**Cognitive – Communication Rehabilitation:**

**Practical Strategies and Resources For**

 **Functional Assessment and Treatment**

**A Manual for Clinicians**

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**Financial Disclosure:**

**Many of the resources in this manual are commercially made products that are available at a cost to the consumer. I have no financial relationship with any of the companies or products identified herein and therefore receive no compensation for their inclusion in my manual.**

**There comes a time in a man’s life when to get where he has to go – if there are no doors or windows – he walks through a wall**

**Bernard Malamud**

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**Essential Neuroanatomy Review**



**Gray Matter:** Nerve cell bodies

**White Matter:** Transmission nerve fibers

**Cerebrum:** Gray matter, the four lobes of the brain, the limbic system

**Right Frontal Lobe**

- primary motor cortex

- executive functions

- personality/behavior

- contributes to the initiation of speech

- possibly involved in the production of automatic speech

**Left Frontal Lobe**

**-** primary motor cortex

- motor speech

- volitional speech

- planning/execution of spoken language

**Supplementary Motor Cortex**

- present in both hemispheres

- anterior to the primary motor strip of the frontal lobes

- involved in the motor planning of speech

- thought to play a role in word finding, prosody, articulation and volitional speech

**Right Temporal Lobe**

- memory functions

- emotions

**Left Temporal Lobe**

**-** primary auditory cortex

- auditory comprehension and visual comprehension

- production of meaningful speech and language

- verbal memory

**Right Parietal Lobe**

**-** primary sensory cortex

- visual perception (neglect syndromes)

- sensory integration

- controls the expression of emotion when we speak

- tone of voice, inflection, prosody (the supra-segmental features of speech)

**Left Parietal Lobe**

- visual perception (inattention syndromes)

- angular gyrus, which connects the expressive language system with the visual system

- impacts reading and writing

- visualization of language

- supramarginal gyrus, likely involved in the interpretation of individual sounds vs. words

**Occipital Lobes**

- primary visual cortex

- controls visual acuity but not necessarily visual perception

**Arcuate Fasciculus**

- large pathway that connects the left frontal (Broca’s) area with the left temporal (Wernicke’s)

 areas of the brain

- damage to this area impairs the ability to repeat words accurately

**Fissure of Sylvius**

- separates the temporal and parietal lobes

- articulation processing

- language processing for semantics, syntax and word finding

**Cerebellum**

**-** behind the brainstem, made up of two lobes, ipsilateral in nature and connected via

 the pons

- balance and the coordination of muscle movement

- ataxic dysarthria

- fluency

**Brainstem**

- reflexive/involuntary body functions

- breathing, heart rate, coughing, sneezing, swallowing

- frequent hiccupping can interfere with safe swallowing

- dysarthria

- cognitive impairment is possible

**Basal Ganglia**

- located at the top of the brainstem

- a motor control center

- generates motor programs via the thalamus back to the primary motor cortex

- contains the internal capsule which is a massive pathway that connects the

 cerebral cortex with the brainstem and spinal cord

- can impact motor speech

**Medulla**

- when the spinal cord passes through the foramen magnum it becomes the medulla

- the portion of the brain where motor fibers cross resulting in the contralateral phenomenon

 of the body’s motor control

**Reticular Formation**

- the reticular activating system arouses the brain from sleep

- the neurological hub of speech

- it has direct connections with all of the following structures: cortical motor centers,

 thalamus, basal ganglia, brainstem, cerebellum and the sensory pathways

**Hypothalamus**

- controls the body’s internal environment

- sleep/wake (which will impact levels of alertness during the day)

- hunger/fullness

- thirsty/sated

- sexual saturation

**Thalamus**

- primarily a sensory relay station (except smell) to the high brain

- has connections to all structures of the brain involved in communication

- impacts attention, alertness and memory

- impacts speech production, specifically rate, volume and fluency

**Limbic System**

**-** inferior boundary of the cerebrum

- contains the amygdala (emotional memory) and hippocampus (short term memory)

- olfactory bulbs for smell

**Corpus Callosum**

- large bundle of fibers that connect the two hemispheres

- the segmental and suprasegmental features of speech are likely unified during verbal

 communication through these association fibers

**Ventricles**

- production of cerebral spinal fluid

- affords some protection to the brain

**Cognition and Communication: A Symbiotic Relationship**

**Symbiotic:** A relationship of mutual benefit or interdependence

**Cognition Defined - Executive Functions**:

\* Attention (sustained, selective, divided, alternating)

\* Memory (immediate/working, short term, long term, future, auditory, visual)

\* Planning

\* Organization

\* Insight

\* Mental flexibility

\* Self-monitoring

\* Sequencing

\* Prioritization

\* Judgement

\* Safety awareness/judgment

\* Time management

\* Problem solving (basic, complex, verbal, non-verbal)

**Communication Defined – Bloom and Lahey**

\* Form (phonology, morphology, syntax, fluency)

\* Content (semantics)

\* Use (pragmatics)

\* Verbal and non-verbal characteristics

\* Oral and written language

**The Goals of Rehabilitation:**

\* The return or re-development of functional living skills

\* Cost Effectiveness

\* Duration versus Intensity Model of Treatment

\* Preservation of benefits to include latter stages of recovery (return to work or school)

**Disorders That Frequently Involve Cognitive-Communication Therapy:**

**Genetic Disorders:**

\* Huntington’s Chorea

\* Fragile X Syndrome

\* PKU

\* Tay-Sachs Disease

\* Wilson’s Disease

**Developmental Disorders:**

\* Cerebral Palsy

\* Hydrocephalus

\* Anencephaly

\* Microcephaly

**Impaired Blood and Oxygen Supply:**

\* Heart Attack

\* CABG

\* CHF

\* COPD

\* Strangulation/Asphyxiation

\* Drowning

\* Severe Asthma Attacks

\* Anoxia/Hypoxia

\* Vasculitis

\* Arteriosclerosis

**Infection:**

\* Severe Sinus Infection/Abscess

\* Meningitis

\* Rabies

\* Syphilis

\* Acquired Immune Deficiency Syndrome

\* Encephalopathy

\* Mad Cow Disease

\* Guillain-Barre Syndrome

\* Long Covid 19

**Tumors:**

**\*** Benign and Malignant

\* Astrocytoma

\* Glioblastoma

\* Chemo-radiation brain

**Neurotransmitter Disturbance:**

\* Parkinson’s Disease

\* Alzheimer’s Disease

\* Schizophrenia

\* Huntington’s Chorea

**Poisoning:**

\* Korsakoff’s Syndrome

\* Lead/Mercury/Arsenic

\* Chronic Drug Abuse

\* Botulism

\* Sepsis

**Degenerative:**

\* ALS (Lou Gehrig’s Disease)

