

**Innovative
Therapy
Services**

Patient: Nathan DOB: 6/29/94

Referring Physician: Gregory L. Smith, M.D.

Diagnosis: Generalized delays, language disorder

Initial Evaluation Date: 7/8/98

Age: 4 years

Onset Date: 7/6/98 (script)

Patient #: 8865

Meaningful Measurements: The Preschool Language Scale -3 (PLS -3) was administered to assess Nathan's receptive and expressive language skills. On the auditory comprehension sub-test, he obtained a standard score of 70 (average = 85-115) a percentile rank of 2 (average = 50), and an age equivalent of 2 years 10 months (chronological age = 4 years 0 months). On the expressive communication sub-test, Nathan obtained a standard score of 73 (average = 85-115) a percentile rank of 4 (average = 50), and an age equivalent of 2 years 10 months (chronological age = 4 years 0 months).

Present Findings/Function:

Receptive language: Nathan demonstrated an ability to understand part/whole relationships (e.g. show me the door of the car), understand the pronouns "she" and "he", understand some descriptive concepts (heavy, empty); identify colors, and make inferences. He did not show an ability to group objects by category (e.g. show me all the things we eat), understand negatives (e.g. "who is not eating?"), compare objects, indicate smaller body parts on self (e.g. arm, knee, thumb), or understand complex directions.

Expressive language: Nathan demonstrated an ability to answer simple "what", "where", and "yes/no" questions, use plurals, present progressive "-mg", possessives, and pronouns. He did not demonstrate an ability to tell how an object is used, tell about remote events, complete analogies (e.g. "a lady bug is little, an elephant is ..."), repeat sentences, or answer "when" questions.

Articulation: The Structured Photographic Articulation Test (SPAT) was initiated, but not completed, secondary to patient's reluctance to participate in assessment tasks.

Hearing: A hearing screening was not completed this session, secondary to time constraints and Nathan's level of compliance at end of session.

Behavioral observations: Nathan initially appeared shy and was reluctant to participate in some activities. He appeared hesitant to respond as test items became more difficult. It was also noted that Nathan did not scan all pictures on the test booklet before making a response. He appeared to look at one section of the picture and make a choice from those. When SLP pointed at each picture and directed him to look at each one before she gave the question, the accuracy of his responses improved.

Assessment: Nathan exhibits a moderate language disorder, characterized by difficulty understanding and responding to information that he hears. His spontaneous expressive language appears more advanced than when he is expected to respond to a specific task (e.g. answer question, describe an object). Nathan's actual score on the PLS -3 may be lower than his true abilities, because he was hesitant to guess when he was uncertain of a response. However, his mother reports that his behavior today is typical of his response to language at home, and she indicated that he has difficulty answering questions or following complex directions. Nathan exhibits some characteristics of Central Auditory Processing Disorder (CAPD), which is defined by the American Speech- Language-Hearing Association as "limitations in the ongoing transmission, analysis, organization, transformation, elaboration, storage, retrieval, and use of information contained in audible signals.

Goals:

- 1) Nathan's hearing should be screened during initial visit or by an audiologist, if indicated, to rule out any contributing hearing loss.
- 2) Nathan will consistently (80%) follow two-step directions when given w/out a gesture.
- 3) Nathan will consistently (80%) answer "what", "where", "yes/no", and "when" questions regarding things not present.

- 4) Clinician will determine specific strategies (e.g. visualization, re-auditorization) to improve Nathan's auditory memory skills.
- 5) Nathan will consistently utilize strategies during auditory memory tasks, including repetition of words, sentences, following complex directions, etc.
- 6) Clinician will provide information to family, as needed regarding speech-language development, CAPD, goals, progress, home activities, etc.
- 7) Clinician will re-assess Nathan's communication skills as needed and update goals as indicated.

Treatment Plan: Speech-language therapy to address receptive and expressive language skills.

Frequency: 2x/week for 30 minutes

Duration: 1 month for current plan

Prognosis: Good, with positive prognostic indicators including family involvement, adequate cognitive skills to learn strategies, and his young age.

Significant medical history: Nathan had surgery hypospadias) on 10/11/95. No other significant medical history was reported by parents. However, Dr. Smith's office reported three ear infections this past year (3/97, 7/97, 12/97).

Birth/Developmental history: Mrs. health was described as good during her pregnancy. Medications prescribed included Tributalene and Magnesium Sulfate. Pre-term labor started at 34 weeks, and Nathan was delivered at 39 weeks gestation, weighing 8 lb. 1/2 oz. and measuring 20 inches in length. All early developmental milestones were reportedly acquired w/in normal limits. Developmental screens (Denver) were completed at Dr. Smith's at Nathan's annual check-ups. At Nathan's 2 year check-up, his skills were at 2 years 7 months, at his 3 year check-up at 3 years 3 months, and at his 4 year check-up at 3 years 9 months.

Family/Social history: Nathan resides with his parents, along with two younger siblings age 2 years, and 10 months.

Prior therapy: Patient has not received any previous speech-language therapy.

Precautions: None indicated by referring physician.

Present complaint: Mrs. reported that she is concerned about Nathan's language development because of how he puts words together, his talking about things not on topic, his difficulty following directions, and his frequent distractibility.

Prior functional status: N/A

Parent/Guardian aware of diagnosis and prognosis: Yes (XXX) No 0

Thank you for this referral,

Deanna Wiese, M.S., CCC-SLP Speech-Language Pathologist

I hereby order the treatment as outlined, including any alterations I have indicated above, and certify that continued therapy is medically necessary.