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Programs in the Department of Neurology Speech and Language Disorders Mayo Clinic speech-language pathologists are involved in clinical research aimed at answering questions about a variety of congenital, developmental, and acquired disorders that affect speech and language abilities. Their goal is to improve clinical understanding, diagnosis, prognosis and management of speech disorders. With their broad expertise spanning speech and language pathology; linguistics; phonetics and psychology; and speech-language disorders, Mayo Clinic speech pathologists use a multidisciplinary approach to conduct their research. The Division of Speech Pathology has a long history of significant contributions to the description, diagnosis, and understanding of neurologic communication disorders, particularly motor speech disorders. In the late 1950s, several seminal publications by speech-language pathologists Fredrick L. Aronson and neurologist Joe R. Brown described the distinctive speech characteristics associated with dysarthria, resulting from neurologic diseases affecting various components of the motor system. This work established a system for classifying the dysarthrias now used throughout the world. Darley, Aronson, and Brown, in collaboration with numerous speech pathology fellows and other Mayo neurologists, subsequently published numerous papers that contributed importantly to our understanding of apraxia of speech and the speech characteristics associated with dysarthrias associated with a variety of neurologic diseases. In recent years, Drs. Duffy and Edythe Strand speech pathologists, in collaboration with speech pathology fellows and neurology consultants, have published numerous additional papers addressing the speech deficits associated with a variety of other disorders. This work, conducted over many decades, continues and has had a strong influence on the classification and understanding of neurologic motor speech disorders. Today, the system used for classifying the dysarthrias in many parts of the world, is often referred to as the "Mayo classification system. Aphasia Acquired dysarthrias and apraxia of speech Childhood apraxia of speech Spasmodic dysphonia Ongoing research Joseph R. The primary focus of his research is on defining distinguishing clinical characteristics, establishing neurologic correlates, and refining differential diagnosis. Her primary interests concern the language and speech changes associated with degenerative disease and the acquisition of speech in children with motor speech disorders. She has examined the relationship of perceptual to acoustic; and physiologic measures of speech and voice in patients with amyotrophic lateral sclerosis. Her goal is to better understand disease progression and facilitate clinical intervention with progressive dysarthria in degenerative disease. Strand studies changes in speech as they relate to changes in respiratory status and swallowing in order to enhance the ability of the clinician to predict the rate of progression of this disorder in order to determine when interventions for may be necessary. Recent research advances Dr. Aphasiology, 2006, "The study established that patients whose communication difficulties reflected a predominant AOS tended to eventually receive clinical neurologic diagnoses characterized by predominant motor as opposed to cognitive deficits. In a follow-up study in which Dr. Strand also participated, the history, presenting complaints, neurological findings, and speech-language findings of seven patients with motor neuron disease MND and AOS were described. The findings establish that AOS can occur in MND, typically also with dysarthria, but not invariably with aphasia or other cognitive deficits. Strand have worked with other Mayo colleagues to determine whether clinical subtype of aphasia and AOS are associated with certain pathological diagnoses and specific biochemical and anatomical structural abnormalities. Voxel-based morphometry revealed the premotor and supplemental motor cortices to be the main cortical regions associated with AOS, while the anterior perisylvian region was associated with non-fluent aphasia. The results suggest that refining the classification of the degenerative aphasias and AOS may improve our understanding of the relationships among behavioral, pathological, and imaging correlations Brain, Jun; Pt 6: Epub Apr In another study, Dr. Duffy worked with Mayo colleagues to investigate the pathology causing primary progressive aphasia PPA. They concluded that a temporoparietal pattern of atrophy on MRI in patients with progressive fluent aphasia

and relatively preserved processing speed is suggestive of underlying Alzheimer disease pathology rather than frontotemporal lobar degeneration with ubiquitin[€]only immunoreactive changes. *Neurology*, Jan 1;70 1: Strand is engaged in the development of a treatment program for childhood apraxia of speech, a speech disorder due to deficits in planning and programming speech movement gestures. The treatment is designed to facilitate acquisition of speech motor control in younger children or children with severe apraxia of speech. Studies to date have shown a positive effect for most children treated with this method. *Journal of Medical Speech Pathology*, , Strand is developing a speech examination that improves the differential diagnoses of speech sound disorders in young children. Her research will eventually provide normative data so that the DEMSS can be used clinically to aid in differential diagnosis of motor speech disorders in children. More about research at Mayo Clinic.

