

# **Rancho Los Amigos National Rehabilitation Center**

# Communication Disorders Department Policy and Procedure

SUBJECT: EVALUATION OF COMMUNICATION AND SWALLOWING DISORDERS

Policy No.: 502 Supersedes: May 1991 Revision Date: February 2022

Page: 1 of 2

#### **PURPOSE**

To describe the methods of evaluation of communication and swallowing disorders.

## **POLICY**

The Communication Disorders Department provides guidelines for the evaluation of areas of communication and swallowing. Each speech-language pathologist uses his/her professional judgment to evaluate patients according to their needs.

The purpose of evaluation is to:

- 1. Describe the patient's communication, and/or swallowing and related abilities (cognitive, language, motor speech, voice) and to diagnose disorders in any or all of these areas.
- 2. Determine the severity and prognosis of the communication and/or swallowing disorder. Based on best available prognostic information, the current and projected level of assistance required is described.
- 3. Determine the expectations and goals of the patient and family/caregiver.
- 4. With the patient and family/caregiver, establish measurable long and short term goals and objectives for the most efficient and effective treatment program.
- 5. Provide recommendations to the family/caregiver and interdisciplinary team regarding strategies for facilitating the patient's communication and/or swallowing abilities.
- 6. Make referrals for other appropriate assessments or services.

## **PROCEDURE**

- 1. Evaluation of the patient's communication disorders will include the following when possible:
  - a) Relevant case history, including medical status, education, vocation, and socioeconomic, cultural, and linguistic backgrounds.
  - b) Review of auditory, visual, motor, and cognitive status.
  - c) Patient/client and family interview.
  - d) Standardized and/or nonstandardized measures of specific aspects of speech, spoken and nonspoken language, cognitive-communication, and swallowing function. Standardized scoring methods can only be used when the protocol is used as designed. It is inappropriate to administer standardized tests to patients who are unable to follow the standardized procedure.

Policy No.: 502 Supersedes: May 1991 **CENTER** Page: 2 of 2

- e) Analysis of associated medical, behavioral, environmental, educational, vocational, social, and emotional factors.
- f) Identification of potential for effective intervention strategies and compensations;
- g) Selection of standardized measures for speech, language, cognitive-communication and/or swallowing assessment with consideration for documented ecological validity.
- h) Follow-up services to monitor communication and swallowing status and ensure appropriate intervention and support for individuals with identified speech, language, cognitive-communication and/or swallowing disorders.
- 2. In addition to the above, evaluation of communication disorders in pediatric patients will include:
  - a) Determination of family/caregiver ability to support and facilitate the child's language development.
  - Standardized and/or non-standardized methods to observe and describe the child's early b) communication and play behaviors;
  - Parent or caregiver interview (using standardized or non-standardized methods) regarding communication and language behaviors that are part of the child's repertoire, but are not elicited by the clinician during the evaluation.
  - Description of parent or caregiver's ability to model and reinforce appropriate communication and play behaviors.
  - e). Integration of information from other relevant disciplines (e.g. pediatrician, O.T., P.T., dietary, etc) about such issues as social interactions, play and feeding.

#### RECOMMENDATIONS

On the basis of the evaluation, the speech-language pathologist determines whether or not treatment or follow-up is indicated. Recommendations regarding the type, frequency, duration and predicted outcomes of the therapy, if indicated, are provided. Referrals for other examinations or services are also provided, as needed.

Source: ASHA Preferred Practice Patterns for the Profession of Speech-Language Pathology

EFFECTIVE DATE: May 1991 REVIEWED: February 2022