? (turns to SLP)

SLP: Sounds like a lot of fun

Patient: I’ve got a 21-footer parked right down below (he actually does not)

SLP: What are we going out for?

Patient: Oh, bottom fish, maybe some salmon

NP: How about this last weekend, what did you do?

Patient: Went and had a picnic with my mother’s sister and friends; my boy was there, and we went out and got a couple of crabs out of the Alisee bay

NP: Oh, I am not familiar with that area. Where is that?

Patients: It’s about 3 miles from here. (patient gives long explanation; it’s actually several miles away)

NP: Do you know what city we are in right now?

Patient: Waldport, corrects to Portland

NP: What we want to find out today is if you are having any problems with your thinking or memory?

Patiens: Sometimes yes, and sometimes no. I’m the type of person that gets upset very easily; I am not used to being around young people anymore and I think the doctor would agree with me, we’re used to working, around men, not mixed company?

NP: Do you know my name?

Patient: We have not been formally introduced

NP: I’m doctor \_\_\_\_\_\_ Do you remember meeting me?

Patient: We met and talked; we had some ice cream; I remember you ate some of my ice cream.

Comment: It this interview, the patient makes up a lot of his answers out of the blue. His answers are plausible, so it is not really accurate to say he confabulates. He is also not deliberately lying to the examiners, but seemingly doing what he feels is appropriate socially and expected of him. He seems ot have a bias towards the female neuropsychology and treats her differently than the male SLP.

After the interview the NP goes on to do some specific testing:

Boston Naming Test (Examinee does not start at the beginning but with item #30 harmonica

Harmonica: correct

Rhinoceros: starts with an “h” hippopotamus

Acorn: Unicorn (states he knows it’s found under an oak tree)

Igloo: correct

Stilts: correct

Dominos: used to play them all the time, (lots of cues) dominos

Cactus: correct

Escalator: correct

Harp: know it has to do with music; 1st sound e /h/ does not help

Hammock: correct after a long delay

Knocker: Not sure, looks like a lantern, entrance to a cathedral (does not get this)

Pelican: correct

Stethoscope: correct

Pyramid: correct

Muzzle: correct

Unicorn: correct

Funnel:

 Accordion: correct

Noose: Hangman’s knot

Asparagus: correct

Compass: use it to make a gasket (perhaps a visual confusion). He takes a long time to demonstrate this

Latch: a lasp (this may be a combination of hasp and latch)

Tripod: correct

Scroll: after cue: somebody to read something off (does not come up with scroll)

Tongs: correct

Sphinx: statue of King of Egypt (never knew the name)

Yoke: correct

Trellis: trestle

Palette: describes its use in painting, by artists, but cannot name

Protractor: Says he knows this but cannot come up with it’s name

Abacus: Chinese counter, adding machine, Ouija board

Cookie theft description:

Memory testing:

Naming pictures of presidents of U.S. – He names most past presidents, but needed a little help with JFK

Recall of specific information:

2c. RF

Background information: This is a 45-year-old right-handed many recently admitted to the hospital with viral encephalitis. This patient had a job in IT and has a college education. This tape is an interview of the patient a few days after his admission. We created a battery of tests for this patient and were able to evaluate him over time to assess his recovery from viral encephalitis. We published a paper on this man in Brain and Language.

Interview:

* Briefly tells therapist about his family

Cookie theft description

MTDDA picture description

Picture naming from MTDDA:

Chair: chair (augments)

House: house (augments)

Hand: correct

Car: correct

Girl: correct

Coffee: correct

Knife: correct

Sheep: Dash hound, or Weiner dog

Bell: delayed correct

Clock: 10 after 2

Barn: farming area

Hammer: claw hammer

Fork: correct

Leaf: tobacco plant

Ladder: 8 prongs

Umbrella: Travelers

Rake: correct

Calendar: map with a date; map, July 81

Sled: skiing; toboggan

Horseshoe: horseshoe, good luck

Naming real objects: (Examiner handed patient objects to name)

Thread: string

Bottle opener: church key

Spring: clamp

Dice: correct

Thimble: correct (augments)

Egg beater: mix master; beat things; eggbeater

Shoehorn: tongue

Chalk: correct

Scissors: correct

Stapler: correct

Paper clip: correct

Comment: With the exception of thread and shoehorn, he names the object correctly. However, he continues to hold the object in his hand rather than put it aside and receive the next object for naming. With the thimble, he actually put in on his finger and forgot it was there for a few responses and had to be reminded of this by the examiner. He augments many of his naming responses and seems to be easily distracted.

Repeating words and phrases after the examiner

Look: look

Come here: Look, come here

Help yourself: help yourself; thank you

Bring the table: bring the table

Summer is coming: Summer is on its way

The iron was quite hot: yes (examiner reinstructed)

The birds were singing all day: correct

The paper was under the chair: correct

The sun was shining throughout the day: correct

E: asks him to speak louder – he repeats “louder”

Comment: The patient has difficulty understanding this task, but reinstruction helped

Orientation

What day is today? January 31 but it is actually January 19

What year is it? 1931m but it actually 1981

Where are you right now? I’m in this world and I’m getting better, he is actually in Portland, Oregon

Following commands:

Testing for oral apraxia:

AMRs

SMRs

Comment: As this tape goes on and I run out of time I rush it a bit and just give him too many tasks. He’s having problems with directions; he’s literal and concrete in this thinking. Once he starts talking, one thought seems to lead to another with no end goal in sight.

There was paper written about this patient:\

Marshall, R. C. (1982). Language and speech recovery in a case of viral encephalitis. *Brain and Language* 17, 316-326.

2d. JM

Background information: This patient is 41-years-old. He is right-handed and he was admitted to the hospital for suspected deterioration in his mental status felt to be caused by alcohol abuse. He’s in the hospital for a mental status evaluation and neuropsychological testing. The patient has lived in a small rural farming community since being discharged from the service. He’s divorced and has 4 grown children.

Interview of patient:

* Speaking about his home and what brought him to the hospital
* Addresses his drinking and initial problems
* He seems to have a problem remembering what happened to him
* He’s showing some thought processing difficulties
* Talked about his work and time in the Navy
* His tattoos – where did you get those?

Proverbs interpretation

Birds of feather flock together: questionable

A rolling stone gathers no moss: no time to gather moss

People in glass houses shouldn’t throw stones: they might get cut

A bird in the hand is worth two in the bush: You got one; hold on to it

* Continuation of the interview and conversation about his small town

Description of cookie theft picture:

Questions (all answered correctly)

President of US? Ronald Regan

Before him? Jimmy Carter

When you went in the service is 1963? JFK

What was JFK’s wife’s name: Jaqueline

Did she get married again? Greek tycoon

Asks about his memory issues

Asks about his 4th of July celebration

Asks about his job

Comment: This patient is mildly confused with respect to his time sense. He has difficulties putting a long story line together, but he does fairly well with factual information. The patient is a little confused in terms of time. For example, he gave his children’s birth years as their ages in the interview, but when questioned about this understood that they could not be older than he.

2e. ROC

Background information: This Native American has developed Wernicke-Korsakoff Syndrome, secondary to binge drinking and not eating. He’s being treated for a thiamin deficiency and is undergoing extensive diagnostic and mental status evaluation to determine his competency to live along. His current diagnoses are complicated by a prior left-hemisphere stroke and head injury sustained in a MVA.

Interview:

This is truly a very confused patient. There is little he understands. He responds to the examiner’s tone of voice; he occasionally picks up a word that gives him a little context. He lapses “official talk” a lot of the time and lectures the examiners, but nothing of what he says makes sense.

Surprisingly, he produces some runs of fluent speech, “I get the biggest kick out of him because he’s a nice old gentleman.” Or “He’s almost as nice as I am.” But these make no sense in the context they are uttered. He cannot understand what is said to him; he cannot switch topics; he cannot name, but does have a response “Portland, Oregon” which he uses for a lot of things.

What’s amazing about this patient are his pragmatics and his articulation. There are two people trying to interview him, but he befuddles them at every turn. Also amazing about this patient is his well-kept appearance. He actually looks quite presentable. He has a sense of humor; he knows he’s being interviewed and he’s responding as if he were a normal person.

Naming

Ring: a picture of

Watch:

Hair: A pretty girl trying to cause trouble, he repeats hair

Shoe: he cannot name shoe, he repeats shoe

Chair: he cannot name chair

Comment: I doubt if there are many patients like this one.

