Literary Review

A review of: Clinical Management of Neurogenic Communication Disorders, by Donnell F. Johns (1978)

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* Clinical Management of Neurogenic Communicative Disorders

Edited by Donnell F. Johns, Ph.D.
342 pages with illustrations. Index.
Boston; Little, Brown and Company, 1978.

In 1975, Picard (*IJOM*, 1,2:p. 78) gave as the scope of interest of oral myology the entire stomatognathic system, which "... includes jaws, teeth, their investing tissues, and all of the neuromuscular system of the head and neck." With this wide range of interests in mind, Johns' book, *Clinical Management of Neurogenic Communicative Disorders*, would certainly be an excellent resource for the bookshelf of any speech pathologist or oral myologist. The terms "tongue thrust," "dysphagia," and "oral myofunctional disorders" are not discussed; however, a thorough description of therapeutic strategies for the various neurogenic communicative disorders is given. This should prove valuable background information for an oral myologist who may participate on an aphasia, apraxia, or dysarthria team.

Each of the seven chapters was written by a specialist or specialists in the field, and each chapter integrates clinical speech pathology with neurology. Research relevant to each of the neurogenic communicative disorders is presented; however, the forte of the text lies in its thorough and practical approach to assessment and clinical therapeutic strategies.

The chapter which may prove of greatest use and interest to the oral myologist is Chapter Six, "The Dysarthrias: Description, Diagnosis, and Treatment," by John C. Rosenbek and

Leonard L. LaPointe. Following the description of evaluation procedures, the clinician is instructed to prepare for treatment

... by organizing these symptoms into hierarchies. A hierarchy is merely an order establishing the relation of what appears to be causing what in the patient's total symptom (speech and neuromuscular) complex (p. 274) . . . Hierarchies tell one where to start—as close to the bottom of each hierarchy as possible. The closer to the bottom of the hierarchy one can enter with therapy, the greater the efficiency (p. 275).

Among the specific treatment goals is that of modifying abnormalities of posture, tone, and strength. Behavioral techniques are suggested for the improvement of muscle tone in cases of hypertonicity and also of hypotonia. Muscle strengthening, respiration modification, and other treatment procedures (including massage, relaxation, and resistance) are included.

In Chapter One, "Neuropathologies of Speech and Language: an Introduction to Patient Management," Robert T. Wertz presents diagnostic techniques and treatment programs for five communicative disorders — aphasia, the language of confusion, the language of generalized intellectual impairment, apraxia of speech, and the dysarthrias. The clinician is taught to analyze a patient's postmorbidity skills in light of pertinent premorbidity biographical data. Each of the five communicative disorders is defined according to localization of lesion and etiology. Diagnosis, prognosis, and focus of therapy is discussed, and a detailed clinical example is given for each of the disorders.

In Chapter Two, "Auditory Comprehension and Aphasia," Robert H. Brookshire presents a fascinating review of research concerning auditory processing deficits associated with aphasia. Rather than perceptual in nature, as previously held, these deficits are said to include problems in temporal sequencing, in retention, recall, and comprehension of the auditory message. Brookshire presents evidence to show that adding pause time to spoken messages facilitates the performance of aphasic patients. These

patients seem to be unable to "... receive and process incoming auditory messages simultaneously," and they need "... to take time out from receiving the message to process what they have heard" (p. 122). Pauses should be placed at grammatical boundaries to help the patient "... determine where one unit of thought ends and another begins" (p. 123).

Leonard L. LaPointe gives many step-by-step procedures in Chapter 3, "Aphasia Therapy: Some Principles and Strategies for Treatment." Two unique compensatory-facilitative strategies are described. The first, melodic intonation therapy, is based on rhythm and intonation patterns which progress

... from singing in unison to repetition of phrases with normal intonation and, finally, to sentence production in response to questions (p. 136).

In the second method, American Indian sign language, or Amerind, is utilized in teaching aphasic patients gestures to represent objects, actions, direction, and descriptions. Many patients have developed spontaneous oral production with their use of sign, indicating that gestures serve as facilitators of verbalization (p. 136).

A programmed-operant therapy approach is also presented by LaPointe. What should prove very helpful is a sequenced program of specific verbal, auditory comprehension, reading, and writing tasks from the "Base-10 Programmed Stimulation" approach.

Chapters Four (by John C. Rosenbek) and Five (by Sara Macaluso-Haynes) deal with apraxia of speech. Rosenbek utilizes two kinds of reorganization in his approach to therapy. *Intrasystemic reorganization* "... is an attempt to improve the function of a system by manipulation within the system" (p. 195). This is said to be accomplished by shifting the disturbed function downward to a lower (more primitive and automatic) level within its own system, or by giving the function new meaning and shifting it upward to higher cortical levels.

Using a non-verbal gesture, such as tongue protrusion as a basis for helping a patient learn /ø/, and making speech more volitional or conscious, are both examples of

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intrasystemic reorganization, which attempts to improve the speech programmer by concentrating solely on the programmer (p. 195).

In *intersystemic reorganization*, Rosenbek states, "... a behavior or a system is improved by involving elements of intact ... systems" (p. 195). A patient's speech may be reorganized by pairing it with such response modes as gesture and writing (p. 213). Rosenbek outlines a full program of therapy and presents a wide variety of

methods and instrumental treatments along with six well-chosen case studies.

In Chapter Seven, "Surgical and Prosthetic Management of Neurogenic Speech Disorders," Donnell F. Johns and Kenneth E. Salyer present "... several methods designed to ameliorate the problems associated with neurogenic velopharyngeal incompetency" (p. 328).

It is the opinion of this reviewer that the oral myofunctional therapist will eventually participate as an essential

partner on the management team for many of the neurogenic communicative disorders (especially in view of dysphagia and other associated oro-facial complications). Because of the wealth of information presented and of the extensive treatment procedures, *Clinical Management of Neurogenic Communicative Disorders* is recommended as an excellent reference source for oral myologists and speech pathologists.

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