

**I. Demographic Information**

Client No:		Date of Examination:	
Name:	XXXX XXX	Medical Diagnosis:	traumatic brain injury - 854.00
Birth Date:	XX-XX-XXXX	Treatment Diagnosis:	severe expressive communication disorder; 315.31
Age:	XX	Examiner(s):	
		Date of Onset:	
Address:	XXX XXXXX Dr	Supervisor:	XX. XXXXX XXXXXX
City:	XXXX, Ohio 44444	Informant:	XXXX XXXX, SLP
Telephone:	XXX-XXX-XXXX	Referred By:	XXX XXXXXX
Onset Date:	XX-XX-XXXX	Address:	XXXX XXXXXX Dr., XXXXX, OH 44444
		Telephone:	XXX-XXX-XXXX

**II. Current Communication Impairment**

**a. Impairment Type and Severity**

XXX XXXXX, age XX, participated in an evaluation for an augmentative communication device (ACD) on January 30, 2002 at XXXXXX Industries. XXXX was in a motor vehicle accident in 1982 and sustained a traumatic brain injury (TBI) with focal impairments in the frontal lobes. He is nonverbal and uses a few gesture, yes/no head nod, and a few vocalizations to communicate in his environment. XXXXX's speaking needs cannot be met using natural communication methods or low-technology speaking aids. XXXX's wife XXX XXXX made the referral because XXXX's current communication device is old and difficult to manage due to its size and weight. XXXX also participated in a follow-up evaluation on May 10, 2002 after a custom keyguard for the DynaVox MT4 became available through Forbes Rehabilitation Services.

**b. Anticipated Course of Impairment**

XXXX has no useful speech and it's anticipated he will remain at this level due to the nature of his head injury.

**c. Language Skills**

XXXX demonstrated functional receptive language skills by following directions and responding appropriately to conversational interactions. XXXX responds to yes/no questions by nodding and shaking his head. During the evaluation, XXXX understood the pictures on the communication device and selected them appropriately. He participated actively through head nods in the device selection discussion. Prognosis for future development of expressive language skills through the use of a communication device is good due to XXXX's high motivation, desire to communicate with people in his environment, and his ability to use the device in the evaluation.

**d. Cognitive Ability**

XXXX followed directions and participated in the evaluation indicating functional cognitive skills. He is able to follow simple directions and demonstrated adequate attention and problem-solving skills by changing the overlay on the ACD.

**e. Vision Status**

XXXX had sufficient vision to see words and symbols on the ACD. XXXX reported that XXXX has nystagmus and double vision. He does wear glasses.

**f. Hearing Status**

XXXX had sufficient hearing to participate in the evaluation. He localized to sound and understood natural and synthesized speech.

**III. Daily Communication Needs**

**a. Specific Daily Functional Communication Needs**

XXXX functional communication needs for messages include work, home, and social situations. He communicates at home and in the community. XXXX's communication is limited to individuals that are familiar with him. He needs to effectively express his wants and needs and participate in social conversation. Specifically, XXXX needs to communicate the following types of messages.

Home- XXX, XXXXX, XX, XXXXXX, I love you, XXXXX, XXXXXX, Hello, Goodbye, Let's watch T.V., Time for bed, Good morning.

Social- Thanks for talking with me, Hello, Goodbye, How are you, I'm good, nice to see you, names of friends (XXXXX), I had a great day, I had a bad day.

Workshop- Hello, Goodbye, I'm done, I need help, How much longer: until I go home, until break, until lunch, good day, bad day, co-workers and supervisor names.

Ideally, the first menu page should include access to XXXX's custom screens on one location and access to the preprogrammed adult messages pages on the other location. Then, each of these entry points will have a menu from which XXXX can access the screens he needs.

**b. Ability to fulfill these needs using low-tech strategies, natural speech and non-SGD treatment approaches:**

XXXX is unable to meet daily communication needs through natural modes of communication. He is nonverbal and uses a few gestures, yes/no head nod, and a few vocalizations to communicate in his environment. Prognosis for adequate verbal speech is poor because XXXX has not regained any useful speech since his accident.

