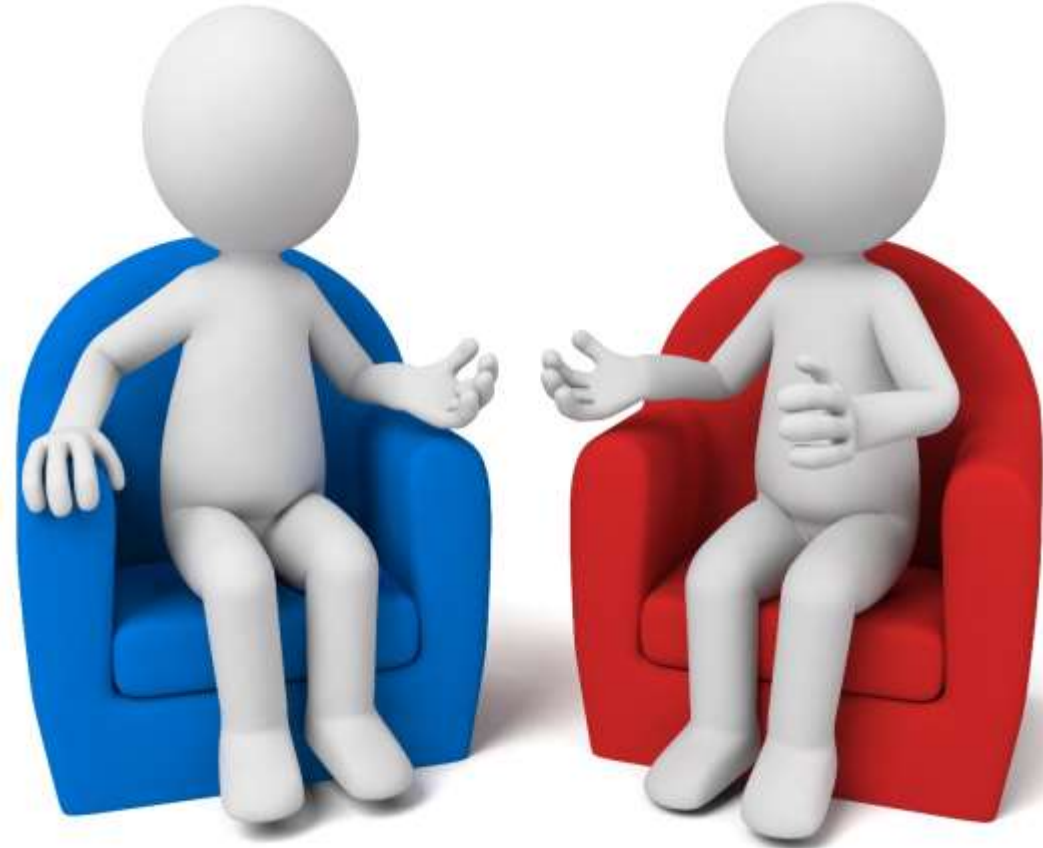


SNS COLLEGE OF PHYSIOTHERAPY COIMBATORE-35

COURSE NAME : BPT., Physiotherapy IV Year
SUBJECT : Rehabilitation
UNIT : II
TOPIC : Communication Problems
PREPARED BY : Varunkumar S

- Communication is essential for expressing needs, emotions, and social interaction.
- Disability or disease may cause speech, language, or hearing impairments.
- Rehabilitation aims to restore, compensate, or adapt communication methods.



