

Name: Nicholas Aaron Michael Ballard | DOB: 18/11/2015 | MRN: 5440592 | PCP: Michael Marc Kroll, MD | Legal Name: Nicholas Aaron Michael Ballard



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SickKids®

29 November 2024

Michael Marc Kroll, MD
Credit Valley Family Health Team
Suite 105
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Mississauga ON L5M 2V8
Via Fax: 905-813-3853

Patient: **Nicholas Aaron Michael Ballard**
MR Number: **5440592**
Date of Birth: **18/11/2015**
Date of Visit: **29/11/2024**

Dear Dr. Kroll:

DEPARTMENT OF COMMUNICATION DISORDERS
Cleft Lip & Palate Program - Outpatient Assessment Report

Name: Nicholas Aaron Michael Ballard
MRN: 5440592
DOB: 18/11/2015

Date of Contact: Friday 29 November 2024
Age: 9y.o. 0m.o.

Speech-Language Pathology Service to: Plastic Surgery

BACKGROUND INFORMATION:

Reason for Referral: Nicholas was initially referred to this department in 2022 due to concerns regarding hypernasal resonance.

Developmental/Medical History: He reportedly presents with a history of Autism Spectrum Disorder, ADHD and Oppositional Defiant Disorder. He has been followed in the community regarding sleeping disordered breathing and was seen by Dr. Amin at SickKids in October 2022.

Results included: *There are minimal symptoms consistent with sleep disordered breathing as per the visit with the parents today. However, there are several behavioral concerns which are affecting his overall sleep quality.*

Mother reported that Nicholas sleeping has improved. He has recently started Risperidone and only occasionally takes Melatonin. Mother did not report any present concerns with nasal regurgitation. He has been seen for allergy testing.

Nicholas is currently attending grade 4 at Our Lady of Peace. Mother shared a copy of his speech assessment through the school done in November 2022. He reportedly continues to be on the waiting list for speech therapy.

ASSESSMENT FINDINGS:

Parent/Caregiver Interview: During this assessment, Nicholas frequently cleared his throat. He also demonstrated other repetitive movements and sounds (sniffing, exhalations when speaking, rubbing his nose). Mother reported he will also make repetitive hand movements but his behaviours often change. She was aware of the Tourette-like nature of these behaviours and has spoken with Nicholas' pediatrician.

Oral Peripheral Examination: No evidence of an overt submucous cleft palate. Nicholas has been seen by a community ENT and tonsillectomy was not recommended. Mother is aware of the risks of increased hypernasality with adenoidectomy.

Articulation/Phonology: Presents with /r/ distortion. Previously, other developmental errors were noted which have resolved (/l/ in final position, f/th substitution). Nicholas tends to speak with a rapid rate of speech and reduced mouth opening, tongue and lip movement which can impact speech intelligibility.

Resonance:

STIMULUS	NASALANCE	NORM	SD	THRESHOLD
/papapa/	27 %	6%	3%	>=15%
/sasasa/	24 %	7%	4%	>=15%
/pipipi/	33 %	17%	7%	>=35%
/mamama/	46 %	53%	13%	<=40%
Prolonged /a/	26 %	6%	3%	+/- 2 SD
"Pick up the ..."	19 %	11%	5%	>=22%
"Take a ..."	26 %	11%	5%	>=22%
"Go get a ..."	34 %	13%	6%	>=22%
"Suzy sees the ..."	34 %	12%	5%	>=22%
"Mama made some..."	57 %	54%	9%	<=45%
Low pressure	38 %	n/a	n/a	n/a
Bobby & Billy Play Ball	32 %	16%	5%	>=25%
School Day for Suzy	29 %	10%	4%	>=20%

SickKids Cleft Speech Score (CSS): 1.0 x +/- (In structured speaking tasks) **Slight hypernasality in structured speaking tasks. No audible nasal turbulence was noted during production of high pressure phonemes. Nasal inhalations and exhalations were noted and not associated with phoneme productions. Resonance quality in conversational speech tended to be mildly hypernasal when Nicholas spoke with a more rapid rate and reduced articulatory precision.**

SUMMARY & RECOMMENDATIONS:

Based on parental report and clinical observation, the following observations and recommendations were discussed and agreed upon by the family:

1. Speech and resonance therapy is recommended

- Recommended goals include: /r/ distortion. Nicholas would benefit from strategies to enhance oral resonance.
- With consent, a copy of this report will be forwarded to Nicholas's school

2. Further investigation of velopharyngeal functioning is not warranted. Nicholas' resonance quality is likely related to oral motor coordination difficulties as a result of rapid rate of speech and difficulty with self-monitoring. He would not be considered a surgical candidate for velopharyngeal dysfunction at this time.

3. Further follow-up in this clinic is not indicated, however mother was encouraged to contact this clinic should she become more concerned. She will continue to follow up with the pediatrician

regarding some of the Tourette-like behaviours noted.

Please do not hesitate to contact me at **(416) 813-6104** should there be any questions or concerns.

KLAIMAN, PAULA, SLP, Reg. CASLPO

CC
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Via MyChart

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