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## Direcionado para uso dos alunos, professores e pós graduandos de Fonoaudiologia da USP

MedOne ComSci foi desenvolvido pela THIEME especificamente para a Fonoaudiologia, com conteúdo extremamente relevante e atual:

- 50 eBooks em audiologia e patologia da fala ([Lista de títulos](#)).
- Acesso aos últimos 5 anos de 3 importantes periódicos da área:
  - Journal of The American Academy of Audiology
  - Seminars in Hearing
  - Seminars in Speech and Language
- Como o conteúdo está em HTML, pode ser traduzido para o Português através do próprio browser. A impressão e o download são feitos a partir do PDF, em inglês.
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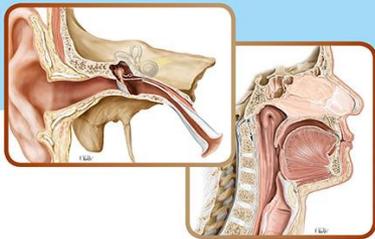


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## Uma base de dados totalmente pesquisável com acesso ao conteúdo de 50 e-books premium

### Anatomy and Physiology of Speech and Hearing

Bernard Rousseau  
Ryan Branski

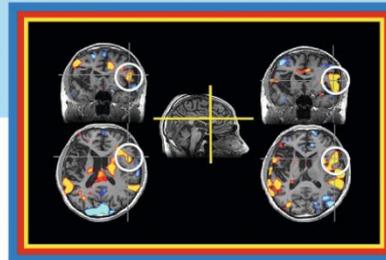


Thieme

### Aphasia and Related Neurogenic Language Disorders

Leonard L. LaPointe  
Julie A. G. Stierwalt

Fifth Edition



Thieme

### Audiology Practice Management

Brian J. Taylor

Third Edition



Thieme



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# 376 Casos com perguntas e respostas

Case

Auditory Neuropathy Spectrum Disorder: Creating a Treatment Program  
From: [Pediatric Audiology Casebook](#) (2011; 1st Edition)

**Case 6 Auditory Neuropathy Spectrum Disorder: Creating a Treatment Program**

- Clinical History and Description
- Audiological Testing
- Questions for the Reader
- Discussion of Questions
- Additional Questions for the Reader
- Discussion of Additional Questions
- Diagnosis and Recommended Treatment
- Outcome
- Suggested Reading

Section 2 Complex Diagnostic Cases > Case 6 Auditory Neuropathy Spectrum Disorder: Creating a Treatment Program

## Auditory Neuropathy Spectrum Disorder: Creating a Treatment Program

Arlene Stredler Brown

**Quick access**

[Clinical History and Description](#) | [Audiological Testing](#) | [Questions for the Reader](#) | [Discussion of Questions](#) | [Additional Questions for the Reader](#) | [Discussion of Additional Questions](#) | [Diagnosis and Recommended Treatment](#) | [Outcome](#) | [Suggested Reading](#)

A 13-month-old boy comes to the audiology clinic with a hearing test from another facility that indicates hearing thresholds within normal limits. Speech and communication are not developing according to age expectations. His mother is concerned.

### Clinical History and Description

At 13 months of age, Chad was brought to the audiology clinic. His mother had noticed that Chad's listening skills were unlike those of his older brother, his listening ability seemed to fluctuate, and his speech and communication were not developing as she expected. Chad's pediatrician ordered a hearing test. The results of a previous test (administered when Chad was 11 months of age) indicated no response to stimuli presented in soundfield.

A case history revealed a normal pregnancy and an uneventful delivery. Newborn hearing screening was not conducted in the birthing hospital at the time Chad was born. Chad had an elevated bilirubin count at birth and spent 4 days under billights in the hospital and 1 additional day under billights at home.

Chad has a maternal uncle who had fluctuating hearing loss in the first few years of his life with subsequent progression. This uncle is a practicing attorney, wears amplification, is reported to listen and speak well, and depends on speechreading. As an adult, he has complained of fluctuations in hearing and some tinnitus. He has five children, all with hearing within normal limits.

Chad's mother was quite upset about Chad's development.

