This figure describes various aphasia types, using a classification system based on characteristics of verbal expression (nonfluent or fluent; Davis, 2007; Goodglass & Kaplan, 1972). Crossed aphasia and subcortical aphasia are considered “exceptional aphasias,” as they do not fit neatly within this or other common classification systems. Crossed aphasia occurs when a person demonstrates language impairment after suffering damage to the hemisphere on the dominant side of the body, rather than the alternate side. Thus, a right handed person who develops aphasia following a right hemisphere stroke exhibits crossed aphasia. Subcortical aphasia results from damage to subcortical regions of the brain (e.g., thalamus or basal ganglia), and symptoms can mirror those that arise from cortical lesions.

Primary progressive aphasia (PPA)—despite its name—is a type of dementia. It is characterized by gradual loss of language function in the context of relatively well-preserved memory, visual processing, and personality until the advanced stages (Mesulam, 2001; Rogers, 2004). For more information about PPA, see ASHA’s Practice Portal page on Dementia.