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tumor in the brain, infection of the brain and dementia. It is because of these problems that the sensory pathways do not transmit the signals properly and hence aphasia occurs (Guyton & Hall 2011; LaPointe 2005).

## Characteristics of Broca's aphasia

Broca's aphasia is characterized by problems in speaking or writing language. It is also called motor aphasia, expressive aphasia or non-fluent aphasia. The individuals are not able to speak fluently and hence have difficulties in making up sentences. The individuals face difficulties when speaking up full words. The individuals are not able to make up sense with their sentences. For example individuals would just use two words such as 'glass, table, where the individual tries to say that the glass is on the table. (Fazio, 2009).

At first it was believed that Broca's aphasia was only associated with language comprehension but recent research suggests that it also affects other portions of cognition through which individuals cannot perform and understand actions properly (Grafton et al 1996; Binkofski et al 1999). People with Broca's aphasia usually do not have a problem in hearing whereas they may face problems when trying to understand things. Anomia is a term used for aphasics when they are not able to find the correct word to speak in a situation. Several other problems may occur along with the Broca's aphasia which include apraxia, alexia and dysarthria (LaPointe 2005).

## Diagnosis

The diagnosis of Broca's aphasia is dependent on the lesion or accident suffered by the patient. The individual has to go through a variety of tests through which the neurologist



**Broca's aphasia (Expressive aphasia)**

- Symptoms
  - Unable to express themselves by more than a single word at a time
  - Content words are ok; function words are not
- Damaged area
  - The front regions of the left hemisphere

## Tele-rehabilitation

▸ Established procedures are provided over the Internet with web cameras so that the therapist and person with aphasia can see and hear each other.