### Audiological Testing

A diagnostic battery was conducted at this clinic when Chad was 13 months of age. Results indicated an absent auditory brain stem response (ABR) and a robust cochlear microphonic. Otoacoustic emission (OAE) testing revealed robust OAEs bilaterally. Chad was not tested for middle ear muscle reflexes. His behavioral responses in soundfield, obtained through visual response audiometry (VRA), were at 15 to 20 dB. His SAT in soundfield, evidenced by cor



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## Acesso total a até 5 anos de artigos



Seminars in Speech and Language  
03/2017

Archive

Content Images Hits

- + Continuing Education Self-Study Program
- + Preface
- Review Article
  - + Dysarthria of Spinal Cord Injury and Its Management
  - + Perspectives on the Psychosocial Management of Oromandibular Dystonia
  - + Toward a Measure of Communicative Participation for Children with Developmental Speech Disorders
  - **Examining Variation in Treatment Outcomes among Speakers with Dysarthria**

Search within this E-Journal

Seminars in Speech and Language 2017; 38(03): 191 - 199  
DOI: 10.1055/s-0037-1602838

**Review Article**

Fletcher, Annalise; McAuliffe, Megan

### Examining Variation in Treatment Outcomes among Speakers with Dysarthria

Department of Communication Disorders, University of Canterbury, Canterbury, New Zealand  
New Zealand Institute of Language, Brain and Behaviour, New Zealand.

**Quick access**

Selecting Treatment Approaches Based On Dysarthria Assessment | Examining Individual Responses To Speech Therapy | A Conceptual Framework For Examining Prognostic Factors | A Multivariate Analysis Of Factors Affecting Intelligibility Gains In Hypokinetic Dysarthria | Future Directions | Summary | Disclosure Statement | References

#### Abstract

Studies investigating the outcomes of behavioral treatments for dysarthria commonly focus on group-level effects. Individual differences in treatment response have received less attention. Currently, we have limited understanding of why some speakers respond favorably to certain intervention programs but others do not. This article advocates for a more individualized approach to assessing the efficacy of speech pathology intervention. A conceptual framework is presented, in which the effects of salient speech features and contextual factors upon treatment outcomes are considered statistically, with a view to informing treatment planning and development of future clinical studies. Preliminary evidence is presented in support of this framework—demonstrating that detailed measurements of the speech signal can predict which individuals respond favorably to certain treatment cues, even among participants with the same dysarthria etiology and subtype. Future directions for the study of individualized assessment and treatment approaches are discussed.

**Learning Outcomes:** As a result of this activity, the reader will be able to (1) identify factors that may contribute to variable treatment outcomes in speakers with dysarthria; (2) describe how these factors could be quantified within clinical studies; and (3) discuss future applications of rapid, automated speech assessment.

Behavioral treatment for speakers with dysarthria has been the focus of many reviews do not always offer strong conclusions for the practicing clinician to support or refute speech therapy—usually on the basis of a lack of issues with the current methods used to group speakers within clinical studies. This article approaches the efficacy of speech therapy, by examining individual differences in treatment response.



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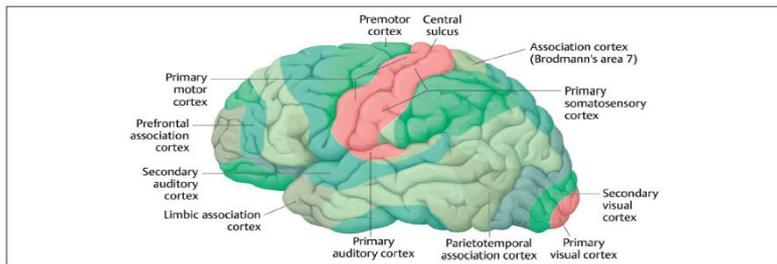


Image legend

Fig. 4.3 Functional organization of the neocortex, left lateral view. (Reproduced with permission from Schuenke et al. Illustration by Markus Voll.)

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Source: Aphasia and Related Neurogenic Language Disorders > 1 Brain Basics  
Editor: Leonard L. LaPointe, Julie Stierwalt

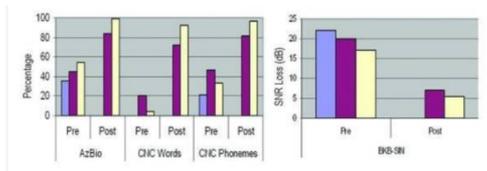


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Fig. 63.2 Comparison of pre- and postoperative aided speech recognition scores.

