## Assessment of Aphasia

➢ Many standardized tests available
➢ Initially often screening tools used or informal assessment
• Provides basic information on the patient's language abilities
• Enables therapist/ team to pitch communication at the level in which the patient understands or can express

## 1. General information

• Obtain medical history
• Obtain history from the patient or significant other
• Determine the patient's primary language
• Determine hearing status and visual acuity
• Determine the patient's pre-morbid language abilities & educational level
• Determine the patient's cognitive function

## 2. Language comprehension

• Does the patient appear to follow the conversation?
• Can they follow 1, 2, 3 -step commands
• Do they comprehend Yes/No questions reliably?
– Are you in the hospital?
– Do helicopters eat their young?
• Do they understand gestures or non-verbal communication
• Reading comprehension

## 3. Expressive language

• Conversational speech
– Fluent?
– Comprehensible?
– Slow or laboured?
– Words or sentences?
– Paraphasias?
• Naming:
– Confrontation: What's this?
– Associative: Pen and___, table and __
– Responsive: Where do you buy milk?

## 3. Expressive language (cont)

– Using names: Who is the Prime Minister?
• Can the person write?
– Own name, address, letters of the alphabet/ numbers, names of objects etc.
– In sentences?
→ SLP notes spelling errors/ substitutions/ omissions
- Observations
- Getting ideas to figure out the type of aphasia the client has

## Treatment of Aphasia

| | |
|---|---|
| Factors to consider: | ▪ Type and severity of impairment |
| | ▪ Motivation |
| | ▪ Medical needs/ condition |
| Treatments either: | ▪ Restorative |
| | ▪ Compensatory |

Goals of therapy:
1. maximize recovery of impaired function
2. assist in the development of communication strategies
3. help the patient adjust to the residual deficits of the brain injury

## Restorative Approaches

| | |
|---|---|
| Aim to recover skills | use intact abilities to communicate |
| | cortical reorganisation of damaged hemisphere |
| | increased involvement of undamaged areas |
| Treatment of auditory comprehension and spoken language | directly stimulate specific listening, speaking, reading and writing skills |
| | single word, sentence, and paragraph level |
| Broad number of techniques | Visual Action Therapy, Melodic Intonation Therapy, Constraint-induced therapy |

Trigger new neurons to act and stimulate these skills



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## Compensatory Approaches

➢ Restorative Approaches may not be appropriate because of the severity of the disorder
➢ Train the individual to use any means to communicate
▪ new or different ways of completing a task
▪ lessen the impact of their communication difficulty
→ e.g. AAC/ communication apps, writing or drawing etc.
➢ Focusing on communication & participation rather than on recovery of speech alone
➢ Helping significant others adjust to a new communication style
➢ Compensate for the inability to restore old skills

## Communication Dos & Don'ts

➢ Talk to the person as an adult
➢ Simplify sentence structure & reduce your rate of speech

## Communication Dos & Don'ts (cont)

! but keep speech adult-like
➢ Minimize or eliminate background noise
➢ Make sure you have the person's attention before communicating
➢ Encourage and use all modes of communication
▪ Speech/ writing/ drawing / yes-no response
➢ Give them time to talk & permit a reasonable amount of time to respond
➢ Don't finish sentences for the person with aphasia
➢ Accept all communication attempts
➢ Keep trying
➢ They need to do it if they want to trigger these changes in the brain so don't finish word for them



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