II Semester M.Sc. (Speech-Language Pathology) Examination, May/June 2006 (Semester Scheme) Speech-Language Pathology Speech Production

Time: 3 Hours Max. Marks:	80
Instruction: Answer all questions.	
1.1. a) Describe the acoustic properties of stop consonants.	10
1. b) Discuss the internal and external losses in the vocal tract. OR	6
2. a) Discuss the vibratory property of vocal folds and contrast this with that of vibration of a string.	8
2. b) Define resonance. Discuss the factors affecting resonance. Calculate the first three resonance frequencies of a tube (a) open at both ends, and (b) closed at one end (L = 15 cm. C = 500 meters/sec.)	8
2.3. a) Describe and bring out the importance of spectrographic patterns with reference to hoarseness and hypernasality.	10
3. b) How do you identify different manner of articulation from a spectrogram?	6
OR	
4. a) Describe the features of nasals, fricatives, trills and taps as seen on a spectrograph.	8
4. b) Discuss the use of spectrography in understanding voice production.	8
3. 5. a) Critically evaluate the usefulness of information for cry acoustics and long term outcome of therapy. Discuss two relevant studies in this area.	12
5. b) Discuss the acoustic features of cries of SIDS babies. OR	4

	6.	a)	what is the usefulness of acoustic analysis of infant cries in therapy and in predicting therapy outcome?	10
	6.	b)	Discuss the different models of infant cries.	6
4.7	7.	a)	Describe the action of cricothyroid muscle breathing and voice production. Why is this muscle special compared to other intrinsic muscles of the larynx?	8
,	7.	b)	-Discuss the innervation and blood supply to intrinsic laryngeal muscles.	8
			OR	
	8.	a)	Describe how our, understanding of speech motor physiology can be applied in clinical work.	10
	8.	.b)	Discuss the neuro-motor mechanisms of the articulatory system.	6
5.	9.	a)	Discuss glottal activity and its effect on air pressure and airflow.	8
	9.	b)	Discuss the clinical implication of velopharyngeal port orifice resistance and airflow in therapy.	8
			OR	
1	10.	a)	Using Warren's model illustrate the maintenance of constant pressure head in speech production.	8
1	0.	b)	Discuss the aerodynamics of voiced and unvoiced fricatives.	8

II Semester M.Sc. Examination, May/June 2006 (Semester Scheme)

Speech Language Pathology

Maxillofacial Anomalies and Phonological Disorders

Time: 3 Hours Max. Marks: 8	80
Instruction: Answer all Questions.	
I. 1. a) Describe anticipatory and carry over coarticulation with examples.	6
b) Explain the similarities and differences between syllabie and allphone	
based models of coarticulation.	10
OR	
2. Discuss the effects of: (8x)	2)
a) Labialization and palatalization	
b) Pharyngealization and nasalization.	
II. 3. a) Discuss any two theories of phonological development.	10
b) What are metalinguistic abilities ?	6
OR	
4. a) Discuss the application of metaphon theory in the management of phonological disorder.	6
b) Describe phonological development in children speaking any one Indian language.	10
III. 5. a) What are the different types of phonological processes ?	8
b) Discuss the phonological processes used by a child with unrepaired cleft palate. OR	8
6. a) Describe the phonological processes involved in the following examples and indicate whether they are normal or not: t k ts t d g dz d n n	8
b) Describe the phonological processes used by a 3-year old normal child.	8

P.T.O,

IV.	7.	a)	Describe with neat figures the embryplpgical development of maxillofacial	L
			region.	10
		b)	Discuss articulatory anomalies,	6
			OR	
	8.	a)	Discuss velopharyngeal port closure mechanism.	8
		b)	Describe therapy teclinifiiues for remediation pf velopharyngeal dysfunction.	8
V.	9.	a)	Discuss the acoustical and perceptual correlates of speech of a patient with facial cleft.	10
		b)	Explain the acoustical and perceptual aspects of voicing and duration of vowels and fricatives in the speech of a child with congenital severe sensori neural hearing loss.	6
			OR	
	10.	a)	Describe the various types of prostheses used in the management of maxillofacial anomalies.	10
		b)	Discuss coarticulation of consonant + vowel in a child who has acquired severe sensori-neural hearing loss at the age of 5 years.	6