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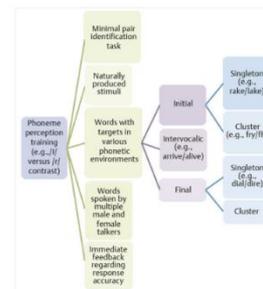


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Fig. 11.1 Characteristics of effective learning procedures for improving phoneme perception.

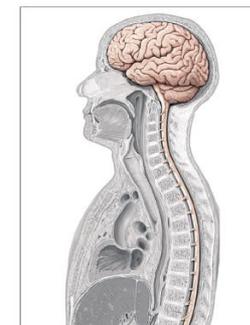


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Fig. 1.1 Cervical vertebrae in situ. (Reproduced with permission from Schuenke et al. Illustration by Markus Voll.)

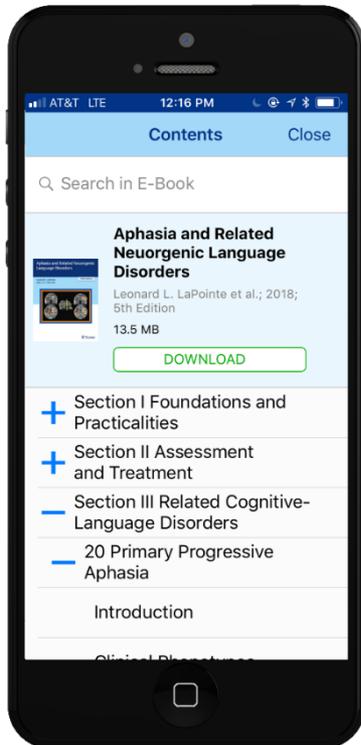
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Source: Johnson et al. Phonology and Linguistics: A Practical Approach  
Editor: Michael Valente, L. Maureen Valente



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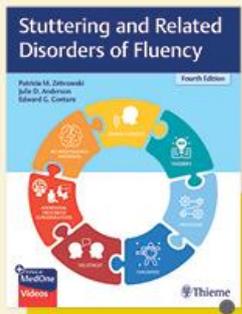
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### Stuttering and Related Disorders of Fluency

Fourth Edition  
Patricia M. Zebrowski  
Julie D. Anderson  
Edward G. Conture

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- LaPointe, Stierwalt  
Aphasia and Related  
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[Leonard L. LaPointe](#), [Julie Stierwalt](#)

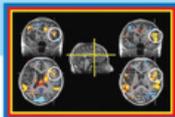
## Aphasia and Related Neurogenic Language Disorders

Aphasia and Related Neurogenic  
Language Disorders

Leonard L. LaPointe

Julie A. G. Stierwalt

5th Edition



Current edition

Source: Aphasia and Related  
Neurogenic Language Disorders.  
[LaPointe L](#), [Stierwalt J](#), ed. 5th  
Edition. New York: Thieme; 2018.  
doi:10.1055/b-005-148885

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Section I Foundations and Practicalities &gt; 1 Brain Basics

## Section I Foundations and Practicalities

### 1 Brain Basics

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- > Basics of Neuroscience
- > CNS Divisions
- > Summary
- > Chapter Review
- > References

A  A

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**Content**

**Section I Foundations and Practicalities**

- + 1 Brain Basics
- + 2 Humanistic Basics: Accommodation, Adjustment, and *Aristos*
- + 3 Aphasia Theory, Models, and Classification
- + 4 Neuroimaging and Brain-Based Communication Disorders
- + 5 Care for People with Aphasia and Related Neurogenic Communication Disorders in Acute Hospital Settings
- + 6 Multicultural and Multilingualistic

## 1 Brain Basics

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1

Leonard L. LaPointe

### Introduction

The brain is a modest yet spectacular thing. In this 3.5 pounds of gelatinous squish tissue rests everything we are or have ever been. The brain is the seat and soul of our fears, our joys, our achievements, our relationships, our creativity, our happiness, our sadness, our identity, our memory, and our history. The brain allows us to acquire language, to interact with one another, to cajole and console, to cheer, to thank, to joke, to sing off-key, to talk to the animals, and to aspire. The miracle of language makes us human, more so than the opposable thumb and the ability to conceptualize death and subsequently fear it. Pessimists among us would say that the brain is inextricably linked to abilities to lie, steal, cheat, go to war, and ruin our nest. But, for all human foibles, there is ample evidence that language and intraspecies communication is responsible for the sum of human achievements, altruism, and decency. Debates on what makes us human have boiled for generations but always atop the list of human attributes is language and sophisticated communication.<sup>1</sup> The brain has been rhapsodized in poem and song and called everything from an enchanted loom that weaves a never-ending stream of dissolving patterns to a computer on steroids.<sup>2</sup>

