

Why Would I Enroll in Speech Therapy and How It Helps Me

Patient Diagnosis	Speech Therapy Service Options	Reason/Benefit
Alzheimers Disease/ Dementia Mild/Moderate Stage	Cognitive Evaluation Dysphagia Evaluation Speech Therapy Dysphagia Therapy	Vital to determine the level of cognitive function in order to assess safety of ADL's / independent abilities / develop tools
Alzheimers Disease/ Dementia	Cognitive Evaluation Dysphagia Evaluation Caregiver Training	Caregiver training to assist patient with ADL's and safety
CVA	Speech/Language Eval Dysphagia Evaluation Speech/Language TX Dysphagia Tx	Identify disabilities and identify program for rehabilitation
Diabetes	Cognitive Evaluation Dysphagia Evaluation Caregiver Training	Blood Sugar spikes and valleys result in cognitive changes throughout the course of the disease and / or the day. Evaluation outlines areas of safety that must be addressed.
COPD: Chronic Bronchitis and/or Emphysema	Cognitive Evaluation Dysphagia Evaluation Cognitive Therapy Dysphagia Therapy	COPD results in decrease of oxygenation of the blood cells, resulting in cognitive ability changes and increased risk of Dyspahgia complications.
Aspiration Pneumonia / Aspiration Pneumonitis	Speech/Language Eval Dysphagia Eval Dysphagia Therapy	Pneumonia results in decreased oxygenation and increased risk of dysphagia. Diet modifications and patient/caregiver training is vital to recovery
Parkison's Disease	Speech/Language Eval Cognitive Eval Dysphagia Eval	The patient's cognitive, articulatory /swallowing abilities change throughout day /course of the disease. Appropriate diagnosis / treatment can alleviate symptoms / aide in stability.
Hip Fx / Decr Mobility / Patient requiring walkers / wheel chairs / safety training by OT or PT for mobility or ADL's	Speech/Language Eval Cognitive Evaluation	ALL patients who rely on learning a technique to increase safety should be tested for cognitive processing by an SLP

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Areas of Speech TX	What Does It Mean?	Examples of Disability
Cognition: Receptive	Inability of the patient to take in information and understand	Patient may have no hearing loss, yet cannot take in the words and make sense
Cognition: Expressive	Inability of the patient to form a thought and express it for functional utility	Patient may understand what is being asked, but there is a breakdown between the brain / mouth
Respiratory: Dysphagia Cognition	Patient needs to be able to hold their breath 1-2 sec in order to swallow	Respiratory compromised patients fatigue after a few bites, decreased oxygen = decreased cognition
Muscular: Communication Dysphagia	Patient needs to be able to move the muscles of the head and neck in order to swallow or produce speech	Patient cannot coordinate the mouth and throat to swallow or cannot move tongue/lips to speak
Cognitive: Dysphagia Performance of ADL's Safe Use of Mobility Tools	Patient needs to be able to understand the risk of certain foods or liquids in relation to dysphagia risk	Patient aspirates on liquids or chokes on foods. Cannot make the choices to remain safe in one or more areas
Gastrointestinal: Dysphagia Cognitive	Patient is more unsafe if the food /liquid is refluxate when falling into lungs	Patient has sensory loss or doesn't understand the risks and remedies for GERD
Neurological: Cognition Dysphagia Communication	Patient has neurological complications from stroke, disease, or injury	Patient has sensory loss and/or constant -intermittent muscle control which increases risks in all areas
Agitation: Dementia Post CVA Medication Induced	Patient expresses frustration, anger, agitation or inability to discuss process with Nursing / TX	Patient has a deficit in the right hemisphere which limits the control necessary for patience. SLP can assess and develop methods
Real World Processing	Patient is confused on cooking, pill taking process, responsibilities, safety, mealtime, activities, how they fit in their environment	Patient has a deficit in high level processing (Mild Cognitive Impairment). Accessing alternate methods of processing in the brain can increase safety and assist with carry-over to independence
Home Health Care Structure, Function and Scheduling	Patient is overwhelmed by the process of receiving care, understanding the scheduling, and/or appreciating the function of the different specialties	Patient is overwhelmed by illness or that of the spouse. Cognitive processing for new information is slow and must be presented to that allow high level processing