\* Parkinson’s Disease

\* Multiple Sclerosis

\* Muscular Dystrophy

\* Alzheimer’s Disease/Pick’s Disease/Frontal-Temporal Dementia

\* Primary Progressive Aphasia

\* Huntington’s Chorea

\* Creutzfeldt-Jakob Disease

**Neurological Events:**

\* Embolic CVA – blockage to the brain’s blood supply due to a clot or debris

\* Thrombotic CVA – a blood clot forms in an artery in the brain blocking blood flow

\* Hemorrhagic CVA – a ruptured blood vessel causes bleeding inside the brain

\* Traumatic Brain Injury – an external force collides with the head

\* Non-traumatic Brain Injury – anoxia, tumor, near drowning, encephalitis

\* Aneurysm

\* Seizures/Epilepsy

\* Adult ADD/ADHD

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**Dementia Rehabilitation: An Oxymoron????**

**Dementia Defined:**

**Stage 1: Early Dementia**

\* Slow, gradual onset

\* Occasional memory loss

\* Word finding problems

\* Diminished attention span

\* Periods of disorientation

\* Impaired reasoning and judgment

\* Difficulty with abstract concepts and language

\* Automatic speech is intact

\* Articulation and syntax remain intact

\* The mechanics of reading and writing are intact; content may be impaired

\* Emerging signs of anxiety, depression, apathy and agitation

\* General attitude of indifference toward the deficits

**\* Intermittent supervision for personal safety**

**Stage 2: Intermediate Dementia**

\* Increased memory loss; forgets the names of family members, friends, acquaintances.

 Typically can recall their own name.

\* More prevalent word retrieval problems

\* Frequent disorientation

\* Tangential speech; poor topic maintenance

\* Automatic speech remains intact

\* Articulation and syntax remain intact

\* Reading and writing becomes more dysfunctional

\* Prone to periods of wandering and restlessness

\* Requires assistance with personal care

\* Complex tasks are prohibitive

\* Perserverative behaviors are observed

\* Avoid challenging tasks and situations

\* Significant personality and emotional changes: delusions, obsessions, anxiety, agitation

 and sometimes even violent behaviors

\* “Sundowning” emerges

**\* 24 hour distant supervision for personal safety**

**Stage 3: Advanced Dementia**

\* Severely impaired short term and long term memory

\* Profound intellectual decline

\* Severely impaired verbal communication (meaningless and often absent)

\* Loss of any meaningful social interactions

\* Deterioration in functional physical abilities

\* Aimless wandering and pacing

\* Extreme restlessness and agitation

\* More frequent violent outbursts

\* Maximum assistance for activities of daily living

**\* 24 hour close supervision for personal safety**

**Reversible Dementia Populations:**

\* Delirium

\* Depression (pseudodementia)

\* Medications

\* Infection

\* Hearing Loss

\* Electrolyte Imbalance

\* Tumors

\* Vitamin B12 deficiency

\* Metabolic disorders

\* Sleep Apnea

\* Normal pressure hydroencephalus

\* Malfunctioning shunt

**Irreversible Dementia Populations:**

\* Parkinson’s Disease

\* Huntington’s Disease

\* Alzheimer’s Disease

\* Dementia with Lewy Body

\* Progressive Supranuclear Palsy

\* Frontotemporal Dementia

\* Pick’ Disease

\* Primary Progressive Aphasia

**Dementia Assessment Tools:**

**\* Brief Cognitive Impairment Scale (William Mansbach,2011)**

 **(Stage 3 Advanced Dementia)**

\* Alzheimer’s Quick Test (Wiig, Nielsen, Minthon and Warkentin, 2002)

\* Cognitive Linguistic Quick Test (Helm-Estabrooks, 2001)

\* Arizona Battery for Communication Disorders of Dementia (Bayles and Tomoeda,1993)

\* Communication Activities of Daily Living (Holland, Fratalli and Fromm,1999)

\* Clinical Dementia Rating Scale (Hughes, 1982)

\* Dementia Rating Scale (Mattis, 1988)

\* Functional Linguistic Communication Inventory (Bayles and Tomoeda, 1994)

\* Global Deterioration Scale (Reisberg, Feris, DeLeon and Crook, 1982)

\* Rating Scale of Communication in Cognitive Decline (Bollinger and Hardiman, 1990)

\* Ross Information Processing Assessment-Geriatric (Ross-Swain and Fogle, 1996)

\* Severe Impairment Battery (Saxton, McGonigle,Swihart and Boller, 1993)

\* Cognitive Assessment Scale For The Elderly (Geneau and Taillefer, 1994)

\* Brief Test of Attention (David Schretlen, 1996)

\* Short Blessed Test (Washington University School of Medicine, St.Louis Missouri)

\* Middlesex Early Assessment of Mental Status (MEAMS)

**Dementia Rehabilitation?? >>>> My Thoughts and Opinion**

**Stage 1 Dementia**

\* Rehabilitation is very appropriate

\* Training of compensatory strategies for changes in executive functions

\* Patient /family education with regard to the progressive nature of the disease

**Stage 2 Dementia**

\* Skilled Interventions:

**1**. **Daily orientation/re-orientation** is typically performed by family and/or caregivers.

 This is an exhausting process. The SLP or OT can assist in the set-up of an

 Orientation Station in the inpatient rehab, SNF, LTC or home setting.

**2. Orientation Station**

**\*** Self orientation passively performed by the patient/resident/client via an

 orientation board placed in prominent location in the home or on the

 dementia unit.

**\*** The board should be brightly colored to attract and sustain some level of attention.

**\*** The board should only contain basic concrete information so as not to overstimulate the

 individual:

 - place/location - date - weather

 - day of the week - season - holidays

 **\*** A few current headlines could also be included to bring them into the present if only

 for a few moments. Headlines should reflect pleasant, optimistic ,funny, positive topics.

 Avoid headlines that might frighten the individual.

**3.** **A Personalized Resident/Client/Patient Biography**

 **\*** A personalized memory book with actual photos of people of importance. The

 book should take on the format of their own personal history book

 **\*** Michelle Bourgeois – My Book of Memories (visual presentation)

 **\*** Story Corps (auditory presentation)

 An oral history project - DVD production of a person’s life story

 Free copy of the DVD to participants in the project

**4.** **Facilitated Reminiscence – targets retained long term memory functions**

 - can be used all along the continuum of care

 - multisensory approach is most effective (food, drinks, video, pictures, newspapers)

 - provide contextual support to enhance the actual reminiscing

 - intervention goals are to encourage socialization and meaningful communication

 - group topics might include :

 \*significant historical events

 \*universally experienced developmental life events (school days, marriage, work)

 \*national, regional, religious or ethnic holidays

 \*then and now; talking about things no longer in use (elevator operator, carbon

 paper, shoe repair shops, tv antennas)

 \*use interesting open ended questions that don’t have a right or wrong answer

 (what famous person would you liked to have met and why)

 - Life- Our Century in Pictures. A wonderful book of 20th century pictures by decade

- Conversation Cards (App). Open ended questions to facilitate conversation

- Video Time Machine (App). 20,000 videos from 1860-2013 categorized by topic eg. sports,

 history, politics, movies, tv, music, news and advertisements. Select a topic and go back in

 time to video clips that can be watched and discussed.