OSPREY PUBLISHING

# Polish Winged Hussar 1576–1775

Richard Brzezinski · Illustrated by Velimir Vuksic

WordsPhrasesSentencesParagraphsConversationPages Usually measured by seconds The patient will name common household objects at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will name body parts at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will name simple line drawings at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will complete sentences with an appropriate word at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will name items from description at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will produce easy onset words (e.g. /h/ initial) with appropriate voicing in 80% of opportunities given frequent maximal verbal cues.The patient will produce non-nasal words with appropriate resonance in 80% of opportunities given frequent maximal verbal cues.The patient will repeat words at 70dB or higher speech loudness in 80% of opportunities given frequent maximal verbal cues in order to increase ability to communicate basic wants and needs. RespirationPhonationResonance The patient will produce easy onset words (e.g. /h/ initial) with appropriate voicing in 80% of opportunities given frequent maximal verbal cues.The patient will produce tense vowels within single words (e.g., nay, cake, akst) with appropriate voicing in 80% of opportunities given frequent maximal verbal cues.The patient will repeat minimal pair voiced/voiceless words with appropriate voicing in 80% of opportunities given frequent maximal verbal cues.The patient will complete neck and shoulder exercises at 80% accuracy given occasional moderate verbal cues. About the Goal Bank for Adult Speech Therapy We use an accuracy level of 80% for most goals. The patient will sort all medications into a pill box at 100% accuracy given use of medication list and rare visual cues in order to increase ability to safely live independently.The patient will solve complex money management (e.g. balance a checkbook) tasks at 90% accuracy given occasional minimal verbal cues.The patient will generate 3 or more meal plans for one week given intermittent minimal verbal cues.The patient will listen to and delete voicemails following the sequence at 80% accuracy given intermittent minimal verbal cues. Edit them as appropriate based on each patient's assessment results and unique life situations. Below 65% accuracy borders on "chance" levels for some goals. The patient will selectively attend to auditory information for 10 minutes given intermittent moderate verbal cues to attend.The patient will sustain attention to visual information for 20 minutes in a quiet environment given intermittent minimal verbal cues and intermittent moderate visual cues to attend.The patient will require 10 or fewer minimal verbal cues to attend to a 10 minute task. Dysphagia Goals Extremely thick or Honey thickModerately thick or Pudding thickMildly thick or Nectar thickThin Liquidized (similar to honey thick liquids)Puree (similar to pudding thick liquids)Minced & Moist or Dysphagia MechanicalSoft & Bite-Sized or Mechanical softEasy to Chew or Regular Therapist fedCaregiver fedSelf feedCup sipsSingle cup sips, sequential cup sipsStraw sipsSlight sips, sequential straw sips, Regulated straw sips (you will pinch the straw so that the patient doesn't take too big of a sip)TeaspoonSpoonLevel spoonfulHeaping spoonful OuncesMeal amountEntire breakfast/lunch/dinner/snackCertain percent (%) eatenFood item Oral: to reduce spillage, reduce residue, increase mastication, increase bolus controlOropharyngealPharyngeal: to reduce premature spillage, laryngeal penetration, aspiration, residue, nasal regurgitationPharyngoesophagealEsophageal: reduce reflux During a meal timeWithin a certain number of minutes Safely consume the least restrictive dietMeet all nutritional needs by mouthAvoid weight lossIncrease PO intake and decrease need for feeding tubeEat for pleasure Safe Swallowing StrategiesSingle bites and sips, bolus hold, alternating bites and sips, chin tuck, effortful swallow, dry swallow, head turn, super supraglottic swallow, slow paceEnergy Conservation strategiesSlow pace, frequent breaks, reduce distractions The patient will complete an instrumental evaluation (MBSS or FEES) within 1 week in order to evaluate swallowing safety.The patient will complete the Frazier Free Water Protocol at 100% accuracy given occasional minimal verbal cues for adherence to all protocol steps in order to increase hydration and adherence to diet modifications.The patient will consume 1/3 cup ice chips (cut into 1/2" pieces or smaller) within 30 minutes sans overt s/sx of aspiration in 70% of trials for pleasure.The patient will complete trials of puree textures (8 oz or more) sans overt s/sx of aspiration in 80% of trials given minimal verbal cues to utilize safe swallowing strategies.The patient will complete trials of honey thick liquids (4 oz or more) sans overt s/sx of aspiration in 80% of trials given minimal verbal cues to utilize safe swallowing strategies.The patient will consume 80% of his meal sans overt s/sx of aspiration in 80% of trials given minimal verbal cues to utilize safe swallowing strategies in order to increase nutrition by mouth. These are the most common short-term goals for adult speech therapy patients, covering all major areas of treatment from aphasia to voice. Check out The Starter Pack! * Purpose. The