

Time of Evaluation: 9:15-10:00 45 minutes

Caregiver/Child Interview

1. Does the child have any pre-morbid fine motor/ADL issues or concerns?

Yes, ongoing concern.

2. Has the child received OT services in the past

Yes
 No

Setting: Home; please see chart for information regarding School based and home OT.

3. Does your child have any visual deficits: If so what visual deficits does your child have?

Yes/Additional comments:
 None identified at this time

Does he/she wear glasses:

Yes
 No

When was the date of his/her last vision exam? At KKI in 2008.

4. Does your child have any hearing deficits: If so what hearing deficits does your child have?

Yes/Additional comments:
 None identified

Does he/she wear hearing aids:

Yes
 No

When was the date of his/her last hearing exam?

In 2008 patient was seen by Audiology at KKI; no issues noted

5. What types of leisure activities does your child enjoy?

TV, Barney, Chocolate

6. Child's preferred learning method: visual instruction/demonstration

7. Caregiver's preferred method of communication for progress updates:

Written Communication Phone Calls

E-mail Other: in person

8. Is there anything you would like to tell us about that we have not asked?

Patient's Father would like OT, PT and SLP to collaborate in Haya's treatment.

Abbreviations used in this report: A = assistance, min = minimal, mod = moderate, max = maximal, CS = close supervision, DS = distant supervision, CGA = contact guard assistance, I = independent, B = bilateral, UE = upper extremity, LE = lower extremity, KKI = Kennedy Krieger Institute, STP = Specialized Transition Program, JHH = Johns Hopkins Hospital, R = Right, L = Left, B=Bilateral, SPT = Stand pivot transfer, SQPT = Squat pivot transfer, SBT = Sliding board transfer, vc's = verbal cues

History: (from Chart Review)

Patient was admitted to Kennedy Krieger Institute for rehabilitation. Patient is an 8 year old girl with a history of resection of a pilocytic astrocytoma of the right cerebellar hemisphere in 9/2005, shunted hydrocephalus and seizures. She also has a history of significant developmental delays. She had a seizure in that past 6 months.

Precautions:

| | | | | | |
|-------------------------------------|---|-------------------------------------|----------|-------------------------------------|-----------------------|
| <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Seizures | <input type="checkbox"/> | Tracheostomy |
| <input type="checkbox"/> | Latex | <input checked="" type="checkbox"/> | Falls | <input checked="" type="checkbox"/> | Shunt |
| <input type="checkbox"/> | MRSA/VRE | <input type="checkbox"/> | Cardiac | <input type="checkbox"/> | Swallowing/Aspiration |
| <input type="checkbox"/> | Food/Enivonment Allergy: | | | | |
| <input checked="" type="checkbox"/> | Other: Requires constant adult supervision secondary to impulsivity and poor safety awareness | | | | |

Weightbearing Status: FWB

| | | | |
|--------------------------|----------|--------------------------|---------|
| <input type="checkbox"/> | WBAT on: | <input type="checkbox"/> | PWB on: |
| <input type="checkbox"/> | TTWB on: | <input type="checkbox"/> | NWB on: |

Orthotics:

| | | | |
|-------------------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> | None | <input type="checkbox"/> | Abduction Wedge |
| <input checked="" type="checkbox"/> | AFO's on: Right and Left lower extremity | <input type="checkbox"/> | Knee Immobilizer on: |
| <input type="checkbox"/> | TLSO | <input type="checkbox"/> | Other: |

Comments: Client has bilateral AFO's that she has tolerated at KKI. She wears them throughout the day.

Medications: Trileptal and Keppra.

Social History: The child attends the Khalifa School in Kuwait.

Home Environment:

The patient lives with mother father step-parent grandparent siblings other:
Caregiver, Rosa
 Unable to evaluate.
There is a bathroom located on the main floor.

The patient's bedroom is located on the main floor.

Equipment Owned:

Sensory Rocker, Rifton Activity Chair, Vibrating snake, Scoop plates, Peanut Ball, scoop bowls and Weighted blanket.