- **talkbank.org** – great pictures of famous people that older adults would recognize (you

 will find them in the protocol section)

- Reminiscing – 21st Century Master Edition Board Game. Encourages players to recall

 childhood memories related to events, fads, clothing, music, tv, movies, radio etc.

 Contains material from the 1950’s through the 2000’s.

- Timeline – Art Museum (App). Norman Rockwell picture collection of covers from the

 Saturday Evening Post magazine.

 - please refer to a great article about Facilitated Reminiscence written by Joyce Harris

 in the October 30, 2012 Asha Leader for suggested activities/materials

**5.** **Basic Art Activities**

 \* “abstract art”

 \* watercolors

 \* coloring mandala stencils (adult appropriate) **free-mandala.com**

**6.** **Basic Music Activities**

 \* sing alongs

 \* therapeutic drumming

 \* armchair/wheelchair dancing

**Assessment Resources For Cognitive-Communication Disorders:**

\* Informal assessment is typically faster, less costly and more functional in nature

\* Formal assessment offers the opportunity for a more detailed probing of the

 deficits and comparative analysis

\* An effective assessment experience will utilize both formal and informal

 procedures

\* Clinicians should not limit themselves to commercially produced products. We are

 only limited by our own imaginations

**Informal Assessment:**

**SSACLI (Self Service Assessment of Cognitive Linguistic Impairments)**

\* created by the presenter, her speech pathology staff and graduate students

\* assesses both cognitive and linguistic impairments

\* includes a separate screening for dementia

\* includes the ability to calculate pre and post therapy scores

\* includes a behavioral observation checklist

**Draw A Clock**

\* visual neglect and inattention

\* organization, visual memory, sustained attention, sequencing, time concepts

**Barron’s A-C-T Practice Tests ($)**

\* primarily created to prepare students fot the ACT or GED examinations; $13.00

\* can be used with patients with higher level cognitive or language impairments

\* very useful in the assessment of a patient’s readiness to return to school or work

\* includes english, math, science, reading and writing

**Ask The Patient To Teach You How To Play A Common Card Game !!**

**The Independent Living Assessment**

\* developed by the Philips Lifeline Company in conjunction with Boston University

\* assesses an adult’s ability to live independently

\* includes sections on the ability to effectively communicate, socialize and perform

 complex tasks; mobility and ADLs (therapists enter current functional status)

\* it is conducted online: [www.lifeline-ILA.com](http://www.lifeline-ILA.com)

\* responses are scored and an interpretive summary is provided which identifies areas

 of concern and suggestions for community support and resources

\* a free service

**ASHA’S National Outcomes Measurement System (NOMS) ($)**

\* based on frequency and intensity of cueing, a 7 point rating scale

\* includes an adult healthcare component

\* there are 15 Functional Communication Measures (FCM’s)

\* you can google ASHA NOMS and get the full scale for each of the 15 skill areas

\* the 15 FCM’s include alaryngeal communication, attention, AAC, fluency, memory, motor

 speech, pragmatics, problem solving, reading, spoken language comprehension, spoken

 language expression, swallowing, voice, voice following tracheostomy and writing

\* contains the ability to access a national data bank

**ASHA’S Functional Assessment of Communication Skills in Adults (FAC) ($)**

\* checklist, takes about 15 minutes to complete

\* speech, language, cognition and social pragmatics

\* $ 124.00/$165.00

**ASHA’S Quality of Communication Life Scale (QCL) ($)**

\* captures the impact of a communication disorder on an adult’s life

\* probes socialization, leisure activities, work and education

\* takes about 15 minutes to complete

\* $ 99.00

**National Institute of Health (NIH) Stroke Scale** – sections 9,10,11

**Montreal Cognitive Assessment (MOCA)**

\* cognitive and linguistic probes

\* used in 100 countries

\* translated into 36 languages and dialects, validated in 21 languages and dialects

\* upcoming MOCA developments:

- development of parallel versions to reduce the learning effect

- to obtain normative data for age, culture and level of education (MOCA-ACE)

- to determine the MOCA’s ability to predict success/failure on a road test (MOCA-DRIVE)

- a version for illiterate or less educated subjects (MOCA-BASIC)

- development of a short 5 minute version (MINI-MOCA)

- correlate cognitive domains on the MOCA with everyday functions (MOCA-ADL)

- online program to improve standardized administration and interpretation of the test

 (MOCA-CERTIFICATION)

**The Source For Safety Evaluation/Cognitive Retraining for Independent Living**

\* questionnaire format; easy to administer

\* 10 subtests look at safety awareness and judgement for the home and community

 environments

\* $ 136.00 through AliMed

**Self Administered Gerocognitive Examination (SAGE)**

\* contains 4 separate variations of the assessment protocol

\* easy scoring with interpretative conclusions

\* eliminates tester bias

\* memory, ADL calculations, draw a clock, thought organization, sustained attention

\* Douglas Scharre MD, Ohio State University, 2007

**Testprepreview.com**

\* free practice test questions for professional certification/license examinations

\* CNA, social worker, accountant, insurance agent, veterinarian, physician assistant,

 nurse, dietician, dental assistant etc.

\* also includes answer keys to the questions!

\* also includes questions for the GRE, SAT, MCAT and GED

**The Practicioner’s Guide to Measuring Outcomes After Acquired Brain Impairment**

**\* compendium-of-scales.com/contents.htm (will show the book’s table of contents)**

\* scales – there is a scale for just about every cognitive-linguistic-social skill set

\* includes scales that are relevant to nursing, physical and occupational therapy as well

\* questionnaires

\* checklists

\* tests

**Gina’s Smart Phone Assessment**

Can the patient execute the following functions on their phone that are relevant to their current activities of daily living????

