

## Speech Therapy Home Program

To help the patient:

- Please try to do about 10 minutes of speech therapy each day.
- Find a time when you both have energy.
- Remind them to use their strategies.
- Reduce background noise and distractions.
- Praise their effort. They don't need to be 100% accurate.
- Take breaks as needed: both of you!

### DYSARTHRIA ACTIVITIES

#### Mild Dysarthria

- |   |   |
|---|---|
| <input type="checkbox"/> Talk big                           | <input type="checkbox"/> Have conversations   |
| <input type="checkbox"/> Talk loud                          | <input type="checkbox"/> Do your home program |
| <input type="checkbox"/> Talk short                         | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Take a breath before speaking      | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Read aloud                         |   |
| <input type="checkbox"/> Say "ahhh" for as long as possible |   |

**TIPS:** Model clear speech, ask open-ended questions, initiate conversations.

#### Moderate Dysarthria

- |  |  |
|--|--|
| <input type="checkbox"/> Use pacing strategies               | <input type="checkbox"/> Practice functional phrases |
| <input type="checkbox"/> Use clear speech strategies         | <input type="checkbox"/> Read aloud                  |
| <input type="checkbox"/> Add pauses between words or phrases | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> Sit upright when speaking           | <input type="checkbox"/> _____                       |

**TIPS:** Take breaks, acknowledge attempts to communicate, use AAC.

#### Severe Dysarthria

- |  |  |
|--|--|
| <input type="checkbox"/> Use gestures              | <input type="checkbox"/> Do breath exercises |
| <input type="checkbox"/> Use an alphabet board     | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Use AAC                   | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Practice functional words |  |

**TIPS:** Look for nonverbal communication, ask yes/no questions, give 2 options.

## APRAXIA ACTIVITIES

### Mild Dysarthria

- |   |   |
|---|---|
| <input type="checkbox"/> Take your time     | <input type="checkbox"/> Practice scripts |
| <input type="checkbox"/> Use hand tapping   | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Read aloud         | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Sing               |   |
| <input type="checkbox"/> Have conversations |   |

**TIPS:** Initiate conversation, use positive reinforcement, celebrate wins.

### Moderate Dysarthria

- |  |  |
|--|--|
| <input type="checkbox"/> Talk short                        | <input type="checkbox"/> Practice scripts with shorter words |
| <input type="checkbox"/> Use pacing strategies             | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Read functional words aloud       | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Practice longer words and phrases |  |

**TIPS:** Show empathy, model their strategies, choose a quiet space to talk.

### Severe Dysarthria

- |  |   |
|--|---|
| <input type="checkbox"/> Use an alphabet board | <input type="checkbox"/> Say automatic speech |
| <input type="checkbox"/> Use gestures          | <input type="checkbox"/> Sing                 |
| <input type="checkbox"/> Use AAC               | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Read meaningful words | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Say minimal pairs     |   |

**TIPS:** Talk face-to-face, look for nonverbal communication, use AAC.

**Thank you for all your hard work!**

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Speech Therapy Department