

LB010

IV Semester M.Sc. Examination, May/June 2006
(Semester Scheme)
Speech Language Pathology
Adult Language Disorders

Time : 3 Hours

Max. Marks: 80

Instruction: All questions carry equal marks.

I . 1) What are the immediate complication arising from post traumatic brain injury ? What types of disabilities can result from such complications ? 16

OR

2) Write a note on :

- a) The classificatory system for acquired dyslexics. 8
- b) Causes and characteristics of metabolic disorders leading to language impairment in adults. 8

II. 3) Describe the cognitive and communicative impairments in individuals with acquired dyslexia. Cite evidence from recent research. 16

- 4) a) Write a note on the risk factors in adult language disorders. 8
- b) Elaborate on the type of linguistic deficits seen in individuals with dementia. 8

III. 5) What are the neuro-diagnostic methods used in the assessment of adult language disorders ? 16

OR

6) Client profile of an individual with alcohol induced language disorders will give better insight into language abilities when compared to the use of any other diagnostic tools." Justify your view on this with suitable illustrations.

16

LD 010

IV. 7) What is included in a protocol for assessing the cognitive - communicative and behavioral dimensions in adults with non-aphasic deficits ? 16

OR

8) "There are obvious differences in the bedside testing of individuals with TBI and Brain attack". Enumerate these difference and discuss the logic behind this. 16

V. 9) " The role of a speech - language pathology towards caregivers and patients with adult non-aphasic language disorders is more crucial and elaborate when compared to that of aphasics." Give your opinion with justification. 16

OR

10) Propose a cognitive and communicative rehabilitation program for individuals with dementia. 16

UNIT - III

5. a) Outline a detailed treatment plan for a 10 year old cerebral palsied child with poor motor control and advanced communication skills. 12
- b) What role does memory and cognition play in the management of communication disorders using AAC ? 4

OR

6. a) How would you use an AAC to help an adult with severe apraxia and aphasia to communicate ? 12
- b) What are the options available to an individual with severe motor deficits to access technology available in AAC's ? 4

UNIT-IV

7. a) Briefly describe the general law of associative technology when considering technology use in AAC. 8
- b) Describe the various types of switches available to the AAC user. 8
8. a) How far has technical advancement of AAC's progressed in India ? 8
- b) "Successful intervention for persons with severe communication disabilities rests with creative and innovative clinical approaches". Discuss. 8

UNIT - V

9. a) Why is a team approach important in the implementation of AAC ? 8
- b) What is the future of AAC in India ? 8
- OR
10. a) What barriers impede the effective implementation of AAC's ? 8
- b) What are the areas in which research is being conducted in the field of AAC's in India ? 8

LD 030

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

Speech - Language Pathology
Motor Speech Disorders

Time : 3 Hours

Max. Marks: 80

Instruction : Answer all the questions.

- I. 1) a) Write a note on the type, distribution & functions of machano receptors in the speech mechanism. 10
b) What is known about the role of machano receptors in speech motor control ? Explain. 6
OR
- 2) a) What is "Homunculus" & " Somatotopical Organization" ? Describe the relevance of these in understanding neural innervation of speech structures. 12
b) Write a short note on the role of thalamic nuclei in speech motor control. 4
- II. 3) a) Describe the meaning of the following in not more than 4 lines: 6
1) Trade-off
2) Co-ordinative structures
3) Efference copy
b) Generally the age 2 to 14 years is referred to as 'Refinement period" with respect to speech motor development in children. Explain with research evidence. 10
OR
- 4) a) "Growth & maturation of cerebral cortex proceeds in a centrifugal pattern at different rates in particular areas" . Discuss this statement and explain how is this reflected in the development of speech motor control in children. 10
b) What do you understand by the concept "speech motor age" ? What are the advantages and disadvantages of identifying SMA ? 6
- III. 5) a) Give a brief description of PDAS as a tool in the evaluation of dysarthria. 4
b) Differentiate between oral & verbal apraxia . 4
c) Summarize & explain how the "Schema theory" proposed by Schmidt describes the development of speech motor skills. 8

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- 6) a) What is a "Tract variable" as described by Saltzman in the Task Dynamic Model ? What is the relevance of this in understanding apraxia and dysarthria ? **4**
- b) Describe the 4 phases of speech processing as explained by Vander Merwe. Relate theory to apraxia and dysarthria. **12**
- IV. 7) a) List the team members and highlight the role of each member in the treatment of a dysphagia client. **8**
- b) What are the different preparations and 'precautions' required while a Speech Language Pathologist treats a client for swallowing disorders, **8**
- OR
- 8) a) Explain the meaning of the following signs in dysphagia treatment: **8**
- 1) Silent aspiration
 - 2) Wet burp
 - 3) Reflux
 - 4) Spill over.
- b) Describe the steps involved in the following therapy techniques for dysphagia : **8**
- 1) Double swallow
 - 2) Chin tuck.
- V. 9) a) Explain the neurophysiological basis for medical treatment in Parkinson's disease. **6**
- b) Describe why and how "LSVT " was recommended for correction of speech in hypokinetic dysarthria as compared to the traditional "Pacing " techniques. **10**
- 10) a) What is "Sensori-motor integration" ? What is the therapeutic principle underlying this ? **6**
- b) Quoting evidences, discuss the views which are expressed "for" and "against" the use of facilitatory exercises and vegetative therapies in dysarthria. **10**