

ADULTS: Speech Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

- Head and neck cancer
- Parkinson’s disease
- Stroke
- Traumatic brain injury (TBI)

Related Terms:

Apraxia of speech, articulation, dysarthria, intonation, intuition, nasality, prosody, resonance, slurred speech, sound distortion, sound omission, sound substitution, speech, speech intelligibility, structural deviation, tracheostomy, velar, velopharyngeal incompetence, voice prosthesis.

Potential Consequences:

- Difficulty expressing needs and routine information intelligibly.
- Lack of awareness of speech impairment and its severity.
- Isolation from communication with family members and social contacts; at risk for depression.
- Disruption of communication ability to fulfill educational or vocational roles.
- Difficulty communicating intelligibly for personal lifestyle management activities.
- At risk for personal injury due to difficulty communicating about a dangerous situation, or calling for help.

Behaviors that Should Trigger an SLP Referral:

1. Disturbance in neuromuscular control.

- Speech is slurred with difficulty controlling loudness, rhythm, or vocal quality.
- Speech becomes more difficult to understand when individual speaks too fast.
- Range of understandable speech varies from none to intelligible; sounds are noticeably distorted.
- Causes frustration, embarrassment, and/or self-consciousness.

2. Disturbance in programming position and sequence of muscular movements.

- Sounds produced differ from sounds intended (i.e., attempts to say “dog” and says “tog” instead).
- Flow of speech is distorted by trial and error attempts, labored sound production movements, noticeable attempts at self-correction, and obvious difficulty initiating speech (i.e., “t-k-k-g-get my keys”).
- Sound production, prosody in oral reading, automatic speech (i.e., greetings) and responsive speech productions (i.e., answering simple questions) are produced more

accurately and smoothly than words, phrases, and sentences formulated to convey a purposeful message.

- Speech errors increase with increased sound complexity (i.e., sound blends “strap” vs. single sounds “tap”) and word length (i.e., “door” vs. “doorknob”).
- Individual ranges from occasional difficulty to severe difficulty producing even single words.
- Speech performance decreases with stress, demand of the communication situation.
- Speaker exhibits agitation, withdrawal, frustration, or embarrassment.

3. *Disturbance in performing voluntary movements with muscles of the mouth and larynx.*

- Exhibits alarm and/or frustration; has extremely limited ability to communicate.
- Cannot produce movements for sound production.
- Sounds are produced without voice (i.e. whispered speech).
- Unable to produce speech in coordination with breathing on command although breathing is normal for vital purposes.

4. *Structural deviation(s) in speech mechanism.*

- Sounds are omitted, slurred, or inappropriately substituted due to abnormalities in lips, tongue, cheeks, soft palate, and/or throat; ability to be understood varies with severity of deviation.
- Speech has excessive nasality.
- Oral, velar, or laryngeal prosthesis is used inconsistently and/or ineffectively, causing understandable speech to decrease proportionately with ineffective use.
- Intelligibility and sound production are compromised when the nasal passages, nasopharynx, and larynx are bypassed due to tracheostomy/ventilator dependence.

5. *Unusual intonational patterns and rhythm of connected speech, often with extremely high or low volume, occurs in individuals with mental/emotional disturbance or mental retardation.*

6. *Declining ability to be understood by family, friends, and/or caregivers for basic needs, preferences, and feelings.*