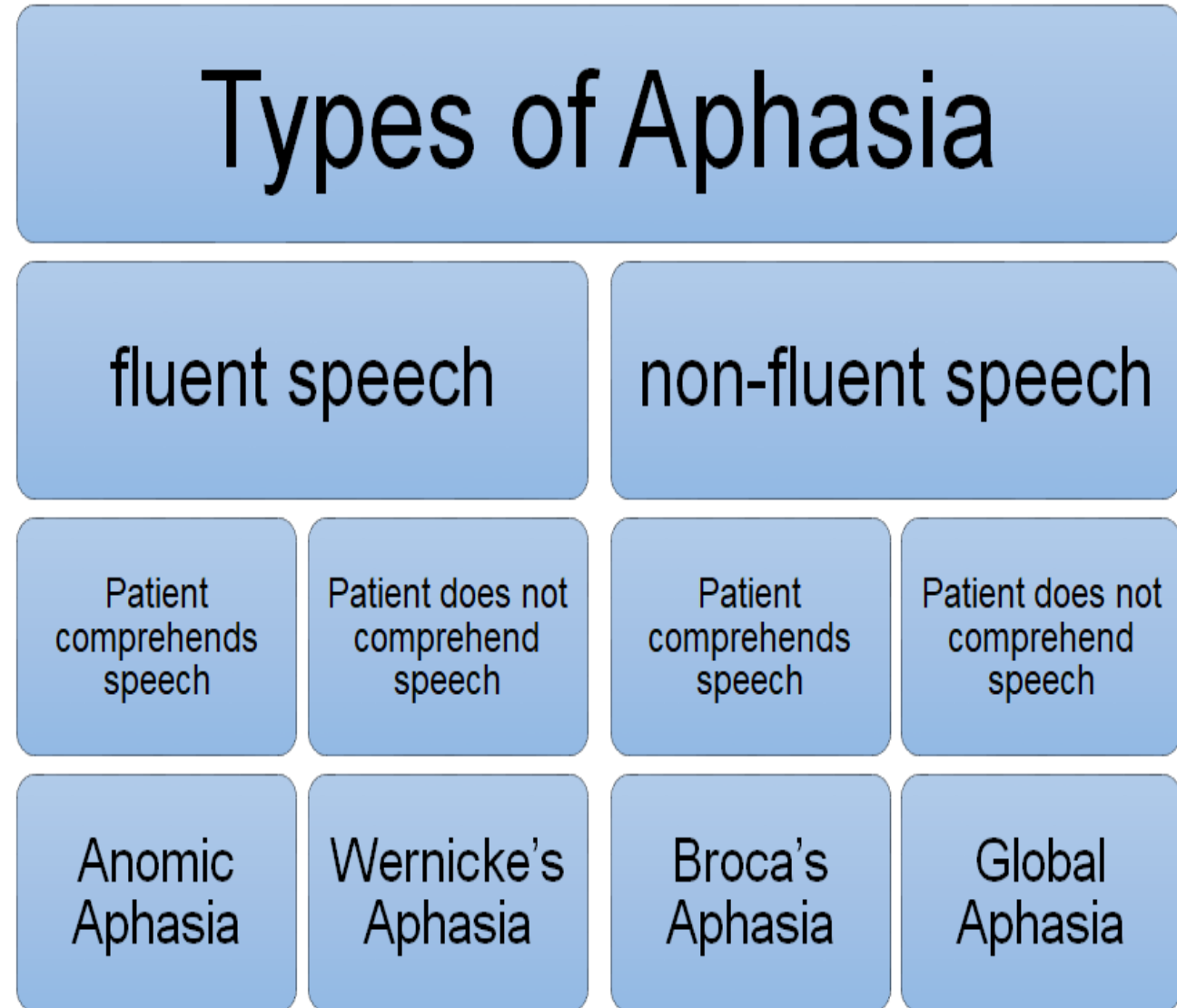
a. Aphasia

Definition: acquired language disorder due to brain damage (commonly stroke).

Types:

- Broca's (expressive) – difficulty producing speech, comprehension relatively preserved.
- Wernicke's (receptive) – fluent but meaningless speech, poor comprehension.
- Global – severe impairment in both expression and comprehension.

Rehab: speech therapy, use of gestures, writing, communication boards.