2f. Confusion (ECOH) – JL mp4

Background information: this man in somewhere in his middle 60’s, perhaps older. He had a dental practice. I have limited background information on this patient, but I think he was hospitalized for problems associated with alcohol and admitted for some type of competency evaluation. I don’t have much contextual information on this patient and did not follow him for long. This tape is one of a second evaluation of the patient done about a week after first seeing him.

Interview:

* Examiner asks the patient about his retirement and his work history. The patient reports that he retired, fished, and drank more and more and then decided he needed a job. He goes on to say that was the second time he retired and that was more of the same thing.
* Examiner asks him about his dental practice
* Asks about his education
* Asks about his service time. He reports being in the Navy during the war and because he was a champion wrestler being assigned to the locked psycho ward where he could wrestle the patients.

Comment: The patient starts this interview seeming a bit dour, but he perks up as things move on and shows a little more animation.

Structured Tasks:

Description of the Cookie Theft Picture

Confrontation Naming: (From the BDAE)

The patient names objects, actions, shapes, colors, and numbers correctly

Motor speech tasks

Oral Agility (Repetition)

Mama, mama

Tip-top

Fifty-fifty

Thanks, thanks

Huckleberry

Baseball player

Caterpillar

Reading of single words

Reads 9/10 words correctly, falters on last word which is “smoking”

Recitation

Months of year: At first he misunderstands and thinks I am asking for the month of the year; then he catches on

Repetition of words: No errors, he notes that repeating Methodist Episcopal was difficulty when done earlier in the week

Repetition of High and Low Probability Phrases: No errors with the exception of , the barn swallow captured a plump worm and the phantom soared across the foggy heath

Responsive naming

The patient had no difficulty on this task, answering all questions promptly and accurately, i.e. What color is coal?

Reading of sentences

Patient does fine on this task

Animal naming (1 minute limit)

Cat, dog …..This task was very difficult for the patient

Boston Naming Test: Most of the patient’s responses on this confrontation naming tests are correct; many are delayed; he struggles with a few of the items, but by this time he is getting tired.

Complex ideational material: This is the most difficult comprehension test of the BDAE. The patient does fine on this task

Comment: This patient came into the hospital. He’s still in pajamas and he notes he’s improved. He does not seem to be aphasic at this time. He is “low key.” Perhaps he is depressed. But his responses are prompt most of the time. The only outstanding thing about this patient is his difficulties with Animal naming. He would probably warrant some neurocognitive testing but I don’t know he got that or not.

**Dementia (5 samples): These five patients were thought to have dementia because they had suffered a decline in mental status. However, these patients were seen before the term Primary Progressive Aphasia became popular, and I think they are examples of PPA in different stages and forms. My personal bias is that PPA is a form of dementia because of its deteriorating course.**

3a. WS

Background information: This man in his 60s. He has been admitted to the hospital because of a decline in his mental status and is being seen by neurology. This tape was made before we started talking about Primary Progressive Aphasia (PPA). It was thought that this patient may have suffered a stroke or perhaps had Alzheimer’s dementia. Reportedly, problems at work sent him to the hospital. As part of his evaluation, he was referred to Speech-Language pathology. When this patient came to see me, I remember introducing myself to him and telling him his doctor had asked me to talk to him about his speech. He replied, “My speech, there’s nothing wrong with my speech, they need to do something about my balls. I’ll show you.” At this time the patient pulled down his pants and began kneading his testicles, to show me a rash.”

The Tape:

On this tape I am administering Subtests I-XII of the PICA. The patient moves through the PICA rather quickly He has some specific difficulties with the objects that are semantically related toothbrush/comb, knife/fork, and pen/pencil. He’s concrete and he interprets things literally. For example, he actually tries to really use the objects (e.g., strike the patches, use the comb) rather than pretend to use them. He does not correct himself or even attempt to correct himself if he makes an error. He does not have AOS or dysarthria.

Comment: I have thought about this patient a lot over the years and I think he might have had PPA (semantic variety) in its early stages.

3b. CH

Background information: Originally, I thought this patient had a problem of pure word deafness or some type of auditory agnosia. He seemed to understand little of what was said to him. He produced mostly jargon and very little what he said was understood. He could not communicate and was very dependent on his wife for most things, yet he had a normal presentation and a “certain degree of pragmatic sense.”

What are we doing?

I am using the Peabody Picture Vocabulary Test (PPVT) as a stimulus. Each plate of the PPVT has 4 pictures and the examiner says a word and the patient points to the picture stipulated. This is the way the test is supposed to be administered. With this patient, however, since he does not comprehend what is spoken, I have printed out the stimulus words on cards 1 x 1. I am presenting the cards to the patient and he “points” to the correct picture. I did not keep a record of whether the patients responses were right or wrong, but I remember he did get most of them right.

What is the patient doing? He is trying to read the words aloud; sometimes he spells them letter by letter. He seems to recognize some of the words. He is trying to figure them out. He sems to try to explain to me; occasionally he says a word. I don’t think he spells any of them right. He seems to have some aha moments

At the end I go back through the ones he has gotten right and try to see he gets them right again.

I also have him read some words: regular words, pronounceable non-words, irregular words,,,,,,,,,,,,,,,

Comment: Since there is no record of the stimuli used, it is impossible to see what the patient is doing right or wrong. But it is apparent that his speech does not change much regardless of the task. It remains incomprehensible, but it does sound like speech and that he is trying. I think this patient had a form of PPA as well, perhaps, the logopenic type.

3d. PW

Background information: This woman is between 60-70. She’s an educator, married, and has traveled much of the world. She has early AD and is seen describing the Cookie Theft picture in this tape. .

This recording: The student clinician was asked to make a tape of her therapy with PT for her supervisors. She’s been working with him as an outpatient for treatment of what we thought at the time was anomic aphasia following a stroke. Upon listening to and watching the tape, I think this patient may have had PPA. But PPA was not a term used a lot in 1985 when this tape was made.

In this tape the student clinician review what she has been doing with the patient. It is a good tape to have if you want to analyze the contents of a therapy session. Cannot see object: a cote

3d. AJ

Background information: This is a woman in her 60’s. She had a non-symptomatic stroke in the right temporal lobe. A year or so after, she had what appeared to be a second stroke in the left-temporal lobe and was thought to have Wernicke’s aphasia. She looked perfectly normal; she had no physical deficits; she behaved normally and attended to all of her household responsibilities, but she had marked auditory comprehension difficulties and spoke predominantly jaogon.

Evaluation:

Describing the cookie theft picture:

Describing the picture from the MTDDA:

Naming pictures on the MTDDA:

Chair:

House: house, a house

Hand:

Car:

Girl:

Coffee: some kapee

Knife:

Sheep:

Bell:

Clock: cope

Barn:

Hammer: hammer, hammer

Fork:

Leaf:

Ladder: hammer

Umbrella:

Rake: bake

Calendar:

Sled:

Horseshoe:

Naming object names on the BDAE:

Glove:

Key:

Feather:

Cactus:

Chair:

Hammock: hammer

Naming actions on the BDAE

Dripping: a drip, a drip

Drinking:

Running, he’s running, running, running

Falling: (heard the word push)

Smoking:

Sleeping: go to sleep

Naming colors on the BDAE

Red: red

Brown: grey

Blue

Grey: grey

Purple: Purple

Pink: pink

Cannot determine what this task was

Naming of real objects

Light bulb: some cote

Gun: a gun, a gun, a gun

Cannot see object: a cote

Cannot see object: a cote

Egg beater: shows how to use it; calls it butter

Interpretation of gestures/signs

Stop: stop

Baby: baby

Girl: pretty

Hot: too hot

Big: big, you’re big

Fight: fight

Slide:

Cold: you’re too cold

Combing: comb

Victory sign:

Crazy: Your crazy

Afraid: You’re afraid

OK: possible

Little: little

Cow: horse

Up:

Down:

Blind: eyes

Sleep: go to sleep

Broken: broken

Cut: cut

Go away: they’re gone

Crying: my eyes

Choke: my ------

Fat: fat

Phone: I can hear

(The tape becomes in audible at this time)

Diagnosis: I originally thought this woman has pure word deafness or auditory agnosia. Her speech is mostly jargon when speaking spontaneously or when naming pictures, objects. She does a little better actions, colors, and tries to name numbers.