He understands conversation at an undetermined level but is unable to fully participate. XXXX is unable to express his wants, needs, thoughts, and social desires to family, friends, and other people in his environment. XXXX currently has an original black and white screen, large format Dynavox. It does not meet his needs. The Dynavox is at least nine years old and it weighs 14 pounds, making it very difficult to transport. The black and white screen on the Dynavox is also difficult for XXXX to see.

**IV. Functional Communication Goals**

Long Term Goal

XXXX's long-term goal is to become a competent communicator using his augmentative communication device. XXXX will participate in and initiate interactions with varied communication partners at work, at home and in the community.

### Short Term Goals

XXXX will use his DynaVox MT4 to:

1. Participate in interactions at home with his family within one month after receiving the SGD.
2. Participate in interactions at work within one month after receiving the device.
3. Express his wants and needs within one month after receiving the device.

## **V. Cognitive and Physical Abilities to Use the Device**

### **a. Cognitive**

In the evaluation, XXXX followed verbal directions related to operating the device. XXXX selected messages most successfully from screens of 6 to 16 locations. These messages must be preprogrammed symbols and words for XXXX. XXXX was the most effective when selecting one to two locations to send a message. Each location contained a symbol that spoke a single word or short phrase relevant to the topic of the overlay or screen.

### **b. Physical**

XXXX presents severe motor limb impairment due to his TBI and uses a wheelchair. During the evaluation, XXXX was able to use direct selection to push the locations on the device with his left index finger and had sufficient motor skills to use a communication device.

## **VI. Rationale for Device Selection**

### **a. Describe the general features of the recommended SGD corresponding to individual needs and abilities.**

XXXX requires a speech generating device to meet his functional communication goals.

#### 1. Direct Selection

The recommended device has a dynamic screen that present screens with 2 to 54 locations. It presents screen selections through a menu and screens include operational keys such as “clear” and “go back”. The locations speak or navigate the system when pressed.

#### 2. Scanning

XXXX does not require scanning.

#### 3. Encoding Type

As programmed for XXXX, the recommended device uses categorical menus.

#### 4. Type of Symbols Used to Represent Language

The recommended device uses colored pictures available within the device itself. The symbols need to be selected for XXXX’s needs and programmed to speak single words or phrases.

#### 5. Message Storage Capacity

The recommended device has a 128 MB RAM memory card and the battery lasts for five continuous hours.

#### 6. Vocabulary Expansion and Rate Enhancement Techniques

As programmed for XXXX, the recommended device uses menus through dynamic screens to reach messages quickly.

#### 7. Voice Output Parameters

The recommended device uses synthesized speech. He will benefit from a voice that matches his gender and age. The recommended device has this feature.

#### 8. Visual Display

The screen on the device is approximately 3”x5” and locations can vary widely in

size from 2"x2" to ½"x ½". It can present 2 to 54 locations per screen. XXXX worked well with a 12 location menu and 16 locations of approximately 1"x1".

#### 9. Feedback Options

The recommended device provides both auditory and visual feedback upon selection of a location.

#### 10. Other Features

This device weighs 3.2 pounds, is portable and has a carrying strap. The recommended device can be mounted to his wheelchair. The recommended device will require a 16 location keyguard, a custom accessory available through Forbes Rehabilitation Services.

#### **b. Recommended Medicare device category**

XXXX's ability to meet daily communication needs will benefit from acquisition and use of the MT4 by Dynavox (E2510). XXXX's ability to meet daily communication needs will benefit from acquisition and use of the DynaVox MT4.

#### **c. Detailed description of equipment and procedures used for practice trials of the recommended SGD**

XXXX participated in evaluations for an augmentative communication device (ACD) on January 30, 2002 and May 10, 2002 at Portage Industries. The additional evaluation time was necessary because the keyguard for the DynaVox MT4 was not yet fully developed. On May 10, XXXX was the most effective when accessing one to two locations to send each message directly with his left index finger and the use of a 16 location custom keyguard. XXXX chose from a 12 location menu leading to 12 screens. XXXX's speech disability will benefit with a DynaVox MT4 as he is able to initiate and participate in conversations, has strong family support and displays high motivation to communicate with others.