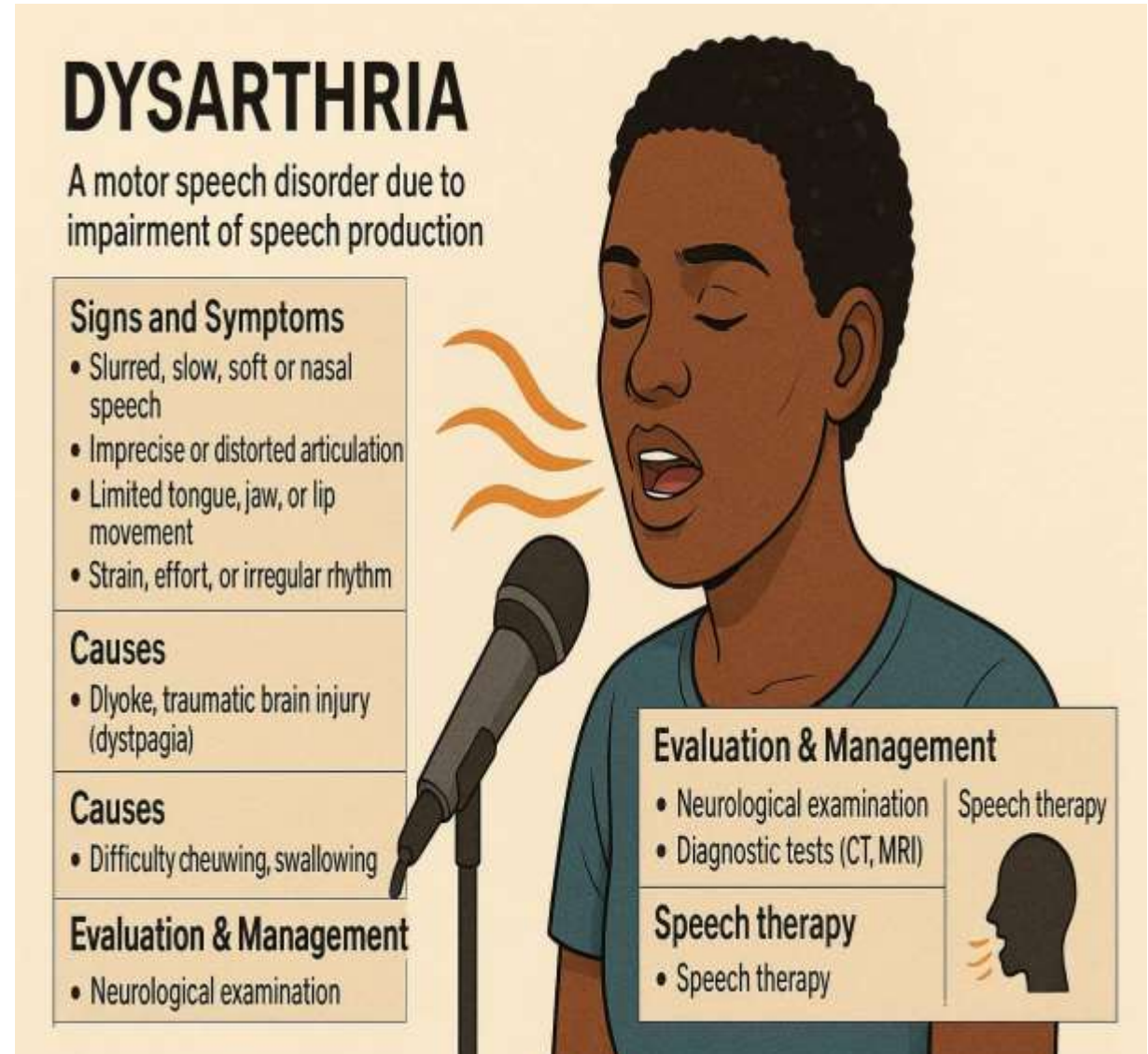
b. Dysarthria

Definition: motor speech disorder due to weakness/paralysis of speech muscles.

Causes: stroke, traumatic brain injury, cerebral palsy, Parkinson's.

Features: slurred speech, poor articulation, monotone voice.

Rehab: oral motor exercises, breath control training, pacing speech, assistive devices.



DYSARTHRIA
A motor speech disorder due to impairment of speech production

Signs and Symptoms

- Slurred, slow, soft or nasal speech
- Imprecise or distorted articulation
- Limited tongue, jaw, or lip movement
- Strain, effort, or irregular rhythm

Causes

- Dlyoke, traumatic brain injury (dystpagia)