Her gest responses (and you can see a change in behavior) is when I ask her to interpret gestures and signs without speaking. Here she gives some relevant responses.

She seems to recognize when she produces a correct word, and then she produces it over and over. Is this palilalia? I truly don’t know.

This woman did make some progress in therapy. Then she accompanied her husband on a long overseas trip and was gone for a year. When she came back, she deteriorated and stopped therapy. She diet shortly after that.

We write an article on this patient which was the toughest one I have ever worked with and broke my heart because she was a terrific woman and considered “the life of the party by all.” This was by far the most difficult article I have ever written. In retrospect, I think this woman had PPA that presented in different ways as her condition progressed over time.

Marshall, R. C., Rappaport, B.Z., & Garcia-Bunuel, L. (1985) Self-monitoring behavior in a case of severe auditory agnosia with aphasia. *Brain and Language,* 24, 297-313

3e. PT

Background information: This man is somewhere between 60-70. He’s married and an active member of the Elks and enjoys talking about that. He was a former British Army officer.

This recording: The student clinician was asked to make a tape of her therapy with PT for her supervisors. She’s been working with him as an outpatient for treatment of what we thought at the time was anomic aphasia following a stroke. Upon listening to and watching the tape, I think this patient may have had PPA. But PPA was not a term used a lot in 1985 when this tape was made.

In this tape the student clinician review what she has been doing with the patient. It is a good tape to have if you want to analyze the contents of a therapy session. Cannot see object: a cote

**Dysarthria (17 samples). These 17 patients have dysarthria. Recordings 6a, 6i, and 6m contain multiple samples. Recordings 6d and 6h show time 1 and time 2 recordings for the same patients. The type of dysarthria is provided for each patient.**

6a.SR, AN, and LG

**SR**

Background information: SR is a woman in her 40’s who incurred a right-hemisphere ischemic stroke approximately 2 months before this tape was made. She is right-handed, has a college education and has a same sex partner. When this recording was made she was living with her mother. She is a certified horseback riding instructor.

Diagnosis: Aphasia, AOS, and Unilateral Upper Motor Neuron Dysarthria (UUMD). I saw her at URI.

Interview and Conversation

Tests for Oral Apraxia: (She does these tasks partially and has difficulty on most of them even when they are demonstrated to her)

Cough:

Click your tongue:

Blow:

Bite your lower lip:

Puff your cheeks out:

Smack your lips:

Lick your lips:

Bite your lower lip and click your tongue:

Smack your lips and cough:

Sustained vowel:

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

Alternate motion rates: Slow and imprecise, but regular

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

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

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

Sequential motion rates: attempts but unable to do these

/p/, /t/, /k/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repeating words that mimic the SMR task

Cantaloupe:

Pawtucket:

Potato

Peppercorn:

Caterpillar:

Recitation

Say the first part of the Pledge of Allegiance:

Sing Happy Birthday:

Switch to Conversation

What have you done today?

* States she needs to go to the dentist to get a root canal
* Speaks about being an equestrian teacher

Comment: She seems to do better in conversation that she does repeating words, phrases, and sounds after the examiner; she may not have been trying or motivated to do so. Prominent features of her speech are slow rate, imprecise consonants, reduced intelligibility, oral apraxia

**AN**

Background information: AN is a right-handed woman in her early 30’s. She suffered a closed head injury when, as a pedestrian, she was struck by a car in a crosswalk. She has moderate mixed dysarthria (spastic and flaccid) and is 3-4 years post onset. She formerly worked as a manager of a Dunkin Donuts shop in a beach community. AN is very social. She lives independently and is supported by her mother.

Interview:

* Tell me what you did today?

Count from 1-10:

Sustained vowel:

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

Alternate motion rates: Slow and imprecise, but regular

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

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

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

Sequential motion rates: attempts but unable to do these

/p/, /t/, /k/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading 10 7-word sentences from AIDS

They carried me off on a stretcher.

I feel I can play this weekend

I will try to do my best.

You are used to being on the field.

All the great baseball players get traded.

Injuries was the only word I got \*

------has lost their way.

It was a -------------------

I expect --------this week

It eventually became a rugged cross training

I could not hear this one

I could not hear this one

I could not hear this one

Comment: intelligibility is compromised. The first 5-6 sentences were more intelligible than the last 6 or 7. The patient may have tired. One needs to listen closely and have a context. There was a contextual them to the first group of sentences (sports).

**A story about this patient that fits with her reaction to my attempts to change her natural style of speaking. We had a palatal lift constructed for this patient. It helped, but she did not like having the appliance in her mouth and ended up discarding it.**

Hypothesis testing: After instructions to slow her rate and increase orality, she reads more sentences

This is a good place, but small.

People who value themselves are life’s winners.

More instructions: prolong vowels and get louder (modeled by examiner)

Who knows what you’ll discover about yourself?

**LG**

Background information: LG is a woman in her 50’s who had a stroke with resulting mixed dysarthria (and I don’t know what mix). She’s a housewife and stay at home mom. She’s right-handed and I do not know her education level. LG is a little timid and unsure of her self.

Interview:

* Tell me a bit about yourself
* She’s taking care of a grandchild and talks about that a bit

Count from 1-10:

Sustained vowel:

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

Alternate motion rates: Slow and imprecise, but regular

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

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

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

Sequential motion rates: attempts but unable to do these

/p/, /t/, /k/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading 10 7-word sentences from AIDS

The canoe floated slowly down the river.

--------at the ocean or auction

We had a picnic on the beach.

We say three deer on the \_\_\_\_\_\_\_

The railroad’s future in in the west (starts to tear up here)

Any extra sugar ………..(she is now starting to cry and display emotional lability)

Patient says – “I drooled; I was embarrassed.” She’s brought back to the task.

Adding extra sugar doesn’t increase the sweetness.

Drink a glass of water before exercising.

Not intelligible as she is still upset

No one can quarrel with the \_\_\_\_\_\_

I was wet from the neck down.

Word intelligibility:

She reads 25 single words that are not intelligible and I did not write them down.

The patient’s intelligibility is much better in a sentence context. Her voice and NE accent interfere; when coupled with the liability issue its worse. The patient does monitor her rate. She takes her time and reads the sentence to herself before starting to speak.

6b RB

Background information: This is a man in his 40’s with ataxic dysarthria of unknown origin.

Interview: (to obtain a conversational sample, and determine the patient’s perception of the problem)

* Tell me a little about yourself and how you spend your time
* Why are you being seen by neurology?
* Have you noted any change in your speech?
* What to other people say about your speech?
* Do people have problems understanding you?
* What do you do when people don’t understand you?
* Do you live by yourself?

Comment: This is a great interview. The therapist gets information from the patient about how his speech impacts his day to day life. The patient is concerned about how his answers to the therapist will affect his benefits.

Motor Speech Evaluation

Counting 1-20

Alternate motion rates: (slow and irregular)

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

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

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

Sequential motion rates: (slow and irregular)

/p/ /t/ /k/

Reading of the Rainbow Passage:

More conversation with the patient about his family

6c. JB

Background information: This man is in his 30’s. He was admitted to the hospital in a wheelchair and admitted to the neurology ward for multiple sclerosis. He had an unusual speech problem that is quite apparent on this tape. It sounded as if he produced vowel sounds accurately but made glottal stops for consonants. He also complained of visual difficulties. Extensive work ups of this patient did not confirm a diagnosis of MS. The patient was seen by psychiatry and thought to have Munchausen Syndrome.

Interview: The clinician talks with the patient about his job, work history, speech, and development of his problem. She asks how his speech difficulty came about. And she asks what he did to communicate, and he explains this. This is a long interview and the patient is quite animated in giving his explanations.

The therapist who worked with him extensively tried a number of things with him, but his speech did not change.

A better explanation of this patient is found in two articles that were written about him:

Kallen, D., Marshall, R. C., & Casey, D. (1986) Atypical dysarthria in Munchausen syndrome. *British Journal of Disorders of Communication,* 21, 377-380.

Gandour, J., Marshall, R. C., (1988). Phonological features meet the Munchausen syndrome. *Clinical Linguistics and Phonetics,* 2, 167-178.

Comment: I do not know if this patient truly had MS, or if he had something else. There was an issue of secondary gain (monetary) going on with this case.

6d.SY

Background: This man is in his 40’s and has Amyotrophic Lateral Sclerosis (ALS). This tape contains three motor speech evaluations (MSE) assessing his speech and language function, speech intelligibility and the impact of different supports on his communication. These recordings were made over a period of about a year.

