



Rancho Los Amigos National Rehabilitation Center

Communication Disorders Department

Policy and Procedure

SUBJECT: TREATMENT PROGRAMS

Policy No.: 507

**Supersedes: January 1994;
Nov. 2009**

Revision Date: July 2022

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PURPOSE

To outline treatment programs.

POLICY

In all treatment programs provided by the Communication Disorders Department, the Speech-Language Pathologist will:

1. Consider the abilities, needs and preferences of the patient and those with whom the patient will communicate (including family, caregivers, educators, other service providers, etc., as appropriate). This includes consideration of the patient's unique concerns, abilities and priorities, including those related to the patient's cultural practices, language and developmental/life span stage and community participation goals.
2. Provide treatment within an interdisciplinary approach, whenever appropriate and effective.
3. Develop a treatment program appropriate in length to accomplish the stated objectives and predicted outcomes. Treatment should be discontinued when there is no longer any expectation for further benefit.
4. Provide patients, their families, and other caregivers with an estimate of treatment duration, along with other information and guidance about the course of treatment and prognosis for improvement.
5. Provide recommendations for other assessments, treatment, follow-up or referral which would be beneficial for the patient.

EFFECTIVE DATE: January 1994

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

REVIEWED: July 2022

Signature(s) on File.

The Communication Disorders Department will offer treatment in the following areas:

1. Augmentative/Alternative Communication (AAC)
2. Cognitive Communication
3. Swallowing Function
4. Language
5. Motor Speech
6. Voice
7. Early Intervention

Specialty treatment programs will be offered as patient needs dictate.

PROCEDURES

Patients may participate in one or more of the following treatment programs based on their individual needs, characteristics, and ability to benefit from therapy.

1. Augmentative/Alternative Communication Treatment:
Patients with severe speech impairments who are candidates for augmentative/alternative communication methods (e.g. alphabet boards, computer based devices) will participate in an AAC treatment program.
2. Cognitive Communication Program:
Patients who manifest problems of attention, concentration, learning, memory, reasoning, problem-solving, daily planning, executive functioning, judgment and/or insight, will participate in cognitive-communication treatment.
3. Swallowing Function:
Persons with oropharyngeal dysphagia will participate in a swallowing treatment program that may include the following:
 - a) Progressive resistance exercises
 - b) Neuromuscular electrical stimulation
 - c) Oral trials of specific food and liquid consistencies
 - d) Compensatory strategies
4. Language Program:
Patients with an impairment or developmental delay in spoken or written language (listening, processing, speaking, reading, writing, pragmatics) will be seen for language treatment.
5. Motor Speech:
Persons with any of the following disorders may participate in Motor Speech treatment program:
 - a. Weakness, discoordination, tremor, or decreased range of motion of speech musculature (respiratory, phonatory, resonatory, and/or articulatory musculature).
 - b. Prosodic disturbances (rate, inflection, rhythm, and loudness).
 - c. Motor planning difficulties. (Apraxia)
 - d. Developmental articulation delay and/or disorder.
 - e. Complete or partial loss of facial, oral and/or lingual structures.
 - f. Ventilator dependence and/or tracheostomy.

6. Voice:

Individuals with disorders of the aerodigestive tract or laryngeal anomalies such as: tracheostomy, vocal fold pathology, aphonia, dysphonia will participate in a voice program that may include the following:

- a) Vocal hygiene program
- b) Neuromuscular electrical stimulation
- c) Lee Silverman Voice Treatment
- d) Vocal strengthening exercises

7. Early Intervention:

Typically, early intervention (EI) programs are designed to provide intensive multidisciplinary treatment for non-traumatic brain injured children, ages 0-3 to:

- a. prevent further developmental delays
- b. improve fine motor, gross motor, speech, language, and adaptive feeding skills.
- c. provide training for families and nurses which enables them to engage the child in activities which promote carry over and generalization.

Rancho does not have a designated EI program; however the speech pathologist may consult with OT/PT regarding motor or feeding issues. Sometimes children are receiving OT/PT services in the community or at another DHS facility and the speech pathologist will coordinate services with these providers.

