HANDOUT-ABLE: Why Speech Pathology?

Why would patients/families benefit from Speech-Language Pathology services?

Oftentimes, when speech pathologists introduce themselves to new patients, the first comment is a shake of the head, and comment of “I don’t need a speech person — I speak just fine.”

It is a common misconception that speech pathologists only work with patients with slurred speech or developmental articulation problems. The scope of practice for speech pathologists, however, extends greatly beyond what a lot of people typically consider the sole purpose of the profession.

This resource describes the general areas of the field of speech pathology. Speech Pathologists evaluate and provide treatment for individuals who demonstrate:

— **Swallowing difficulties.** The same muscles and structures that are responsible for creating sounds for communication are the same muscles and structures that are necessary for swallowing food and liquids. The swallowing system is multi-faceted, and complex. It consists of the need for strong, powerful muscles that play specific roles in the swallowing process in a chain-reaction process. A safety swallowing system also requires an intact sensation for the body to identify when liquids and foods inadvertently travel into the airway, or near it. Speech pathologists identify the strengths and areas of involvement in persons who demonstrate swallowing difficulties via bedside swallow evaluations (without use of instruments for objective testing), video swallow assessments/vidoeofluoroscopy, fiber optic endoscopy of swallows (FEES) and possibly, and less frequent, ultrasounds of swallows. These options for testing provide information for the basics of recommendations for the safest consistencies for patients. As well, identified compensatory strategies for improving the swallow can be recommended, and SLPs can follow-up with education, training and feedback on use of these methods to improve safety of the swallow. All aspects of the preparatory phase (actions prior to placing food in the mouth/behavioral patterns of swallowing), the oral phase of swallow (mouth), laryngeal phase of swallow (throat) and esophageal phases (structure before the stomach) of swallow are assessed. Modifications to food and liquid consistencies may be required in order to ensure safety, including chopped, ground, blended/puréd foods, or thickened liquids such as nectar-thick liquids, honey-thick liquids or pudding-thick liquids. Exercises and treatment modalities, as well as education, provide mechanisms for attempting to reduce the risk of negative medical consequences of swallowing difficulties. Once treatment has occurred, repeats of instrumental and non-instrumental testing may be indicated, in order to determine if a recovery has occurred -- and if upgrades to previous foods and liquid consistencies can be restored/cleared.
Changes in these consistencies or the relaxing of compensatory strategies should only be altered under the direct supervision of a speech pathologist via recommendations with the medical health care team. Other difficulties that speech pathologists can address the swallowing process include: choking, gurgly vocal qualities post-swallows, pain with swallowing, difficulties swallowing pills, recurrent pneumonia diagnoses in the event of it recurring without cause, poor oral intake, unintended and unhealthy weight loss, and more. Individuals with head/neck cancers, tracheostomies, or patients with neurological diagnoses such as strokes or degenerative nervous system conditions also may benefit from a swallowing assessments and treatment.

— **Word-finding/expressive communication difficulties.** Effective communication, in addition to requiring articulation capacities, also involves the ability to think of words that need to be stated, and in “finding words,” or language, that is indicated in a specific situation. Patient’s that demonstrate difficulties thinking of words that they desire to communicate may be exhibiting expressive aphasia, as a result of a neurological event. Speech pathologists can provide cueing and other techniques for improving the ability of the patient to produce words that otherwise would not be produced. For patients who demonstrate extreme difficulties in communicating wants/needs, oftentimes, the speech pathologist provides recommendations, training and access for communicating in augmentative/assistive methods. The level of technology that would be indicated will depend upon the extent of the involvement and strengths the patient employs, among other factors.

— **Difficulty understanding others’ communications.** Patients who have difficulty following a conversation, following directions or answering others’ questions would benefit from an SLP evaluation to assess receptive language. Treatments and interventions could possibly assist them in achieving their prior level of function, which is the level they were functioning prior to the medical event that resulted in deficits. Oftentimes, training with families is needed, in order to utilize specialized strategies for anticipating the needs of patients, and some cases, alternative or assistive communication systems are needed to increase reliability in communicating with others.

— **Voice difficulties.** If a patient is experiencing a change in vocal quality, this is an area that speech pathologists can evaluate and treat. Examples of changes would include: a rash vocal quality, a voice that is too soft or loud, hoarseness, loss of voice, pain when speaking, unusual or dis-coordinated speech patterns or the presence of a tracheostomy -- are all areas that would require the expertise of an SLP. There are objective instrumental tests that can be administered to evaluate for determining a baseline level and for re-administration to determine if gains have occurred.
— Cognition. At times, medical events which patients experience result in a decline in functioning cognitively. This can involve changes in memory, sequencing, problem solving, attention, insight, focus, orientation, etc. Cognitive-linguistic skills are necessary for communicating wants/needs to have desires and needs met. Speech pathologists address these skills in attempts to achieve prior functional levels. In some cases, training with families and patients on compensatory strategies is needed to optimize communication skills of individuals with advancing dementia. Structured supports and memory aids are particularly helpful as well, and the expertise, feedback and innovation of speech pathologists are often instrumental in helping and assisting communication function that is impaired due to cognition.

— Articulation difficulties impacting communication. Difficulties in being understood due to slurred speech, a condition called dysarthria of speech articulation, is another area speech pathologists can evaluate and treat. Oftentimes, speech pathologists use the term “unintelligibility” to describe this communication involvement. This is not speaking to the level intelligence of the speaker, but to the ability for others to understand the speaker due to articulation deficits. Oral apraxia is a motor-planning speech pathology diagnosis that also impacts communication due to difficulty forming speech sounds for articulation. Respiratory changes can impact intelligibility as well and speech pathologists are trained to utilize strategies in respiratory patterns, in order to improve the ability to be understood in speech tasks. Nasal emissions when speaking/nasal resonance difficulties also would be an indicator for a speech pathologist. Stuttering is also within the scope of speech pathology’s realm for evaluation and treatment. A recent worsening of stuttering due to medical events would also require intervention by a speech pathologist, as well as new onset. Speech pathologist can also assist in educating patients to utilize written communication, if possible, to relay wants/needs, until articulation difficulties can resolve or improve.