

Amalgamating Formal and Informal testing in Aphasia

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Abstract

The current excerpt of this brief communication is to highlight the importance of informal test in the assessment of aphasia that can supplement information elicited from formal tests and can overcome the shortcomings of formal tests. Formal tests on a general note are bound to rules, have time limit and has limited areas of assessment. This could be problematic as we cannot rely on a single test to get the complete picture of the patient's language abilities, and need to use a test battery of two or more tests. Informal tests could be used as an effective alternative to overcome this and help us in the assessment of aphasia in relatively short period of time.

Keywords: Formal tests; Informal Tests; Assessment; Combat Assessment; Supplement

The assessment of aphasia is one of the important part of the test battery in individuals who have suffered from stroke. Statistics indicate that 15 to 42% of acute stroke patients suffer from language impairment. There are numerous methods to assess the language functions of post-stroke patient. The best way to identify an impairment has been through neuro-imaging where we get to know the size and the extent of the lesion, with which we could get an idea about the type of problem that could occur [1]. Although this is valid, the actual features of the problem could be only found through diagnosis part which is either carried out at bed side level or in a clinical set up. It is the role of an SLP to get a gross idea of the patient's language abilities post-stroke. There are a number of formal tests that could be used in the assessment of Aphasia and the other language aspects that could be impaired due to stroke. In a regular hospital setup the SLP must do an aphasia assessment within the first 2 days. Brief screening tests are often used in bedside evaluation as the assessment needs to be done in a short period. They assess a very narrow range of domains and can only give us a brief picture of the problem and not the complete characteristics of the disorder [2]. Systematic reviews has been carried out by many researches to check the validation of the test materials that are used in the diagnosis of aphasia, but there was always some short coming that hindered the review. Although there are multiple test materials the one that has the highest sensitivity and specificity should be used to get a robust result. Studies are done to identify the tests that give robust results in identifying individuals with aphasia post-stroke. These studies aim to identify the tests that could be more suitable for clinical practices. Comparison studies always give us a picture of the characteristics of the individuals with aphasia and do not help in the validation of the test material, so those types of studies are not considered for our goal. Psychometric data of the patients are obtained through these tests, which were used in the inclusion criteria for the participants [3].

Although the formal tests are standardized they are alone not enough to get the complete picture the patient as they have their limitation and sometimes are not realistic. To overcome this we could use informal assessment on each feature of the patient's language functioning. Informal tests are not time bound and could be completed in multiple sittings [4]. These tests could be more relatable as they are done in a more realistic way and time saving. We could just assess the areas of interest and the domains that we think are impaired. Most of the assessment tools uses spontaneous speech, discourse analysis and verbal recognition task for the assessment of aphasia, which could be done informally to save time. Hence the formal tests should be amalgamated with the formal tests for catering to patients with aphasia

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