



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Rehabilitation Centre		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Speech Protocol for Articulation Disorder		
<b>Applies To:</b>	All Speech and Language Pathologist Staff		
<b>Preparation Date:</b>	January 11, 2024	<b>Index No:</b>	REH-DPP-016
<b>Approval Date:</b>	January 25, 2024	<b>Version :</b>	New
<b>Effective Date:</b>	February 25, 2024	<b>Replacement No.:</b>	
<b>Review Date:</b>	February 24, 2027	<b>No. of Pages:</b>	02

## 1. PURPOSE:

- 1.1 Modification The Production of Speech sounds.
- 1.2 Improvement of intelligibility.
- 1.3 Improvement the quality of life (Home, KG, school).

## 2. DEFINITIONS:

- 2.1 Articulation disorders focus on errors in production of individual speech sounds. Include four main kind
  - 2.1.1 Distortions: sounds are altered or changed (e. g. a {atera} "s").
  - 2.1.2 Omission/deletions: certain sounds are omitted or deleted (e.g., "cu" for "cup").
  - 2.1.3 Additions: one or more extra sounds are added or inserted into a word (e.g., "buhlack" for "black").
  - 2.1.4 Substitution: one or more sounds are substituted, which may result in loss of phonemic contrast (e.g., "thing" for "sing").
- 2.2 SLP: Speech language pathologist

## 3. POLICY:

- 3.1 Patient should have a Referral Form the Psychiatrist rehab doctor, or neurologist.
- 3.2 In the case that a patient in PICU or in NICU needs Speech and language pathologist services a consultation is requested from the rehabilitation doctor and speech pathologist to evaluate the case and create a therapeutic program.
- 3.3 SLP initially assesses, evaluates & build a treatment plan for the patient.
- 3.4 SLP apply the plan of treatment and sessions according severity of the case.

## 4. PROCEDURE:

- 4.1 In the first visit:
  - 4.1.1 Case history.
  - 4.1.2 Screening.
  - 4.1.3 Oral Mechanism Examination.
  - 4.1.4 Articulation test.
- 4.2 Management:
  - 4.2.1 Establishment—eliciting target sounds and stabilizing production on a voluntary level.
  - 4.2.2 Generalization—facilitating carry-over of sound productions at increasingly challenging levels (e.g., syllables, words, phrases/sentences, conversational speaking).
  - 4.2.3 Maintenance—stabilizing target sound production and making it more automatic; encouraging self-monitoring of speech and self-correction of errors.
- 4.3 Discharge treatment:
  - 4.3.1 Any patient after 3 months of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.



- 4.3.2 If the patient exceeds 2 months of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor to take an opinion based on the rehabilitation program. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation centre for intensive treatment
- 4.3.3 If the patient's condition improves during the 2-month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
- 4.3.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged
- 4.3.5 Patients who were recently discharged from rehabilitation after two months of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Articulation Test
- 5.2 Tongue Depressor
- 5.3 Mirror
- 5.4 Bubbles

## 6. RESPONSIBILITIES:

- 6.1 Speech and language pathologist.






## 7. APPENDICES:

- 7.1 Referral form
- 7.2 Articulation assessment form
- 7.3 Follow up note
- 7.4 Discharge form
- 7.5 Home programming form

## 8. REFERENCES:

- 8.1 American Speech-Language- Hearing Association(ASHA)

## 9. APPROVALS:

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