Evaluation Methods: Clinical observation; Parent interview.

Pain:

 x During occupational therapy intervention, no clinical evidence of pain was noted. Patient is non-verbal. Assessment of pain was completed by observation.

Comments: The medical team was informed about the level and intensity of pain reported.

Activity of Daily Living (ADL's)

| Activity | Admission WeeFim Score | Discharge WeeFim Score |
|-------------|------------------------|------------------------|
| Feeding | 4 | |
| Grooming | 1 | |
| Bathing | 1 | |
| UE Dressing | 1 | |
| LE Dressing | 1 | |
| Toileting | 1 | |

ACTIVITY KEY:

Feeding includes use of utensils, chewing and swallowing once meal is present.
 Grooming includes oral care, washing/rinsing/drying hands & face, brushing hair
 Bathing includes washing/rinsing/drying below the back, excluding the back
 UE dressing includes dressing/undressing, obtaining clothing, fasteners, orthotics
 LE dressing includes dressing/undressing, obtaining clothing, fasteners, orthotics
 Toileting includes perineal hygiene, & adjusting clothing before and after task

Additional ADL Information:

Feeding: Minimal assistance and set up

- Texture/Liquids: no restrictions per parent report
 - Swallow: Parent reports no issues with swallow. Patient was observed chewing and swallowing during session without issue. No signs of choking/aspiration noted during clinical observation.
 - Adaptive Equipment: none at this time
 - Cup vs. Straw: Patient drinks from juice box with straw; Patient had spillage when drinking from an open mouthed cup. When cup was placed in her hand patient grasped it and brought it to her mouth.
- Patient requires hand over forearm assistance to stab food with a fork but can bring the food to mouth independently. Patient requires verbal and gestural cues to initiate and complete meals.

Adaptive Equipment: Haya benefits from using a scoop plate which allows her to push bites of food with fork.

She benefits from physical prompts such as a hand underneath her right elbow that can guide her forearm towards the food. She can bring food to her mouth independently on the utensil. The patient requires constant adult supervision during self feeding to appropriately pace self and avoid over stuffing.

Grooming: Dependent

Bathing: Dependent

Upper Extremity Dressing: Dependent

Lower Extremity Dressing: Dependent to don/doff shoes and braces; Initiated and completed doffing socks; dependent to don.

Toileting: Dependent

•Bowel and bladder continence: Incontinent; does not communicate need to use bathroom or when she is wet.

Positioning/Mobility:

•Transfer status:

Patient is able to get up from floor to standing independently approximately 20% of the time. She can get up from the floor with physical prompts at the pelvis. She is able to make ambulatory transfers with physical prompts and CGA. Patient inconsistently self corrected body position to maintain balance on a peanut ball during evaluation.

Play skills/Leisure:

Patient continues to enjoy watching Barney and will bring hands to a typical keyboard to continue Barney song when it is paused. Patient shows preference for some toys such as the peanut ball that she can sit on. She will sustain eye contact for approximately 60 seconds while a song is being sung. During evaluation she did return demonstration of putting toys in a container 2x and carrying a bag a short distance before dropping it.

Instrumental Activities of Daily Living (IADLs):

Cold/Hot Meal Prep: Dependent

Cognition/Behavior:

| Cognitive Skill | WFL | Problem | Comments |
|---------------------|-----|---------|---|
| Orientation/Arousal | | X | The patient inconsistently responded to her name during evaluation. She required frequent redirection to task and did not follow one-step verbal directions. She verbalized some sounds during non-preferred tasks. When presented with age appropriate toys the patient showed little to no interest. Patient did the same for musical toys presented to her. She did reach for her a therapy ball and food once |
| Attention | | X | |
| Memory | | X | |
| Problem Solving | | X | |
| Organization | | X | |

| | | | |
|----------------------------------|--|----------|---|
| Sequencing | | X | presented. During evaluation she was observed flapping her arms and tapping the mat with her finger. She was impulsive and required constant adult supervision. |
| Safety Awareness/Judgment | | X | |
| Executive Functioning | | x | |

No problems noted
 Impulsive behavior noted

Agitated behavior noted
 Emotional lability noted

Visual Skills:

Unable to formally evaluate due to cognition/communication
 The following observations were made:
 Patient tracked preferred object while moving head in vertical and horizontal paths. During evaluation patient was not observed dissociating eye movements from head movements. The patient sustained eye contact when therapist sang. The patient visually located preferred objects and walked towards them during evaluation.

