

## A CASE OF 'FUNCTIONAL DYSARTHRIA'

MAYA DEVI

Miss S., aged 17 years reported to the clinic on 1-7-1971 with a complaint of speech defect. She developed the speech defect at the age of 9 years when she was operated for Osteomyelitis. Her parents have not reported any other factor as the cause for her problem. Mothertongue of the case is Telugu, besides that she also can speak, read and write Kannada. She has studied upto IV standard and as she developed this speech defect, she discontinued her studies. She is the only daughter and there is no family history of speech and hearing defect or any other illness. No significant prenatal history is evident. Milestones of development are reported to be normal. Otolaryngological examination revealed normal functioning of the muscles of throat, larynx and palate. Audiological examination revealed normal hearing. Psychological examination puts her on an I of 86 (boarder-line intelligence). Neurological examination revealed normal reflexes and normal functioning of the cranial nerves and higher centres. This has indicated functional liability in her. X-ray of the skull did not show any abnormality. Hence she has been diagnosed as a case of 'Functional dysarthria'.

Speech evaluation disclosed severe unintelligible speech. Misarticulations mostly in the form of omissions were seen. Infantile speech was observed with prolongation of the syllables and a few repetitions. She misarticulated all the blends. She complained of pain in the laryngeal area. Misarticulations were prominent during conversational speech. Voice quality was hypernasal. She spoke very slowly. The tongue and palatal movements were sluggish. Pitch and loudness were normal. An analysis of her misarticulations indicated that she misarticulated r, d, s, n, g, s, l and l. There was lack of breath pressure while articulating these sounds. She kept her teeth clenched during her speech. She is so much upset by her problem that she refuses to talk to others and is nervous when forced to speak.

The case is attending clinic regularly since two years for therapy sessions lasting 30 minutes each. In the beginning shadowing was tried for about a month, and relaxation later as she complained of pain in the laryngeal area. Later therapy to correct her misarticulations was given. The sounds like g, s, u, were worked upon. Phonetic placement was the method adapted here. Visual and kinesthetic cues were also provided. Further up, shadowing under masking noise (white noise) was done. Therapy also included tongue and mouth exercises. Therapy

Miss Maya Devi, Final M.Sc, A.I.I.S.H.

was later shifted to modified shadowing (shadowing and prolongation) technique. Shock therapy was discontinued as she became very nervous during the therapy session.

Now, prolongation technique and chewing exercises ('FROSCHELS') are being tried along with the correction of misarticulations. Mirror is used for visual feedback. She is asked to proceed with these exercises at home. She is asked to speak loudly, keeping her mouth open. She is reinforced for every right movement of the tongue. Yet she continues to complain of pain in the laryngeal area after therapy. Besides these VII Standard lessons are being taught to her.

Presently, her speech is slightly intelligible. She can articulate r, d, g, l, 1, s and blends like kra, kta, pra, sta, and kya properly. Voluntarily she tries to open her mouth during speech. Intelligibility is inconsistent when subjected to nervous situations. She shows considerable improvement in her studies. Non-fluent events have reduced from many to few. She plans to continue her speech therapy.