Causes

- Difficulty chewing, swallowing

Evaluation & Management

- Neurological examination

Evaluation & Management

- Neurological examination
- Speech therapy

Speech therapy

- Speech therapy

Speech therapy

- Neurological examination
- Diagnostic tests (CT, MRI)
- Speech therapy

Speech therapy

- Speech therapy

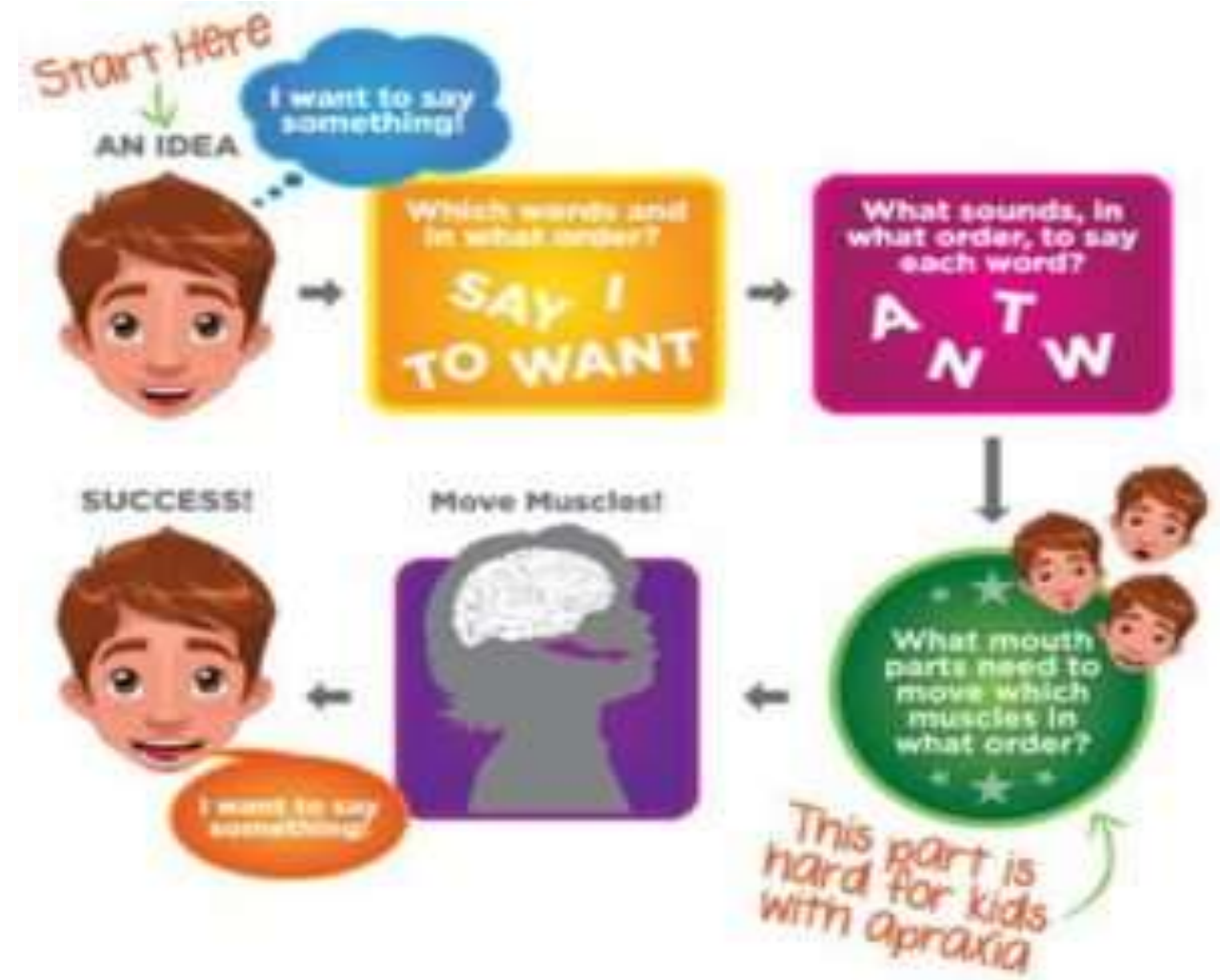
The infographic features an illustration of a person speaking into a microphone with wavy lines representing sound waves. A silhouette of a head with sound waves is also shown in the bottom right corner.

c. Dyspraxia (Apraxia of Speech)

Definition: impaired planning/programming of speech movements.

Feature: Patient knows what to say but cannot coordinate muscle movements.

Rehab: repetitive practice, phonetic placement, multisensory cueing.



d. Voice Disorders

Causes: laryngeal trauma, vocal cord paralysis, post-surgery.

Features: hoarseness, weak voice, breathy speech.

Rehab: voice therapy, breathing exercises, ENT referral if needed.



e. Hearing Impairment

Can be congenital or acquired.

Leads to delayed language development and communication difficulties.

Rehab: hearing aids, cochlear implants, auditory training, lip reading, sign language.



f. Cognitive-Communication Disorders

Occurs in TBI, dementia.

Features: poor attention, memory, problem-solving, social communication deficits.