Chapter 2 : Speech-Language Pathology Guidelines - Medical Policy - BCBSND

6. *after giving the diagnosis, be ready for negative emotions/words. Things to Avoid Diagnostics in Speech Language Pathology. 69 terms. Principles Quiz 1. 77 terms.*

The profession[edit] Speech-language pathologists SLPs provide a wide range of services, mainly on an individual basis, but also as support for individuals, families, support groups, and providing information for the general public. SLPs work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults. Services are provided in the following areas: Speech, language, and swallowing disorders result from a variety of causes, such as a stroke, [9] brain injury, [10] hearing loss, [11] developmental delay, [12] a cleft palate, [13] cerebral palsy, [14] or emotional issues. For example, the treatment for patients with cleft lip and palate , often requires multidisciplinary collaboration. Speech-language pathologists can be very beneficial to help resolve speech problems associated with cleft lip and palate. Research has indicated that children who receive early language intervention are less likely to develop compensatory error patterns later in life, although speech therapy outcomes are usually better when surgical treatment is performed earlier. Palliative care is another health care area that often involves multi-disciplinary collaboration involving speech-language pathologists. La Trobe University Palliative Care Unit [21] Melbourne, Australia has been a strong advocate for speech-language pathologists being included within both paediatric [22] and adult palliative care [23] multidisciplinary teams. Working environments[edit] SLPs work in a variety of clinical and educational settings. SLPs may also work as part of the support structure in the education system, working in both public and private schools , colleges , and universities. Programs that offer the M. All clinicians are required to complete clinical hours 25 observation hours often completed during the undergraduate degree and hours of graduate Clinical Practicum. Successfully complete a clinical fellowship year CFY as a clinical fellow CF under the mentorship of a fully licensed mentor clinician. The CFY is no less than 36 weeks of full-time experience, totaling a minimum of hours. States are responsible for licensure of clinicians and other professionals and, as far as the new SLP, these requirements are often similar to that of the CFY. Following the state licensure procedures and national certification requirements are usually done simultaneously. Maintaining licensure through continuing education: Continuing education and training obligations: Educate, supervise, and mentor future SLPs. Educate and provide in-service training to families, caregivers, and other professionals. Train, supervise, and manage speech-language pathology assistants SLPA and other support personnel. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decisions about communication and swallowing. Credentials of a clinical fellow typically read as: MA, MS, or M. Credentials of a fully licensed SLP commonly read as: Salary information[edit] Salaries of SLPs depend on a variety of factors including educational background, work experience, and location. Speech Pathologists work as part of a team alongside teachers, counselors, social workers and parents when in a school setting. Due to such requirements, some students may not be assessed in an efficient time frame or their needs may be undermined by criteria. For a private clinic, students are more likely to qualify for therapy because it is a paid service with more availability.

Chapter 3 : Differential Diagnosis of ADHD in Speech Language Pathology – Smart Speech Therapy

Start studying Differential Diagnosis in Speech Language Pathology. Learn vocabulary, terms, and more with flashcards, games, and other study tools.