Listen to Diane Ackerman<sup>3</sup> talk about

*Shaped a little like a loaf of French*

*with nonstop neural conversations.*

*Imagine the brain, that shiny mound of being, that mouse-gray parliament of cells, that dream factory, that petit tyrant inside a ball*

2

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Fonte: Afasia e Distúrbios Neurogênicos Relacionados da Linguagem. La Pointe L, Stierwalt J, ed. 5ª Edição. Nova York: Thieme; 2018. doi:10.1055/b-005-148885

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Contente

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- 1 Noções Básicas do Cérebro
- 2 Fundamentos Humanísticos: Acomodação, Ajuste e Aristos
- 3 Teoria, Modelos e Classificação da Afasia
- 4 Neuroimagem e Distúrbios da Comunicação Baseada no Cérebro
- 5 Cuidados para Pessoas com Afasia e Distúrbios de Comunicação

## 1 Noções Básicas do Cérebro

**Acesso rápido**

- Introdução
- Noções básicas de neurociência
- Divisões do SNC
- Resumo
- Revisão do Capítulo
- Referências

**Leonard L. La Pointe**

### Introdução

O cérebro é uma coisa modesta, mas espetacular. Nestes 3,5 quilos, o cérebro é a sede e a alma de nossos medos, nossas alegrias, nossa felicidade, nossa tristeza, nossa identidade, nossa memória e nossa conexão com os outros, persuadir e consolar, aplaudir, agradecer, brincar, e a linguagem nos torna humanos, mais do que o polegar opositor e a oposição. Os pessimistas entre nós diriam que o cérebro está inextricavelmente arruinando nosso ninho. Mas, foi todas as fraquezas humanas, há milhares de anos, são responsáveis pela soma das realizações humanas, altruísmo e generosidade por gerações, mas sempre no topo da lista de atributos humanos está a linguagem e a comunicação sofisticada. <sup>1</sup> O cérebro foi rapsodizado em poemas e canções e chamado de tudo, desde um tear encantado que tece um fluxo interminável de padrões em dissolução até um computador com esteróides. <sup>2</sup>

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**Images** ▾



Fig. 1.1 Central nervous system, in situ, left lateral view...

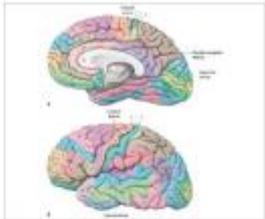


Fig. 1.2 Brodmann's areas in the neocortex. (a) Midsagittal...

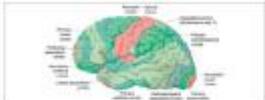


Fig. 1.3 Functional organization of the neocortex, left lateral view...

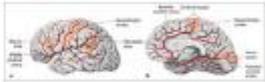
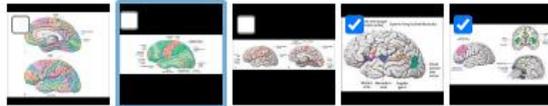


Fig. 1.4 Arteries of the cerebrum and functional centers on the surface of...