Visual-Perceptual Skills:

| | | | | |
|--|--------|----------|--------|------------|
| <input checked="" type="checkbox"/> Unable to evaluate due to cognition/communication/motor skills | | | | |
| | Intact | Impaired | Absent | Not Tested |
| Primary (red, yellow, blue) color identification | | | | X |
| Primary (red, yellow, blue) color matching | | | | X |
| Secondary (green, orange, purple) color identification | | | | X |
| Secondary (green, orange, purple) color matching | | | | X |
| Shape (circle, square, triangle) identification/matching | | | | X |
| Size (large, small) discrimination | | | | x |

Visual-Motor Skills:

Unable to evaluate due to cognition/communication/motor skills/positioning

• Imitated after demonstration a:

Vertical line Horizontal line Circle
 Triangle Square Cross

Hearing:

Unable to evaluate due to cognition/communication

• Hearing is: Intact Impaired at Left/Right ear

Comments: See Audiology report from 2008. Parent reports no concerns since said evaluation.

Upper Extremity Motor Testing:

Preferred Hand: Right hand

MMT not performed secondary to inability to follow one-step directions.

| Left PROM | Left AROM | Strength | Muscle | Right PROM | Right AROM | Strength |
|-----------|-----------|----------|--------------------|------------|------------|----------|
| WNL | WNL | NT | Shoulder Flexion | WNL | WNL | NT |
| WNL | WNL | NT | Shoulder Extension | WNL | WNL | NT |
| WNL | WNL | NT | Shoulder Abduction | WNL | WNL | NT |
| WNL | WNL | NT | Shoulder Adduction | WNL | WNL | NT |
| WNL | WNL | NT | Internal Rotation | WNL | WNL | NT |
| WNL | WNL | NT | External Rotation | WNL | WNL | NT |
| WNL | WNL | NT | Elbow Flexion | WNL | WNL | NT |
| WNL | WNL | NT | Elbow Extension | WNL | WNL | NT |
| WNL | WNL | NT | Forearm Pronation | WNL | WNL | NT |
| WNL | WNL | NT | Forearm Supination | WNL | WNL | NT |
| WNL | WNL | NT | Wrist Flexion | WNL | WNL | NT |
| WNL | WNL | NT | Wrist Extension | WNL | WNL | NT |
| P | P | NT | Finger Flexion | P | P | NT |
| P | P | NT | Finger Extension | P | P | NT |
| WFL | WFL | NT | Thumb Adduction | WFL | WFL | NT |
| WFL | WFL | NT | Thumb Abduction | WFL | WFL | NT |

Additional Comments:

Bilateral 5th digits have contractures at the PIP joint. Patient maintains PIP joints flexed in 45 degrees flexion. Patient pulled hand away during gentle PROM. Patient is hypermobile at bilateral shoulder joints.

Trunk Control/Balance:

- x Able Unable to maintain Static Unsupported Sitting balance
- x Able to maintain Dynamic Unsupported Sitting balance with:
- x Min x Mod Max Excursions
- Unable to maintain Dynamic Unsupported Sitting balance with:
- Min Mod Max Excursions

Trunk Tone: High tone Low tone WNL

Muscle Tone: Unable to Evaluate Within Normal Limits
 Flexor tone Extensor tone Spasticity Rigidity Low Tone