patient will read paragraphs with appropriate voicing in 80% of opportunities given occasional minimal verbal cues to utilize voice strategies.The patient will participate in complex conversation with appropriate resonance in 80% of opportunities given occasional minimal verbal cues in order to communicate complex thoughts.The patient will complete monologues that are 5 minutes or longer with an average of 80dB or higher speech loudness given occasional minimal verbal cues to "talk loud." AphasiaVoice or Motor Speech ImpairmentOther physical impairment Single wordsPhrasesSentencesParagraphsMonologuesConversation Main facilitator (e.g., spouse, caregiver)Familiar listenerUnfamiliar listener Usually measured by a seconds Read More About AAC:How Do You Make an E-Tran Board? The patient will participate in simple conversation with appropriate articulation at 80% accuracy given intermittent minimal verbal cues in order to increase ability to communicate complex thoughts, feelings, and needs.The patient will produce a monologue with appropriate articulation at 80% accuracy given intermittent minimal verbal cues.The patient will participate in complex conversation at 80% accuracy given intermittent minimal verbal cues. The patient will consume cup sips of thin liquids sans overt s/sx of aspiration given occasional minimal verbal cues for use of swallowing strategies in order to safely consume the least restrictive diet.The patient will consume regular textures sans overt s/sx of aspiration given occasional minimal verbal cues for use of strategies.The patient will complete 20 or more pharyngeal exercises given rare minimal verbal cues.The patient will consume sequential cup sips of thin liquids (4 oz or more) sans overt s/sx of aspiration given rare minimal verbal cues for use of strategies. Single phonemeWordMultisyllabic wordPhraseSentenceParagraphsConversationMonologue The patient will produce bilabial CV sounds (e.g., ba, pa, ma) at 80% accuracy given frequent maximal phonemic placement cues.The patient will produce /b/ initial words at 80% accuracy given frequent maximal phonemic placement cues.The patient will produce /f/ final words at 80% accuracy given frequent maximal phonemic placement cues.The patient will produce /t/ medial words at 80% accuracy given frequent maximal phonemic placement cues.The patient will say functional words (e.g., water, toilet) at 80% accuracy given frequent maximal phonemic placement cues in order to communicate ability to communicate basic wants and needs. While another with mild aphasia may need frequent, moderate cues. The patient will complete sentences with two or more appropriate words at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will generate sentences with 3 or more words in response to a situation at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues in order to communicate basic wants and needs..The patient will name abstract words and phrases from description at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will participate in a simple conversation at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues. Keep scrolling! What Needs to Go into Each Goal? ReadingListeningViewing pictures Gestures (pointing)Speaking Single wordsSimple color drawingsPhrasesBlack and white line drawingsSentencesVisual scenesConversation The patient will identify the correct word given 2 choices at 80% accuracy given frequent maximal visual cues in order to comprehend simple instructions.The patient will follow simple body commands presented auditorily at 80% accuracy given frequent maximal visual cues.The patient will answer simple biographical yes/no questions presented auditorily at 80% accuracy given frequent maximal visual cues.The patient will identify body parts at 80% accuracy given frequent maximal visual cues.The patient will follow 1-step commands with 2 components (e.g., "place your hand on your knee", "tap your foot twice") at 80% accuracy given frequent maximal visual cues.The patient will sustain attention to written information in order to increase attention to a 5 minute task in a quiet environment given frequent moderate verbal cues and frequent moderate visual cues to attend. Cues For Severe Impairments, we use "frequent, maximal cues."For Moderate Impairments, we use "intermittent, moderate cues."For Mild Impairment, we use "occasional, minimal cues." ...most often! There are some exceptions. The better you get to know them, the more accurate your goals will become. The patient will answer abstract yes/no questions (e.g., "is fire hot?", "are there 6 days in one week?") at 80% accuracy given frequent maximal visual cues.The patient will follow 2-step commands with 3 or fewer components (e.g. tap your right knee twice) at 80% accuracy given frequent maximal visual cues.The patient will identify the correct phrase in a field of 2 when presented with the phrase auditorily at 80% accuracy given frequent maximal visual cues.The patient will read 2 or more sentences and answer comprehension questions r/t the material at 80% accuracy given frequent maximal visual cues. The patient will consume cup sips of slightly thick liquids sans overt s/sx of aspiration in 80% of opportunities given intermittent moderate verbal cues and intermittent minimal tactile cues to utilize swallowing strategies.The patient will consume soft & bite-sized food (mechanical soft) sans overt s/sx of aspiration in 