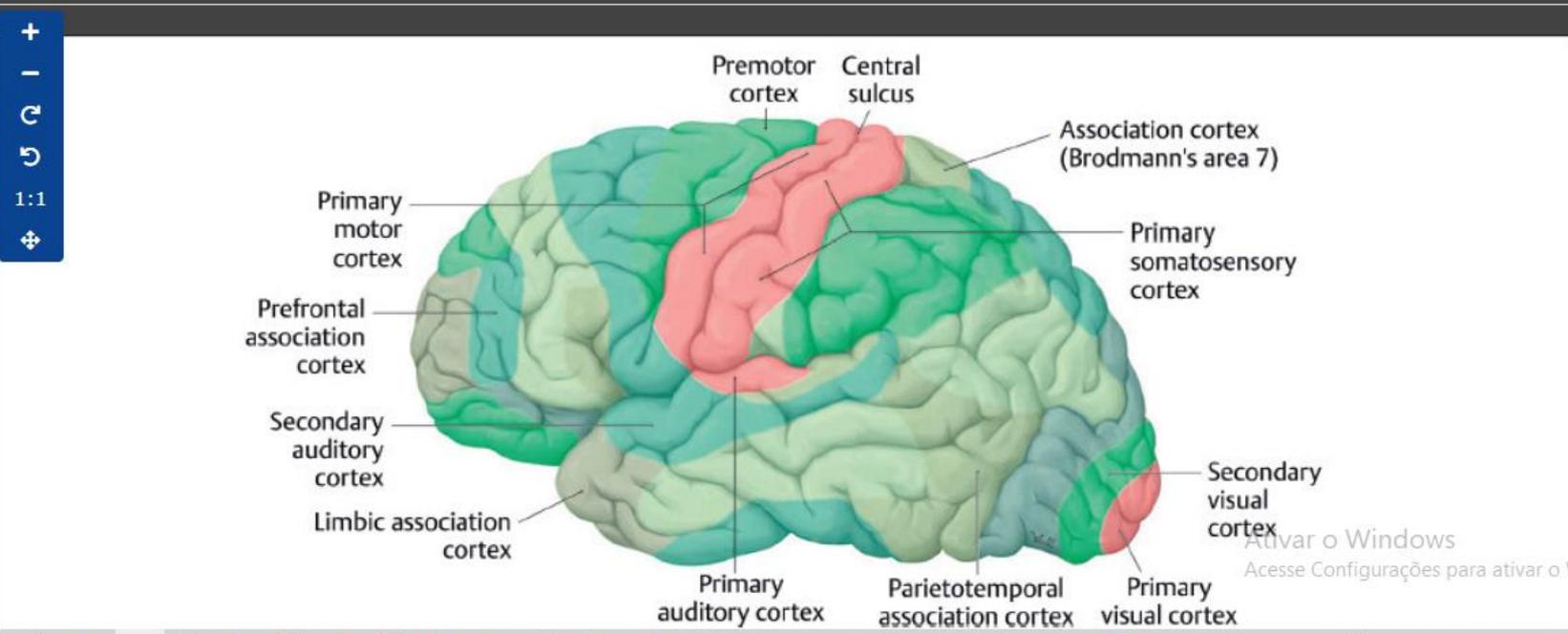
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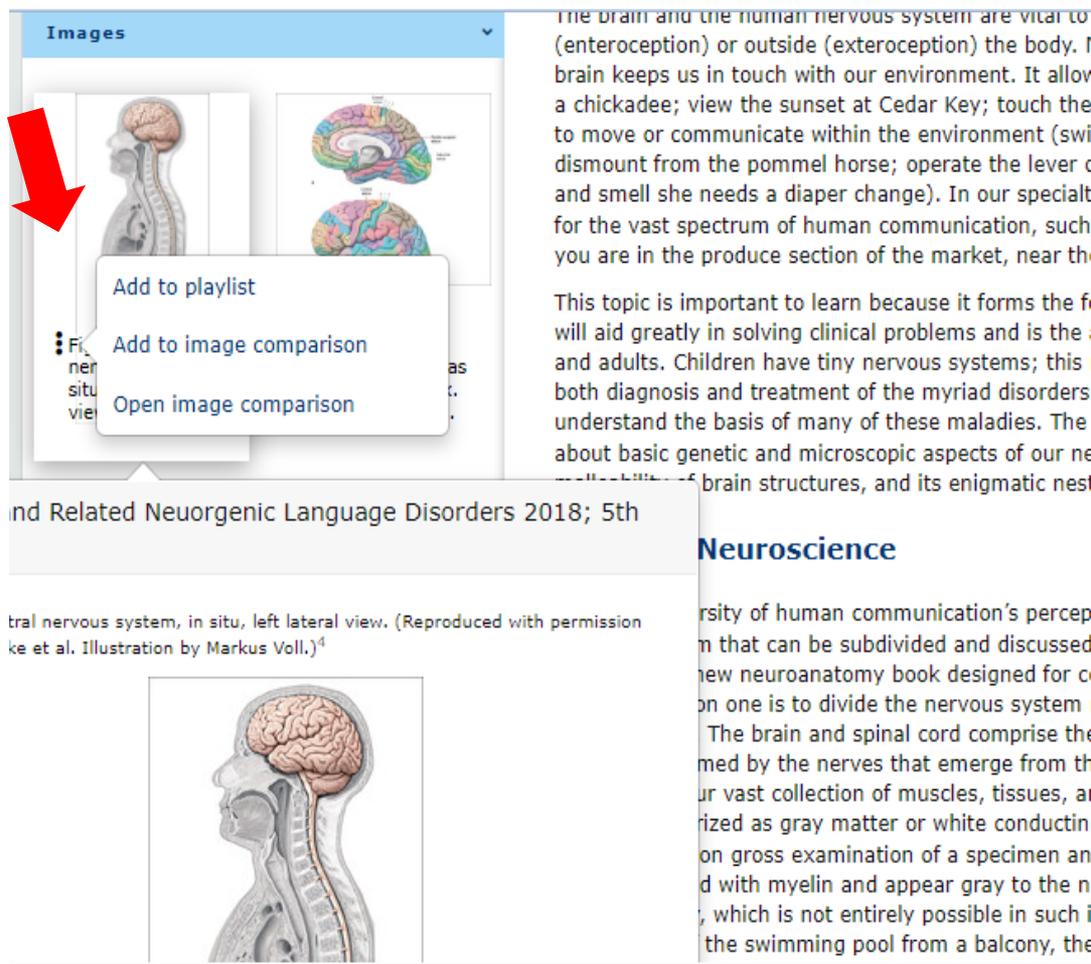