Comments: throughout BUE and trunk

Movement Patterns: ___ Unable to Evaluate ___ Within Normal Limits ___ Ataxia/Tremor
 ___ Synergy Pattern ___ Athetoid ___ x Contractures ___ Subluxation

Comments: Bilateral 5th digit Dupuytren's contractures. Joint laxity noted, especially at bilateral shoulders

Bilateral Hand Skills:

- ___ no awareness of Right/Left/Bilateral arm/hand during a bilateral activity
- ___ with physical prompt will attempt to use Right/ Left/ Bilateral arm/hand during a bilateral activity
- ___ with verbal cues will attempt to use Right/ Left/ Bilateral arm/hand during a bilateral activity
- ___ x ___ inconsistently uses Left arm/hand spontaneously during a bilateral activity
- ___ consistently uses Right/ Left/ Bilateral arm/hand spontaneously during a bilateral activity

Fine Motor:

- ___ Able ___ x ___ Unable to translate object in Bilateral hand
- ___ Able ___ x ___ Unable to rotate object in Bilateral hand

| Grasp Patterns (check if present) | Left | Right | Bilateral |
|-----------------------------------|------|-------|-----------|
| Normal grasp patterns | | | |
| Raking | | | |
| Gross Grasp | x | x | |
| Hook Grasp | | | |
| Disc Grasp | | | |
| Spherical grasp | | x | |
| Cylindrical Grasp | | | |
| Tripod Pinch | x | X | |
| Lateral Pinch | | | |
| Inferior pincer | x | X | |
| Superior pincer | | | |
| Other: | | | |

Comments:

Patient did not demonstrate interest in objects on table but was able to grasp a disk approximately 1" in diameter when placed in her hand. She is able to pick up small items like grapes and blueberries with her right hand and larger items like a strawberry with her left hand. Patient can grasp a typical fork with her right hand.

Handwriting: Not tested secondary to cognition.

Key: WNL= Within Normal Limits WFL= Within Functional Limits

| NT= Not Tested | A= Absent | P=Problem |
|---|-----------|-----------|
| Grade 5: Patient can hold the position against maximum resistance and through complete range of motion. | | |
| Grade 4: Patient can hold the position against strong to moderate resistance, has full range of motion. | | |
| Grade 3: Patient can tolerate no resistance but can perform the movement through the full range of motion. | | |
| Grade 2: Patient has all or partial range of motion in the gravity eliminated position. | | |
| Grade 1: The muscle/muscles can be palpated while the patient is performing the action in the gravity eliminated position. | | |
| Grade 0: No contractile activity can be felt in the gravity eliminated position. | | |
| <p>Raking: extends arm toward a desired object but does not yet have the ability to purposefully grasp it in the hand, may place fingers over top of object but unable to squeeze to grasp it.</p> <p>Gross Grasp: fingers flex simultaneously around the object in the midsection of the palm. The thumb is adducted and not assisting with grasp</p> <p>Hook Grasp: transverse metacarpal arch is flat, fingers are adducted with flexion at the IP joints, flexion or extension at MCO joints.</p> <p>Disc Grasp: finger abduction graded according to the size of the object held, hyperextension of the MCP joints and flexion of IP joints. For larger objects pads of fingers may be all that is in contact with object. Example: grasped used on the lid of a jar to open it</p> <p>Spherical Grasp: The fingers and thumb close and flex around a round object such as a tennis ball, which is stabilized against the palm of the hand.</p> <p>Cylindrical Grasp: The fingers and thumb close and flex around a cylindrical object such as a tube or pencil, which is stabilized against the palm of the hand.</p> <p>Tripod Grasp: thumb opposition to the digits 2 and 3. The object is held proximal to the pads of the fingers with space visible between the object and the palm. The ring and little finger are flexed.</p> <p>Lateral Pinch: object being secured between the adducted thumb and radial side of the flexed index finger. The thumb is not opposed, but slides over in a pattern of adduction to trap an object against the side of the index finger. Web space is closed.</p> <p>Inferior Pincer: thumb adduction and emerging opposition to secure the object against the extended index finger. The object is held proximal to the pad of the finger.</p> <p>Superior Pincer: This grasp is characterized by thumb opposition to the index and middle fingers. The object is held at the pads of the index and middle fingers, as well as the pad of the thumb. The IP joints of the index and middle fingers range from extended to slightly flexed, with flexion of the MCP joints.</p> <p><i>Sources: DEVELOPMENTAL AND FUNCTIONAL HAND GRASPS SJ Edwards, DJ Buckland & JD McCoy-Powlen (2002.) Slack Inc Thorofare NJ.</i></p> | | |

