| Therapy Session 02 | Date: YYYY-MM-DD |
| --- | --- |
| Location: (type here) | Duration: (type here) |
| Participants: (type here) | Therapist/s attending: (type here) |

*Complete documentation using SOAP notes format.*

- End of Report.

| Therapy Session 01 - INIAX | Date: 2025-05-29 |
| --- | --- |
| Location: (pull from client profile) | Duration: 60 minutes |
| Participants: (free text) | Therapist/s attending: ST Charlie Brown (pull from database) |

**Subjective**

Jyo was seated out in a geriatric chair, NGT in situ.

Accompanied by husband, helper (Paula) and daughter (Gayatri). Jyo was slightly grumpy at start of session, mood seems improved as session progressed.

**Reason For Referral**

To improve communication abilities post stroke

**Expectations For therapy And Clients Mindset**

***Reported difficulty in the following areas***

*For each reported difficulty score 1 - 10 ( 1=minor difficulty, 10= major difficulty)*

Communication: reported difficulty 10

* noted from Gayatri that Jyo struggles to communicate her needs and wants. Most of it is anticipated by caregiver (Paula) and family
* Jyo was observed to be have spontaneous utterances at phrase level but they are not always relevant or sufficient to express her needs and wants.
* Jyo would often demonstrate frustrations due to communication difficulties and often say hurtful things to her family.
* Gayatri shares that family is hopeful for Jyo to make as much improvement to her communication abilities to reduce her frustrations where possible, however they are also understanding that a full recovery back to baseline communication abilities may not be possible

**Method of Evaluation**

*Initial assessment*

*- Medical and social history*

*(*3/3/25) CT Brain:

* Acute right MCA territory infarct with hypodense changes involving the right frontal operculum and insula. No haemorrhagic conversion or significant mass effect.
* Occlusion of the right MCA distal M1 segment with moderate collateralization.
* Major arteries in the neck are patent but tortuous*.*

Assessment tools used

Case history provided by Gayatri (23/5/25 via phone call, 29/5/25 in session)

* Eating and drinking
  + since discharge home, family feels that Jyo is eating better, able to finish ½ to ¾ of what she was able to eat premorbidly
  + Jyo was described to be a small eater, taking a sandwich for meals at times
  + Jyo was also noted to have left sided chewing difficulties before the stroke, nil orthodontic treatment sought or rendered
  + able to take whole tablets 1 by 1 with nil noted difficulties
  + no dentures
* Communication
  + Jyo was an avid reader and was able to speak multiple languages
  + She was also very outgoing and enjoys going out to meet with friends.
  + Gayatri feels that Jyo is aware of her current abilities and it makes her frustrated. However when their friends visited recently, Jyo was able to ask about the friend's dog without hesitation and no difficulties recalling.
* Previous ST and communication intervention
  + Gayatri shared that throughout Jyo’s stay at the hospital, she had minimal interactions with the ST
  + Jyo does not have any ST follow up for swallowing or communications either
  + Family noticed that Jyo was able to sing well, does not miss lyrics or skip the beats, so they had requested for music therapy (MT)
  + Jyo had about 4 sessions of MT at SGH

Dysphagia assessment:

oromotor assessment not done due to poor compliance at start of session when Jyo appeared guarded towards ST.

Trialled:

* Level 7 soft, regular diet - x2 beignet with cream
* Level 0 thin fluids (water) - x2 cup sips

fed by helper, self drinking via cup

Oral phase:

* good oral reception
* adequate lip seal, nil anterior spillage
* fair orolingual control
* slow but adequate mastication, aligned with overall general slowness of eating and drinking
* nil significant residue post-swallow

Pharyngeal phase

* mild delayed
* mild reduced hyolaryngeal excursion
* clear voice
* nil signs of aspiration noted across trials

Communication assessment

Attempted to use a communication screener, however Jyo was becoming increasingly upset at the end of orientation questions. Communication was thus informally assessed with aim to ascertain suitable strategies instead.

* Spontaneous speech:
  + Jyo was noted to have spontaneous utterances at worlds to phrases/short sentence level (e.g give me the toothbrush, toothbrush, plate, i am tired, can i go to sleep now?)
  + speech utterances were largely intelligible to 80-90% accuracy
  + noted to speak at keywords to however not always easily understood by family, leading to frequent communication breakdown
  + able to ask questions, relevant to the context most of the time (e.g “what do you mean?, “can i go to bed please?”)
  + fair ability to repeat at short utterance level, however this may be impacted by attention.
* Orientation questions:
  + provided name only when shown written prompts of her name
  + provided her date of birth when shown “195\_” in fill in the blanks prompts
  + did not respond regarding place even with written binary choices - started saying “what is the point”, raising her voice
* Confrontational naming: 10/10
  + slow in response, but benefits from additional time given
  + benefitted from fill in the blank prompts verbal > written
  + noted perseverations (i.e repeating answer from previous picture while looking at the next stimuli)
  + initially very frustrated when asked to name pictures, would look away, but eventually encouraged when she was able to achieve success
  + semantic descriptors were also helpful (e.g it is a fruit, you sit on it)
  + errors were mostly semantic errors (e.g labrador > dog, mercedes > car, football > basketball)
* Written word to picture matching: 0/2
  + poor engagement in task, likely further confounded by left sided inattention
  + reading mostly options on her right visual space, ignoring the ones of the left
  + frustrated ++, verbalising phrases e.g “what is the point”, “i can't”
* Others:
  + frequent frustration outburst noted during communication breakdown
  + Jyo would also attempt to disengage at times by looking away at times, requiring redirection and frequent encouragemet