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The brain and the human nervous system are vital to (interoception) or outside (exteroception) the body. The brain keeps us in touch with our environment. It allows us to move or communicate within the environment (swim, dismount from the pommel horse; operate the lever, and smell she needs a diaper change). In our special for the vast spectrum of human communication, such you are in the produce section of the market, near th

This topic is important to learn because it forms the foundation will aid greatly in solving clinical problems and is the basis for and adults. Children have tiny nervous systems; this is both diagnosis and treatment of the myriad disorders that understand the basis of many of these maladies. The study of the about basic genetic and microscopic aspects of our nervous system, brain structures, and its enigmatic nest

and Related Neurogenic Language Disorders 2018; 5th

**Neuroscience**

iversity of human communication's perception that can be subdivided and discussed in a new neuroanatomy book designed for children. One is to divide the nervous system into the brain and spinal cord. The brain and spinal cord comprise the central nervous system, which is composed by the nerves that emerge from the brain and spinal cord. The brain and spinal cord are composed of a vast collection of muscles, tissues, and organs, which are organized as gray matter or white matter. The brain and spinal cord are composed of a vast collection of muscles, tissues, and organs, which are organized as gray matter or white matter. The brain and spinal cord are composed of a vast collection of muscles, tissues, and organs, which are organized as gray matter or white matter.

