

# Case Example

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The following case example describes treatment procedures used with one of the author's own patients:

Mr. Perez, a 76-year-old male, presented with moderate dysarthria and moderate-to-severe aphasia secondary to a cerebral vascular accident. He had a long-standing history of hypertension, for which he had been treated with medication. Up until the time of his stroke, he had worked full time, running a business he owned.

The stroke left Mr. Perez with a right-sided hemiparesis, visual deficits, mildly reduced comprehension and moderately-to-severely reduced expressive language skills. He was initially in a wheelchair. His ability to swallow was also impaired, and he was initially on a soft mechanical diet. He also presented with a facial droop and impaired strength and coordination of the oral musculature. He was initially unable to elevate his tongue.

When Mr. Perez began therapy, his motivation was excellent; however, he frequently became frustrated by the slowness of his progress. His wife and children were extremely supportive and helped him practice techniques and exercises at home.

In the beginning of therapy, Mr. Perez communicated using gestures and short phrases. His intelligibility was extremely poor. He spoke too quickly and needed cueing to slow down and pause between words. His breath support was fair, but he frequently ran out of air before completing a thought.

Therapy began with oral motor exercises, which continued until he was able to perform them with 80 to 90 percent accuracy. In the beginning, we worked on the vowel-consonant (VC) and consonant-vowel (CV) words that were easiest for him to produce. He progressed to single words, short phrases, sentences and then paragraphs. Articulation therapy began with bilabial sounds, as they are easiest to see, and gradually progressed to more difficult sounds. Mr. Perez performed speech exercises using a mirror for visual feedback and a tape recorder for auditory feedback.

Eventually, Mr. Perez performed contrastive speech and prosody exercises to make his speech sound more natural. We worked on functional tasks, such as role-playing ordering at a restaurant and dialing the police in an emergency. He also continued to practice self-monitoring skills.

After five months of individual treatment, Mr. Perez joined a dysarthria group to address his goals in a group setting and to receive the support of his peers. This worked well as he continued to make progress and benefitted from the psychosocial aspects of the group.

After six months of therapy, Mr. Perez communicated with a high degree of intelligibility, although he felt that his speech "sounded different" than before his stroke. He continued to attend the dysarthria group once a week until his discharge from therapy after eleven months.

# Intelligibility

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## George Eastman

George Eastman invented the handheld camera. He was born in the late nineteenth century in upstate New York. When Mr. Eastman was born, photographs were still new. The pictures taken at that time were made with wet plates. Mr. Eastman decided there had to be a better way, and he developed a process that would use dry materials instead of wet to make cameras portable. He did this by modifying technology available at the time. When he had completed his invention, he began to market it. The idea caught on and evolved into the sophisticated handheld cameras that people use for photographs today.

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