Time 1. (summer 1991) Single word and sentence production; Oral motor assessment: Smile, pucker lips, puff out cheeks, move jaw from side-to-side, jaw strength, tongue movements tongue strength, resistance.

Cough; Alternate motion rates: p, t, k; Sequential motion rates

Conversation: When did you start having trouble with your speech? What did you do when people did not understand you? She asks how his assistive devices are helping him out at this time? She asks about the use of the phone. She asks him about the use of the Canon

Comment: At this point the patient’s speech is not intelligible if you have no context. And we have none in this first tape. He is functioning fairly well physically. The ALS has predominantly affected his bulbar system.

Time 2. (Fall 1991). Pretty much repeat what was done in the prior evaluation: reads 10 single words; reads 5 sentences; oral motor examination: How he is handling things at home; help from outside. Patient reports that he’s still driving at this time. The therapist tries an alphabet supplementation board. He still has some UE function. Use of information card.

Time 3. (May 1992). Repeats the same evaluation: Reading 10 words: corn, trade, cheer, whoop, ring, dart, dress, wicked, snort, bread. She skips the sentence and moves to the oral motor exam.

Comment: Across the three evaluations, the patient’s deterioration is obvious. His speech intelligibility decreases, and all subsystems are compromised. Yet the patient retains a strong desire to communicate and you can see that he pays attention and participated fully in the evaluation. An important consideration in watching this tape is the “professional manner” in which the evaluation is conducted and the manner in which the therapist explains things to the patient, particularly in the Time 2 and 3 tapes which were done by a seasoned professional and not a student.

6e.RP

Background information: This is man in his 60’s with Progressive Supranuclear Palsy (PSNP) and hypokinetic dysarthria; he speaks with a very fast rate which reduces his intelligibility, and we are trying to do something about that in tape and experimenting with the effects of instructions to slow down and use of a portable in the ear DAF device. The patient possible has some cognitive problems as well.

Motor Speech Tasks:

Sustain vowel: /a/

Laryngeal diadokinesis: /a/, /a/, /a/

Alternate motion rates: (slow and irregular)

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

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

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

Sequential motion rates: (slow and irregular)

/p/ /t/ /k/

Reading of words from BDAE

|  |  |
| --- | --- |
| chair |  |
| circle |  |
| triangle |  |
| fifteen |  |
| Purple |  |
| Seven-twenty-one |  |
| Dripping |  |
| Brown  |  |
| Smoking |  |

Reading sentences from the BDAE

You know how:

The vat leaks:

Down to earth:

Limes are sour:

I got home from work:

The spy fled to Greece:

You should not tell her:

Pry the tin lid off:

Go ahead and do it if possible:

The Chinese fan had a rare emerald:

Near the table in the dining room:

The barn swallow captured a plump worm:

They heard him speak on the radio last night:

The lawyer’s closing argument convinced him:

I stopped at his front door and rang the bell:

The phantom soared across the foggy heath:

Comment: He reads the words and sentences intelligibly, but he reads them very fast and the spaces between words are shortened.

Reading of a paragraph about the functioning of the government: This is read at a fast rate and it is not intelligible whereas the sentences are intelligible.

Reading the paragraph with instructions to slow down: This does not work

Contrast Stress Drill: The therapist models a simple sentence “Bill bit Bob” and asks RP to repeat it. He then demonstrates how to change the stress of each word in the sentence using a model. He does the same thing with a second sentence “Wild dogs eat meat.” RP makes an attempt to do this and has a little success, but it’s not clear he understands the task.

The therapist then tries to engage RP in the contrast stress drill using it as a game: It is obvious from the patient’s response and participation he does not particularly like doing this.

Reads 25 one and two syllable words aloud: Word intelligibility

Pacing board: The patient is asked to use a pacing board to give his name and address to slow him down

Conversation with a portable DAF device

The patient was asked to talk about his family wearing a portable in the ear DAF device. That seemed to help a little bit

The conversation continues without the device.

6f. PH (T-1, T-2) (hyperkinetic)

Background information: This woman in her late 30’s or early 40’s had Huntington’s Disease. She formerly worked as a nurse. I do not know how long she has had this condition. The tape contains two evaluations spaced a few

Time 1

Before the evaluation starts: She spends quite a bit of time rolling up her sleeves and blowing her nose

Sustain vowel: /a/

Alternate motion rates: (slow and irregular)

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

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

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

Sequential motion rates: (slow and irregular)

/p/ /t/ /k/

Reading the Rainbow Passage

She reads the Rainbow Passage with effort, but she does read it and some of it is intelligible. Holding the passage in her hands seems to minimize the movements.

Interview

* How are you doing at the care center?

Comment: The patient is able to carry on a conversation with the clinician. The conversation is accompanied by a lot of choreatic movements, but I think it is intelligible for the most part as the therapist stated she is having no more difficulty understanding PH than the last time they spoke

Time 2 (about a year later)

She repeats most of the things from the prior evaluation and it is difficult to determine if there is any difference.

Comments: The movements and the poor quality make it difficult to determine what is going on. About all you can get from this tape is a feeling of how debilitating the movement disorder is.

6g. TH (hypokinetic)

Background information: This is a man in his late 60’s or early 70’s with a long history of Parkinson Disease (PD). He was seen at the hospital periodically for adjustments in his medications and medical issues associated with his PD and aging. At the time of this recording, he was in an Extended Care Facility. The patient is well educated (I think he was a teacher) and he’s received a lot of attention from SLPs over the years and has been a very popular patient.

This Tape: is of poor quality and suffers from audio problems

The therapist begins by:

Asking the patient to repeat short phrases after her (You can hear the phrases she says and you can hear his responses)

She does the same thing with words

Alphabet Supplementation

The therapist wants to see if the use of an alphabet board (pointing to the first letter of each word spoken) will pace the patient and provide a “cue” to his listener to increase his intelligibility. The board has the letters of the alphabet in order and the numbers 0-9. The therapist instructs the patient on how to use the alphabet board.

When the therapist tells him what to do, he uses the alphabet board as instructed; his speech does not get louder nor does it improve, but his ability to produce the vowel sounds of each word + the 1st letter will probably help.

The therapist now increases the difficulty of the task. She asks the patient to use the board to describe the Cookie Theft picture. You cannot hear what the patient is saying because the audio is poor, but you can tell by the therapist’s reaction and how quickly the patient caught on that the alphabet board will help him communicate with his caregivers in the ECF.

The therapist adds another twist. She asks the patient to use the board to ask her a question. He make a complimentary comment that she understands perfectly.

Comment: From a teaching standpoint, this tape demonstrates the value of instruction, coaching, and working with the patient to explain why you are doing something such as introducing a alphabet board. This is a magnificent example of therapeutic excellence.

**6h. LD (T-1 T-2) (flaccid)**

Background information: This man is in his 40’s and he was recently admitted to the hospital following a brain stem stroke with flaccid dysarthria and some left sided weakness, the extent to which is difficult to determine from the tape and his close proximity to the insult.

Time 1 Motor Speech Evaluation 1-6-84

Sustained vowel /a/ and /i/

Laryngeal diadokinesis: /a/ /a/ /a/, and /i/ /i/, /i/

Counting from 1-10:

Alternate motion rates:

/p/ \_\_\_\_\_\_\_\_ /t/ \_\_\_\_\_\_\_\_\_ /k/ \_\_\_\_\_\_\_\_

Sequential motion rates:

/p/ /t/ k/k \_\_\_\_\_\_\_\_\_\_\_\_\_

Reading the first 2 sentences of the Rainbow Passage: When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors (a different clinician aske him to do this)

Repetition of sentences after the clinician:

It’s a sunny day.

Look at that girl run.

Ouch, you stepped on my foot.

Look, it’s a red light.

My ankle sure hurts.

Let’s paint the wall yellow.

Go to the door, knock on it, and go in (patient interprets this as a command)

Oral motor tasks:

Stick out your tongue

Puff out your cheeks

Lick your lips as if you have honey all over them

Touch this tongue depressor with your tongue

Touch your nose with your tongue

Open your mouth as wide as you can

Give me a big smile

Pucker your lips

Time 2 Motor Speech Evaluation 1-12-84

This tape was made 6 days after the first. The patient has improved considerably. His voice is better; his articulation is more precise; he is less hypernasal; laryngeal-respiratory coordination if improved.

