

MSCSP/LC 010

**M.Sc. (SLP) III Semester Examination, January 2009**

**(Scheme : Semester)**

**Speech Language Pathology**

**Fluency and its Disorders**

Time : 3 Hours

Max. Marks : 80

*Instruction : Answer all questions with internal choice as provided under each.*

I. 1) a) Describe the development of fluency in children. 8

b) Discuss the factors influencing the fluency development in children. 8

OR

2) a) Are normal non fluency and stuttering in a continuum ? Discuss your viewpoint with research support. 10

b) Describe some of the epidemiological factors related to stuttering in children. 6

II. 3) How has larynx been implicated in stuttering ? Discuss some research and theoretical considerations regarding this. 16

OR

4) a) Critically evaluate covert repair hypothesis in our understanding of stuttering behaviour. 8

b) 'Stuttering is a sequencing and timing disorder'-Discuss. 8

III. 5) Describe various methods adopted in studying neurological processing difficulties in stuttering and highlight the findings. 16

OR

6) Briefly outline a research proposal to study stuttering as a motor control disorder. 16

IV. 7) Answer any four of the following : (4x4=16)

a) Recovery and relapse in stuttering.

b) Prevention of stuttering

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- c) Neurogenic stuttering
- d) Analogies in stuttering treatment
- e) SSI.

OR

8) Highlight nature-nurture theoretical viewpoints about stuttering. 16

V. 9) What is evidence-based practice ? Highlight the need for EBP in the management of stuttering. 16

OR

10) Discuss 'central language imbalance' concept in understanding stuttering with recent findings. 16

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III Semester M.Sc. (S.L.P.) Examination, January 2009  
(Scheme : ISS)  
Speech-Language Pathology  
Speech and Language Processing

Time : 3 Hours

Max. Marks : 80

*Instruction : Answer all questions.*

- I. 1. Discuss any one theory of 'speech perception'. 16  
OR
2. How would you classify theories of speech perception ? Illustrate the need for classification and the claims there to. 16
- II. 3. Discuss the acoustic cues for the perception of vowels and diphthongs. 16  
OR
4. Describe the acoustic cues to perceive : 16
- a) Voicing contrast in stops
- b) Nasals
- c) Liquids
- d) Affricates.
- III. 5. a) Discuss neighbourhood activation model. 8  
b) Discuss Lexical Access From Spectra (LAFS). 8  
OR
6. Discuss theoretical approaches and experiments to understand spoken word recognition. 16

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IV. 7. How is non-acoustic information used in understanding speech and language ?  
Support your claim with evidences from literature. 16

OR

8. Discuss processing of complex words with examples. 16

V. 9. Discuss TRACE as a connectionist and interactive activation model of speech  
perception. 16

OR

10. a) Discuss the role of memory and attention in infant speech perception. 8

b) Discuss syntactic ambiguity and its resolution. 8

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**III Semester M.Sc. (S.L P.) Examination, January 2009**  
**(Integrated Semester Scheme)**  
**Speech-Language Pathology**  
**Aphasia**

Time : 3 Hours

Max. Marks : 80

*Instruction : Answer all questions.*

- I.I) Describe the traditional classification system of Aphasia. Discuss its advantages and disadvantages. 16
- OR
- 2) How would you classify subcortical aphasias ? Give your management strategies for them. 16
- II. 3) Compare agrammatism and paragrammatism in aphasics. State their relevance to our understanding of aphasia. 16
- OR
- 4) Describe the non-linguistic impairments in aphasia. Explain their significance to planning intervention for persons with aphasia. 16
- III. 5) Explain with examples the differential features of WAB and BDAE. 16
- OR
- 6) How are functional profiles useful in the assessment of aphasia ? 16
- IV. 7) How effective is language stimulation in the recovery of aphasia? Support your answer with research reports. 16
- OR
- 8) What is the role of AAC in the management of aphasia ? 16
- V. 9) Describe language characteristics in a multilingual aphasic and explain their language recovery processes with their implications on management. 16
- OR
- 10) What are the language characteristics seen in aphasic sign language users ? How would you plan assessment and therapy ? 16

**III Semester M.Sc. (SLP) Examination, January 2009**  
**(Integrated Semester Scheme)**  
**Speech -Language Pathology**  
**Voice and its Disorders**

Time : 3 Hours

Max. Marks : 80

*Instructions : 1) Answer all questions.*  
*2) All questions carry equal marks.*

- I. 1) Describe any one widely accepted model of vocal fold vibration. 16
- OR
- 2) Discuss the need for measuring vocal fold vibration and describe the most useful method of measuring vocal fold vibration. 16
- II. 3) Define normal and abnormal voice and discuss the importance of psycho-social, factors in defining the normal and abnormal voice. 16
- OR
- 4) Write short-notes on : 16
- a) LTAS
  - b) Phonatogram
  - c) Jitter
  - d) GRABS.
- III. 5) "Differential diagnosis of voice disorders is possible based on the measures of acoustic and aerodynamic parameters". 16
- OR
- 6) Discuss the need for studying the age related changes in voice from the clinical point of view. 16

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IV. 7) Write a note on recent advances in the rehabilitation of the laryngectomee. 16

OR

8) Describe the acoustic characteristics of esophageal speech. 16

V. 9) Write short-notes on each of the following : 16

a) Phonosurgery.

b) Susceptibility - Criteria for vocal fatigue.

OR

10) Write short-notes on : 16

a) Lee-Silverman therapy.

b) Warm-up exercises.

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**III Semester M.Sc. (SLP) Examination, January 2009**  
**(Integrated Semester Scheme)**  
**Speech-Language Pathology**  
**Motor Speech Disorders**

Time : 3 Hours

Max. Marks : 80

*Instructions : 1) Attempt all questions.*  
*2) All questions carry equal marks.*

- I. 1) With the help of studies discuss how sensory-motor dynamics influence speech-motor control. What are the implications of these findings in disorders of speech motor control ? 16

OR

- 2) With the help of studies describe the trade offs in the interarticulator co-ordination for speech production. How are these affected in motor speech disorder ? 16

- II. 3) How do the model/s of speech production explain the articulatory errors commonly observed in normal speech ? Critically evaluate these findings. 16

OR

- 4) Describe the neural substraction which subserve speech-motor-control. How does this circuitry explain the planning programming and execution deficits observed in apraxia of speech ? 16

- III. 5) a) What are acoustic signatures ? 2

- b) Compare and contrast the acoustic and perceptual characteristics of speech in hypokinetic dysarthria and apraxia of speech. 7

- c) Correlate these findings with the articulatory-acoustic dynamics of the above two conditions. 7

OR

- 6) What are the issues related to the diagnosis and management of apraxia of speech ? 16



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- IV. 7) a) How can historical data be used to diagnose the site and mechanism responsible for dysphagia ? 7
- b) Discuss some compensatory and facilitatory strategies that can be used in the management of pediatric dysphagia. 9

OR

- 8) a) What are the stages of normal swallow ? 4
- b) Describe the signs and symptoms related to each of these stages. Briefly explain how they can be managed. 12

V. 9) Highlight the role played by the following in facilitating speech motor speech disorders.

- a) Occupational therapist. 5
- b) Physiotherapist. 5
- c) Vegetative and sensory/motor training of oral musculature. 6

OR

- 10) Comment on the role of complimentary and alternative approaches to the treatment of motor speech disorders. 16