1. look up a contact

2. make a phone call

3. locate their email

4. send an email

5. send a text message

6. retrieve a text message

7. access their calendar

8. find their to do lists

9. remember and manage passwords

10. stream music

11. stream videos

12. access internet radio

13. find specific apps

14. program the GPS

15. search the web

16. store membership/loyalty cards

17. take pictures or videos

18. voice recorder

19. audiobook player

20. find cheap gas

21. offline dictionary

22. E book reader

23. open photo album/gallery

24. play favorite games

25. language translator

26. medication management

27. create a personal hot spot

28. personal banking

29. public transporation routes and schedules

30. document scanner

31. news and weather reports

32. voice activated calls for hands free driving

33. set alarm clock

34. make notes

35. access appointments

36. online shopping

37. turn on flashlight

38. use calculator

39. set reminders

40. social media – facebook, twitter, linked-in, instagram, tik-tok, snapchat

**Quick Standardized Assessment Tools ($) :**

* Cognitive Linguistic Quick Test (CLQT)
* Saint Louis Missouri Mental Status Examination (SLUMS)
* Mississippi Aphasia Screening Test (MAST)
* Aphasia Rapid Test (ART) – overall score predicts functional outcomes (high correlation)
* Boston Naming Test – Screening Protocol
* Western Aphasia Battery – Bedside version
* Scales of Cognitive and Communication Ability for Neurorehabilitation (SCCAN)
* Burns Inventory
* Boston Diagnostic Test of Aphasia – Short Form
* Apraxia Battery for Adults (ABA 2)

**Standardized Touchscreen Assessment of Cognition (STAC) ($)**

\* created specifically for the iPad (it is an App)

\* iPad based cognitive assessment

\* for higher level patients with executive function impairment

\* self administered

\* training session prior to the start of the test to review required iPad components

\* takes about 30 minutes to complete

\* assesses accuracy and speed of processing

\* offers comparative analysis; quantitative and qualitative data

\* attention, memory, visual spatial skills, new learning

\* automatic scoring function

\* generates a written report which can be emailed to the clinician

\* **F-STAC** now available – assessment of performance on functional activities

**Formal Assessment ($) :**

* Mini Inventory of Right Brain Injury (MIRBI-2)
* Right Hemisphere Language Battery (RHLB)
* Communication Activities of Daily Living – 2nd Edition (CADL-2)
* Test of Language Competence-Expanded (TLC-E)
* Western Aphasia Battery (WAB)
* Boston Diagnostic Aphasia Examination (BDAE)
* Scales of Cognitive Abiity for Traumatic Brain Injury (SCATBI)
* Rivermead Behavioral Memory Test
* The Boston Naming Test (BNT)
* The Philadelphia Naming Test (PNT)
* Hopkins Verbal Learning Test
* Assessment of Language Related Functional Activities (ALFA)
* Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES)
* Student Version of the FAVRES (S-FAVRES) (ages 12-19)
* Trailmaking Tests of Attention
* Executive Function Performance Test
* Comprehensive Aphasia Test (CAT)
* Assessment for Living With Aphasia (ALA)
* Formulaic and Novel Language Comprehension Test (FANL-C)

**Assessment options can also be located in the comprehensive individual categories within the ASHA Practice Portal:**

<https://www.asha.org/practice-portal/?srsltid=AfmBOorPBGZXfzb1rr-itDxGjk0KYAh7MIuWwAf9Mf1qJ2nrBNckX5lb>

**Cognitive Assessments For Higher Level Executive Functions:**

* Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES)
* Trailmaking Tests of Attention (TMT)
* Baron’s ACT Practice Tests
* Rivermead Behavioral Memory Test (RBMT-3)
* Behavioral Assessment of the Dysexecutive Syndrome (BADS)
* Test of Everyday Attention (TEA)
* Standardized Touchscreen Assessment of Cognition (STAC)
* Attention Process Training Test (APT)
* Testprepreview.com
* Porch Index of Communication Abilities (PICA)
* Frontal Lobe Score (FLS)
* Virtual Library Task (VLT)
* Delis-Kaplan Executive Function System (DKEFS)
* The Stroop Test

[**https://health.utah.edu/occupational-recreational-therapies/colleagues-clinicians**](https://health.utah.edu/occupational-recreational-therapies/colleagues-clinicians)

 (simulates online shopping and online bill paying as a cognitive retraining activity).

**Challenges to Successful Cognitive-Communication Rehabilitation**



 **Patient Centered Challenges:**

1. The presence of a pre-morbid Dementia

2. Level of alertness/sustained attention

3. Rancho Los Amigos Cognitive Levels 1-4

4. Medical status/Medication Interactions

5. Co-morbidities/Medical History

6. Sensory Impairments (Vision and/or Hearing)

7. Degree of Cognitive/Communication Impairment

8. Psycho-emotional Factors (Depression, Anxiety)

9. Age of the patient (generational issues)

10. Patient with shallow insight

11. Low motivation versus poor initiation (same difference?)

12. Previous history of substance abuse ( ? Self medication for an undiagnosed

 psychiatric disorder)

13. Learning differences and literacy status

14. Cultural diversities

15. The speed of recovery – highly variable

16. The grieving patient (denial, anger, bargaining, depression, acceptance)

17. Pain

**Treatment Centered Challenges:**

1. The cookie cutter approach to therapy (same old, same old)

2. Clinician burnout/boredom

3. Artificial settings

4. Absence of a community support system (the decline of the extended family)

5. Remote geographical areas and the unavailability of services

6. Documentation demands

7. Excessive demands on our time

8. Reduced length of stays

9. Roadblocks to the introduction of new clinical modalities (efficacy and cost)

10. Limited availability of post-acute programs

11. Payor issues (medicare caps, medicaid, commercial insurance speech therapy benefits)

12. Minimal public knowledge of discipline specific duties/responsibilities

13. Changes in familial dynamics and family roles

**Breaking Down The Barriers - A Team Effort**



 **Functional Approaches to Cognitive-Communication Rehabilitation**

**STATUS OF PATIENT CHALLENGES**

**A. Advocate For Earlier Introduction of Pharmeceutical Intervention**

\* stimulant medication: Ritalin, Provigil, Adderal, Concerta (can be used to facilitate

 attention, motivation, initiation, memory)

 \* anti-depressants: Paxil, Prozac, Effexor, Lexapro, Celexa, Zoloft

 \* anti-anxiety medications: Ativan, Valium, Xanax

 \* Provigil was originally prescribed for excessive sleepiness secondary to narcolepsy

 or sleep cycle reversals due to shift work (very similar to the sleep disruption patterns

 seen in TBI

 \* Ritalin has also been effective as a faster acting anti-depressant; most anti-depressants

 require 2-4 weeks to reach a therapeutic level in the body

**B. Maximize Periods of Alertness**

\* mutisensory stimulation activities (smell, texture, sound, taste)

 \* more efficient use of down time (refer to maximizing speed of recovery section)

**C. More Efficient Use of Therapeutic Recreation If Available**

\* initially can be less physically and cognitively challenging for the patient

 \* reduces “down time” disorientation and confusion

 \* relaxation activities (wheelchair yoga, tai chi) can promote increased sense of wellness

**D. Contribute to the Goal of Optimal Hydration and Nutrition**

\* include snacks as part of your therapy activities

 \* mini-fridge in speech therapy

 \* consider incorporating the Frazier Free Water Protocol whenever appropriate

 \* be creative when offering patients thickened liquids: smoothies, shakes, frappes

 \* incorporate natural thickening options eg: use instant pudding to thicken milk

**E. Patient Co-morbidities and Their Impact on Mental Status**

\* chart review to identify co-morbidities should only be done once!

