Motor Speech Disorders Evaluation

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Mental Status (check all that apply):
   ___ alert
   ___ responsive
   ___ cooperative
   ___ confused
   ___ lethargic
   ___ impulsive
   ___ uncooperative
   ___ combative
   ___ unresponsive

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
Oral Motor, Respiration, and Phonation

Lips
WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion): _________________________
Symmetry, range, speed, strength, tone:
   Pucker ________________________________________________________________
   Retraction __________________________________________________________
   Alternating pucker/retraction __________________________________________
Involuntary movement (e.g., chorea, dystonia, fasciculations, myoclonus, spasms, tremor):
   ________________________________________________________________

Tongue
WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion):
Symmetry, range, speed, strength, tone:
   Protrusion __________________________________________________________
   Retraction __________________________________________________________
   Lateralization ______________________________________________________
Involuntary movement: ______________________________________________

Jaw
WNL, mild, mod, severe impairment
Observation at rest: _________________________
Symmetry, range, strength, tone:
   Opening ____________________________________________________________
   Closing ____________________________________________________________
   Lateralization ______________________________________________________
   Protrusion _________________________________________________________
   Retraction _________________________________________________________
Involuntary movement: __________________________

Soft palate
WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion): _______________________
Symmetry, range, strength, tone: _______________________________________
   Elevation __________________________________________________________
   Sustained elevation _________________________________________________
   Alternating elevation/relaxation ______________________________________
Involuntary movement: ______________________________________________

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**Respiration/Phonation**

Observations/formal measures administered: ________________________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Stimulus</th>
<th>Quality</th>
<th>Duration</th>
<th>Loudness</th>
<th>Steadiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonation</td>
<td>WNL</td>
<td>__ secs</td>
<td>WNL</td>
<td>Mildly impaired</td>
<td>Excessive loudness</td>
</tr>
<tr>
<td></td>
<td>Breathy</td>
<td></td>
<td></td>
<td>Moderately impaired</td>
<td>Variable loudness</td>
</tr>
<tr>
<td></td>
<td>Hoarse</td>
<td></td>
<td></td>
<td>Severely impaired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harsh</td>
<td></td>
<td></td>
<td>WNL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strangled</td>
<td></td>
<td></td>
<td>WNL</td>
<td></td>
</tr>
<tr>
<td>Oral reading</td>
<td>WNL</td>
<td>WNL</td>
<td></td>
<td>Mildly impaired</td>
<td>Excessive loudness</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>Strangled</td>
<td></td>
<td></td>
<td>WNL</td>
<td></td>
</tr>
<tr>
<td>Conversation</td>
<td>WNL</td>
<td>WNL</td>
<td></td>
<td>Mildly impaired</td>
<td>Excessive loudness</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>Strangled</td>
<td></td>
<td></td>
<td>WNL</td>
<td></td>
</tr>
</tbody>
</table>

**Oral Agility: Diadochokinetic Rates**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Quality</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>P^</td>
<td>__ /Per 3 sec.</td>
<td>WNL/mild/mod/sev</td>
</tr>
<tr>
<td>T^</td>
<td>__ /Per 3 sec.</td>
<td>WNL/mild/mod/sev</td>
</tr>
<tr>
<td>K^</td>
<td>__ /Per 3 sec.</td>
<td>WNL/mild/mod/sev</td>
</tr>
<tr>
<td>P^T^K^</td>
<td>__ /Per 3 sec.</td>
<td>WNL/mild/mod/sev</td>
</tr>
</tbody>
</table>

Other oral agility: ______________________________________________________

**Speech Intelligibility**

Standardized dysarthria/apraxia tests: ______________________________________

Non-Standardized Tasks: __________________________________________________

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>Severity</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Phoneme</td>
<td>WNL/mild/mod/sev</td>
<td></td>
</tr>
<tr>
<td>Word</td>
<td>WNL/mild/mod/sev</td>
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</tr>
<tr>
<td>Sentence</td>
<td>WNL/mild/mod/sev</td>
<td></td>
</tr>
<tr>
<td>Conversation</td>
<td>WNL/mild/mod/sev</td>
<td></td>
</tr>
</tbody>
</table>

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Awareness/strategy use
- Limited to no awareness of motor speech impairment
- Aware of motor speech impairment; unable to use strategies to improve intelligibility
- Uses strategies intermittently to improve intelligibility or listener’s understanding of message
- Uses strategies effectively and consistently to improve intelligibility or listener’s understanding of message

Findings
- Motor speech within normal limits
- (mild, mild-moderate, moderate, moderate-severe, severe) apraxia characterized by ______________________________
- (mild, mild-moderate, moderate, moderate-severe, severe) dysarthria characterized by ______________________________

Dysarthria type:
- ataxic
- hypokinetic
- hyperkinetic
- spastic
- flaccid
- mixed
- unilateral upper motor neuron

NOMS Motor Speech Score (1-7): _____

Impact of Motor Speech Impairment on Functioning:

Activity Limitations and Participation Restrictions (check all that apply):

<table>
<thead>
<tr>
<th>General tasks and demands</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household tasks</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal interactions</td>
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<tr>
<td>Education</td>
<td></td>
<td></td>
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<tr>
<td>Employment</td>
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<td></td>
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<tr>
<td>Community</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
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<td></td>
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</tbody>
</table>
### Safety Risks

<table>
<thead>
<tr>
<th>Safety Risks</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being left alone at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traveling alone in community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prognosis:

- **Good**
- **Fair**
- **Poor**

Based on _______________________

### Recommendations: (check all that apply)

- Speech-language pathology treatment
  - Frequency:  
  - Duration:  
- Augmentative-Alternative Communication or Speech Generating Device evaluation
- Other suggested referrals:
  - Neurology
  - Otolaryngology
  - Pulmonology
  - Other

### Patient/Family Education

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and treatment plan
- Patient expressed understanding of evaluation but refused treatment
- Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
- Patient demonstrated recommended strategies
- Family/caregivers demonstrated recommended strategies
- Patient requires further education on strategies
- Family/caregivers require further education on strategies
- Other ______________________________

### Treatment Plan

**Long Term Goals**

**Short Term Goals**

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