

Department:	Rehabilitation Centre		
Document:	Departmental Policy and Procedure		
Title:	Speech Protocol for Developmental Language Disorder		
Applies To:	All Speech and Language Pathologist Staff		
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1. PURPOSE:

- 1.1 Improve speech and language skills.
- 1.2 Improve social skills.
- 1.3 Improve quality of life.
- 1.4 Increase vocabulary.

2. DEFINITIONS:

- 2.1 DLD: A language delay is a type of communication disorder. Your child may have a language delay if they don't meet the language developmental milestones for their age. Their language abilities may be developing at a slower rate than most children's
- 2.2 DLD including two main kinds:
 - 2.2.1 Language delay: might say words well but only be able to put two words together. (Receptive language).
 - 2.2.2 Speech delay might use words and phrases to express ideas but be hard to understand. (Expressive language).
- 2.3 DLD: Developmental language disorder.
- 2.4 SLP: Speech language pathologist.

3. POLICY:

- 3.1 Patient should have a referral form the SLP, 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 The SLP initially assesses the condition and considers these factors.
 - 3.3.1 Medical History
 - 3.3.2 Family History
 - 3.3.3 Behaviour Analysis
 - 3.3.4 Evaluation Of Language Abilities
- 3.4 SLP apply the plan of treatment and sessions according to severity of the case.
- 3.5 SLP giving home programming for the parents.

4. PROCEDURE:

- 4.1 In the first visit:
 - 4.1.1 Consultation with family members, educators, and other professionals regarding fluency variability (when disfluencies are noticed most and least) and the impact of disfluency).
 - 4.1.2 Real-time analysis or analysis based on an audio-visual recorded speech sample demonstrating representative disfluencies beyond the clinic setting.
 - 4.1.3 Oral Motor Examination

4.1.4 Review of previous fluency evaluations and educational records.

4.2 Management:

- 4.2.1 Pre-linguistic skills
- 4.2.2 Receptive language
- 4.2.3 Expressive language
- 4.2.4 WH Questions
- 4.2.5 Describing Action Pictures
- 4.2.6 Sequencing
- 4.2.7 Intelligibility

4.3 Discharge Planning:

- 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 Cards
- 5.2 Objects
- 5.3 Puzzles.
- 5.4 Tongue Depressor.

6. RESPONSIBILITIES:

- 6.1 Speech and language pathologist

7. APPENDICES:

- 7.1 Referral form.(Electronic)
- 7.2 Language Assessment form.(Electronic)
- 7.3 Follow up note.(Electronic)
- 7.4 Discharge form. (Electronic)
- 7.5 Home programming form. (Electronic)

8. REFERENCES:

- 8.1 American speech – language – hearing association (ASHA)

9. APPROVALS:

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