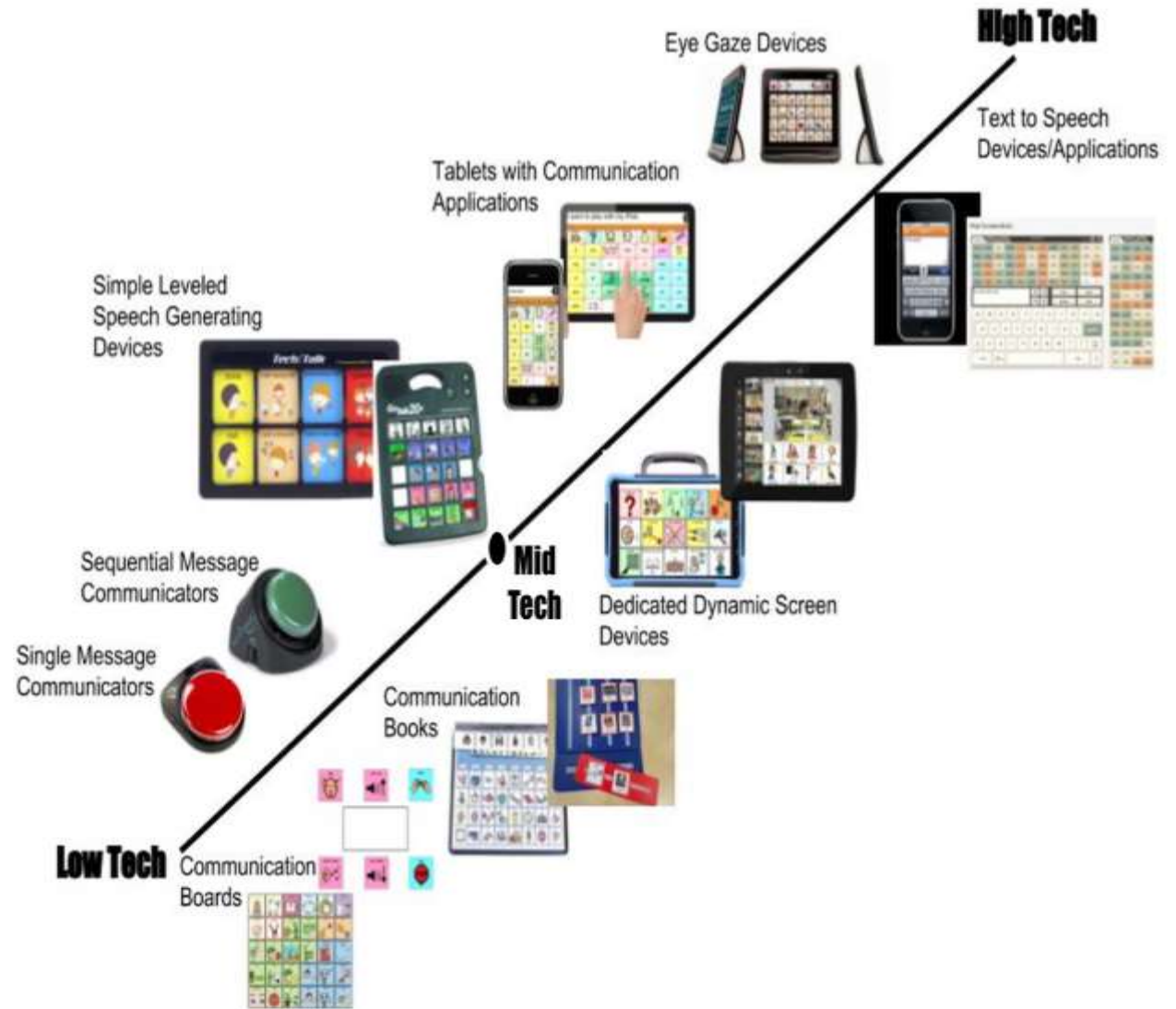
Rehab: cognitive retraining, structured communication strategies



- * Early identification and intervention.
- * Multidisciplinary team approach:
Speech therapist, audiologist,
physiotherapist, occupational therapist,
psychologist.

Use of Augmentative and Alternative
Communication (AAC) :

- * Picture boards, communication charts,
electronic devices, apps.
- * Family and caregiver training.
- * Encourage patient participation and
reduce frustration.



Role of Physiotherapist

- * Ensure optimal posture and breathing pattern for speech.
- * Facilitate oro-motor control through exercises.
- * Support speech therapist in respiratory and facial muscle training.
- * Use clear, simple verbal commands during physiotherapy sessions.
- * Encourage social interaction during group therapy.



Case Example

Patient: 62-year-old male, post left MCA stroke with Broca's aphasia.

Intervention:

- * Speech therapist works on word-finding exercises.
- * Physiotherapist encourages use of gestures during therapy.
- * Caregivers trained to use yes/no questions and communication board.