Grip and Pinch Strength (pounds):

Not formally tested secondary to communication and cognition.

Upper Extremity Sensation

Comments: not tested secondary to cognition and communication

Upper Extremity Splints

Splinting is

| | |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Indicated for this Patient |
| <input type="checkbox"/> | Not indicated for this patient. |
| <input type="checkbox"/> | Additional assessment is required |

Comments:

Bilateral resting hand splints were fabricated during last admission to STP.

Oral-Motor Skills:

| |
|--|
| <input type="checkbox"/> Unable to evaluate secondary to cognition/communication/motor skills/positioning. |
| The patient was admitted fed by tube: <input type="checkbox"/> NG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> JG <input type="checkbox"/> OG <input type="checkbox"/> PEG <input checked="" type="checkbox"/> Not Applicable |
| The patient <input type="checkbox"/> does <input checked="" type="checkbox"/> does not demonstrate difficulty with secretion management. |
| The patient was admitted on an oral diet: <input checked="" type="checkbox"/> regular <input type="checkbox"/> mechanical soft <input type="checkbox"/> ground <input type="checkbox"/> puree <input type="checkbox"/> NPO per parent report |
| The patient was admitted drinking liquids: <input checked="" type="checkbox"/> thin <input type="checkbox"/> nectar <input type="checkbox"/> honey <input type="checkbox"/> NPO Per parent report |
| Additional Comments: Patient was observed eating finger foods with supervision. She was able to chew and swallow with no signs of aspiration clinically observed. |

SUMMARY AND RECOMMENDATIONS:

Parent concerns include:

Increasing Haya's independence with Self Care tasks and use of communication device.

In summary, the patient is an 8 year old girl with the following diagnoses:

History of resection of a pilocytic astrocytoma of the right cerebellar hemisphere in 9/2005

Shunted hydrocephalus

Developmental Delay

As a result, she presents with the following:

Impairment:

Decreased UE strength

Low muscle tone

Decreased fine motor coordination

Delayed grasping patterns

Activity:

She can self-feed finger foods and bring a loaded spoon and fork to her mouth. She continues to require assistance to stab food but has retained self-feeding skills mastered during last admission to STP in

2010. The patient continues to require assistance to transfer to/from swing equipment and a therapy ball. During the evaluation the patient carried objects and manipulated them for longer durations as compared to last admission. She put objects into containers after demonstration. The patient does not consistently follow one-step directions and shows decreased interest in toys overall. Haya is motivated to watch Barney videos and television.

Participation: The patient is an excellent candidate to receive comprehensive, intense direct OT intervention as part of a trans-disciplinary rehabilitation program to address the above-mentioned impairments and activities. Following further rehabilitation, the patient will be able to maximize her functional occupational performance and participation in the least restrictive school environment, and her safe and independent function in the home and community.

The learning needs of the child and caregivers were assessed (cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate); the learning styles and preferences were discussed with the patient and caregiver. The following methods were preferred by the patient and by the caregiver: demonstration, and audiovisual material. Special accommodations were identified. Haya is non-verbal. Haya's caregiver's primary language is not English. She would benefit from multimodal instruction.

Plan: Haya will be seen by occupational therapy daily for 60 minutes for 8 weeks.