The therapist asks him to do a few things and then to do some conversation. In the conversation that follows about his life in the Army in Colorado, the patient becomes a little labile and starts to cry.

Comment: The value of this taps is that it shows how much improvement the patient has made in his physical and speech function in a few days’ time.

6i. DS and JK

DS

Background information: This is a right-handed college educated man in his middle 60’s with spastic dysarthria resulting from a stroke.

Motor speech evaluation:

Sustained vowels: /a/ and /e/ and /o/

Alternate motion rates:

Sequential motion rates:

Gingerbread, artillery, snowman, impossibility etc.

Describing of the Cookie Theft Picture: His rather complete and comprehensive narrative suggests that he does not have aphasia

Comment: It’s easy to see this patient is not terribly excited about the MSE. He rather laughs it off. His spastic dysarthria (low pitch, strained-strangled voice) is not interfering with his life or his communication and he participates in a group only. Under most circumstances, this patient would not be in therapy.

**JK**

Background information: This is a right-handed retired from the military. He is also in his middle 60’s and has spastic dysarthria resulting from a stroke. I don’t think he has any signs of aphasia. l.

Motor speech evaluation:

Sustained vowels: /a/ and /e/ and /o/

Alternate motion rates: /p/ /t/ /k/

Sequential motion rates:

Reading of the Grandfather Passage:

Chats with the patient about his vintage cadilliac

Comment: This patient also is somewhat nonchalant as was DS. This could be because these men have been a part of a group for some time now and the focus on that group is having “fun” and not working on your speech. JK has a slow rate, a strained-strangled voice with some diplophonia. His speech, however, is intelligible. . Under most circumstances, this patient would not be in therapy.

6j. (2) Dysarthria (flaccid) RC

RC

Background information: This a man in his mid-to-late 40’s who suffered a severe brain stem injury several years before this tape was made in a MVA. At this time the patient was in his 20’s, newly married and there was little hope that this marriage would survive. The patient, a Viet Nam veteran had years of therapy; he competed several community degree programs, but never worked. He’s been on disability for his entire life. Surprisingly, his marriage did not end. The patient and his wife had 2 children in spite of the fact that the patient was a near quadriplegic. RC was actually the 3rd patient referred to me when I started my job at the VAMC. I saw a lot of him and so did many of my staff and students.

Motor Speech Evaluation:

Reading of the Rainbow Passage:

Alternate motion rates:

Sequential motion rates:

Reading of 50 words from the Tikofsky Word List: These are 1 and 2 syllable words

Conversational speech:

* Patient describes his MVA, his speech progress, and how he gets along

Comment: This patient’s speech intelligibility improved over time, but many years after his injury, he is still severely dysarthric. I can say that one can carry on a conversation with him if they know the context, but RC does tire over time. Over the years we tried a number of things to help, a palatal lift, an abdominal board, oral motor exercises, and various other things. RC was always a very independent guy and he liked to do things his own way. For example, getting rid of the facial hair would aid intelligibility by permitting the listener to read his slow-moving lips. But RC liked his facial hair. RC and his then young wife stuck it out with strong family support until their two daughters were emancipated at 18. Then they split up. He remained in a wheelchair throughout his course.

6k.GH

Background information: This is a man in his 50’s with ataxic dysarthria of unknown origin.

Motor Speech Evaluation:

Counting from 1-10

Alternate motion rates: slow and irregular

Sequential motion rates: slow and irregular

Sustained vowels: all pretty good

/a/, /e/ and /u/

Laryngeal diadokinesis: this is difficult for him with /a/ and /e/ even when instructions and a model are given

Reading Aloud

The Rainbow Passage

Repeating single words: snowman, gingerbread, artillery, statistical analysis, Methodist Episcopal

Repeating sentences: The valuable watch was missing; in the summer they sell vegetables; please put the groceries in the refrigerator.

Contrast stress: Bill bit Bob

Reading single words aloud from the Assessment of Intelligibility of Dysarthria Speech: very few of these words are intelligible

Describing the Cookie Theft Picture: This is difficult to understand

Comment: The patient has been in the hospital a few days and is improving. There is a real difference in his speech intelligibility when he produces sentences versus single words; sentences are much more intelligible because of the context; the biggest problems this patient has are with prosody, articulation, and rate.

6l. RA

Background information: This man is in his early 40’s and is in the hospital for work up of symptoms associated with a cerebellar disorder.

Interview: Brief Conversation

Motor Speech Evaluation:

Counting 1-10

Sustaining vowels: /a/

Laryngeal diadokinesis: /e/

Alternate motion rates: /p/ /t/ and /k/

Sequential motion rates: /p/ /t/m /k/ (slow)

Reading of the Rainbow Passage: This is read word by word at a slow rate. You can hear definite prosodic abnormalities in his reading and connected speech

Conversation:

The patient gives a clear explanation of what brought him to the hospital, problems with handwriting, balance, and speech all of which fit with some cerebellar disease.

Reading sentences:

Pass the bread and butter please

That’s right

Everything’s all right

(not intelligible on this tape to me)

Don’t forget to pay your bill before the first of the month

Don’t use up all your paper when you write your letter (he repeated it and that helps)

This is a good ballgame this afternoon

Don’t let ------------

-----to see a doctor once a year

Everybody should brush his teeth after meals

Everybody should brush his teeth after meals (read again with instructions to slow down)

Comment: The patient is a good candidate for rate reduction therapy. His intelligibility is reduced by his fast rate, prosodic insufficiency, and other factors; this is really a problem when the context is unknown.

6m. BL and DK

**BL**

Background information: This man is in his middle to late 70’s. He has right hemiparesis and severe mixed dysarthria (spastic and flaccid) secondary to a stroke a few years ago. The patient’s communication is severely compromised, and we have worked with him for some time without making much progress. The patient also has a moderate hearing loss.

Motor Speech Evaluation

Sustained vowels: /a/, /e/ and /u/

Alternate motion rates: /p/, /t/ and /k/

Sequential motion rates: /p/, /t/ and /k/

Repeating words after the examiner: gingerbread, artillery, snowman, impossibility, catastrophe,

Repeating words: thick, thicker, thickening; jab, jabber, jabbering, zip, zipper, zippering,

Repeating words: judge, peep, sis, church, zoos, lall, shush, coke, gag, dad

Describing the Cookie Theft Picture

Comment: The patient has difficulty on all tasks and all subsystems are affected. He has a lot of problems with respiratory/laryngeal coordination, but his movements are slow, restricted in range, and imprecise.

**DK**

Background information: This right-handed, college educated man worked as a lumber broker for many years before suffering a brain stem stroke that resulted in bilateral upper and lower extremity weakness and a moderately severe mixed dysarthria (spastic and flaccid). This is a very social man who loved to talk and worked with us in individual and group situations for several years. When he discontinued his therapy, he became a hospital volunteer and spent a good portion of each day delivering charts and mail to different portions of the hospital in his motorized wheelchair.

This patient was highly motivated to communicate again and he learned over time to use exaggerated articulation, a slow rate of speech, and how to break multisyllabic words into small units to improve his intelligibility. He also learned how to participate in a conversation and “hold his own.” You see these compensations in this interview that focuses on his speech and language history. (you can see that this patient is reasonably intelligible even though the tape is of poor quality)

The tape is transcribable, but it would take some time to do this. I think this would be a valuable thing to do given the insights the patient has into his problem and his level of function.

This patient became a good friend of all of us. He was cared for by his wife for several years. He loved to eat and drink in spite of having dysphagia. Periodically, he aspirated and developed pneumonia. He usually recovered with treatment, but as time went on he weakened and to keep him alive, there were no options other than to put in a feeding tube. The patient opted not to do this, and he expired.

**Neurogenic Fluency Disorders (3 samples): These three patients reflect interesting acquired neurogenic fluency problems, palilalia, 7a, neurogenic stuttering, 7b and neurogenic cluttering, 7c.**

7a. Fluency (neurogenic) GP mp4

Background information: This is a spry little man from Canon Beach, Oregon who is 93 years young at the time of this recording. He has an unusual speech disorder that does not seem to interfere with his ability to communicate. This disorder is described in the literature as “palilalia” which refers to pathological iteration of recurrent utterances. The patient owed a dry-cleaning business and has been retired for several years. The tape is of poor quality visually, but the audio is good.

