

Speech-Language Pathology

SERVICES FOR ADULTS IN INPATIENT SETTINGS

Speech-language pathologists (SLPs) work with **adults** in different types of inpatient and residential care settings on communication and swallowing problems.



DID YOU KNOW?

An aging U.S. population— as well as better survival rates for strokes and other diseases—has **increased the need for treatment of speech, language, cognition, and swallowing problems in adults.**



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WHO:

SLPs work with adults of all ages, most often those who have had a stroke, traumatic brain injury, diseases that affect the brain (such as Alzheimer's disease, multiple sclerosis, or Parkinson's disease), and head and/or neck cancer.



WHAT:

SLPs often work with patients in inpatient and residential settings in areas that include:

- **Speech.** Disorders include **apraxia**, a condition that makes saying the right sounds and words difficult because the brain is unable to direct the muscles to move the mouth properly, and **dysarthria**, which is slurred speech due to muscle weakness.
- **Language.** A person with **aphasia**, one type of language disorder, may have problems speaking, understanding, reading, writing, telling time, and/or using numbers. Aphasia doesn't make a person less smart. It most often occurs following a stroke.
- **Cognition.** A person might have problems with memory, problem solving, attention, and awareness of surroundings. It may be difficult for them to carry out daily tasks and manage their emotions. Cognition problems can also affect judgment, sometimes putting safety at risk.
- **Augmentative and Alternative Communication.** Patients who have undergone a tracheotomy and/or are using a ventilator to help them breathe are among those who may need or choose to use other ways to communicate besides talking. These include no or low- and high-tech options such as pointing or gesturing, picture boards, and speech-generating devices.
- **Swallowing.** Signs of a swallowing disorder (called **dysphagia**) include coughing during or after eating or drinking, food or liquid leaking from the mouth, or food getting stuck in the mouth or throat. This can lead to dehydration, malnutrition, and a need for alternative forms of nutrition, such as tube feeding or specialized diets.

WHERE:

SLPs work in settings such as:

- **Hospitals.** Professionals provide first-line evaluation and treatment of swallowing disorders and speech and language problems—as well as longer-term care for those with ongoing challenges in these areas. SLPs may also work on tolerance for voice prostheses, for people who have their voice box removed due to throat cancer.
- **Nursing Homes.** Also called skilled nursing or geriatric care facilities. Residents work with SLPs to improve and re-gain skills that were lost, as they work toward successful recovery or develop strategies to compensate for challenges.

HOW:

A physician often orders a speech, language, or swallowing evaluation by an SLP. Medicare, Medicaid, and private insurance companies pay for speech-language pathology services, although coverage can vary.

WHY:

Addressing swallowing difficulties and re-establishing successful communication are essential priorities for people who are dealing with serious and/or chronic health challenges. Some people may make a full recovery, whereas others might develop strategies to address ongoing challenges. **This allows them to get back to their lives**, including family obligations, careers, hobbies, and social interactions.