80% of opportunities given intermittent moderate verbal cues to utilize swallowing strategies.The patient will complete 20 repetition or more of pharyngeal strengthening exercises (e.g. Mendelsohn maneuver, effortful swallow, etc.) given intermittent minimal verbal cues.The patient will self feed a soft & bite-sized meal (mechanical soft) sans overt s/sx of aspiration in 80% of opportunities given frequent moderate verbal cues in order to increase ability to self feed in frustration because you have no idea how to write your patient's goals? Usually measured within seconds or minutes The patient will recall orientation information at 80% accuracy in immediate recall given use of visual aids and frequent minimal verbal cues in order to decrease confusion.The patient will recall 4/5 memory strategies given intermittent moderate verbal and minimal written cues.The patient will recall sentence-level information after a 30 minute delay using the spaced retrieval technique.The patient will answer personal information using a memory book given intermittent moderate verbal cues. The patient will participate in simple conversation at 80% accuracy given frequent maximal visual cues.The patient will answer comprehension questions presented auditorily at 80% accuracy given frequent maximal visual cues.The patient will selectively attend to visual information for 45 minutes given occasional minimal verbal cues to attend.The patient will complete alternating attention tasks (e.g. take notes while the therapist dictates information) given 10 or fewer requests for repetition.That patient will complete alternating attention tasks at 80% accuracy given intermittent minimal verbal cues to attend in a noisy environment in order to increase independence during functional tasks. And once you've written the perfect goal, how do you change it as your patient progresses? The patient will complete basic problem solving tasks related to safety (e.g. use of call light) at 80% accuracy given frequent moderate verbal cues.The patient will complete simple math problems at 80% accuracy given use of calculator and/or paper and pen and intermittent moderate verbal cues.The patient will identify safe versus unsafe situations in 80% of opportunities given frequent moderate verbal cues in order to increase ability to problem solve basic safety concerns. For example, someone with severe memory impairments may only need minimal, verbal cues. The patient will read phrase level information aloud at 80% accuracy given intermittent minimal verbal cues.The patient will complete a simple maze within 10 minutes given 10 or fewer moderate verbal and moderate visual cues. The patient will complete simple a word search puzzles (6×6 or smaller) within 10 minutes given intermittent moderate verbal cues. Been there with you, sister! So, we decided to do a deep dive into writing goals to help a fellow therapist out. " 1 will 2 at 3 accuracy given 4 to 5 by 6 . " 1 = The patient's name2 = The Specific, Attainable task your patient will complete3 = The Measurable accuracy4 = The Measurable amount of cueing provided5 = The specific, Relevant area of weakness6 = The Time to reach the goal* Add the purpose of the goal For Example: For example: Jin (1) will safely drink single cup sips of thin liquids sans overt s/sx of aspiration (2) in 80% of opportunities (3) given minimal verbal cues for use of safe swallowing strategies (4) in order to increase ability to consume the least restrictive diet (5) within 2 weeks (6). Rather, it's a starting point to help you write your own excellent goals. The patient will follow 3-step commands at 80% accuracy given frequent maximal visual cues.The patient will read paragraphs and answer comprehension questions at 80% accuracy given frequent maximal visual cues.The patient will listen to 2 or more sentences and answer comprehension questions presented auditorily at 80% accuracy given frequent maximal visual cues in order to increase ability to communicate thoughts, feelings, and needs. This goal bank is not comprehensive. In this post, you'll find your very own goal bank for adult speech therapy—150 pre-written goals for you to use in your practice. The patient will produce sentences with 7 or more words by placing pauses in appropriate places in 80% of opportunities given frequent maximal verbal cues in order to increase ability to communicate wants and needs. The patient will produce sentences with 7 or more words at 80% intelligibility given frequent maximal verbal cues to utilize clear speech strategies.The patient will produce sentences with appropriate stress in 80% of opportunities given frequent maximal verbal cues.The patient will read 10 functional phrases at 80% intelligibility given frequent verbal cues to "talk loud." The patient will produce multiple sentences placing pauses in appropriate places in 80% of opportunities given frequent maximal verbal cues.The patient will participate in conversation at 80% intelligibility given frequent maximal verbal cues to utilize clear speech strategies in order to communicate thoughts, feelings, and needs.The patient will complete monologues at least 3 minutes long at 80% intelligibility given frequent maximal verbal cues to utilize clear speech strategies. Complex AAC Goals The patient will create a monologue (e.g., introduction, biographical information) with 3 or more sentences within 5 minutes given occasional minimal