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Abductor Spasmodic Dysphonia (ASD). To assess this type of voice disorder of neurological origin, see Spasmodic Dysphonia; see Adductor Spasmodic Dysphonia; see also Voice Disorders for general procedures of assessment of vocal parameters.

Adaptation Effect. An aspect of stuttering assessment, adaptation effect is a measure of stuttering under repeated oral reading of a brief printed passage; there is a typical decrease in the frequency of stuttering from first through the fifth reading; may be a part of the assessment of stuttering because of its diagnostic significance; to assess adaptation:

- Ask the person who stutters to read aloud a printed passage (such as *My Grandfather* or the *Rainbow*) up to five times
- Count the number of dysfluencies on each oral reading and calculate the percent dysfluency rate
- Note the loci (specific words or locations between words) on which dysfluencies occurred
- Note the specific words and sounds and words on which dysfluencies were more consistent (dysfluencies on the same loci on three or more readings) and those on which dysfluencies occurred only on any two readings
- Words or sounds on which dysfluencies occurred more consistently across the five readings suggest more severe stutterings than those that adapted (disappeared) on the third and subsequent readings; more severe stutterings, so identified, may persist longer in treatment and probably need special attention to reduce them
- Adaptation effect is more typically found in stuttering of early onset and it may be less remarkable in case of neurogenic stuttering

Adductor Spasmodic Dysphonia. See Spasmodic Dysphonia to assess this variety of voice disorder; see Abductor Spasmodic Dysphonia, another variety; see also Voice Disorders for general procedures of assessment of vocal parameters.

Agnosia. Assessment of agnosia, which is a difficulty in recognizing the meaning of various sensory stimuli in the absence of sensory deficits, is a part of an evaluation of clients with central nervous system dysfunction; includes many varieties that need to be assessed:

- **Auditory agnosia:** To assess:
 - Have the client's peripheral hearing tested; the hearing should be within the normal limits
 - Check awareness of auditory stimuli, including speech; the person should be aware of sound
 - Check visual recognition of objects; there should be no problem
 - Ask the person to match objects or animal pictures with the sounds they make; the performance is expected to be poor
- **Auditory verbal agnosia (pure word deafness):** To assess:
 - Check if the client can hear spoken words; the client should hear them and be aware of them
 - Ask the client to point to objects or pictures you name; expect errors
 - Check comprehension of words during conversation by asking questions; expect wrong responses
 - Ask the client to name (recognize) printed or written words; there should be no problem
 - Ask the client to name nonverbal sounds; expect no problems
 - Check spontaneous speech, reading, and writing; expect no significant problems
- **Tactile agnosia:** To assess:
 - Have the person touch and name objects when blindfolded; expect difficulty in correct tactile recognition of objects
 - Remove the blindfold and ask to name objects; expect improved performance
 - Present the characteristic sounds associated with the objects; expect improved performance
- **Prosopagnosia:** To assess:
 - Present pictures of family members and ask the person to name them; expect errors

- Ask the person to name individuals around while they remain silent; expect mistakes or no responses
- Ask the client to recognize the speakers who say something; expect mostly correct recognition
- Verify right hemisphere damage through medical records, including neurological and neuroimaging examination results
- Visual agnosia: To assess:
 - Present objects or pictures visually and ask the individual to name them; expect a high error rate
 - Ask the individual to touch and feel objects and then name each; expect much improved performance
 - Present sounds associated with the objects and ask the person to name them; expect improved performance
 - Verify bilateral occipital lesions, posterior parietal lobe lesions, or other visual cortex–related damage through medical records
- See the companion volumes (1) *Hegde's PocketGuide to Communication Disorders* and (2) *Hegde's PocketGuide to Treatment in Speech-Language Pathology*

Agrammatism. Assessment of deficient grammar (agrammatism), characterized by telegraphic speech, short phrases, limited sentence structures and varieties, is essential in clients with nonfluent aphasia and dementia; to assess:

- Record a conversational speech sample and have the client describe pictures and pictured story scenes
- Analyze missing grammatical morphemes, typical phrase or sentence lengths, and the number of different sentence types used
- Administer selected standardized tests described under Aphasia
- See Aphasia for more detailed assessment information

Agraphia. Assessment of writing problems in clients with neurological impairments or diseases is essential to develop a comprehensive treatment program; agraphia means writing problems that are due to recent cerebral pathology; to be distinguished from writing problems children may

exhibit because of poor instruction or learning disabilities; includes a few varieties; to assess them:

- Assess associated disorders, including Aphasia, Cerebral Palsy, Dementia, and other neurological disorders that may be present
- Verify left, right, or bilateral hemispheric lesions through medical records, neurological examinations, and results of radiographic or scanning procedures
- Apraxic agraphia: To assess these writing problems associated with apraxia:
 - Obtain samples of spontaneous writing, copying, and dictation; analyze for errors in letter formation, spelling errors, repetition of words and phrases, and such other writing problems—all diagnostic of apraxia
 - Check whether the writing includes only capital letters, a positive sign of apraxic agraphia
- Motor agraphia: To assess writing problems due to impaired neuromotor control:
 - Obtain spontaneous, dictated, and copied writing samples
 - Look for writing extremely small letters (micrographia) or letters that get progressively smaller
 - Take note of extreme difficulty writing or disorganized writing due to tremors, tics, chorea, and dystonia
 - Observe obvious neuromuscular problems in the hand and verify them in medical records
- Pure agraphia: To assess writing problems with no other language dysfunctions:
 - Obtain spontaneous, dictated, and copied writing samples
 - Look for extreme difficulty writing anything at all
 - Check whether copying or automatic writing is nearly normal but spontaneous writing is full of errors—the two diagnostic features
 - Check medical records for evidence of lesions in the premotor cortex and in the superior parietal lobe
 - Generally, relate morphologic and syntactic errors and neologistic writing to predominantly left hemisphere lesions; compare writing problems with expressive

language problems for similarities (except for individuals with pure agraphia)

- Generally, relate such *spatial* writing errors as lack of margins, erratic spacing between words and sentences, and left neglect to right hemisphere lesions
- See the companion volumes (1) *Hegde's PocketGuide to Communication Disorders* and (2) *Hegde's PocketGuide to Treatment in Speech-Language Pathology*

AIDS Dementia Complex (Human Immunodeficiency Encephalopathy). Assessment of progressive physical and intellectual deterioration associated with acquired immune deficiency syndrome is essential to distinguish it from other forms of dementia; AIDS dementia complex resembles subcortical dementia in the beginning and cortical dementia in the advanced stages. See Dementia; also, see the companion volume, *Hegde's PocketGuide to Communication Disorders*, for etiological factors and symptomatology of AIDS Dementia Complex.

Assessment Objectives/General Guidelines

- To assess language, cognitive skills, memory, and emotional reactions (e.g., apathy, depression)
- To diagnose dementia associated with AIDS
- To develop a plan for communication treatment or rehabilitation
- To make periodic assessment to evaluate changes in the symptom complex

Case History/Interview Focus

- See Case History and Interview under Standard/Common Assessment Procedures
- Concentrate on history of AIDS and general symptoms that support its diagnosis
- Examine medical evidence that supports the diagnosis of AIDS
- Get information on the individual's health, especially on various opportunistic diseases that AIDS promotes
- Get information that helps establish the premorbid skills, intellectual levels, hobbies, and general behavior patterns