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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