 \* what you need is a good “chart review notes” form

 \* go to **speakingofspeech.com**, click on “materials exchange”, click on “medical/rehab”

 and select “chart review notes”

 \* ASHA also has a good template for patient demographic information

 **\* asha.org/slp/healthcare/adult templates**

\* monitor mental status frequently through the use of an orientation flowsheet

 **F. Promote Optimal Hearing and Vision**

\* work in well lit and quieter areas

\* keep spare reading glasses and magnifying glasses on hand

 \* assist in the maintenance and use of hearing aids – have spare batteries on hand

 \* auditory amplifiers (**amazon.com**) with disposable ear buds

 \* disposable ear buds (**encoredataproducts.com**, 1- 866-926-1669, part #: TT1)

 \* Quick Vision Screen: EyeXam App (tests visual acuity, color vision and more)

 \* Quick Hearing Screen: The Ling Sounds Test (can identify a possible high frequency loss)

 Stand 6 feet away from the patient and ask them to repeat the

 following sounds: /m/ /oo/ /ah/ /ee/ /sh/ /s/

**G. Utilization of Creative Scheduling**

 \* build in scheduled nap or rest times

 \* shorter sessions with increased frequency eg four 15 minute sessions vs. 1 hour session

 \* determine which patients absolutely need to be seen earlier in the day

 \* try and utilize communicative partners more often – patients paired on the basis of

 their communication impairment – especially those patients on your caseload that are

 only being seen for 30 minutes a day.

**H. Managing The Patient With Shallow Insight**

 \* visual representation of the event/injury via a timeline and diagrams

 \* orientation poster in room identifying where there are and why they are there

 \* work with them in non-public areas to reduce perseverations about leaving

 \* the “missouri” approach or “show me”; sometimes we just have to let the patient

 fail at an activity for them to glimpse that things have changed

 \* don’t dwell on the failure, reinforce the attempt

**I. Maximizing Speed of Recovery: The Neurobics Theory**

\* based on the premise that new neural connections occur more quickly when we

 engage in an activity that is new or different, and not rote

\* Pet Scans measure and provide images of actual neuronal activity

\* playing the same game repeatedly becomes a rote activity with minimal neuronal

 activity

\* playing a new game every day increases neuronal activity as you learn the rules,

 develop strategies etc.

\* can be as simple as brushing your teeth with your non-dominant hand

\* neural stimulation (rote activites) versus neural activation (non- rote activities)

\* you might actually achieve both as rote tasks become non-rote tasks in the

 presence of neurological damage

\* your goal is not a skilled intervention; your goal is engagement

\* set up individual activity boxes that can be kept on the nursing unit

Potential Results:

1. familiar rote activities facilitate neural activity in your patients

2. family education and training is begun earlier in the rehab program

3. it encourages interested/available family members to become more active

 participants in the rehabilitation process

4. assists family members in identifying with and feeling more at ease in their new role as

 “caregiver”; it also provides them with a specific role in the rehab process

Suggested Activities:

1. copying their name and basic biographical information

2. copy high frequency words relevant to safety, community signs etc.

3. matching pictures to words

4. verbally identifying basic vocabulary picture cards

5. singing along to a favorite genre of music (christmas carols, country music, hymns)

6. folding towels

7. sorting activities (card suits, condiments, plastic forks/spoons/knives )

8. coloring mandalas

9. playing solitaire

10. very basic, large print word search

11. self administration of the SAGE or Source for Safety Evaluation (higher level patients)

**J. The “Grieving” Patient**

\* acknowledge and validate the emotions of grief

 \* familiarize yourself with Elisabeth Kubler Ross’s stages of death and dying – they

 have a clinical implication in neuro-rehabilitation: denial, anger, bargaining,

 depression and acceptance

 \* request a social work consult for grief evaluation and counseling

**K. Pain**

\* patients with cognitive/communication disorders cannot effectively communicate

 that they are in pain

\* scheduled medication versus PRN; advocate for break out pain meds as well

 \* “placebos” serve to divert the patient’s attention away from their pain while they

 are waiting for their pain meds to take effect

 \* examples: gentle massage, soft lighting, hot tea, relaxation exercises, warm blanket,

 instrumental music, applying hand lotion, changing the position of the painful body part,

 hot or cold packs (identifying effective placebos becomes a skilled intervention)

**L. Medication Interactions**

\* **drugs.com** – identifies negative drug interactions and side effects

 \* know your staff pharmacist and utilize them as a resource

 \* The Beer’s List – identifies medications that are not always the best choice in the elderly

 population due to potentially harmful side effects. Printable pocketcard through the

 American Geriatric Society is available online when you google “Beers List”

**M. Low Impact Questions to Identify Literacy Status**

1. Was school work difficult for you at times?

2. Does it take you a long time to read things?

3. How much writing do you do each day?

**CLINICAL CHALLENGES**

**A. Documentation**

\* create simple data sheets and use them!

 \* cheat sheets are a great time saver during your documentation and can also be used

 during assessments

 \* use a basic formula for writing goals and objectives:

 **S** Specific

 **M** Measurable

 **A** Attainable

 **R** Relevant

 **T** Time-Bound

 \* Measurable Verbiage: (Bloom’s Taxonomy of Verbs is an excellent resource)

* Define
* Identify
* Label
* List
* Match
* Name
* Paraphase
* Sequence

 \* Create your own short term goal library: **speakingofspeech.com** (go to materials

 exchange>medical/rehab>adult goals )

**B. Excessive Demands On Our Time - Some Time Savers**

1. Therapy Partners (groups of 2)

2. MY SPEECH THERAPY SURVIVAL KIT – reduces the need to return to speech therapy

 for materials for the patient who is “on room hold”, refusing to leave their room, tired etc.

 in other words, a better utilization of your time

 my kit included a magnifying glass, stop watch, deck of cards, black pen, small pad of lined

 paper, penlight, small micro-recorder, plastic spoon, tongue depressor and straw

 now my “kit” is my iPad!

