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SOUTHERN OCEAN MEDICAL CENTER

1140 Route 72 West, Manahawkin, NJ 08050-2499 * (609) 597-6011

CONSULTATION REPORT

PATIENT NAME: SHARPE, ALEXIS

UNIT NO: M000283349
DATE OF BIRTH: 02/10/2007

ADMISSION DATE:

ROOM #/BED: SPEECH REPORT #: 1115-0183

DICTATED BY: JENNIFER FREIWALD, SPEECH STUDENT

DATE OF CONSULTATION: 11/07/2011

CONSULTANT: KIMBERLY RULE MS

ATTENDING: MAHMOUD M YASSIN MD

TYPE OF CONSULTATION: PEDIATRIC OUTPATIENT SPEECH AND LANGUAGE

DIAGNOSIS: Speech Disturbance, ICD-9 Code: 784.59

HISTORY: Alexis is a 4-year 9-month-old female who was seen for an outpatient speech and language evaluation secondary to frequent phoneme distortions and substitutions. She was accompanied by her grandmother/legal guardian. Limited history was reported by caregiver. Alexis currently communicates via verbal means, without reported consequences at this time. Family's stated goal for therapy is for the patient to be understood by others.

BIRTH HISTORY: Birth history is positive for prematurity. Details regarding medical status at that time is unknown. The length of pregnancy was 31. Birth weight was 3 pounds. Total hospital stay was 31 days.

MEDICAL HISTORY: Unremarkable. Child's overall health is reportedly good.

HEARING: Acuity appears within functional limits as per caregiver report.

DEVELOPMENTAL HISTORY: Developmental milestones were reported age appropriate. Caregiver reports the following: Alexis sat up alone at 5 months, crawled at unknown, walked at 10-1/2 months, toilet trained at 2 years, dressed self at 2 years, and fed at 1 year of age.

FEEDING HISTORY: All solid and liquid consistency are reported tolerated without signs or symptoms of distress.

SPEECH-LANGUAGE HISTORY: According to her caregiver, Alexis babbled at 7 months. Additional age ranges regarding speech milestones was not reported. At this time, family reports that patient's language skills are adequate yet she continues to present with articulation difficulties. Alexis is reportedly understood by others 75% of the time and understood by family 98% of the time.

EVALUATION RESULTS:

Page 1 of 3

CONTINUATION OF CONSULTATION PATIENT NAME: SHARPE, ALEXIS

UNIT NO: M000283349 **REPORT** #: 1115-0183

Cognition/Behavior: Alexis was observed quietly waiting in the waiting room. She easily separated from her grandmother. Attention appeared age appropriate, as she was cooperative and able to participate throughout formal testing.

Oral-Motor: Structures and functions were within functional limits for speech and vegetative purposes.

Voice: Judged to be hoarse. Patient was unable to sustain /ah/. Caregiver reports hoarse quality was secondary to cold. Further evaluation warranted if hoarseness persists.

Fluency: Rate and fluency of speech were within functional limits at the conversational level.

Articulation: The Goldman Fristoe Test of Articulation-2 was administered. The following scores were

obtained.

Raw score- 30 Standard Score-78 Percentile Rank- 8

Age Equivalent- 2 years 9 months
Interpretation- Delow Age Expectations

Errors at the word level consisted of:

Initial: p/z, w/y, b/v, w/r, s/sh, d/th voiceless, sh/j, w/l, s/ch

Medial: t/ch, sh/j, w/l, t/s

Final omission /i, omission/k, f/th voiceless

Blends: p/tr, p/sp, pw/pl, pw/kr, pw/kl, pw/gl, pw/fr, fw/fl, bw/bl, omission/sw, p/gr, fr/dr, pw/br, d/ft, sw/fl.

Intelligibility was deemed good in known contexts to this trained listener at the conversational level yet decreased moderately when context was unknown. In connected speech, the patient was noted to use the following phonological processes: weak syllable deletion, gliding, and stopping. Additionally, she dentalized s/z which resulted in a frontal lisp.

LANGUAGE: The PLS4 Screening Test was administered to determine whether receptive/expressive language skills are within functional limits and to rule out need for further assessment in these areas. Alexis obtained 4/5 correct on this screening test. A score of 4 or more is considered a passing score, therefore no additional language testing is warranted at this time.

SUMMARY: Alexis is a 4-year 9-month-old girl whom presents with a moderate speech disorder characterized by the use of phonological processes as well as multiple phoneme distortions and omissions. These deficits result in poor socialization with peers. Due to patient's age, potential for improvement is indicated and therapy is recommended to achieve long-term goal stated below.

RECOMMENDATIONS:

- 1. Speech and language therapy 1 time per week for 6 months.
- 2. The following referral is also recommended: ENT if hoarseness persists.

LONG-TERM GOAL: The patient will produce speech that is judged to be intelligible 80% of the time to all listeners.

Short-term goals:

1. The patient will produce three-syllable words with 80% accuracy and minimal cues.

CONTINUATION OF CONSULTATION PATIENT NAME: SHARPE, ALEXIS

UNIT NO: M000283349 **REPORT** #: 1115-0183

2. The patient will produce continuant sounds in single words 80% of the time with minimal cues.

Thank you for this referral.

<<Signature on File>>

KIMBERLY RULE MS

Signed By: RULE, KIMBERLY MS **SDT**: 11/16/11 1343 **Trans**: DD **DD/DT**: 11/14/11 1049 **TD/TT**: 11/15/11 1059

CC: MAHMOUD M YASSIN, MD

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