verbal and minimal visual cues in order to communicate complex thoughts and feelings.The patient will initiate 5 or more times during a 5 minute conversation with an unfamiliar communication partner given intermittent moderate verbal cues.The patient will respond to a question posed by a familiar communication partner within 7 seconds using a switch system in 80% of opportunities given intermittent minimal verbal cues. More Resources: Goal Bank for Adult Speech Therapy Looking for the Goal Bank for Adult Speech Therapy as a printable PDF? These cues might not translate well for every patient. RespirationPhonationArticulationProsody WordMultisyllabic wordPhraseSentencesSimple conversationMonologuesComplex conversation The patient will produce vowel sounds with appropriate voicing in 80% of opportunities given frequent maximal verbal cues.The patient will produce phrases with 5 or fewer words in one breath in 80% of opportunities given frequent maximal verbal cues to utilize breathing strategies.The patient will produce phrases with appropriate stress in 80% of opportunities given frequent maximal verbal cues. The patient will produce prolonged "ah" for 4 or more seconds in 80% of opportunities given frequent cues to "talk loud" in order to build breath support. This is often written as: "in order to ..." For example, "in order to eat by mouth." We include several examples of purpose in each section of the goal bank. Moderate AAC Goals The patient will add new vocabulary to speech generating device at 80% accuracy given frequent moderate verbal and moderate visual cues in order to communicate wants and needs. Fluency Goals Single wordPhraseSentenceParagraphConversationMonologue Only on the initial sound of a wordOnly on certain soundsOnly on certain sounds in certain positionsOnly on the initial sound of the initial word in a sentenceOnly on the phoneOnly with certain peopleOnly during work meetings Read More About Fluency:How Do You Treat Adult Stuttering? The patient will describe visual scenes using 3 or more sentences at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues.The patient will participate in complex conversation at 80% accuracy given frequent maximum verbal and frequent maximum phonemic cues in order to increase ability to communicate complex thoughts, feelings, and needs.The patient will generate a monologue from a prompt (e.g. "tell me about the pros and cons of living in Hawaii") with 5 or more sentences at 80% accuracy given frequent maximal verbal and minimal visual cues.The patient will read sentence level information aloud at 80% accuracy given intermittent minimal verbal cues in order to increase ability to safely live independently.The patient will locate 5 or more items in a single page grocery ad within 15 minutes given intermittent minimal verbal cues.The patient will write phrase level information from dictation using lined paper at 80% legibility given frequent maximal verbal cues. The patient will complete moderate problem solving tasks r/t money management (e.g., calculating days until bills are due) at 80% accuracy given intermittent moderate verbal and minimal written cues in order to increase independence during functional problem solving tasks.The patient will sort 3 or more medications into a pill box given use of medication list and frequent minimal verbal and frequent minimal visual cues.The patient will generate solutions to unsafe situations in 80% of opportunities given occasional minimal verbal cues.The patient will complete sequencing tasks with 5 or fewer steps at 80% accuracy given intermittent minimal verbal cues. The patient will produce phrases containing /b/ medial words at 80% accuracy given frequent moderate phonemic placement cues.The patient will produce phrases containing multisyllabic /s/ final words at 80% accuracy given frequent moderate phonemic placement cues.The patient will say functional phrases (e.g., more water, hot food) at 80% accuracy given frequent moderate phonemic placement cues.The patient will produce sentences in response to a question (e.g. what's your favorite holiday and why) with appropriate articulation at 80% accuracy given frequent moderate phonemic placement cues. The patient will initiate 3 or more times during a simple 5 minute conversation with a familiar communication partner given frequent moderate verbal and moderate visual cues.The patient will generate a sentence with 5 or more words within 1 minute given frequent moderate verbal and moderate visual cues. Do what's best for your patient. The patient will recall 5 or more items (i.e. grocery list, medication list, etc.) after a 30 minute delay given intermittent minimal verbal cues in order to increase independence during functional memory tasks.The patient will recall 100% of memory strategies given occasional minimal verbal cues.The patient will complete a daily journal given occasional moderate cues.The patient will read paragraph level information and answer questions about the material at 80% accuracy after a 5 minute delay. Plus, we spell out exactly what needs to go into every goal. AAC Goal Bank for Adult Speech Therapy Simple AAC Goals The patient will repeat single words using a speech generating device at 80% accuracy given frequent moderate verbal and maximal visual cues in order to communicate basic wants and needs.The patient will answer simple biographical questions at 80% accuracy given