Course plans are individualized based on undergraduate background and student needs. Speech Sound Disorders Current theoretical models of phonological development and analysis will be applied to decision making processes in assessment and treatment of speech sound disorders. Research Methods in Speech-Language Pathology and Audiology Evidence-based practice in the diagnosis and remediation of speech, language or hearing disorders requires the application of research methods to answering clinical questions. The course includes an introduction to a range of experimental designs, statistical analyses, and measurement approaches in the fields of speech-language pathology and audiology. Contemporary journal articles are evaluated for quality and used as examples for sufficiency of evidence in clinical decision making. Models of Language This course is a comprehensive overview of structure and process in language use and development and includes a review on the structure of language in each of the traditional areas of linguistic analysis. In addition, the course will provide an overview of normal language processing in children by reviewing the stages of typical language acquisition. Finally, experimental methods and analysis tools commonly used in language research will be covered. Language Sampling Analysis This course provides students with the knowledge and skills required to elicit, transcribe and analyze conversation, narrative and expository language samples. Analyses in the areas of syntax, semantics, pragmatics and discourse are presented and the strengths and weaknesses of each of the analyses are discussed. The course also includes a discussion of theoretical and clinical issues related to the use of language sampling and analysis in the assessment and treatment of language disorders. Evaluation and Diagnosis in Speech Pathology Differential diagnosis in speech pathology. Review of pertinent research, interpretation of test results, and discussion of the implications of the diagnostic findings in a total rehabilitation process. Introduction to Clinical Practicum: Speech and Language Students are assigned to the Boston University Speech, Language and Hearing center for their first practicum experience. Clinical work is accompanied by regular group and individual meetings with the clinical staff. Acceptable hours may be applied to certification. Students conduct hearing screenings for children and adults under the supervision of an audiologist, following protocols established by the American Speech, Language and Hearing Association. Some clinical sites are in local schools. Cognition and Neural Bases The purpose of this course is to provide students with a thorough understanding of the brain and its neuroanatomy; students will also learn about common models of language processing and the latest advances in neuroimaging studies on language processing in the brain. When students have completed this course, they should be able to a be able to identify various structures in the brain and their significance, b relate specific communicative disorders to their etiology in the brain, c relate models of language processing with specific regions in the brain, and d critically evaluate existing neuroimaging studies based on models of language processing and neuroanatomy. The goal of this seminar is to provide students in public school practicum placements with knowledge regarding school-related issues such as service delivery models, assessment approaches, curriculum frameworks, governing laws and regulations, and the consultation process. School-Age Language Disorders This course provides students with a foundation of knowledge about the etiology and characteristics of language disorders in school-age children. Students will discuss the evolving language demands that children encounter as they progress through school, and will explore the impact of language disorders on academic performance and social interaction in the classroom. Students will come to appreciate the relationship between oral and written language development, as well as the role of the SLP in the assessment and treatment of written language disorders. This course gives students the tools necessary to effectively identify, evaluate and treat children with language, reading and writing disorders. Preschool Language Disorders This course explores communication disorders from infancy through the preschool period. Aphasia This course will cover current theories of language processing and of language breakdown subsequent to neuropathology. Course topics cover neuroanatomy, neuroimaging and psycholinguistic models

of language processing. Evaluation, diagnosis, and treatment of adults with aphasia will be covered. Students will learn how to analyze language disorders in relation to current theories using a variety of diagnostic instruments and how to use the results of this analysis to plan for therapy. Dysphagia This course will provide basic information necessary to understand normal and abnormal swallowing and will impart the knowledge and skills needed to assess and treat patients with dysphagia. Topics include neuroanatomy and physiology of swallowing, the clinical evaluation, instrumental evaluations fluoroscopy and endoscopy , treatment, swallowing disorders in children, and complications of dysphagia. Videorecorded swallow studies will be shown in most classes to enable the student to become proficient in identifying abnormal findings. Speech and Language Students are assigned to their first field-based experience from a variety of clinical settings. Students may also be assigned to Boston University specialty clinics. Acceptable clinical hours may be applied to certification. Diagnostics or take in summer credits: Counseling in Speech-Language Pathology: An introduction to the basic principles, theory, skills, and clinician characteristics necessary for counseling clients and their families. Motor Speech Disorders In this course, students will review the neuroanatomy underlying motor speech disorders and will then learn about each type of motor speech disorder in detail. Most of the classes will cover specific types of dysarthria, but two sessions will focus on apraxia of speech. Clinical assessment protocols will be learned and treatment interventions will be covered. Each class will devote some time to listening and scoring audiotapes of patients with a dysarthria or apraxia of speech. Autism Spectrum Disorders This course provides students with the core features of autism spectrum disorders ASD and a description of the fundamental features of associated communication disorders. Students have the opportunity to examine receptive language, expressive language and pragmatics in individuals with ASD through video presentations and review of the literature. Students discuss and evaluate issues associated with ASD including early diagnosis, behavioral challenges, treatment techniques, and current issues in the field. Voice and Resonance Disorders This course outlines the structural and functional bases of typical and disordered voice and resonance. Assessment and therapeutic techniques are structured around the fundamental principles of the science of speech production, including acoustic phonetics, basic signal processing, speech analysis, and speech perception. Both pediatric and adult disorders of voice and resonance are covered, with special emphasis on the function of interdisciplinary teams in assessment and treatment. Speech and Language Students are assigned their second field-based experience from a variety of clinical settings. Hearing Practicum II Establishing written goals for aural habilitation and rehabilitation through sample cases, online. Hands-on training and practice with hearing aids and other assistive listening devices in a workshop format. The goal of this seminar is to provide students in medical field placements with knowledge regarding service delivery models, reimbursement issues, documentation requirements, assessment approaches, goal setting, interdisciplinary team approaches, prioritizing treatment concerns and discharge planning. Professional Issues This course addresses professional issues relevant for graduate students preparing to transition into the work world. Fluency Disorders Theories, diagnosis, and approaches to modification of stuttering behavior. Analysis of cases and review of pertinent research. Speech and Language Students are assigned their third field-based experience from a variety of clinical settings. Advanced Case Studies credits: Acquired Cognitive Disorders credits: Aging and Dementia credits: Craniofacial Disorders Ontogenetic, anatomic, and physiologic aspects of orofacial anomalies with an emphasis on cleft lip and palate. Issues involving a team approach to diagnosis and treatment including medical, surgical, prosthetic, and therapeutic procedures. Advanced Dysphagia This course will delve more deeply into topics of importance to clinical practice in dysphagia. Topics include evaluation procedures, analysis of FEES and MBS studies, efficacy of novel and established treatments, difficult decision making, dysphagia in head and neck cancer, neurologic disorders, dementia. Lab dissection and hands-on scoping sessions. Case studies to highlight each topic. The size of the class will be limited to encourage class discussion. This course offers a detailed investigation of varied populations, implementation of high-tech, low-tech and no-tech solutions, partner training and development of measurable goals. A selection of hardware and software solutions that represent appropriate options for emerging, context dependent and independent communicators will be explored with a focus on language support, integration and partner training. As available, students may be paired with consumers of AAC to support implementation and