The Tape Includes:

Description of the Cookie Theft picture:

Alternate motion rates: Ok, no apraxia seen or heard

Sequential motion rates: a little more difficult for him

Repetition of multisyllabic words from Mayo Clinic AOS Batters: gingerbread, television, artillery, snowman, impossibility, catastrophe, Methodist, Episcopalian, responsibility, Methodist Episcopal, etc.

No ifs, ands or buts: He has problems repeating this sentence, a classic screening procedure for conduction aphasia, but I think it might be the “oddness” of the sentence and his hearing loss.

Repeating words with the same root: please, pleasing, pleasingly etc.

Repeating sentences increasing in length: Look, come here, help yourself, bring the table etc. As the sentences increase in length, he has more difficulty repeating them.

Reading sentences from the MTDDA

The boy has a dog

What kind of work do you like to do

He said he couldn’t come before next Saturday

We went to the mountains for our vacation last summer

He has some difficulty doing this task

Counting from 1-20

Conversation

Comment: My original thought was that this man had palilalia a condition resulting from a right brain stroke leading to left-sided hemiplegia, in which the patient repeats the last one or two words of a sentence, often with increasing rapidity and decreasing volume. It has also been found to accompany strokes, especially those with pseudobulbar symptoms.

7b. Fluency (Neurogenic) Unknown

Background information: I have no background information other than he was referred to the Speech Pathology Service for assessment of what was felt to be cortical stuttering.

Interview: Client talks about fishing and the area of the John Day dam. He talks about this subject, the weather, and his camping activities with the clinician in an amiable manner. He seems unconcerned about his speech problems.

7c. Fluency (cluttering) GW

Background information: This is a man in his early 40’s who was injured in a helicopter crash in the service. He has been on disability for several years and completed 2 or 3 community college programs successfully. He has been unable to get a job and after years of working with vocational rehabilitation, one of their counselors referred him to us for a “fast speech rate.” Our diagnosis was that he had a rare form of “cluttering” characterized by an extremely fast rate of speech which eroded his articulation and reduced his intelligibility. Speech therapy to slow rate did not help this man. We did write an article examining reasons for our failure.

We scheduled him for speech therapy, and we tried different procedures to “slow him down.” DAF worked temporarily, but he soon overrode the device.

The tape samples his speech from several perspectives:

2-18-88

Task 1. Reading of the Grandfather and Arthur the Young Rat passages at his own rate:

Task 2. Reading the same passages after being instructed to slow his rate: not much different that Task 1

Task 3. Reading the same passages under DAF: (marked improvement in intelligibility, voice quality, prosody, and articulation

Reading of the CID Everyday Sentences: Walking’s my favorite exercise. I need a nice place to rest. (at his own rate): intelligibility degraded due to fast rate

Reading 50-word list to assess intelligibility of single words: not a problem

Alternate motion rates (fast, but precise and regular)

Sequential motion rates (fast, but precise and regular)

Sustained vowels: these are OK

Description of the Cookie Theft Picture: Again, done with fast rate and intelligibility reduced

Marshall, R. C., & Karow, C. M. (2002). Post-treatment examination of failed rate control intervention. *American Journal of Speech Language Pathology,* 11, 3-16.

Right Hemisphere Communication Disorder (3 samples). These 3 samples are interview/evaluations of three patients who have had right hemisphere strokes.

8a. GE

Background information: This is a man in his 50’s who had a right hemisphere stroke a short time before this tape was made. He has left-sided weakness and is in a wheelchair. He was employed at a truck driver before the stroke.

Interview: The patient does not volunteer much information on his own. His answers are brief and short. There are lengthy pauses when he is asked a simple question. The therapist probes his awareness of his problem (s) and asks about his plans. In the interview, the patient appears depressed. We do not know if this is true or not or if this is just his very flat affect. The patient is devoid of emotion, has poor eye contact, and pragmatically insensitive (yawning) at times. His speech is lacking in prosody and he fits the classic E. Ross description of aprosodia.

Assessment tasks: The therapist spends the rest of the time probing the patient’s ability to reason, solve problems, make decisions, and do tasks of different types that are sensitive to RHCD.

8b, XX

Background information: This is a 65- year-old man that had a recent right-hemisphere stroke with accompanying left-hemiparesis. The patient is retired and lives in the Dalles. He does odd jobs and he fishes. The patient’s advocate/caregiver e is sitting in on the evaluation. The patient is having a difficult time expressing himself. He does a lot of drooling and he is aware of this.

Interview:

* Tell me about yourself; tell me about your hobbies.
* How do you feel?
* How do you see yourself coping?
* He asks about a transfer to the rehabilitation ward in Vancouver

Therapist: What are three things a good citizen should do?

Patient: Believe in himself, -----------

Therapist: What would you do if you saw a driver speeding down I-5?

Patient: struggles with this ANSWER

Therapist: What would you do if you inherited a large sum of money and you didn’t know what to do with it?

Patient:

Comment: Where the therapist is going and what she is doing is difficult to determine. The patient displays flat affect, lack of facial expression, monotonous sounding speech typical of the aprosodia associated with RHCD. He’s preoccupied with himself. He volunteers little information on his own. His answers are not often to the point. He’s not aphasic. A communication interaction with a RHCD patient tends to wear me down.

8c.GG

Background information: This man is in his 50’s or 60’s and is right-handed. He is a banker and has a college education. He attended the University of Oregon, lives in an affluent section of the city and loves to play golf. He’s had a recent right hemisphere stroke

Interview:

* Tell me about your family: You can see that unlike other RHCD patients, this patient volunteers a lot of information. He does not need to be prompted by me. He does have some problems with recall, but he gets much of it right; sometimes he adds personal details that would not normally be expected. He speaks with little animation, facial expression and has some aprosodia.
* Describing the Cookie Theft Picture: Interestingly, the patient “personalizes” the story and makes the woman washing dishes his wife, and the children his children. He tells a rather comprehensive story
* Tell me the steps you would take in changing a flat tire: He struggles a bit but it is obvious that he is not aphasic
* Proverb interpretation:
* Don’t count your chickens before they are hatched?
* A bird in the hand is worth two in the bush? IDK
* People who live in glass houses shouldn’t throw stones?
* Naming pictures: (he says its going to be difficult). He gets all of them right until “seahorse” and says IDK; he gets them all correct until rhinoceros and calls it a hippopotamus; he calls a door knocker a doorknob; he calls a unicorn a horse; he responds to a cue for accordian. He struggles with the more difficult items, but he responds to cues.

Comment: This patient has some aprosodia, but he is also very concerned about the impact of this stroke on his life and I believe somewhat depressed.

**Transcortical Aphasias (2 samples):**

**9a.RC**

Background information: This man is in his middle 60’s. He has transcortical motor aphasia following a let-hemisphere stroke.

Picture description task: This is either picture from the MTDDA or the Boston Diagnostic Aphasia Exam. He primarily names the items in the picture and I cannot be sure.

Interview

* Family conversation

Boston Diagnostic Aphasia Examination (Word reading)

|  |  |
| --- | --- |
| chair | chair |
| circle |  |
| triangle |  |
| fifteen |  |
| Purple |  |
| Seven-twenty-one | Seven-twenty-twenty |
| Dripping | Dri-ping |
| Brown  |  |
| Smoking | smoking |

Boston Diagnostic Aphasia Examination (Repetition of words)

|  |  |
| --- | --- |
| what | What |
| chair | ? |
| Hammock |  |
| Purple |  |
| brown | brown |
| W | brown |
| 15 | fifteen |
| 1776 | 1972 |
| Emphasize |  |
| Methodist Episcopal |  |
| responsible |  |
| No ifs ands or buts |  |

Boston Diagnostic Aphasia Examination (Repetition of phrases)

|  |  |
| --- | --- |
| You know how |  |
| Down to earth |  |
| The vat leaks |  |
| Limes are sour |  |

Picture naming from MTDDA (examiner gives lots of cues)

Chair, house, hand, car, girl, coffee, knife, sheep, bell, clock, barn, hammer, fork, leaf, ladder, umbrella, rake, calendar, sled, horseshoe

Color naming:

Brown:

Blue:

Red:

Counting 1-20

Conversation again

* About his work as a house painter
* About his job with the Bureau of Land Management

Comments: The patient with TCM aphasia does reasonably well on tasks where he can give short responses, 1-2 words, but has problems when it comes to giving longer answers. This patient does this. What is unique about him is that he responds to cues sometimes; he can spell orally sometimes. This is not an easy diagnosis. He may have PPA

9b.CC

Background information: This gentleman is in his 70’s. He is right-handed and owns a farm in the Willamette Valley in Oregon. I don’t remember what he was in the hospital for, perhaps a stroke, but I don’t believe he stayed with us long. He is first transcortical sensory aphasic that I ever saw. He is able to repeat, but he has a lot of difficulty with comprehension.