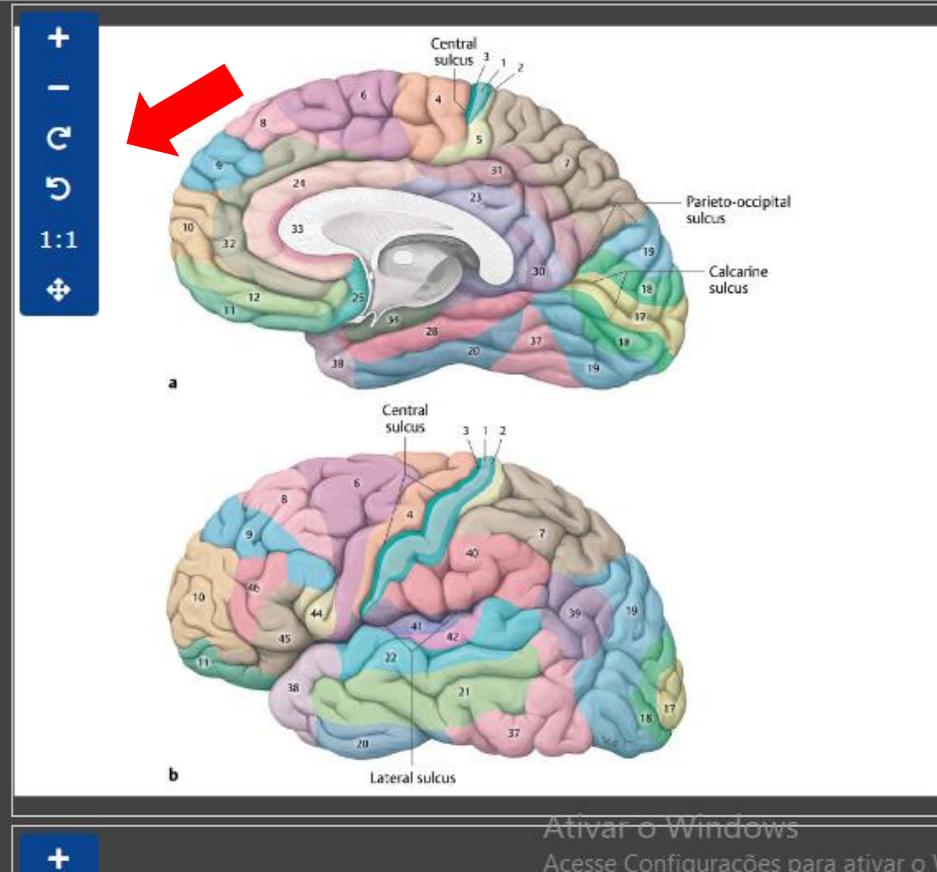
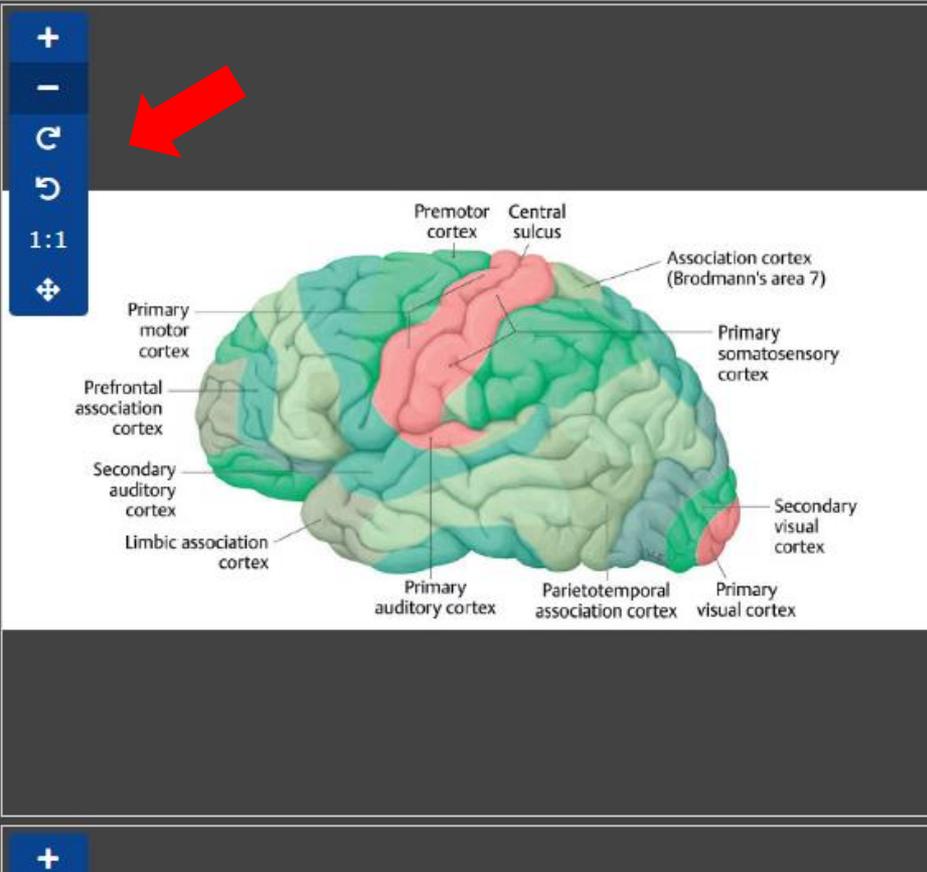
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