

I know you're a speech-language pathologist, but what do you do?

Most people know what physical and occupational therapists do, but to many, speech therapy is a mystery. To put it simply, the goal of a therapy team in a skilled nursing facility is to treat the whole person from head to toe (literally), depending on the patient's individual needs, to get patients to the highest functional level possible. While physical therapy involves strengthening the lower body/legs and occupational therapy involves strengthening the upper body/arms/fine motor skills, speech therapy involves treating muscles and functions from the neck up, including swallowing, speech/language, and memory.

Below is an overview of typical services SLPs provide in the nursing facility/rehab setting:

Cognitive Impairments: SLPs treat cognitive deficits in various areas such as orientation, attention, memory, reasoning, problem solving, and/or safety awareness. Cognitive impairments can be caused by many different diagnoses, including (but not limited to) dementia, strokes, and brain injury. SLPs implement a variety of techniques to treat such impairments including exercises to increase mental flexibility and improve skills, compensatory strategies to enhance functional skills despite cognitive decline, and techniques to prevent further decline in progressive cases (such as dementia).

Swallowing Impairments: SLPs assess and treat swallowing disorders, referred to as dysphagia. Some signs and symptoms of dysphagia/aspiration include difficulty keeping foods/liquids in the mouth, pocketing or holding food in the mouth, coughing, choking, throat clearing, wet/gurgly voice after eating/drinking, runny nose during meals, etc. SLPs have several approaches for treating dysphagia, including implementation of exercises to improve the functioning of swallowing muscles, compensatory techniques to decrease symptoms (e.g., chin tuck posture), and/or diet texture changes when necessary to increase safety.

Speech/Voice Disorders: Due to a variety of causes (such as stroke, brain injury, cranial nerve damage, etc.), some adults have difficulty speaking clearly. Speech/voice disorders can be characterized by slurred speech, reduced loudness, hoarseness, a harsh voice, etc. One example of a common voice disorder treated by SLPs in the nursing facility setting is reduced loudness and slurred speech in patients with Parkinson's disease. SLPs treat speech/voice disorders with a variety of methods, such as implementing exercises to strengthen the speech muscles and/or teaching speaking strategies to improve speech intelligibility despite reduced muscle function.

Expressive and Receptive Language Disorders: Expressive language disorders involve difficulty communicating thoughts/ideas clearly (e.g., the person knows what they want to say but cannot get the words out right). Receptive language disorders involve difficulty understanding others (e.g., the person has difficulty responding to what is said to them, following directions, answering questions appropriately, etc.). SLPs treat both expressive and receptive language disorders. In severe cases, alternative methods of communication (such as a communication board or device) may be necessary to help patients communicate their wants and needs if they are unable to do so verbally.

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Appropriate Staff Referrals for

Speech Therapy Services:

Changes in Cognition

- ✓ Decline in memory
- ✓ Reduced orientation
- ✓ Reduced problem-solving
- ✓ Decreased safety awareness
- ✓ Reduced attention
- ✓ Difficulty sequencing steps for daily tasks

Changes in Communication

- ✓ Reduced comprehension
- ✓ Difficulty following directions
- ✓ Difficulty answering questions
- ✓ Difficulty expressing wants/needs
- ✓ Reduced speech intelligibility
- ✓ Difficulty with voicing (reduced volume, running out of air while speaking, etc.)

Changes in Swallowing

- ✓ Difficulty swallowing foods/liquids/meds
- ✓ Displays signs of dysphagia/aspiration during meals, including the following: pocketing of food, holding food/drinks in mouth, coughing, choking, clearing throat during meals, wet/gurgly voice after eating/drinking, runny nose while eating/drinking, change in respiration rate during meals, etc.