Interview:

* What are you going to do after you leave here?
* What do you do in Monmouth?
* What type of work do you (inquire about his farm)
* Ask him about his military service

Description of the Cookie Theft Picture

So far, in this interview the patient has provided little content and mostly spoken around things in general terms. It is difficult to tell if he understands what the questions or instructions are. He is a fluent speaker; he does not produce paraphasias or struggle to retrieve word forms. He has few substantive words and he stuck on the theme 60 acres.

Repeating words:

Chair, hammock, fifteen, Methodist, Episcopal, catastrophe, impossible, no ifs, ands or buts (he has no difficulty on this task)

Picture naming

Glove: correct

Chair: correct

Feather: correct

Cactus: correct

Key: stool (I think)

Hammock: I don’t thing I gave him this one

Shapes: Letters: cannot name letters

Square: IDK

Circle: a round one

Star: IDK respond to sentence completion cue

Triangle: does not get this

Cone: does not get this one with a cue

Color names:

Red: correct

Brown: IDK

Blue: after phonemic cue

Purple: no response after phonemic cue

Actions:

Drinking: taking a glass or water

Running: correct

Sleeping: taking it easy

Falling: ?

Dripping: faucet running

Smoking: produced word smoke

Boston Diagnostic Aphasia Examination (Word reading)

|  |  |
| --- | --- |
| chair | He gets most of these correct  |
| circle |  |
| triangle |  |
| fifteen |  |
| Purple |  |
| Seven-twenty-one |  |
| Dripping |  |
| Brown  |  |
| Smoking | smoking |

Repeating phrases:

Limes are sour

The vat leaks

The spy fled to Greece

You should not tell her

The barn swallow captured a plump worm

The lawyer’s closing argument convinced him (after a repeat)

Reading sentences:

The boy had a dog: the boy kicked a dog

What kind of word do you like to do? IDK

He said he couldn’t come before next Saturday: Saturday come Snday

Alternate motion rates: OK

Sequential motion rates: Struggles but not apraxic

Other tasks: As we get to the end of this tape, I rush to gather more information on the patient’s comprehension by asking him to follow commands, answer yes/no questions, and left right discrimination difficulties. He does better on some things that others.

He almost always repeats what I ask him to do, but he changes it slightly. This has been referred to as mitigated echolalia and some feel it is a way of compensating for comprehension problems. I wonder if this patient has an attention problem. There are a lot of interesting diagnostic questions here.

Wernicke’s Aphasia (7 samples):

10a. LB

Background information: This is a right-handed man with recent onset of Wernicke’s aphasia. He has been in the acute care hospital a few days and is about to be sent to a nearby rehabilitation hospital. He did get sent to the rehabilitation hospital earlier, but it was a weekend and there were no rehabilitation staff on duty, so he was brought back to the rehabilitation hospital for the weekend. He’s a bit disturbed about this.

Describing the Cookie Theft Picture

Visual Confrontation Naming (BDAE): While the patient does not produce the names of the items other than feather, he produces a lot of literal and phonemic paraphasia and some jargon, however, he does provide information by gesture and in his descriptions that he knows the names of the objects. The clinician completely misses this.

* Glove:
* Feather:
* Cactus:
* Key:
* Chair:
* Hammock:

Boston Naming Test

* Bed:
* Tree: tredge
* Pencil: Jargon/neologisms
* House: jargon/neologisms
* Whistle: jargon (you blow it; like with a dog or whatever)
* Scissors: self-corrects on this one
* Come: that’s a comb (I got that one)
* Flower: jargon/neologisms
* Saw: He does say this word correctly, but he does not seem to realize it
* Toothbrush: tries to say the word; then he tries to describe it; she asks him to show how he uses it, and he does; he uses this to start a conversation about brushing his teeth
* Helicopter: He produces a literal paraphasia for this word
* Broom: jargon/neologisms

Oral word reading:

* Chair: Chail
* Circle: correct
* Hammock: Hanfal
* Triangle: correct
* Fifteen: jargon
* Purple: correct:
* Seven-twenty-one: seven, eleven, twenty-one
* Dripping: dropper (clinician says dripping) dropping
* Brown: says the word brown, but cannot consolidate it
* Smoking: cigarine

10b. Wernicke (aph) GC mp4

Background information: This is a 75-year old, right-handed man with a college education who has suffered several strokes. He has been diagnoses with Wernicke’s aphasia, but he may actually have PPA of the logopenic type. His auditory comprehension is poor, but he does communicate using some reading and writing, albeit not perfectly. He tries so hard to communicate and he understands what he is supposed to do. This man was the director of education for a large Baptist Church for many years and a pillar of the community. His wife of many years has established a routine for him.

Description of the Cookie Theft Picture

This man and his wife were near and dear to me. They were beloved by all the students in the aphasia lab with whom he worked. GC was in the aphasia lab for about 3 years. He came in 2 x per week, usually for an individual session. This was spend supporting his communication. He usually brought is Bible and/or readings from scripture and tried to explain them to the students. He was supported by a group of friends, members of his church, the students, and his loving family. He continued to play golf, work out, and attend church.

In the spring of 2021, he had to drop out of the aphasia lab because of the COVID-19 pandemic. He started to deteriorate and lost the use of his right arm; his right side became weaker; he developed dysphagia and had difficulty swallowing liquids and right now is on the cusp of needing a feeding tube.

It breaks my heart to write about this patient.

10c. MF

Background information: This is a duplicate of Tape 3. MF, a man who began with Wernicke’s aphasia and evolved in a week to an anomic aphasia.

Interview topics:

* Jobs as a taxicab driver; dispatcher of taxicabs
* Job as a nightclub entertainer

Cookie theft picture description

Boston Diagnostic Aphasia Examination (Visual confrontation naming)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objects | Letters | Forms | Actions | Numbers | Colors | Body parts |
| chair | H | Square | Running | 7 | Red | Ear |
| key | T | Triangle | Sleeping | 15 | Brown | Nose |
| glove | R |  | Drinking | 721 | Pink | Elbow |
| feather | L |  | Smoking | 1936 | Blue | Shoulder |
| hammock | S |  | Falling | 42 | Grey | Ankle |
| cactus | G |  | dripping | 7000 | purple | wrist |

Boston Diagnostic Aphasia Examination (Repetition of words)

|  |  |
| --- | --- |
| Brown |  |
| 721 |  |
| Dripping |  |
| Smoking |  |
| Methodist |  |
| Emphasize |  |
| Methodist Episcopal |  |
| 1776 |  |
| Emphasize |  |

Boston Diagnostic Aphasia Examination (Repetition of phrases)

|  |  |
| --- | --- |
| Limes are sour | The phantom soared across the foggy heath |
| I got home from work |  |
| The vat leaks |  |
| Smoking |  |
| You know how |  |
| Down to earth |  |
| The spy fled to Greece |  |
| Near the table in the dining room |  |
| The barn swallow captured a plump worm |  |
| The lawyer’s closing argument convinced him |  |
| They heard him speak on the radio last night |  |

Boston Diagnostic Aphasia Examination (Word reading)

|  |  |
| --- | --- |
| chair |  |
| circle |  |
| triangle |  |
| fifteen |  |
| Purple |  |
| Seven-twenty-one |  |
| Dripping |  |
| Brown  |  |
| Smoking |  |

Testing the limits (Examiner)

Spelled above words aloud for patient: Patient cannot do this task

Asks patient to spell words aloud: Patient does much better on this task and gets most of the words right

Following commands:

* Touch your nose:
* Show me your thumb
* Where is your neck?
* Which is your left ear?
* Touch a button on your sweater:

**MF time 2 ….about two weeks later**

Interview topics:

* His apparel
* Entertainment business how he began a song and dance career

Boston Diagnostic Aphasia Examination (Repetition of words)

|  |  |
| --- | --- |
| Brown |  |
| 721 |  |
| Dripping |  |
| Smoking |  |
| Methodist |  |
| Emphasize |  |
| Methodist Episcopal |  |
| 1776 |  |
| Emphasize |  |

Boston Diagnostic Aphasia Examination (Repetition of phrases)

|  |  |
| --- | --- |
| Limes are sour | The phantom soared across the foggy heath |
| I got home from work | Pry the tin lid off |
| The vat leaks | The Chinese fan had a rare emerald |
| Smoking | I stopped at his front door and rang the bell |
| You know how | No ifs ands or buts |
| Down to earth |  |
| The spy fled to Greece |  |
| Near the table in the dining room |  |
| The barn swallow captured a plump worm |  |
| The lawyer’s closing argument convinced him |  |
| They heard him speak on the radio last night |  |

Following commands:

* Point to your necktie
* Show me your thumb
* Show me your pocket
* Where’s your nose?
* How about your glasses?
* Show me the collar on your shirt
* Show me your left thumb
* Show me your wrist
* How about your forehead?