frequent maximal verbal and maximal visual cues.The patient will produce automatic phrases (e.g., days of the week, counting) using an eye gaze system at 80% accuracy given frequent maximal verbal and maximal visual cues. Update the goal as needed and carry on! For more guidance on how to write goals, see How to Write Excellent Speech Therapy Goals. Ready to crush your goal writing? The patient will read paragraph level information aloud at 80% accuracy given occasional minimal verbal cues for use of strategies in order to increase ability to safely live independently. The patient will complete written questionnaire at 80% accuracy given intermittent minimal verbal and occasional minimal visual cues.The patient will navigate a building using a map at 80% accuracy given occasional minimal verbal cues. Patients with mild fluency impairment The patient will participate in complex conversation with an unfamiliar listener with appropriate fluency in 80% of opportunities given occasional minimal verbal cues.The patient will order a meal over the telephone with an unfamiliar listener with appropriate fluency in 80% of opportunities given intermittent minimal verbal cues.The patient will deliver a monologue (e.g. project update during work meeting) with appropriate fluency in 80% of opportunities given use of breath curve. The patient will read sentences loaded with tense vowels using appropriate voicing in 80% of opportunities given intermittent moderate verbal cues to utilize voice strategies.The patient will read sentences with nasal and non-nasal words with appropriate resonance in 80% of opportunities given intermittent moderate verbal cues.The patient will produce phrases in response to a question with appropriate voicing in 80% of opportunities given intermittent cues to utilize "proper mouth" technique.The patient will deliver a monologue for 5 or more minutes with an average of 70dB or higher speech loudness given frequent maximal verbal cues to "talk loud" in order to increase ability to communicate wants and needs. If the goal you've written ends up not being quite right for your patient, then no worries. The patient will consume puree textures sans overt s/sx of aspiration in 80% of opportunities given frequent maximal verbal and frequent maximal tactical cues to utilize safe swallowing strategies.The patient will consume moderately thick (honey thick) liquids sans overt s/sx of aspiration in 80% of opportunities given frequent maximal verbal and frequent maximal tactical cues to utilize safe swallowing strategies.The patient will consume 70% of his meal in a quiet environment sans overt s/sx of aspiration in 80% of opportunities given frequent maximal verbal and frequent maximal tactical cues to utilize safe swallowing strategies.The patient will self feed spoon sips of mildly thick (nectar thick liquids) sans overt s/sx of aspiration given frequent maximal tactical cues to utilize safe swallowing strategies.The patient will consume teaspoon bites of minced & moist food (dysphagia mechanical) presented by the caregiver sans overt s/sx of aspiration in 80% of opportunities given intermittent moderate verbal cues to utilize safe swallowing strategies.The patient will complete 20 repetitions or more of lingual strengthening exercises (lingual press, Masako maneuver, etc.) given intermittent minimal verbal cues. Fluency Goal Bank for Adult Speech Therapy Patients with severe fluency impairment The patient will produce single words containing /f/ medial at 80% accuracy using the breath curve and frequent moderate verbal cues.The patient will produce phrases containing /s/ initial words at 80% accuracy using the breath curve and frequent moderate verbal cues.The patient will produce "th" heavy sentences at 80% accuracy using the breath curve and frequent moderate verbal cues Patients with moderate fluency impairment The patient will produce "j" heavy sentences at 80% accuracy given frequent minimal verbal cues.The patient will produce two or more sentences in response to a question posed by an unfamiliar listener with appropriate fluency in 80% of opportunities given intermittent minimal verbal cues.The patient will read paragraphs aloud with appropriate fluency in 80% of opportunities given intermittent minimal verbal cues.The patient will participate in simple conversation with a familiar listener with appropriate fluency in 80% of opportunities given intermittent minimal verbal cues. While above 95% gets into "mastery" territory, which often isn't the goal of speech therapy. They're organized by severity so that you can progress them along with your patients. For more tips, check out our Goal Writing Guide. It's best practice to include the purpose of every goal. The patient will recall page level information and answer questions about the material at 80% accuracy given occasional visual cues after a 30 minute delay in order to increase independence.The patient will recall medication names, purposes, times taken, and dosages at 80% accuracy given occasional visual cues.The patient will recall 7 or more items at 80% accuracy after a 60 minute delay given minimal verbal cues.The patient will utilize "write it down" while presented with auditory instructions and recall 80% of the information given use of written notes only. That said, there are frequent exceptions, especially when it comes to safety.

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