appropriate design of communication options.

Chapter 4 : Speech and Language Disorders - Department of Neurology - Mayo Clinic Research

Diagnosis in Speech-Language Pathology / Edition 2 Presents a model for diagnosis followed by detailed on the application of that model to each disorder category. Provides students with strong foundation for the diagnostic process and encourages continuous exploration of diagnostic methods.

Salaries Working With Tongue Tie Ankyloglossia and Lip Tie Patients as a Speech-Language Pathologist

Ankyloglossia is a congenital oral anomaly found in 4 percent to 10 percent of newborns, describing an unusually thick, short oral frenulum the membrane attaching the underside of the tongue to the floor of the mouth. That very broad estimate of the numbers is only a preview of the wider disagreements surrounding the condition. The fact is that there is no well-validated clinical method for making a diagnosis of the ankyloglossia, and even more controversy over how those cases should be handled. Lip tie describes tissue attaching lips to gums, and may be just as controversial, but has engendered far less open debate. Both conditions are thought to primarily impact breast-feeding, so are usually encountered in the context of working with infants. Speech-language therapists are frequently drawn into issues surrounding tongue tie the colloquial name for ankyloglossia and lip tie, however. They are often the primary professional responsible for making the initial diagnosis for either condition. They may be asked to assess the impact those conditions may have on feeding, speech, or swallowing for affected patients. In circumstances where they find speech or feeding to be affected, they may be the primary non-surgical treatment option for correcting those issues. Where a surgical approach is taken, they can be involved in therapy to retrain the patient afterward. Speech NYU prepares students across the country to become creative, collaborative, and effective speech-language pathologists. Students of this program will gain the experience needed to provide care to diverse populations across the life span. Students are prepared to pursue SLP certification in as few as 20 months. In about 20 percent of cases, they recommended no action be taken, as no observable difficulties with speech or feeding could be found. In about 11 percent of cases, patients were referred to a surgeon for a frenulectomy, a procedure clipping the frenulum to free tongue movement. Most formal studies, however, have called into question the relationship between tongue or lip tie and most speech and language problems. A host of studies, dating back to and including one as recent as , have shown no causal connection between tongue tie and speech impediments. A ASHA review of trials and case reports found no evidence to assess non-surgical treatments in patients with ankyloglossia or ankyloglossia with concomitant lip tie. Impacts on feeding are more widely agreed upon, but even there, there is wide disagreement between SLPs, physicians, and otolaryngologists about just how much effect they have and what the appropriate treatment should be. For frenulectomies that may induce complications inherent in any surgery, surgeons are beginning to demand more evidence of a genuine problem before breaking out the scissors. But many SLPs are still involved in making those recommendations and doing so without real guidance from their own standards body. Although speech impediments may not often be related to tongue tie, many other functional limitations are:

Chapter 5 : Differential Diagnosis in Speech-Language Pathology

Differential Diagnosis in Speech-Language Pathology is a clinical reference to be used by clinicians when treating patients with speech and language disorders. It presents both diagnostic procedures and the implications of the findings for selection of treatment.