Responsive naming:

* What color is grass? green
* How many things in a dozen? Six
* What do we tell time with? (points to watch)
* What do you do with a razor? Comb it; (gestures shaving)
* What do you do with a pencil? Write
* What do you do with soap?
* What do we cut paper with?
* What color is coal? Brown, black
* Where do you go to buy medicine? Go see a Dr.
* What do you do with soap? I wash my clothes

Boston Diagnostic Aphasia Examination (Visual confrontation naming)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objects | Letters | Forms | Actions | Numbers | Colors | Body parts |
| chair | H | Square | Running | 7 | Red | Ear |
| key | T | Triangle | Sleeping | 15 | Brown | Nose |
| glove | R |  | Drinking | 721 | Pink | Elbow |
| feather | L |  | Smoking | 1936 | Blue | Shoulder |
| hammock | S |  | Falling | 42 | Grey | Ankle |
| cactus | G |  | dripping | 7000 | purple | wrist |

Yes/no questions from MTDDA

Do apples grow on trees? Yes

Are towns larger than cities? (Needs repeat) yes

Does everyone put money in the bank? No x

Is it a policeman’s duty to enforce the law? Yes

Should children disobey their parents? Yes x

Is it possible for a good swimmer to be drowned? Yes

Can anyone get a license to fly an airplane? No

Is the president of the US elected by congress? Yes x

Was Abe Lincoln the first president of the US? Yes

10d. MJ

Background information: This is a man in his 50’s who developed a brain tumor in the left temporal lobe and had it surgically removed about a week before this recoding was made. Post-surgically he had Wernicke’s aphasia which was quite severe. At the time he developed neurologic symptoms he was working on a fishing boat in Alaska. He is divorced and he is right-handed. After the surgery, he needed care and he went to live with his son. His son lived next door to his mother, the patient’s ex-wife. So, this made for an interesting state of affairs.

Time 1. The first recording was made about a week after the patient’s surgery when he returned to the hospital for outpatient treatment. This tape starts off with an interview and I ask the patient how he is doing with his speech. He tries and succeeds to a degree in telling me about his difficulties. One of the things he is trying to tell me is that his ex-wife spends a lot of time quizzing him on specific words. He’s concerned that he knows what she wants but cannot perform. In this tape you can see the surgical scar on the left side of his head.

I abruptly change the subject and ask, “What kind of beer does he like to drink?” He does not get this. He continues to talk about the variability of his performance. I write the word “beer” for him. He reads this correctly and says, “I haven’t had any.” The printed word helps him grasp this context and he spends some time telling he’s lost his taste for beer. He then talks about formerly liking all kinds of liquor.

I change topics and write a question asking him “How he got to therapy today?” He starts talking about travel and how he got from Alaska to Portland, but soon he realizes what I want to know is who brought him to therapy. He’s able to let me know his son “Mike” brought him, not his wife “Lillian.”

I write the phrase “travel time” and that seems to mix him up. I write my question out as a complete sentence and reads it aloud perfectly. He then provides me information about departure from home and getting to his appointments. He adds new information and shares that saw his doctor to have his stitches removed before seeing me. I ask him is this “hurt” and he picks up on that that and said “it felt.”

I ask him if he has had any headaches. He again needs written question. He again responds positively, and suggests that it is a headache because there are lots of people around and they are all bossing him around asking him questions etc. I let him know I understand this and reiterate that he is doing well.

The patient then tells me that his son will sometimes take him along on his job and he likes that because he gets away from his ex-wife. He goes on to say he does not like the ex-wife quizzing him on his birthday, th month etc. He says this gets real boring.

I change the subject and ask him “How’s your appetite?” He does not pick up this topic shift and then the tape ends.

Comment: This patient shows ability to communication information that is relevant and new if he has a context. That context cannot be set by asking him a question. He needs visual information

10e. DK

Background information: This is a 67-year-old man recently admitted to the hospital following a left hemisphere stroke with resulting Wernicke’s aphasia.

Interview: I am seeing this patient with a young clinician that has just started her CFY year with us at the VAMC and she has already seen him on the ward. I spend some time asking the patient some general questions about himself, age, where he lives, what happened to him. He speaks fluently, but his speech is quite “empty” and contains few content words. You do not hear many paraphasias or much jargon.

I begin by asking the patient to read some single words. I then use the single words he reads to ask questions to see if setting the context helps his comprehension:

Deer: That’s a deer

Army: “darmy”

Wife: wife

Don (his name): Don

Portland: Portland

Description of the Cookie Theft Picture: The patient produces some relevant words on this task, but his speech is pretty empty; you do not here many paraphasias or much jargon. I take some liberties to ask him questions and give him cues on this task to further evaluate his speech. He remains quite calm in his interview.

 Reading words: The only one he gets is purple; the others are produced as literal paraphasias; note however that he gives a fluent response to smoking when I ask a question about that?

|  |
| --- |
| chair |
| circle |
| triangle |
| fifteen |
| Purple: purple |
| Seven-twenty-one |
| Dripping |
| Brown  |
| Smoking |

Auditory Comprenension

Colors: Since he said the word purple, I assessed his auditory comprehension of color names red, blue, pink, brown, grey, and purple. ( He got 5 of 6 of these correctly)

Actions: I asses his comprehension of actions using a question format. Smoking, running, falling, sleeping, dripping, and drinking (He got all of these correct)

Numbers: 42, 721, 15 and 1936 (I do not know if he got these right or wrong; I assume they were wrong as I did not comment)

Objects: chair, glove, hammock, cactus, key, feather (I believe he got all of these correct, but I am not sure about chair)

Letters: R, T, S (I believe he had difficulty here as I said nothing\_

Shapes: star, circle, square, spiral (I think he got star after a cue; he got square as well)

Repetition of words: (preceded by demonstration and instruction)

Door:

Table:

Dog:

Book:

Ice cream:

Thanksgiving:

Car: car

Baby: baby

Doctor: a docken

Hospital:

Green:

Steak: staken

Telephone: telephone

Wife:

Beer:

Deer Island: daggen

Elbow: tries it and shows me his elbow

Repetition of phrases:

Salt and pepper: dos and statin

Sit down: satin

Over the hill:

What time: what is it you say?

Oral reading of words written by examiner

Nice day: correct

Football: football game

Fat turkey: fat turkey

I like apple pie: close

I go to the bank: we have a conversation about this

Conversation: wife and kids; stepchildren; conversation about Thanksgiving; length of marriage, pets and his car

Count 1-20

Months: January, ……He cannot do this

10f. MD

Background information: This is a man in his 40s or 50s with chronic Wernicke’s aphasia that is still quite severe. The tape audio is of poor quality, but you can see from the patient’s body language, gestures, vocal sounds, and the clinician’s response that he is actually carrying on a conversation with her. He’s a patient with a wife, two boys and worked as a trash collector before his stroke. He has no physical deficits. He drives a motorcycle. He’s talking about something than happened, perhaps an accident. I am not sure as this tape was made by a student clinician. She does understand what he’s talking about, but unfortunately, she says little and does little to keep his communication on track and fill in the blanks.

It’s pretty clear that the patient is staying on task and he’s understanding the clinician. He sometimes corrects her.

In spite of the difficulties, he has expressing himself, he made a good effort to communicate. The patient really tried to tell the clinician about his very hectic day; car problems; being stopped but ye police etc. Unfortunately, I’ve not looked at this tape for years and I’ve missed some important things.