3. Your hearing and vision shoebox (batteries, reading glasses, magnifying glass, pocket talker)

4. Bedside Activities / 10 Minute Fillers:

 $25,000 Pyramid

 Who Am I?

 We’re Going On A Trip

 Celebrity

 Wheel Of Fortune Puzzle / Hangman

5. At Home Ceu’s:

 Passeymuir.com (free)

 Speechpathology.com ($129 a year, unlimited use)

 The ASHA Learning Pass ($144 / $179 per year)

 **I have a comprehensive list of vendors – email me for a copy!**

6. **asha.org/slp/healthcare/healthcare inservice tools**

Pre-made inservice presentations in PDF format

 Educating patients, families, caregivers and facility staff

**C. Shorter Lengths of Stay**

\* earlier family training for an anticipated home program

\* family education as to our roles in the rehab process

\* earlier introduction of AAC devices – the advent of the iPad and its diverse applications

 make this a more realistic goal now

\* assess a variety of apps to determine the best fit for the patient

\* find creative solutions for cog/comm deficits that typically require extensive time to

 remediate (introducing a voice amplicfication device versus the LOUD program or an

 AAC device/system versus prolonged apraxia training)

\* while these may not be the preferred methods, they deserve consideration when

 therapy benefits are minimal or absent

 **D. Roadblocks to Introducing or Purchasing New Modalities**

\* Making your case:

1. When requesting a new modality, support your request with evidence based research

 This is much easier to do now with the easy availability of the internet

 **Speechbite.com** (database for SLP evidence based research; search the database

 and print the research articles related to your desired modality)

2. When queried about cost effectiveness, stress the multiple medical and treatment

 diagnoses with whom it can be utilized

3. Include how the new modality can be incorporated into your facility’s marketing plan

**TREATMENT CHALLENGES**

**A. Artificial Settings**

\* get out of your clinic rooms – use the environment available to you

\* cafeteria? gift shop? maintenance department? laundry room? activities of daily

 living suites? gardens?

\* community re-entry / out trips (graduate students, therapy aides, family members)

\* create functional therapy activities that can be measured and replicated – keep necessary

 materials in a designated box

\* some ideas: smart phone therapy (talk about executive functions!), sort coupons into

 expired/not expired piles, look up information in the yellow pages of a phone book, make a

 phone call to an automated phone system, reading a map, finding specific sections in a

 newspaper, reading a restaurant menu, fill out a form, handling money/making change

 \* More ideas will be found in the upcoming Cognitive-Linguistic Toystore section of the manual

**B. Clinician Burnout**

\* it’s time to step out of your comfort zone!

\* there is nothing like a new “toy” to bring the “joy” back into our therapy

\* consider a new modality:

1. Aquatic Speech Therapy (sorry, you will need a pool for this one!)

 Placebo effect versus sensory bombardment

 I have done speech therapy in our rehab pool with the following diagnoses:

 Neurogenic Dysfluency, Adult Oral/Verbal Apraxia, R CVA and TBI (attention and

 impulsivity), Asperger’s and Autism Spectrum Disorders, PDD, Spastic Cerebral

 Palsy and Childhood Apraxia of Speech

2. Certifications:

 \* Vital Stim Therapy

 \* LSVT – The LOUD Program

 \* Beckman’s Oral Motor Program

 \* FEES

 \* Certified Brain Injury Specialist (C-BIS)

 \* Board Recognized Specialist in Swallowing (BRS-S)

 \* Deep Pharyngeal Neuromuscular Stimulation (DPNS)

3. Equipment:

 \* Visi-pitch

 \* iPad

 \* Portable organ

 \* Dynavision

**C. The Cookie Cutter Syndrome**

 \* same old, same old………

 

**YOU HAVE JUST ENTERED THE COG/ COMM TOY STORE – ENJOY!!!!!!!**

**Aisle 1 \*\*\*Therapy Websites and Their Applications for Use**

**\* engvid.com** (english video lessons – expressions, idioms, slang, pronounciation,

 comprehension, writing, vocabulary)

**\* tinsnips.org** (printable pictures all on one page – money, time, cooking, calendar,

 basic skills, seasonal, schedule cards)

**\* mommyspeechtherapy.com** (pictures organized by individual phonemes, all positions)

**\* mnsu.edu** (comprehensive speech pathology internet resources)

**\* pearsonelt.com** ( illustrative videos – identifies the idiom, explains the meaning of the

 idiom and then uses it in a sentence)

**\* aarp.com/games** (a variety of cognitive and linguistic games for adults)

**\* youtube.com** (type in any disorder name and you get an educational video)

**\* faculty.bucks.edu/specpop/topics.htm** (useful resource for cognitive retraining in

 younger and higher level clients seeking a return to school and/or work )

**\* esl-lab.com (randalls listening lab)**  (pre-recorded audio scenarios of everyday life

 situations that can be incorporated into therapy for all aspects of cognitive/linguistic

 impairment. Also provides probes and suggested activities for the recordings).

**\* natgeotv.com/braingames** (fun brain activities and a tv show)

**\* tedtalks.com** (pre-recorded mini lectures typically 6-18 minutes in length including

 a vast variety of topics. can be used for note taking skills, memory, making inferences

 and verbal summations)

**\* tactustherapy.com** (sample letter for iPad requisition; Apps designed for Aphasia)

**\* freedigitalphotos.net** (photographs for language stimulation activities)

**\* setbc.org/pictureset** (pre-made communication boards for adults)

**\* jeopardylabs.com** (search for a specific area/topic of interest and get a complete

 jeopardy board of answers of varying complexity)

**Aisle 2 \*\*\*Free Online Cognitive Games**

\* jigzone.com

\* allstarpuzzles.com

\* websudoku.com

\* thinks.com

\* smart-kit.com

\* primarygames.com

\* brainbasher.com

\* freerice.com

\* brainist.com

\* fitbrains.com

\* gamesforthebrain.com

\* brainwaves.com

\* cognitive labs.com

\* brainarena.com

\* aarp.com/games

**Aisle 3 \*\*\* Sources for iPad Apps**

\* Asha Leader July 2012 – Apps for TBI Rehabilitation

\* Linked-In ‘s Geek SLP Group

\* The App Store – put in a keyword(s) into the search box

\* appbrain.com – free ipad apps –extensive game category and other general categories

\* advanceweb.com - apps featured weekly - adult and pediatric

\* tactustherapy.com

\* virtualspeechcenter.com

\* putmebacktogether.com

\* yappguru.com – search therapy apps by specific slp categories

\* aphasia software finder.org/app-software-list

**Aisle 4 \*\*\* Software Programs**

\* Parrot (cognition and language)