She has clinical experience in public schools and private clinics. Sara also specializes in performing laryngeal videostroboscopy, the Flexible Endoscopic Evaluation of the Swallow FEES and providing vocal rehabilitation for individuals diagnosed with voice disorders. Other professional interests include diagnostic and treatment services for individuals with Swallowing Disorders and Language Processing Disorders. Speech and language disorders affect the way people talk and understand spoken or written language. These disorders may range from simple speech sound substitutions Speech Disorder to not being able to understand or produce language Language Disorder in a normal manner. Specific types of speech and language disorders are: What Causes Speech and Language Disorders? Speech and language disorders can be caused by a variety of factors or a combination of several factors. Some speech and language disorders may be of unknown origin. What are the Signs of a Communicative Disorder? A speech and language disorder may be present if the communicative skills are very different from those of the same age, sex, or ethnic group; when a person is hard to understand; when a person is overly concerned about how they speak or understand communication; or when a person avoids communicating with others. Anyone at any age may have a speech or language problem. The earlier the problem is diagnosed and treatment is begun, the more likely the communicative difficulty may be treated successfully. They are trained to evaluate or diagnose speech and language problems. They provide treatment plans and provide individual or group therapy to correct or modify a variety of communicative difficulties. They are often members of a health care team which may include physicians, orthodontists, psychologists, educators, or social workers. A Communicative Disorder Which Affects Children and Adults Stuttering is a communicative disorder which is characterized by an interruption in the normal flow of speech. These "breaks" in speech may be a total interruption or "block" in which the air flow is stopped; they may be sound, syllable, word, or phrase repetitions ssssay, roo roo roo ster, my my my , can I see, can I see, can I see the picture , or prolongations of words or syllables "sssssay". Secondary characteristics such as facial grimacing, arm or hand movements or unnecessary body movements may occur at the time of stuttering. The person stuttering often is unaware of these accompanying gestures. Stuttering most frequently appears in children between the ages of two and six years, will occasionally develop in school age or older children, and is quite uncommon to begin in adulthood. It is more common for boys to stutter than girls; a ratio of 3 or 4 to 1. Many children display periods of normal "nonfluency" as they begin to develop speech and language skills. These times are generally short in duration, from a few days to a few weeks, and are characterized by easy interjections such as "um" or "uh. Not all children who stutter continue to do so as adults. In other words, some children recover from stuttering spontaneously. The dilemma for parents and speech- language pathologists charged with therapeutic intervention is to predict who will spontaneously recover and who will not. Therefore, the prudent choice is to seek the professional advice, consultation, and diagnostic expertise of a speech- language pathologist who has specialized expertise in the area of stuttering. A speech - language pathologist will determine whether treatment is necessary or if a period of watchful waiting with consultation is recommended. Researchers and clinicians continue to seek the answer to the cause of stuttering. No definitive answer is available at the present time but most experts suggest that stuttering is caused by many factors to include genetic and environmental influences as well as psycho-social-behavioral issues. While the answer to the cause of stuttering is not available, treatment programs are often successful for children and adults. Early intervention programs are strongly suggested for young children and are often completely successful. Whether stuttering can be cured is debated by clinicians and researchers. An untreated fluency disorder may lead to years of negative feedback from strangers or peers. Adult stutterers often report long-term social and vocational problems which have altered lifestyles dramatically. The best advice for a concerned parent of a child who is dysfluent is to schedule a consultation with a speech-language pathologist

who specializes in the diagnosis and treatment of adults and children who stutter. Early intervention may prevent the development of stuttering which could otherwise advance into the school years. Hoarseness

