

ADULTS: Language

Guidelines for referral to Speech-Language Pathologists

Most Common Etiologies:

- Central nervous system tumors
- Stroke
- Traumatic brain injury (TBI)

Related Terms:

Acalculia, agnosia, agraphia, alexia, anomia, aphasia, apraxia of speech, emotional lability, hemiparesis, hemiplegia, homonymous hemianopsia, paraphasia, preservation, pragmatics, visual neglect

Potential Consequences:

- Loss of ability to communicate needs.
- Lack of awareness of impairment and its degree (i.e., loss of ability to determine if communication is effective.)
- Difficulty participating in exchange of routine information.
- Isolation from family members and social contacts; at risk for depression.
- Disruption of ability to fulfill educational or vocational roles.
- Difficulty performing personal lifestyle management activities.
- At risk for personal injury due to inability to communicate in an emergency situation, understand, and/or follow safety precautions, etc.

Behaviors that Should Trigger an SLP Referral:

Receptive Language:

- Difficulty maintaining eye contact and/or attention to speaker limits focus and listening.
- Cannot understand basic spoken and written information including simple words, questions, phrases, and/or commands.
- Difficulty understanding others' and one's own speech.
- Limited ability to follow and/or understand one-to-one conversations and/or complicated commands.
- Misreads concrete everyday information in short personal notes, letters, and/or short stories.
- Appears confused and/or responds incorrectly during group conversations.
- Misreads basic functional information (i.e., schedules, telephone book, instructions for medications, cooking, and/or appliance use).
- Misunderstands information given over telephone.
- Reading newspaper and/or magazines is laborious and/or comprehension is limited.
- Misunderstands information from TV and/or radio.
- Difficulty following progression of information presented, or drawing opinions and conclusions from movies and/or books.
- Denies and neglects left side of face, body and/or environment (i.e., locating speakers and objects in left visual range and/or food on left side of plate)
- Difficulty understanding humor, sarcasm, and/or nonverbal information in conversation (i.e., facial expressions, gestures, etc.)

- Difficulty reading and understanding the comics
- Right visual field of each eye is impaired; has difficulty understanding written material.

Receptive Language with Declining Cognition:

- Difficulty understanding speech and questions of others.
- Misunderstands complex sentences and/or requests.
- Does not pay attention to person speaking or starts speaking before the speaker finishes.

Expressive Language:

- Difficulty saying any words, has inappropriate pauses, repetition of sounds and/or words, searching and/or correcting to produce correct words.
- Noticeable frustration during speech difficulties.
- Difficulty shifting to writing with non-impaired left hand (due to right hemiparesis); difficulty with formation of letters, numbers, or words.
- Difficulty answering questions and/or using words, phrases and/or sentences consistently; word choice is reliable but word usage is either limited with search behaviors or fluent with word errors (i.e., “spoon” for “fork” or sound related “ko” for “go”.)
- Difficulty writing basic information (ie., name, address, date of birth, telephone number etc.) or simple complete sentences.
- Everyday tasks such as writing phone messages and checks are difficulty and often contain word errors and/or reduced legibility.
- Written sentences contain errors in word usage, grammar, and perseveration; results in frustration.
- Speaks in sentences, but perseverates and makes related word errors or uses words without meaning (i.e., excessive pronouns for content words, “I want to go with him. You know him. I want to go with him.”)
- Errors in addition, subtraction, number formation, number use, and balancing a checkbook.
- Difficulty retelling stories and/or describing concepts, especially in conversation.
- Personal letters and/or routine correspondence include noticeable problems with expressing ideas clearly, spacing material on page; grammar and/or spelling.
- Begins reading and writing midpage due to left neglect.
- Difficulty conversing using appropriate nonverbal language (i.e., gestures), social pleasantries, taking turns, switching or staying on topic.
- Difficulty communicating with effective timing, word choice, grammar, content, including nonverbal behavior in highly abstract and/or highly interactive group conversation.
- Difficulty accurately, effectively, or verbally presenting highly technical and/or professional material.
- Right visual field of each eye is impaired; can write from dictation, but cannot read it.
- Does not make spontaneous movements or sound; speaks in one syllable words or brief sentences after significant delay and/or speaks in monotone whisper.
- Is awake and alert, all extremities paralyzed; cannot speak or swallow; is cognitively intact with no communication system.

Expressive Language with Declining Cognition:

- Exhibits difficulty finding appropriate words, speaking in sentences, and correcting speech mistakes.
- Increased difficulty expressing needs; perseveration.