\* Bungalow (predominantly language)

\* Rosetta Stone (language via an inclusion model)

\* Brain Train

\* Locutour (**locutour.com** for adult materials **learningfundamentals.com** for pediatrics)

\* CANTAB (executive functions and social cognition)

\* Computerized Home Aphasia Therapy program (CHAT)

\* Sentence Shaper (Language software for aphasia)

\* **Communicationpartner.com**

\* each level is $120.00+ but savings packs are available

 \* software DVDs

 \* aphasia home therapy

 \* level 1 – severe aphasia

 \* level 2 – moderate aphasia

 \* level 3 – mild aphasia

 \* very user friendly, good cueing sysytem

**Aisle 5 \*\*\* Computer Brain Training Programs**

\* Posit Science.com

\* HappyNeuron.com

\* Cognifit.com

\* Lumosity.com

\* Neuropsychonline.com

**sharpbrains.com (online resource for product validity through market research)**

**Aisle 6 \*\*\* Educational Games for the Wii**

\* Big Brain Academy: Wii Degree

\* Smarty Pants: Trivia for Everyone

\* My Word Coach

\* Puzzler Collection

\* Cranium Kabookii

**Aisle 7 \*\*\* Workbooks**

\* Lessons for the Right Brain (Pro Ed)

\* Results for Adults: Aphasia Book 1

\* Just for Adults Workbooks (Linguisystems)

\* The Mind Benders Series (Midwest Publications

\* HELP series (workbooks for memory and word finding)

\* The Source series (Linguisystems) (workbooks for voice disorders, executive functions, safety

 awareness and judgement)

\* WALC series (reading, math, everyday language)

\* Brainwave-R series (Pro Ed) (5 hierarchally graded modules: attention, visual processing,

 Memory, information processing and executive functions)

\* Understand your Brain and Get More Done – ADHD Executive Functions Workbook

 (Ari Tuckman, PsyD)

**\* Cognitive Rehabilitation Manual**

\* Translating Evidence Based Recommendations Into Practice

\* American Congress of Rehabilitation Medicine (ACRM)

\* Primary author is Edmund C. Haskins PhD

\* You can order just the comprehensive manual or sign up for their 2 day course

**Aisle 8 \*\*\* Card Games**

\* Cribbage

\* Canasta

\* Poker

\* Phase 10

\* Uno

\* Solitaire

\* Skip-bo

**Aisle 9 \*\*\* Board Games**

\* Scrutineyes

\* Scattergories

\* Upwards

\* Scrabbl

\* Boggle

\* Trivial pursuit

\* Slapagories

\* Sequence

\* Tri-bond

\* Name 5 Game (players have to name 5 things in a given category)

\* Sort It Out (players have to put things in order – fastest, heaviest, loudest etc.)

\* 20 Questions Board Games (people, places and things)

\* Buzz Word (timed game where you have to solve 10 clues and all of the answers

 contain a specific “buzz” word)

 **Creative Discharge Planning**



**Our Current Challenges:**

\* Shorter lengths of stay

\* Limited post-acute programs

\* Advances in trauma care that lead to increased survival rates of more severe

 injuries/events with proportionately more severe deficits

\* Absence of healthcare insurance

\* Limited outpatient benefits

\* Critical shortage of services in certain geographical areas

\* Unavailability of 24 hour assist, support or supervision

**Levels of Cognitive Supervision Utilized By The Speaker:**

1. Independent

2. Intermittent Supervision: patient can be left alone for 3-4 hours after medication has been

 given and the patient has been assisted in the bathroom; family

 checks in via the telephone; lifeline in place

3. 24 Hour Distant Supervision: someone is with the patient at all times but is not necessarily

 visualizing the patient 24/7

4. 24 Hour Close Supervision: someone is visualizing or auditorially monitoring the patient

 24/7

**Community Based Resources : 24 Hour Supervision**

1. Home evaluation prior to discharge

2. The Source for Safety Evaluation

3. 24 hour supervison calendar assessment: determining if 24 hour supervision is a

 realistic option after identifying which of the following supports are available to the family:

\* family members

\* family friends

\* neighbors

\* church members

\* pastoral visits

\* adult day care

\* outpatient rehab time

\* hired sitters

\* home health care provider time

**\* evening hours:**

\* baby monitors

\* door alarms

\* alarmed door mats

\* screen door for the patients bedroom with a high lock

\* hospital bed with 4 rails

**\* avoid the use of baby gates; they are to low, can be climbed over and create a**

 **further fall risk**

4. Lifeline or other medical response system

5. Meals on Wheels (one less meal the caregiver has to prepare)

6. GPS scanner App on a smart phone

7. Short term stay in a Skilled Nursing Facility

8. Utilization of VNA/HHC services prior to outpatient services – sometimes it is a

 separate benefit

**Community Based Resources: Creating Functional Home Programs:**

**\*\*home programs should begin during your first therapy session\*\***

 **\*\*utilize a home program daily log \*\***

1. **Utilize** the software programs, apps, workbooks and websites in the Cognitive-

 Linguistic Toy Store

2. **Instructional videos** on You Tube – search for a specific skill set

3. **Superteacher worksheets.com** ($25.00 a year for access to all printable worksheets)

 -math - writing - social studies

 -counting money - phonics - puzzles

 -telling time - grammar - brain teasers

 -word problems - spelling

 -reading - science

4. **TBI Express**

\* free!

\* communication training program for people with TBI, their families, friends and

 caregivers

\* The National Health and Medical Research Council of Australia

\* communication strategies toolkit

\* communication styles: do’s and don’t’s for collaboration and elaboration

\* illustrative videos to demonstrate the differences between effective/ineffective

 collaboration and elaboration

\* a nice resource for family education, support groups and group therapy

\* **sydney.edu.au/health-sciences/disability-community/tbi express/**

5. **Constant Therapy (iPad App)**

\* you can access the language and cognition content of this App by going to

 **constanttherapy.com**

\* activities are offered in both visual and auditory formats

\* very easy to use and navigate

\* can offer continuous “therapy” opportunities for your patients in the home environment

\* on the website you can request to become a provider/user

\* monthly membership cost

\* data collection features

6. All of the **Lingraphica** free Apps

7. **Visual Creator (iPad App)**

\* 200 templates!