#### **d. Other SGDs that were presented and the outcomes of the trials**

Dynamo by Dynavox: The Dynamo uses direct symbol selection to communicate messages. It uses digitized speech output and a dynamic display. The Dynamo does not have a key guard, which caused XXXX to make inaccurate selections. The dynamic screens appeared to confuse XXXX. He required assistance to return to the interaction when he would move from the menu to a screen and back again with the "go back" key. This device is similar to his current device in color and the use of dynamic screens, but the smaller size may have affected his ability to see the symbols and use them effectively. The device had 6 locations programmed that were one inch by one and a half inches in size.

Chat PC by Saltillo: The Chat PC uses direct symbol selection to communicate messages. It uses synthesized speech output and has a color dynamic display. This device has a small screen with 12 locations measuring a half an inch by a half an inch in size. These small locations made it difficult for XXXX to use successfully. He appeared to be confused by the dynamic screens. He did not select messages from the screen accurately.

Chatbox by Saltillo: This device is light, portable and has a carrying case with window and strap. The Chatbox uses digitized speech with colored overlays that can be directly selected. Boardmaker is used to create the overlays. It provides colored picture, and key guards of 16 locations with 1"x1" locations. XXXX could easily see these overlays. A light shows the locations that are programmed. This allowed XXXX to see the choices better. The key guard is beneficial when XXXX's hand rests on a location or accidentally selects it more than once. XXXX selected most accurately from an overlay with 7 locations filled in that were one inch by one inch in size. The Chatbox has 16 possible locations in 4

different levels. XXXX could select from an overlay containing 16 locations and could also change the overlay by himself. XXXX could use the Chatbox but it can never surpass a total of 64 messages, 16 on 4 levels. XXXX showed he could change the overlay independently, but he could not change the levels on the device independently.

**e. SGD and accessories recommended**

The recommended device is the MT4 by Dynavox for XXXX to communicate more effectively. The MT4 will meet his communication needs most effectively at home and in the community. The MT4 will also allow XXXX to create a variety of novel messages and ideas with the adult message pages available on the MT4. Accessories needed with the MT4 are a carrying strap and a mounting for the device for his wheelchair. These peripherals will allow him to move from place to place and still be able to communicate. The carrying strap will allow significant others to transport the device to particular locations XXXX may be when he is out of his wheelchair.

**f. Patient/family support of SGD**

XXXX and his wife, XXX XXXX and other people in his environment are in support of him using a communication device to enable him to communicate more successfully with familiar and unfamiliar people. XXXX's wife was present during the evaluation. XXXX and XXX felt that the device would enable him to function more effectively in the home and community.

**g. Physician involvement statement**

A copy of this report has been forwarded to XXXX's treating physician, Dr. XXXXXXXX, prior to ordering the DynaVox MT4.

**VII. Intervention Schedule**

XXXX will receive speech-language pathology treatment from XXXXX XXXXX, at XXXXXXXX Industries. She will see him for individual therapy for 60 minutes once a week for 12 weeks. At that time, she will determine if further intervention is necessary. XXXXX XXXXX will analyze his performance and use of the device should be facilitated throughout the day in a variety of settings. She will also be responsible for troubleshooting the device and assist XXXX and his wife with programming messages on the device.

***Treatment Plan***

Patient: XXXX XXXXX

Type of Treatment: Individual

Training Schedule: 60 minutes once a week for 12 weeks

**VIII. Functional Benefit of Upgrade**

The issue of the DynaVox MT4 is a benefit to XXXX because his current communication device is old and difficult to manage due to its size and weight.

**XI. SLP Credentials and Signature**

The speech-language pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of the DynaVox MT4.

If you have any questions please feel free to contact me at (XXX) XXX-XXXX.

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XXXXXX XXXXX, Ph.D., CCC-SLP  
Speech-Language Pathologist  
Ohio License # XXXX  
ASHA # XXXXXXXXX

**This sample report was obtained from FRS Inc 49 S. Illinois Ave, Mansfield, Ohio 44905. It is intended to be for example purposes only and must be re-generated with patient specific information for each submittal. This report is courtesy of Yvonne Gillette, Speech-Language Pathologist and her students Stacey Cramner, Julie Greco, Christine Koch & Erin Smith from the University of Akron Audiology and Speech Center.**

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