Treatment will address the following goals:

| GOALS: | DISCHARGE STATUS: |
|--|-------------------|
| 1. Haya will perform sit to stand from a variable access swing with supervision 2/3 trials. | |
| 2. Trial adaptive equipment for increased access to preferred leisure and ADL activities. | |
| 3. Trial sensory strategies such as a brushing protocol to increase alertness. | |
| 4. Haya will maintain balance on a round exercise ball for 1 minute demonstrating increased postural control and body awareness. | |
| 5. Haya will stab 2/3 bites with a fork with gestural and verbal cues while seated at table. | |
| 6. Further assess vision and visual perceptual skills and provide goals as needed. | |
| 7. Haya will participate in an UE | |

| | |
|---|--|
| strengthening program with moderate to maximum cueing and physical prompts to improve participation in ADL activity. | |
| 8. Further assess tool manipulation skills and provide goals as needed. | |
| 9. Caregivers will independently return demonstration of home exercise program and strategies to increase Haya's independence with self care activities. | |
| 10. Haya will carry a bag with her augmentative communication device with supervision 100 feet with close supervision. | |

Signature: This visit note was electronically signed by Teresa Reidy, MS, OTR/L
State License # 05766

Date: 06/20/2011 at 4:48 PM

BACKGROUND INFORMATION

Haya was re-admitted to the Specialized Transition Program on June 2, 2011 to improve her functional independence. Mr. Al Yasin reported that his main goal for Haya's admission is to improve Haya's functional communication, using her current *Super Talker Progressive Communicator*.

The following information was obtained through past medical record review, and interviewing Mohammed Al Yasin, Haya's father, and Haya's caregiver, Rosa. Haya is an 8-year-old female who is status post cerebellar astrocytoma resection in September of 2005 with subsequent developmental delay and seizure disorder. Haya was last seen at Kennedy Krieger's STP Program from June 2010 to August 2010. She received OT, PT, and speech therapy. Haya is also followed by Dr. Michael Johnston for neurological re-evaluation and seizure management recommendations. Haya has also been followed by KKI audiology, and KKI's assistive technology program.

Haya reportedly had a normal development until about 12 months of age when she was diagnosed with a grade 1 pilocystic astrocytoma. Medical history is significant for Astrocytoma status post resection in September of 2005, VP shunt in February of 2006, Seizure disorder, Adenoidectomy in May of 2005, and intellectual disability resulting in global developmental delays. Haya continues to have ongoing seizures. Haya also has a sleep disorder.

This past academic year, Haya has been enrolled in a school for students with special needs in Kuwait. She was enrolled in a half day school program where she received special education. She was provided with OT, PT and speech/language therapy at school. Haya also reportedly received home based therapy services provided by a private occupational therapist.

The reader is referred to Haya's medical record for further information.

BEHAVIORAL OBSERVATIONS:

Haya was seen for initial evaluation sessions on 6/2/2011, 6/3/2011 and 6/6/2011 for a total of 2 billable hours of evaluation.

Haya exhibited a limited attention span for her chronological age. She responded best to familiar people and preferred objects. Haya had improved joint attention, increased interactions, vocalizations and movement when familiar routines and preferred objects were used. She also enjoyed music/gesture activities. Haya exhibited some self stimulatory behaviors including shaking her hands and fingers, and holding, banging and mouthing preferred objects.

FAMILY/CAREGIVER TRAINING: Haya's family's and caregivers' language and cultural needs were considered when providing education. Haya and her family live in Kuwait and speak both Arabic and English in their home. Haya's father speaks fluent English and therefore, he reported that no interpretation was needed. No other barriers to learning impacted family training. Haya's caregivers benefited from demonstration paired with verbal instruction.

Haya has impaired cognition, which impacts her learning of new skills. She benefits from repetition/practice of tasks and multisensory information. Haya is spoken to in both Arabic and English; however, she reportedly understands English well and therefore she did not require a translator.