\* $30.00

\* communication boards

\* picture schedules

\* flash cards

\* worksheets

\* pictorial shopping list

\* visual reminders

8. **englishforeveryone.org**

\* free domain

\* printable language based worksheets

\* reading comprehension for grades 1-12

\* word definitions

\* writing

\* formulating questions

\* common expressions (apraxia training)

9. **Patient/Family Education**

 **neurohero.com**

\* single skill videos

\* short videos that illustrate a specific skill to be used by a caregiver to make communication

 easier; e.g. asking one question at a time and waiting for the answer

 **DrawMDSpeechPathology (App)** – pictorial diagrams related to speech pathology

 **patienteducation.osumc.edu/documents/forms**

\* pre-made patient education fact sheets on general medical topics as well as dysphagia,

 aphasia, cognition and apraxia of speech

10. **Create training videos** directly on an iPad or tablet. This is especially creative for a

 patient with a severe oral/verbal apraxia who requires daily practice of oral motor

 movements in isolation, isolated sound production, syllable sets etc.

11. **Skype – Google Meet – Face Time – Zoom**

**When creating a home program for your patient/client, your goal is to achieve both neural stimulation and neural activation (this will take into account the variability in cognitive alertness and fatigue that is experienced by all survivors of a neurological event).**

**An effective way to achieve this goal is to create a weekly or monthly calendar of specific activities that are to be done on specific days and specific times of day. This will optimize the likelihood of achieving both neural stimulation and neural activation as non-rote activity is facilitated.**

**SPEECH THERAPY HOME PROGRAM ACTIVITIES:**

**COGNITION:**

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**AUDITORY COMPREHENSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VERBAL EXPRESSION ( LANGUAGE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SPEECH AND ARTICULATION:**

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**SOCIAL COMMUNICATION:**

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**READING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**WRITING:**

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**KEYBOARDING:**

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**ORAL MOTOR EXERCISES:**

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**SWALLOWING EXERCISES:**

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**VOICE EXERCISES:**

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**OTHER:**

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**SPEECH THERAPY HOME PROGRAM WEEKLY ASSIGNMENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

**PATIENT AND/OR FAMILY COMMENTS AND FEEDBACK**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPEECH THERAPY HOME PROGRAM WEEKLY LOG**

**PATIENT / CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLINICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  |  |  |  |  |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |  |  | **SUNDAY** |
| **MORNING** |  |  |  |  |  |  |  |  |  |
| **AFTERNOON** |  |  |  |  |  |  |  |  |  |
| **EVENING** |  |  |  |  |  |  |  |  |  |

**SPEECH THERAPY HOME PROGRAM WEEKLY LOG - GUIDELINES**

**1. THE FOLLOWING ARE EXAMPLES OF ACTIVITIES THAT CAN BE NOTED IN YOUR LOG:**

DLA (SPECIFY WHICH DAILY LIVING ACTIVITY, E.G. SENDING EMAILS, TALKING ON THE PHONE, WRITING A LIST ETC.)

IPAD (SPECIFY WHICH APP WAS UTILIZED)

WEB (IDENTIFY WHICH WEBSITE)

WORKSHEET (WHICH GOAL AREA WAS ADDRESSED, E.G. WRITING, READING COMPREHENSION, NUMBERS, SYNONYMS ETC.)

SOFTWARE (WHICH PROGRAM WAS UTILIZED)

ONLINE GAMES (IDENTIFY THE GAME)

ONLINE PROGRAM (IDENTIFY WHICH PROGRAM, E.G. LUMOSITY)

ONLINE VIDEO (IDENTIFY TOPIC, E.G. WRITING STRATEGIES, ORAL HISTORIES, LIVING WITH APHASIA)

READING ACTIVITY (IDENTIFY SOURCE E.G. MAGAZINE, LETTER, RECIPE, BOOK, ARTICLE ETC.)

CARD GAME (IDENTIFY THE GAME)

BOARD GAME (IDENTIFY THE GAME)

Wii (IDENTIFY WHICH GAME)

SKYPE – GOOGLE MEET- FACETIME - ZOOM

**2. NEXT TO EACH ENTRY, PLEASE NOTE ONE OF THE FOLLOWING SELF-ASSESSMENT**

 **CODES:**

E (EASY) C (CHALLENGING) D (DIFFICULT)

**3. IF YOU RUN OUT OF ROOM ON THE LOG, PLEASE CONTINUE YOUR NOTES ON THE BACK**

 **OF THE PAGE UTILIZING THE SAME FORMAT: DAY OF THE WEEK / MORNING-**

 **AFTERNOON-EVENING**

**THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS VERY IMPORTANT ASPECT OF YOUR RECOVERY**

**DESIGNED BY GINA ENGLAND MA, CCC-SLP SPEECH AND LANGUAGE PATHOLOGIST**

**Community Based Resources: Ongoing Post-Therapy Recovery:**

 **The Neurobics Theory**

\* based on the premise that new neural connections occur more quickly when we

 engage in an activity that is new or different, and not rote

\* Pet Scans measure and provide images of actual neuronal activity

\* playing the same game repeatedly becomes a rote activity with minimal neuronal

 activity

\* playing a new game every day increases neuronal activity as you learn the rules,

 develop strategies etc.

\* can be as simple as brushing your teeth with your non-dominant hand

\* neural stimulation (rote activites) versus neural activation (non- rote activities)

\* you might actually achieve both as rote tasks become non-rote tasks in the

 presence of neurological damage

\* you can reference additional information about Neurobics in the following book:

\* Katz, Lawrence C. and Rubin, Manning (1999). Keep Your Brain Alive: 83 Neurobic

 Exercises. New York: Workman Publishing Company

1. Telepractice Options

\* see ASHA website for current individual state provisions

\* ASHA Special Interest Group # 18 (Telepractice) Ending this year

\* October 9, 2012 ASHA Leader magazine – multiple articles

\* Waldo County General Hospital in Belfast Maine offers a 2 day intensive hands on

 course that is accredited in the USA to provide telepractice training; you can access

 detailed information at: **mainespeechtherapy.org**

2. Utilize Dial-A-Ride programs for community access

3. University Speech Clinics – free or reduced fees for supervised student conducted therapy

4. Attend events at local Senior Centers

5. Gym Memberships

6. Join a walking club

7. Vocational Rehabilitation

8. Community Colleges – auditing college classes versus matriculating

9. Free online classes (credits are not earned)

10. Adult Education Programs at local high schools

11. Volunteering

12. Nursing home visits

13. Driver Education classes/Driving lessons

14. AARP Driver Safety Program

15. Blogging

16. Join a book club

17. Local library resources – audio books, newspapers, dvd rentals, Libby, Hoopla

18. Search **aarp.org** for adult resources

19. Support Groups – age and diagnosis specific

20. Gardening Club

21. Cooking Classes

22. Wii Sports

23. Mall walking

24. Photography class

25. Form a coffee club

**\*\*The primary goal of a post-therapy recovery plan is ongoing\*\***

**engagement within one’s community to promote**

**continued opportunities for cognitve – linguistic recovery**

 

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