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Treatment of Adult Speech and Language Disorders Part 1: Inpatient Perspective

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Treatment of Adult Speech and Language Disorders Part 1: Inpatient Perspective

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Bio

Experience:

- Acute Rehabilitation at Kessler Institute in West Orange NJ
- Inpatient therapy at The George Washington University Hospital in Washington, D.C
- Inpatient therapy at Cedars-Sinai Medical Center in Los Angeles, California

Learner Outcomes:

After this course, participants will be able to:
1. Describe 2 unique case studies in adult inpatient rehabilitation.
2. Identify and define deficits in individuals related to cognitive, swallowing, language, and motor speech.
3. Generate treatment goals to plan functional inpatient and outpatient therapy treatment sessions when working with adults.
4. List at least 3-4 assessment and treatment tasks to utilize when targeting speech and language goals in the inpatient rehabilitation setting.
Overview
• Inpatient vs. Outpatient Rehabilitation
• Two case studies
  – Overview of diagnosis and deficits
  – Assessment materials
  – Goal writing (STM and LTM)
  – Treatment planning/recommendations
• Materials
• Summary/Questions

Inpatient vs. Outpatient

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Case Study #1: GD
• 30-year-old single male
• Carpenter/plumber
• TBI from motor vehicle accident
  • Multiple subarachnoid hemorrhages
  • Left fronto-temporal contusion
  • Motoric impairments/limitations
Case Study #1: GD

Inpatient Therapy

• Dysphagia
  • NPO
  • PEG-tube placement

• Cognitive Deficits
  • Attention
  • Memory
  • Agitation
  • Confusion/Disorientation

• Language Deficits
  • Fluent Aphasia
  • Receptive Language

Case Study #1: GD

Traumatic Brain Injury

Expressive Language    Receptive Language
Agitation
Aphasia    Cognition
Memory

Assessment/Screener Examples

1. Montreal Cognitive Assessment (MoCA)

2. The Saint Louis University Mental Status Examination (SLUMS)

3. The Cognistat

4. The Mini Mental Examination (MMSE)

5. The Cognitive Linguistic Quick Test (CLQT)
Assessment

GD Sample Report:
- GD was evaluated via the St. Louis University Mental Status Examination (SLUMS) and received a score of 8/30.
- Patient presents with severe cognitive linguistic/communication deficits in the areas of basic linguistic attention, orientation, arousal, impulsivity, memory (immediate/delayed recall, STM), problem solving, generative naming, and higher level executive functioning. Pt. presents with concomitant expressive language deficits characterized by word finding difficulties and speech with paraphasias (literal and semantic), jargon, and neologisms. Additionally, pt. presents with receptive language impairments characterized by difficulty following basic commands, inconsistent yes/no responses, and object identification.

Case Study #1: GD
Long Term Goals

GD will:
- Consume least restrictive diet w/ adequate oral management and no overt clinical s/s of aspiration by discharge (dysphagia)
- Will improve cognitive linguistic abilities to a minimal assistance level for all functional communication exchanges by discharge (cognition)
- Will improve expressive language abilities to a minimal assistance level for all functional communication exchanges by discharge (expressive language)
Case Study #1: GD
Short Term Goals

Upon Entry to Inpatient Therapy
GD will:
• Consume 1 solid and 1 liquid consistency with fair oral management and no overt clinical signs or symptoms of aspiration (dysphagia)
• Sustain attention for 1-2 minute intervals given maximal assistance in 60% of opportunities provided (cognition)
• Complete confrontational naming tasks via common objects with 40% success given maximal cueing (expressive language)
• Follow 1 step basic directions in context given moderate to maximal cueing in 60% of opportunities provided (receptive language)

