



# A Pre-Qualifying Curriculum for Motor Speech Disorders

## *Rationale*

Motor speech disorders are one of the most frequent acquired communication disorders. It is therefore essential that SLT graduates have basic knowledge of the manifestations of these disorders, their neuroanatomical and neurophysiological correlates and issues surrounding client assessment, diagnosis and management.

It is expected that any teaching on motor speech disorders would be closely linked to related areas such as linguistics and phonetic, anatomy, physiology and neurology, as well as generic approaches to client management, the role of the SLT in the health system and clinical evaluation skills.

## *Learning Outcomes*

On completion of this module students will be able to:

1. describe the prevalence, cause and origin of motor speech disorders in adults based on current theory;
2. demonstrate basic knowledge of speech motor control;
3. characterise major communication and related features of motor speech disorders;
4. justify the choice of and appropriately use relevant methods to describe, analyse and diagnose disorders of respiration, phonation, articulation, prosody, fluency, intelligibility and overall communicative activity and participation, as well as other relevant non-speech aspects;
5. perform a differential diagnosis between other communication disorders and motor speech disorders as well as between subtypes of motor speech disorders on the basis of a variety of these features;
6. justify the rationale underlying management and goal setting based on current theory;
7. demonstrate basic knowledge of a range of intervention procedures and management approaches in motor speech disorders;
8. appreciate the influence of situation contexts on communication and therapeutic goals to facilitate communication with people who have motor speech deficits,
9. identify the need for and implement appropriate augmentative alternative communication (AAC) aids;
10. choose appropriate methods to evaluate intervention and treatment efficacy;
11. discuss the factors which influence prognosis in motor speech disorders;
12. discuss the speech and language therapist's varied roles within the multidisciplinary team in the care of adults with motor speech disorders.



## *Outline*

- Causes and prevalence of motor speech disorders;
- Differential diagnosis of motor speech disorders;
- The major presenting features of motor speech disorders in social, psychological and medical contexts;
- Dysarthria types and the Mayo clinic classification;
- Apraxia of Speech;
- Assessment of motor speech disorders:
  - clinical dysarthria tests,
  - perceptual analysis of speech,
  - instrumental assessment (acoustic and physiological),
  - measures/descriptions of communicative participation;
- The speech and language therapist's role, goal setting and models of management in motor speech disorders;
- Selected management approaches and procedures in motor speech disorders (focusing on function, activity or participation);
- Communication aids (AAC) for individuals with motor speech disorders;
- Prognosis and aspects of intervention effectiveness in motor speech disorders;
- Documenting and measuring outcomes in intervention (diagnosis and treatment);
- Multidisciplinary working and liaising with family/next of kin.

## *Time Allocation*

It is suggested that motor speech disorders are allocated a minimum of 20 hours teaching in the curriculum, in addition to practical sessions involving speech samples.