FORMAL TESTING:

The *Rossetti Infant-Toddler Language Scale (RI-TLS)* was administered through structured testing, observation, and parent report to assess the Haya's strengths and weaknesses across a number of areas. This test is not normed for Haya's chronological age, but it provides a structured list of skills by developmental level for each area tested. For each area, Haya's most solid level of skill and level of upward scatter (where appropriate) appear in the following chart.

| Area Assessed | Age range | Comments |
|---|--|---|
| Interaction-Attachment (upper age limit: 15-18 months) | 6-9 months with scatter to 9-12 months | <ul style="list-style-type: none"> Allowed release of contact in new situation Showed desire to be with people Became more lively with Responded to request to "come here" with gesture provided |
| Pragmatics, or communicative intent (upper age limit: 18-21 months) | 6-9 months with scatter to 9-12 months | <ul style="list-style-type: none"> Exchanged gesture with adult (shook hand) Used gesture and vocalization to protest Vocalized to gain attention Indicated a desire to change activity |
| Gesture (upper age limit: 24-27 months) | 9-12months | <ul style="list-style-type: none"> Reached upward to request to be picked up Extended arm as if showing object Reached for adult to request assistance |
| Play | Scatter to 9-12 | <ul style="list-style-type: none"> Reached for a desired object |

| | | |
|--|---|---|
| (upper age limit: 36 months) | months, this area of assessment was impacted by Haya's motor impairments. | <ul style="list-style-type: none"> • Banged object at midline in play • Smiled during familiar music gesture interactions • Inconsistently participated in music gesture games with adult • Reached for object out of reach |
| Language Comprehension (upper age limit: 36 months) | 6-9 months with scatter to 9-12 months | <ul style="list-style-type: none"> • Responded to gesture to "come up" • Briefly maintained attention to speaker • Anticipated feeding • Recognized family members • Attended to music and singing • Performed routine on request when contextual cues present (eating and watching Barney) |
| Language Expression (upper age limit: 36 months) | 6-9 months with scatter to 9- 12 months | <ul style="list-style-type: none"> • Vocalized 4 different syllables • Vocalized 2 syllable combinations • Produced duplicated and varied syllables • Vocalized to gain attention • Vocalized desire for change in activity • Vocalized with intent |

INTERPRETATION:

Receptive Language: Results of informal/formal testing revealed severe to profound delay in receptive language skills with respect to her chronological age. Haya has made some nice improvements since her last admission. She has improved joint attention. She maintained visual attention to people, objects and familiar pictures for up to 1 minute at a time. She followed routine, familiar contextual commands inconsistently and benefited from visual cues and pairing objects with pictures to learn their association. She also continued to benefit from 3 step guided compliance techniques. Haya had difficulty attending to, recalling and responding to spoken language. Haya did best when real, motivating objects were offered within very functional activities. Haya briefly attended to speaker's face, smiled at speaker and briefly maintained joint attention. Haya exhibited increased processing time and often showed a delayed response. She inconsistently imitated this examiner 3 times during testing period, including delayed imitation of sound pattern and humming. Haya often focused on a single item to the exclusion of all other visual and auditory stimuli present. She exhibited self stimulatory behaviors including repetitive hand and finger movements.

Expressive Language: The results of informal/formal testing revealed Haya's expressive language is severely to profoundly delayed with respect to Haya's chronological age. Haya is essentially non-verbal. She exhibited jargon and repetitive reduplicated and varied babbling patterns. She reached for desired objects and foods, and dropped items when not interacting with them. She pulled a caregivers arm for assistance. She is currently using a *Supertalker Progressive Communicator*, a low-tech static display augmentative communication device, with up to 4 symbols per page. Haya used this device to request preferred foods and toys including: grapes, apple, book, and blocks. Haya vocalized but did not have any true words. She produced varied babbling strings with several different early developing English consonants.

Augmentative Communication: Haya has learned cause and effect relationships and is currently using her *Supertalker Progressive Communicator*, with four photographs per vocabulary page. Haya is dependent on others to change topic pages. Haya was observed using this device to appropriately request preferred foods and toys including: grapes, apple, book, and blocks. For example, when shown her food page during snack or lunch, Haya activated the grapes, and apples keys appropriately. When shown her toys page and the topic page was paired with their associated objects, Haya activated keys on her toys page to request books and blocks. She continued to need objects paired with photographs on 4 location topic board to learn the association between the photographs and objects. Educational software and communication software for the iPad will also be reviewed and tried during this admission.

