

# Treatment Efficacy Summary



AMERICAN  
SPEECH-LANGUAGE  
HEARING  
ASSOCIATION

## Aphasia Resulting From Left Hemisphere Stroke

Aphasia is a language disorder that occurs in individuals after brain damage. The most common cause of aphasia is stroke. It is estimated that over one million Americans have aphasia. Adults who were previously able to express their thoughts, wishes, and desires, and who understood communication through speech, sign language, reading, and writing, suddenly find themselves unable to or limited in their ability to participate in one of human's most important and unique undertakings, communication. Because aphasia is so little understood by other members of society, social isolation and despair often occur in its wake.

Both clinical evidence and research findings agree that individuals with aphasia benefit from the services of speech-language pathologists. The most comprehensive study to date, which followed more than 120 subjects, indicated that people who become aphasic and receive 8–10 hours of treatment each week for 12 weeks make significantly greater improvement than individuals with aphasia who are not treated.<sup>i</sup>

According to data collected from ASHA's National Outcomes Measurement System (NOMS), approximately 80% of stroke patients with concomitant receptive and expressive language disorders achieved one or more levels of progress on the Functional Communication Measures (FCMs). FCMs are a series of seven-point rating scales ranging from least functional (Level 1) to most functional

(Level 7) designed to measure improvement in a variety of clinical areas. For example, Level 1 on the Spoken Language Expression FCM indicates that a patient attempts to speak but does not make any meaningful verbalizations. At Level 4, the patient is able to produce simple sentences and initiate communication in structured conversations. At Level 7, the patient participates successfully and independently in vocational and social activities, and is not limited by his/her spoken language skills. Those patients that demonstrated functional gains of more than one level on the FCMs received roughly twice the amount of treatment of those who did not exhibit progress on these scales.

Improvements have been documented in terms of both the quality and quantity of the language used by those receiving treatment.<sup>ii</sup> Clinicians and researchers now understand that positive changes can also occur long after the stroke that produced aphasia, dispelling the notion that language rehabilitation undertaken very soon after stroke made the biggest difference. Speech-language pathologists assess aphasic communication impairments and then develop a treatment program to assist with the goal of helping individuals with aphasia to regain as much of their communication skills as possible, and develop strategies to compensate for deficient skills that remain. They also counsel and assist families and other caregivers about the individual's aphasia and provide them with the skills necessary to promote language gains.

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<sup>i</sup> Wertz, R. T., Weiss, D., Aten, J., Brookshire, R., Garcia-Bunuel, L., Holland, A., Kurtzke, J., et al. (1986). Comparison of clinic, home, and deferred language treatment for aphasia: A Veterans Administration cooperative study. *Archives of Neurology*, 43, 653–658.

<sup>ii</sup> Poeck, K., Huber, W., & Willmes, K. (1989). Outcomes of intensive language treatment in aphasia. *Journal of Speech and Hearing Disorders*, 54, 471–479.