بسم الله الرحمن الرحيم

{{ وما أوتيتم من العلم إلا قليلا }}

صدق الله العظيم

Aphasia Rehabilitation Programs

An Essay Submitted for the Partial Fulfillment

of the Master Degree in Phoniatrics

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Cairo

2013

Acknowledgement

First and for most, I feel always indebted to ***Allah,*** the merciful and compassionate, he always guides me allover my life.

I wish to express my deepest gratitude and ultimate thanks to Professor ***Dr. Samia El-Sayed Bassiony*** Professor of Phoniatrics - Faculty of Medicine, Ain Shams University, who saved neither effort nor time in guiding and helping me beyond her continuous advices to complete this work.

I am greatly honored to express my deep gratitude to my Professor ***Dr. Hassan Hosny M. Ghandour*** professor of Phoniatrics - Faculty of Medicine, Ain Shams University, for his constant help, encouragement, meticulous constructive advice and keen supervision to me.

Finally, I would be remiss if failed to acknowledge my deer husband and my family, for their tolerance and their emotional support pushing me to finish this work, many thanks.

Eman Refa'at El-halaby

2013

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Lists of Abbreviations

Abbreviation	*Meaning*
AAC	Augmentative and Alternative Communication.
ACA	Anterior Cerebral Artery.
AG	Angular Gyrus.
ALIC	Anterior Limb Internal Capsule.
BDAE	Boston Diagnostic Aphasia Examination.
CAT	Comprehensive Aphasia Test.
CILT	Constraint Induced Language Therapy.
C-VIC	Computer-Based Visual Communication.
DC	Direct Currents.
FTD	Frontotemporal Dementia.
ICF	International Classification of Functioning, Disability and Health
ICH	Intracerebral Hemorrhage.

IMA	Inferior Middle Artery.
ITG	Inferior Temporal Gyrus.
MCA	Middle Cerebral Artery.
MIT	Melodic Intonation Therapy.
MTA	Mixed transcortical aphasia
MTG	Middle Temporal Gyrus
PACE	Promoting Aphasics' Communicative Effectiveness.
PCA	Posterior Cerebral Artery.
PICA	Porch Index of Speech Ability.
PVWM	Periventricular White Matter.
REST	Reduced Syntax Therapy.
rTMS	Repetitive Transcranial Magnetic Stimulation.
SLP	Speech-Language Pathologists.
SMG	Supramarginal Gyrus.

STG	Superior Temporal Gyrus.
TCMA	Transcortical Motor Aphasia.
TCSA	Transcortical Sensory Aphasia.
tDCS	Transcranial Direct Current Stimulation.
TMS	Transcranial Magnetic Stimulation.
TS	TouchSpeak.
TUF	Treatment of Underlying Forms.
VAT	Visual Action Therapy.
WAB	Western Aphasia Battery.

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INTRODUCTION

Historically, language was the first of the higher cortical functions to be correlated with focal lesions of the brain, so the physicians were interested to study such disorders which affect communication and exert a major impact on the lives of individuals and their families, founding a proper rehabilitation for them. One of these language disorders and of the most heartbreaking and devastating disabilities is aphasia **(Kirshner, 2012)**.

Goodglass and Kaplan (1983) defined aphasia as "… the disturbance of any or all of the skills, associations and habits of spoken or written language produced by injury to certain brain areas that are specialized for these functions".

Aphasia usually results from lesion to the language-relevant areas which can be occurred as a result of stroke, following a traumatic brain injury or may emerge gradually due

to progressive, degenerative brain disease **(Dronkers and Baldo, 2008).**

The area and extent of brain damage determine the type of aphasia and its symptoms, but there is no classification of patients in subtypes and groups of subtypes is adequate. Only about 60% of patients will fit in a classification scheme such as fluent / non fluent / pure aphasias. There is a huge variation among patients with the same diagnosis, and aphasias can be highly selective. For instance, patients with naming deficits (anomic aphasia) might show an inability only for naming buildings, or people, or colors **(Kolb et al., 2003)**.

There is no one treatment proven to be effective for all types of aphasias. The reason that there is no universal treatment for aphasia, is because of the nature of the disorder and the various ways it is presented, as explained above. Aphasia is rarely exhibited identically, implying that treatment needs to be catered specifically to the individual. Studies have shown that