



## ALS Clinical Checklist

You may choose to address any of the following, based on your patient's current needs and goals.

Plan for the future, to the extent that your patient is willing. At a minimum, let them know that you are a good resource when they are ready to discuss it.

Feel free to substitute your preferred assessment tools.

### Swallow assessment

- Medical history and interview (ask about feeding tube).
- Self-rating scale such as EAT-10.
- Functional Oral Intake Scale.
- Oral mechanism / cranial nerve exam.
- Yale 3-ounce water test.
- Clinical swallow evaluation.
- Review or request instrumental swallow study.

### Swallow treatment

- Swallow strategies.
- Food/liquid modification.
- Energy conservation.
- High-calorie choices.
- Oral care to reduce risk of aspiration pneumonia.
- If mild symptoms, consider EMST, with physician approval.

## Communication assessment

- Interview.
- Oral mechanism / cranial nerve exam.
- Assess voice.
  - Observations from interview.
  - Self-rating scale such as the Voice Handicap Index 10.
  - Instrumental measures.
  - Grandfather or Rainbow passage.
  - GRBAS or CAPE-V.
- Assess speech.
  - Observations from interview.
  - Frenchay Dysarthria Assessment - 2nd edition.
  - Grandfather or Rainbow passage.
- Assess language.
  - Observations from interview.
  - Picture narrative subtest of the BDAE-3 (Cookie Theft).
  - Formal assessment if you suspect a problem.

## Communication intervention

- Teach communication strategies.
- Voice amplification.
- Low-tech AAC.
  - Frequently-used message board.
  - Alphabet board.
  - Pain scale and body outline board.
  - Teach partner-assisted scanning.
- Mid-tech AAC (AAC apps).
- Educate and support message banking and/or voice banking.
- Trial eye-gaze access for Speech Generating Device (SGD).
- Teach eye-gaze SGD if device is obtained.

## Cognitive-communication assessment

- Interview.
- Self-rating scale such as Neuro-QoL Cognitive Function Short Form.
- ALS Cognitive Behavioral Screen (ALS-CBS).
- Edinburgh Cognitive and Behavioral ALS Screen (ECAS).
- Formal assessment as indicated.

## Cognitive-communication intervention

- Statistics show that 20% - 50% of people with ALS also have a cognitive impairment.
- Base your intervention on your patients goals.
- If they're not concerned about their impairment, and it's not preventing them from reaching their swallowing and communication goals, then you may choose not to directly address it.
- Knowing of any impairments may influence your teaching methods.

## Overall summary of your possible assessment and treatment goals

- Listen to your patient's (and family's) concerns, problems, and goals.
- Discuss how you can help them.
- Assess swallowing.
- Recommend an instrumental swallow test.
- Teach swallow recommendations.
- Discuss EMST if appropriate (and get MD approval)
- Assess communication and cognitive-communication skills.
- Teach communication strategies and low/mid-tech AAC.
- Address cognition if it's a concern.
- Discuss and facilitate message banking and/or voice banking.
- Set up eye-gaze SGD trials.
- Teach the use of the eye-gaze SGD after it's obtained.
- Be sure the patient and family have a back-up form of communication (ex. AAC boards + partner-assisted scanning).

Read the post for more information and resources: <https://eatspeakthink.com/als-guide-for-slps>