Hoarseness is a non-specific word which indicates that the voice is abnormal. Hoarseness may take several forms, including breathiness, raspiness, strain of the voice, or changes in loudness or the tone of the voice. Such changes that are noted are usually a result of some sort of disorder affecting the vocal folds cords. The vocal folds remain apart while breathing as the voice box larynx is the gateway into the windpipe. However, when speaking or singing, the vocal folds are brought together, essentially narrowing the air flow, vibrating, and producing sound voice. When swelling or some sort of mass occurs on the vocal fold, it prevents the vocal folds from coming together properly, which can cause a change in the voice. Hoarseness may result as a consequence of several different disorders. In most cases, the causes are not of serious nature and will be of short duration, usually disappearing without any treatment whatsoever. Certainly the most common cause of hoarseness is acute laryngitis, which occurs usually as a result of a virus infection and may be associated with a cold or other respiratory tract infection. Acute laryngitis may also occur as a result of injury, such as excessive vocal use. Prolonged misuse of the voice may result in chronic laryngitis which would be of longer duration. If hoarseness is prolonged and improper vocal habits are persistent, vocal fold nodules or other pathologies may occur. One of the most prevalent causes of hoarseness, especially in adults, is Laryngopharyngeal Reflux LPR. In this condition, stomach acid comes up from the stomach through the esophagus and into the throat, irritating the vocal folds and the larynx. Interestingly enough, many patients who have significant reflux do not have symptoms of heartburn, but may have a feeling of a lump sensation in the throat or a sense of mucus or postnasal drainage. Such irritation leads to excessive throat clearing, which prolongs the irritation and the hoarseness. Of course, everyone knows that smoking is a major cause of hoarseness. It is also a major factor in the development of throat cancer and if prolonged hoarseness occurs in one who smokes, evaluation should be sought. There are other causes of hoarseness and among them are those associated with advancing age, hormonal changes, allergies, thyroid problems, nerve disorders, and injury. Most hoarseness does not require treatment and in such cases modified vocal rest is sufficient. However, when hoarseness lasts more than a few weeks, it should be evaluated by a throat specialist. Some hoarseness may be of complex origin and treatment of the hoarseness may require any one of several professionals, including an otolaryngologist, a speech pathologist, or a vocal coach. It is generally believed that if hoarseness lasts longer than a few weeks or is associated with pain, difficulty swallowing, coughing up of blood, or a lump in the neck, specialist evaluation is imperative. The diagnosis of the condition which may be resulting in hoarseness is generally accomplished by painless office techniques which allow for visualization of the vocal folds. Specialized analysis, such as laryngeal videostroboscopy, may be necessary in some patients. Treatment is dependent upon the diagnosis, and in some cases vocal rest or modification of vocal usage is the treatment of choice. If one smokes, discontinuation of smoking is advised. Dehydration should be avoided, and adequate amounts of water should be consumed. Humidification, dietary control avoiding spicy foods, caffeine and alcohol and the avoidance of abusive vocal behavior shouting, screaming, singing, and excessive throat clearing can be very effective. In some cases, specific medical or even surgical treatment is necessary. The otolaryngologist ear, nose and throat specialist is the specialist physician specialist most capable of evaluating and treating disorders which result in hoarseness. Vocal Problems The importance of human voice cannot be overstated. It is the primary instrument with which we project our personalities and influence others. Interdisciplinary research has resulted in new technology and understanding of voice dysfunction. The interdisciplinary team includes:

Chapter 6 : Ankyloglossia (Tounge Tie) and Lip-Tie Issues in Speech Language Pathology

Speech/Language Pathology services are those services necessary for the diagnosis and treatment of speech, language and swallowing disorders as a result of disease, surgery, injury, congenital and developmental anomalies or previous therapeutic intervention under the direct supervision of a licensed Speech/Language Pathologist.

Chapter 7 : Courses & Sample Curriculum | College of Health & Rehabilitation Sciences: Sargent College

Inattentiveness, hyperactivity, and impulsivity are the most common presenting behavioral problems in at-risk children. This updated and expanded 60 slide presentation discusses causes of hyperactivity and inattentiveness in children and teenagers beyond the ADHD diagnosis.

Chapter 8 : Speech-language pathology - Wikipedia

The intent of this online exclusive content is to inspire discussion about issues related to the fields of audiology and speech-language pathology, and features posts and news stories from a variety of authors, including communication sciences and disorders (CSD) professionals and ASHA staff.