Upon Discharge
GD will:
• Participate in 1-2 meal management sessions to monitor tolerance to current diet of regular solids and thin liquids and ensure good oral management and no overt clinical signs or symptoms of aspiration (dysphagia)
• Complete complex linguistic attention tasks containing problem solving with 90% success and minimal cues (cognition)
• Complete functional reading and writing tasks at the multi-paragraph level via computer with 90% success and minimal assistance (expressive/receptive language)

Case Study #1: GD
Summary
• Spontaneous recovery
• Fast/Shorter(daily) evaluations
• Presentation of deficits
• Modification/flexibility of goal writing
• Functional treatment sessions
• Next level of care
Case Study #2: JP

- 57-year-old male
- Computer engineer
- Large left MCA CVA with hemicraniectomy
- Past medical history remarkable for:
  - Hypertension
  - Diabetes

Dysphagia
- NPO
- PEG-tube placement

Apraxia
- Apraxia of phonation
- Oral apraxia
- Apraxia of speech

Inpatient Therapy

Cognitive Deficits
- Impulsivity
- Awareness and insight
- Memory

Aphasia
- Expressive Language
- Receptive Language
Case Study #2: JP

CVA

Receptive Language  Expressive Language  Cognition
Aphasia  Apraxia  Dysarthria

Case Study #2: JP Assessment

Subtests from the Western Aphasia Battery (WAB-Short Form)

Case Study #2: JP Long Term Goals

JP will:
- Consume least restrictive diet with adequate oral management and no overt clinical a/s of aspiration by discharge (dysphagia)
- Improve expressive language to a level of moderate to maximal assistance for all functional communication exchanges by discharge (expressive language)
- Improve receptive language abilities to a level of moderate assistance for all functional communication exchanges by discharge (receptive language)
Case Study #2: JP

Short Term Goals

Upon Entry to Inpatient Therapy

JP will:
• Consume puree solids and nectar thick liquids with fair oral management and no signs or symptoms of penetration and aspiration as evidenced by video fluoroscopic swallow study (dysphagia)
• Participate in entirety of 30 minute speech session given no more than 2-3 cues for redirection and participation (cognition)
• Answer personally relevant yes/no questions via any modality with 60% success given moderate to maximal cueing (receptive language)
• Produce volitional phonation in 50% of opportunities provided given maximal multimodal cueing (expressive language)

Upon Discharge

JP:
• Consume a diet of regular solids and all liquids with adequate oral management and no overt clinical signs or symptoms of aspiration (dysphagia)
• Respond to personally relevant yes/no questions via any modality with 60% success given moderate to maximal cueing (receptive language)
• Identify common objects from a field of 3 with 75% success given moderate cueing (receptive language)
• Identify basic biographical information from a field of 2 with 75% success given moderate cueing (receptive language/reading comprehension)
• Verbally produce automatic sequences with 60% success given moderate to maximal cueing (expressive language)

Treatment

• Develop functional treatment sessions with MEANING for PATIENT
• Develop rapport (get to know your patient)
• Get out of the classroom (when safe for patient)
• Consider patient preferences (likes/dislikes)
• Take frequent breaks
• Use rewards (music, visual markers, physical activity)
• Use simplified language when appropriate
• Mix treatment materials (pen-to-paper and games/objects)
Meal Management Treatment Activity

- Integrate swallowing goals and compensatory strategies: lingual or finger sweep, timeliness of swallow, oral hold, chin tuck **only if verified on instrumental swallow assessment.**
- Confrontational naming: Identify objects/items on tray
- Visual inattention/neglect: Tracing finger around tray to visualize objects
- Following commands: 1-2-3 step commands

Case Study #2: JP

Summary

- Severity of deficits
- Functional communication
- Family education
- Next level of care

Summary

- Strong Clinical Decision Making
- Maximize Independence
- Patient and Family Goals
- Community Re-Integration
- Collaboration with Additional Resources
- Insurance Limitations
- Individualized Treatment Plans
Contact Information

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FEEL FREE TO EMAIL ME ANYTIME
WITH QUESTIONS 😊