

# GUIDELINES FOR SELECTING PATIENTS FOR AND TERMINATING PATIENTS FROM APHASIA THERAPY

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The continuous influx of patients in need of speech-language pathology services makes it mandatory that speech-language pathologists begin to give careful consideration to the selection process used in identifying those patients with communication disorders who will benefit from a treatment program. Equally important is the establishment of criteria for terminating patients from treatment.

Within an adult hospital setting, one of the most prominent communication disorders observed among patients is aphasia. Aphasia is a language processing disorder resulting from damage to the linguistic areas of the brain, usually located in the left hemisphere. Common causes of the brain damage include cerebrovascular accidents, brain tumors, head trauma, cerebral atrophy, encephalitis, and brain abscesses.

Because of the predominance of aphasia among adult patients, this report focuses on identifying those candidacy determinants that have proved useful in selecting patients who would benefit from aphasia treatment programs. In addition, criteria for terminating aphasic patients from treatment are considered.

After conducting an extensive review of the literature and surveying prominent aphasiologists by telephone, the following guidelines for patient selection and treatment termination were established:

## I. PROPOSED GUIDELINES FOR SELECTION OF PATIENTS FOR APHASIA THERAPY

In selecting aphasic patients for treatment, the following factors may be considered along with the ordering of priorities shown under each factor:

### A. AGE

Priority 1 Less than 55 years

Priority 2 55-75 years

Priority 3 Greater than 75 years

### B. RECENCY OF ONSET

Priority 1 0-6 months post onset stroke

Priority 2 7-12 months post onset stroke

Priority 3 Greater than 1 year post onset stroke co

### C. ETIOLOGY

Priority 1 Embolic, traumatic

Priority 2 Infectious

Priority 3 Hemorrhagic

### D. TYPE OF APHASIA

Priority 1 Patients demonstrating anomia, conduction, transcortical motor or transcortical sensory aphasia

Priority 2 Patients demonstrating Broca's or Wernicke's aphasia

Priority 3 Patients demonstrating global aphasia or senile dementia

## E. SENSORY/ PERCEPTUAL BEHAVIOR

Priority 1 Patients demonstrating functional hearing and visual acuity and perception who are alert (stimulated and aroused by the environment) and attentive

Priority 2 Patients demonstrating visual, auditory and/or attentional deficits (i.e., visual field cuts, distractibility, stupor, lethargy)

## F. PSYCHOLOGICAL BEHAVIOR

Priority 1 Patients demonstrating an adequate motivational level (i.e., engages in therapy activities, attends regularly, displays limited irritability)

Priority 2 Patients demonstrating poor motivation (i.e., refuses to participate or cooperate during therapy activities, fatigues easily, emotionally labile, complains frequently, denies that a problem exists)

Priority 3 Patients with severe psychiatric involvement

## G. PREVIOUS THERAPY

Priority 1 Patients with no previous therapy

Priority 2 Patients who have been referred to the service from other agencies with recommendations to continue a therapy program

Priority 3 Patients who have achieved maximum benefits from a previous aphasia therapy program within a 1-year period

## II. PROPOSED CRITERIA FOR TERMINATING APHASIC PATIENTS FROM TREATMENT

Aphasic patients should be discharged from therapy when:

- A. Treatment goals are achieved as indicated by measurable gains on test-retest evaluations and the patient is meeting levels of criteria established on individual therapy tasks
- B. No measurable progress is demonstrated during a 1-2 month trial period of therapy as indicated by test-retest evaluations and criteria-referenced therapy tasks
- C. The patient elects to terminate treatment
- D. Medical complications preclude continuation of the therapy program
- E. The patient, exhibits excessive and continuous absenteeism (i.e., patient does not attend 75% of scheduled appointments)

References which contributed to the establishment of these guidelines are available upon request to the authors.