Speech/Phonology: Given Haya's level of functioning in the area of language, no detailed phonological (i.e., speech sound) analysis could be conducted. Results of informal observation revealed that Haya used several different consonant and open vowel speech sounds, including the following: /d, b, w, k, y/. Patterns of consonant (C) and vowel (V) use included the following: duka-duka-duka-duka, bi-ya-bi-ya-bi-ya, di-da, wa-da, wa-do-do, da-da, ba-ba, buh-be-buh-be-buh-be, and yub-yub-yub. Some vocalizations sounded as though they approximated English words such as "dada" and "mama."

Voice/Fluency: Informal assessment of Haya's limited vocalizations revealed a variety of intonation patterns, but Haya had decreased breath support, and decreased volume of speech.

Hearing: Haya's hearing was first evaluated at KKI by audiologist, Joseph Pillion, Ph.D., CCC-A on 7/10/2008. According to Haya's Initial Audiology Evaluation Note report dated 7/10/2008, Haya's "peripheral auditory sensitivity is adequate for the further development of speech and language skills." An audiology re-evaluation was recommended during this admission.

Oral Motor skills and Nutritive Skills:

Haya did not follow any spoken commands or imitate any oral motor movements. She was observed eating fresh fruits, and a sandwich. Haya exhibited good bolus formation, adequate oral transit time and a rotary chew. Observed oral motor skills were adequate for managing these foods. Haya required adult supervision for set-up, to assist with appropriate bolus size and pace of meal. She also required assistance spearing food with her fork. Haya drank juice from a juice box, using a small straw. She had adequate lip closure around small straw and took strong sips from straw to drink liquid. When Haya drank juice from an open cup, she had difficulty regulating the amount of liquid she drank from the cup and spilled the liquid anteriorly. Haya did not show any clinical signs of swallowing difficulty during meal observations.

Given the fact that Haya had overall decreased volume of speech, decreased breath support, and she did not complete any oral motor movements on command, more subtle oral motor weakness could not be ruled out.

WEE Fim Scores (for internal use):

Comprehension (B): 1 Social: 1
Expression (NV): 1

COMMUNICATION DIAGNOSES

- Severe to Profound Receptive/Expressive language Delay with respect to chronological age
- Speech production disorder, characterized by decreased breath support and very limited sound repertoire for chronological age

SUMMARY

Impairment- The following communication impairments have been identified: see diagnoses above.

Activity- Despite the impairments listed above, Haya communicated basic needs through vocalization and gesture, and use of low-tech augmentative communication device. She responded best to familiar family members when in familiar environment and within context of repeated routines. Haya continued to have difficulty with consistently attending to, processing and responding to spoken language.

Participation- Haya is a good candidate for direct speech services while at STP. She will receive daily speech-language intervention while at STP. Therapy will focus on maximizing Haya's pre-linguistic skills and joint attention, and use of her low-tech augmentative communication device in all therapies to improve her functional communication to successfully participate in family activities and routines, attend and participate in age appropriate education

program with other children, and in other appropriate community activities.

Goals while at STP:

Improve functional communication

- a. Provide speech stimulation and monitor consonant inventory
- b. Improve joint attention and imitate +5 actions, gestures or signs
- c. Follow functional 1 step commands +5 times in session, given visual cues.
- d. Using up to 4 location customized vocabulary, Haya will communicate +20 times per session, given adult model as needed.
- e. Identify targeted vocabulary on communication system with 70% accuracy.
- f. Provide updated goals and recommendations for Haya's school and therapists for upcoming year.

Signature: This visit note was electronically signed by Lynnley Moore, M.A., CCC-SLP
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Date: 06/20/2011 at 10:45 PM