CHAPTER 4

Assessment Procedures Common to Most Communicative Disorders

- Oral-facial Examination
  - Interpreting the Oral-facial Examination
- Assessing Diadochokinetic Syllable Rates
- Speech and Language Sampling
  - Conversation Starters for Eliciting a Speech-Language Sample
  - Pictures
  - Narratives With Pictures
- Evaluating Rate of Speech
  - Determining Speech Rate
- Determining Intelligibility
- Syllable-by-Syllable Stimulus Phrases
- Reading Passages
- Charting
- Concluding Comments
- Sources of Additional Information
This chapter contains eight basic methods for assessing most speech and language disorders — particularly articulation, language, voice, and fluency. You will not need every procedure for each client, although a majority of your assessments will include several, if not most, of the procedures described here.

**ORAL-FACIAL EXAMINATION**

The oral-facial evaluation is an important component of a complete speech assessment (Form 4–1). Its purpose is to identify or rule out structural or functional factors that relate to a communicative disorder. Minimally, you will need a small flashlight and a tongue depressor. For some clients, you may also need a bite block (to disassociate tongue and jaw movements), cotton gauze (to hold the tongue in place), an applicator stick (to assess velopharyngeal movement), and/or a mirror. When evaluating young children, especially those who are reluctant to participate, foods such as peanut butter or applesauce can be strategically placed in the oral cavity to help you assess lip and tongue movements.

A complete oral examination includes an assessment of diadochokinetic rates, which measures a client’s ability to produce rapidly alternating articulatory movements. The “Assessing Diadochokinetic Syllable Rates” worksheet presented later in this chapter is provided to help you assess these abilities.

**Interpreting the Oral-facial Examination**

Valid interpretation of findings from an oral-facial examination requires an understanding of the anatomic, physiologic, and neurologic bases of the oral-facial structures and their functions, combined with experience in performing oral-facial examinations and assessing the relationship between oral-facial integrity and communicative function. Sophistication in administering these examinations takes time and a good deal of experience to develop.

Several common observations from an oral-facial examination and possible clinical implications are described below. Recognize that this is not an all-inclusive list, nor does it exhaust the potential implications of each finding. Beginning clinicians will need to rely on class notes and anatomy, physiology, and neurology textbooks, as well as the chapters on oral examinations in diagnostic textbooks (e.g., Haynes, et al., 1992; Meitus & Weinberg, 1983b; Nation & Aram, 1991; Peterson & Marquardt, 1990). Additional sources are listed in the “Sources of Additional Information” section at the end of this chapter. Resources for motor speech disorders (e.g., Darley, Aronson, & Brown, 1975; Dworkin, 1991; Johns, 1985; Love, 1992; Yorkston, Beukelman, & Bell, 1988) are also useful.

- **Abnormal color of the tongue, palate, or pharynx:** There are several abnormal colors you may observe. A grayish color is normally associated with muscular paresis or paralysis. A bluish tint may result from excessive vascularity or bleeding. A whitish color present along the border of the hard and soft