Activity trialled:

* Tactus therapy app (Lite)
  + Naming and flashcards sub categories
  + Jyo demonstrated interest in tablet application more than pictures given in earlier trials
  + able to achieve 5/5 with prompts
  + benefits from repetition of trials to increase speed and confidence in responses (i.e respond faster with each set of repetition)
  + Jyo demonstrates good motivation and engagement in tasks with encouragement and frequent micro breaks
  + increased frequency of perseverations towards end of session
  + eventually fatigued and was able to say “I want to sleep now”.
  + nil frustration outburst during tasks when adequately paced and supported. Jyo even asked for the next stimuli

**Diagnosis and recommendations**

Functional swallows with nil signs of aspiration across trials.

Expressive more than receptive aphasia with cognitive overlay

**Recommendations**

For weekly speech therapy to work on establishing practice tasks with consistent strategies for family to support in conversation.

* spoke to family on daily practice, 5 trials each time and repeat to increase frequency and familiarity with practice tasks and strategies
* Gayatri informed that ST Mann is not available next week (2-9 June), but able to arrange for weekly sessions after
* Gayatri noted and will liaise with Norm when she has sorted her schedule as well. Not for back to back sessions with other therapy sessions for now due to fatigability.

To monitor left inattention, consider OT as needed when family is ready.

**ST Plan for next session:**

* spelling and letter manipulation: anagrams for names
* CGT to helper to cue during activity and communication breakdown
* oromotor assessment if Jyo is better able to engage
* Aphasia handout/explanation for family

| **Area of focus** | **Recommendation** | **Action** |
| --- | --- | --- |
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**Appendix**

*Copy of the test and results will be filed here*

Guidance on completing scoring: <https://www.thecopm.ca/learn/>

| Commencement / Admin Notes | Date: 2025-05-26 |
| --- | --- |
|  | Prepared by: Norm |

| **Name of Patient** |
| --- |
| Jyotsna Singh |
| **Date Of Birth** |
| 31/03/1954 |
| **Local Address Of Residence** |
| 61 Grange Road  04-04  Beverly Hill  S.249570 |
| **Nationality** |
| Singaporean |
| **ID/Passport Number** |
| S2730230J |
| **Gender** |
| Female |
| **Ethnicity** |
| Indian |
| **Language/s Preferred** |
| English  Tamil / Hindi |
| **Main Contact Email** |
| gayatrisingh.g@gmail.com |
| **Next Of Kin / Main Contact Person** |
| Gayatri Singh |
| **Relationship Of Next Of Kin** |
| Daughter |
| **Telephone Number Of Next Of Kin** |
| 82336907 |
| **Reason/s Seeking Rehab Therapy In The Community** |
| Chronic Condition Management |
| **How Is Your Medical Condition Impacting You** |
| Mobility  Food Intake  Cognition  Self Care (Bathing, Dressing, etc)  Access To Home / Community  Home Safety  Commuting |
| **Do You Have A Helper / Caregiver?** |
| No, but to hire one soon |
| **Anything else to share?** |
| This platform and line of questioning is a little confusing for me. My mother has had a stroke so I’m unsure of whether I’m filling this out from her perspective or mine… BUT:  We do require a speech therapist in a package form, I think. My mother was recently discharged and cleared to come home from OCH. She suffered a stroke on March 3rd. The contact information provided is my sister, she is the main person of contact here! |

| Functional Reassessment Templates | Updated |
| --- | --- |
|  | For use in documentation, copy and paste into new entry as and when needed |

| **DATE:** | **MAS (F/E)** | **MMT (F/E)** | **PROM F/E** | **AROM F/E** |
| --- | --- | --- | --- | --- |
| Shoulder | / | / | º / º | º / º |
| Elbow | / | / | º / º | º / º |
| Wrist | / | / | º / º | º / º |
| Digits | / | / | º / º | º / º |
| Thumb | / | / | º / º | º / º |

| **Fugl Meyer Assessment (Upper Limb)** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A - MOTOR DATE:** | | | | | |  | |  | |  | |
|  | Shoulder/Elbow/Forearm | | | | |  | /36 |  | /36 |  | /36 |
|  | Wrist | | | | |  | /10 |  | /10 |  | /10 |
|  | Hand | | | | |  | /14 |  | /14 |  | /14 |
|  | Coordination/Speed | | | | |  | /6 |  | /6 |  | /6 |
|  | TOTAL: | | | | |  | /66 |  | /66 |  | /66 |

| **FUNCTIONAL INDEPENDENCE MEASURE (FIM)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  |
| Eating |  |  |  |  |  |
| Grooming |  |  |  |  |  |
| Bathing |  |  |  |  |  |
| Upper body dressing |  |  |  |  |  |
| Lower body dressing |  |  |  |  |  |
| Toileting |  |  |  |  |  |
| Transfers |  |  |  |  |  |