



Case Study 1

Mr. V is referred to your service for management following a stroke. The handover indicates that Mr. V has Aphasia.

You decide to read the Speech Pathology notes in the file before you meet Mr.V.

Initial contact file entry by SP

Mr V is a 62 year old man who has been referred for management following a left temporoparietal infarct. He presented with a right hemiplegia and aphasia.

Communication:

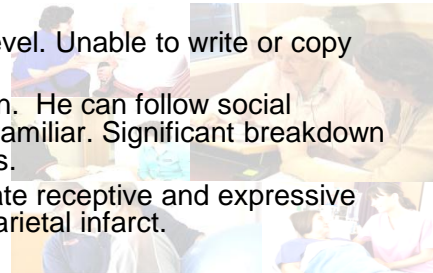
Receptive: Yes / No – reliable verbal response for personal information. Unreliable for more complex information. Able to identify body parts, some difficulty with left & right. Followed 1 stage commands and was inconsistent with 2 stage complex commands.

Expressive: Word finding difficulties noted in conversation– responded to phonemic cues. Used circumlocutions. Phonemic & semantic paraphasia's evident, use of non specific vocabulary ++++. Non fluent verbal output.

Reading was intact at a single word level. Unable to write or copy single words.

Pt uses gesture to facilitate expression. He can follow social conversation that was in context and familiar. Significant breakdown noted in unfamiliar conversation topics.

Impression: Pt presented with moderate receptive and expressive aphasia consistent with left temporoparietal infarct.



In relation to the file entry...

From the key information presented, identify & generate a group list of any words that you are not familiar with but would like further explanation. Please share any information you may know with the group. Use this list to guide reading & learning following this tutorial



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Work Book 1

As a group, discuss your understanding of aphasia.

-What is it?

-What is the difference between receptive and expressive aphasia?





Work Book 1

Case Study 2

Mr. H is referred to your service for management following a stroke. The handover indicated that Mr. H has dysarthria.

You decide to read the Speech Pathology notes in the file before you meet Mr. H.

Case Study 2

Adx: Mr. H is a 76 year old man who has been admitted following sudden onset of left sided arm weakness, left sided facial droop, swallowing difficulties and slurred speech. CT indicates Right MCA infarct

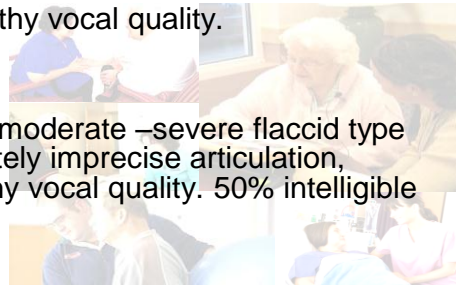
Oromotor Exam:

CN V: Within normal limits

CN VII: L) sided reduced tone at rest, reduced range of movement on non speech & speech tasks

CN IX & X: weak voluntary cough. Breathy vocal quality.

CN XII: deviation to left on protrusion



Motor Speech: Mr H presents with moderate –severe flaccid type dysarthria, characterised by moderately imprecise articulation, reduced volume, prosody and breathy vocal quality. 50% intelligible with careful listening and context.

In relation to the file entry...

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Work Book 1

Tying up loose ends....

- There have been a few new topics introduced today.
- Please make a group list of the areas that you were unsure of over the tutorial.
- Over the next week please look at this list and use the references provided to increase your understanding of these areas.