II Semester M.Sc. S.L.P. Examination, May/June 2006 (Semester Scheme) Speech Language Pathology

Language, Cognition, and Brain

Time: 3 Hours .Max. 1	Marks: 80
Instruction: 1) All questions are compulsory. 2) All questions carry equal marks.	
I. 1) a) Define and give a brief discription ofi) Cognition	8
ii) Language processingiii) Neurolinguistics	
iv) Psycholinguistics	
b) Describe the neuroanatomy of localization.	'8
OR	
2) a) Outline any two models of cognition.	8
b) Outline neuroanatomical correlates of cognition,	8
II 3) a) Briefly describe development of attention in normal children and ho related to language development?	w it is
b) What are attention disorders ?	8
OR .	
4) a) Briefly describe development of memory in normal children and its significance for language acquisition.	
b) What are the memory impairments in children and geriatrics? How they off. V language use	do 8
III. 5) a) Correlate Intelligence and Aging.	8
b) Correlate cognitive linguistic characteristics aphasia and Dementia.	8
OR	

(6)	a)	Describe M B D as a cognitive impairment outlining its manifestation from infancy to adulthood.	8
		b)	Describe the neuroanatomicaf changes that influence cognitions function due to aging. Give evidances from at least 5 research studies.	8
IV.			Give your assessment procedures for cognitive abilities in psychiatric language disorders.	8
		b)	How do you asses disorders of cognition ? OR	8
1	8)	a)	How do you assess cognitive-linguistic functioning? Discuss the criteria for distinguishing normal and abnormal functioning levels.	10
		b)	Nonverbal tests are useful in the assessment of cognitive linguistic impairment. Discuss.	6
V. 9	9)	a)	What are your suggestions for memory enhancement? As a language pathologist do you have to work in enhancing memory in your client? Substantiate your answer.	8
8	ŀ	၁)	What are your suggestions for improving attention and concentration ability?	8
			OR	
1	0)	a)	Give your intervention procedures for improving metalinguistic ability in language disorders.	8
		b)	Briefly outline meta cognitive therapy for adults with receptive language disorder. 8	

II S	Semester M.Sc. (Speech-Language Pathology) Examination, May/June 2 (Semester Scheme) Child Language Disorders	006
Tim	ne: 3 Hours Max. Marks:	80
	Instruction: Answer one question from each Unit.	
	UNIT-I	
1.	a) What is the significance of Chomsky's contribution to the present day understanding of language acquisition in children ?	8
	b) What inferences can you draw from his theory to explain disordered language? OR	8
2.	Critically evaluate any one modular model to explain language processing in	
	children.	16
	UNIT - II	
3.	a) Describe the linguistic, pragmatic and behavioural characteristics of childrenwith childhood aphasia.b) What features of childhood aphasia overlap with those of seizure and related disorders?	10
4.	Quoting from research studies, discuss the role of prosodic variables in language. processing and acquisition by children with specific language impairment.	16
	UNIT-III	
5.	How would you carry out language based assessment in children with learning disability? Also discuss the available tests in the Indian context.	16
	O R	

6. a) What are the forms of bias that can occur while assessing culturally,

linguistically and behaviourally diverse

b) How do you overcome these biases ?

8

8

backgrounds?

UNIT-IV

7.	a)	What is ecological communication program model ? How does the program	
		helps in planning intervention strategies ?	10
	b)	Describe Incidental teaching method.	6
		OR	
8.	a)	Why do we need to emphasize early intervention programs for children with communication disorders ?	8
	b)	Who are the team members of an early intervention program? Justify your answer.	8
		UNIT- V	
9.	a)	What is the present status, in India, of facilities available for habilitation of	
		language disordered children ?	8
	b)	As a professional, how would you help in improving the situation ?	8
		OR .	
.10.	2	That are the major philosophical changes that have taken place in the past decades in the management of children with language disorders? What are its fluences?	16