

Language and speech disorders

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Rationale

It is important to differentiate speech from language abnormalities. Patients with impairment in comprehension and/or use of the form, content, or function of language are said to have a language disorder. Patients with impaired articulation, fluency and voice are said to have a speech disorder.

Causal Conditions

(list not exhaustive)

- Language disorder
 - a. Delayed and developmental language impairment (e.g., deafness, autism spectrum disorder, neglect, abuse)
 - b. Degenerative, vascular, or other central nervous system disorders (e.g., stroke)
 - c. Head injury
- Speech disorder
 - a. Articulation disorder (e.g., dysarthria)
 - b. Fluency (e.g., stuttering, Parkinson disease)
 - c. Speech apparatus lesions (e.g., cleft palate, head and neck neoplasm)

Key Objectives

Given a patient with a language or speech disorder, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. Particular attention should be paid to differentiating language from speech disorders.

Enabling Objectives

Given a patient with a language or speech disorder, the candidate will

- list and interpret critical clinical findings, including
 - a. assessment of hearing in a child;
 - b. evidence of malignancy;
 - c. results of an appropriate neurological examination;
- list and interpret critical investigations (e.g., hearing tests)
- construct an effective initial management plan, including
 - a. referring the patient for specialized care with appropriate health care professionals (e.g., speech therapist, ear, nose, and throat surgeon), if necessary;
 - b. counselling and educating the patient and/or family, particularly regarding the psychosocial impact on function.