

dodge, dog, doll, down, dud
deuce, dude, duke, duel, doom, dune, dupe, dues
dick, dud, duff, dug, dull, dumb, done, does, Dutch, dove
dough, dome, dope, dose, dote, dove, doze
down, doubt

dy, Dale, dame, Dane, days, date, Dave
dice, died, dike, dial, dime, dine, dune, dive

dim, mar
dark, break
all blade
dark, darn
or, don

Hit him hard!
Who has hives?
My head hurts.
He's a hot head.
He hurt his heel.
I have high hopes.

SPEECH PRACTICE MANUAL

for Dysarthria, Apraxia, and Other Disorders of Articulation

COMPARE AND CONTRAST

date bread
dooms day
Daffy duck
dark day
Dick did
Dee's death
dumb deal
dig deep
dead duck
deep dish
duck down
deep ditch
damn dog
dive down
Dear Don
deep dive
dumb dog
down deep
dull day
ding-dong
dip down
doubt Don
dark dawn
dog days
dorm door
dull day
deck door

The table top was tarnished.
Tea for two and two for tea.
Todd took Kate out on a date.
Plant wheat on the west forty.
Tit for tat, take a turn at bat.
Two times two is not twenty two.
Who stole Tim's new tan topcoat?
We passed the time at the resort.
The tired team took the train home.
Beat the tom-tom, but not at night.
She ate the meat, but not much fat.
I don't need tools to set up a tent.
Testimony was not given to the court.
Matt bought a lot of loot that night.
That TV tube is shot, so take it out.
Ten kids went to the fight last night.
I might write a note to Bette tonight.
Those two can talk till late at night.
That torte was too tart for Pete to eat.
The tools were taken by the time Tom came.
Give me the total time spent taking tests.
Did Pete turn the light out last at night?
Telltale signs were noted at the accident.
Tiptoe through the tulips, but not tonight.
New toilets were installed at the camp site.
But, don't tell Tillie to tap dance tonight!
My tomatoes weren't planted in time to fruit.

He has a hole in his hat.
He hid her hat in the hay.
Hugh held her hand in his.
Hal's harsh words hurt her.
The house is high on a hill.
It hurts to hold my head up.
He heats his house with oil.
How long has Hugh been here?
He held his hat in his hand.
Those ham hocks hit the spot.
He has a herd of eight horses.
Hardly any hail hit the house.
In his haste, he hurt his hand.
Helen left his house in a hurry.
I'll have Harry's hide for that.
A hush fell over the whole house.
The ham dinner we had was good.
How can you hoe the whole garden?

ROBERT L. KEITH, M.S.
JACK E. THOMAS, M.S.

g—

geese
gig, gill, give
guess, get
gab, gad, gaff, ga
gob, God, gawk,
good

SPEECH PRACTICE MANUAL

for Dysarthria, Apraxia, and
Other Disorders of Articulation

COMPARE AND CONTRAST

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**SPEECH PRACTICE MANUAL for Dysarthria,
Apraxia, and Other Disorders of Articulation
COMPARE AND CONTRAST**

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Introduction

com•pare: to examine (two or more things, ideas) for the purpose of noting similarities and differences

syn compare, contrast—agree in placing together two or more things and examining them to discover characteristics, qualities, etc.

con•trast: to compare in order to show unlikeness or differences; note the opposite natures, purposes, etc.

syn differentiate, distinguish. See compare.

SPEECH PRACTICE MANUAL FOR DYSARTHRIA, APRAXIA, AND OTHER DISORDERS OF ARTICULATION is a compendium of drill and practice material. Our need for speech practice material, which we could not find in other published sources, was the original impetus for developing this material for dysarthric and apraxic individuals. Much of the material here is intended to compare and contrast articulatory aspects of speech. It has also been used as a stimulus to practice various stress patterns and other components of prosody (length, tone, and intonation), as well as to increase and decrease speech rate.

Much of speech management is the systematic practice of specially selected and ordered exercises. Drill requires successful repetition of progressively more difficult tasks. It involves task continua. The creativity and joy in treatment comes with planning the continua and responding to the unforeseen within a treatment session. The danger in constructing ordered tasks is that the steps will be insignificant so that clients are not challenged, or so great that they constantly have difficulty, get discouraged, and finally abandon the therapeutic effort. So, steps must be neither insignificant nor gigantic.

From the outset, we intended that this book be a kind of workbook from which the speech impaired individual would work under the guidance and specific instruction provided by a speech pathologist. Therefore, the speech pathologist directing the use of this material must be ready to discard, substitute, or repeat any task to obtain the goals expected for a given client. Also, the material in this book is not arranged in any hierarchical order. Starting at the first chapter and proceeding to the next will not be appropriate for most individuals. Practice material should be carefully selected for each individual.

The speech practice material found in *SPEECH PRACTICE MANUAL FOR DYSPHAGIA, APRAXIA, AND OTHER DISORDERS OF ARTICULATION* is not the only resource a speech pathologist will need for working with speech-impaired individuals. The speech pathologist should select his or her own assessment and accountability measurements to determine the direction and efficacy of treatment. The drill and practice stimuli presented here should be supplemented with other material for instructions to facilitate certain speech sounds, the production of consonant clusters and polysyllabic words, control of speech rate, and aspects of voice and prosody.

Use this workbook as an aid to your ingenuity in rehabilitation of speech for individuals with dysarthria, apraxia of speech, and other articulation impairments.

Chapter 1: Oral and Facial Postures

Practicing oral and facial postures and movements helps to focus attention on the lips, tongue, and jaw, and to move them with purpose. As you practice these movements in front of a mirror alone or together with a speech pathologist, you become aware of what is needed to produce specific and precise movements. Such maneuvers may also improve the accuracy, speed, and strength of speech movements. However, it is uncertain whether such improvements actually occur, and for some individuals strengthening the speech musculature is neither necessary nor desirable.

It is not intended for every individual with a speech problem to practice every position and maneuver pictured here. Rather, the speech pathologist should help determine which postures and movements to practice, how long and how frequently to do them, and the pace of practice. Space has been left at the bottom of each picture for the speech pathologist to make recommendations for practice.

Problems

1. Difficulty in posturing tongue, lips, teeth, and lower jaw or uncertainty as to how the posture should look.
2. Lack of awareness of facial or tongue weaknesses.
3. General facial weakness and inability to control specific positioning of tongue, lips, and lower jaw.
4. Difficulty in understanding how facial or oral weaknesses can distort speech-sound production.

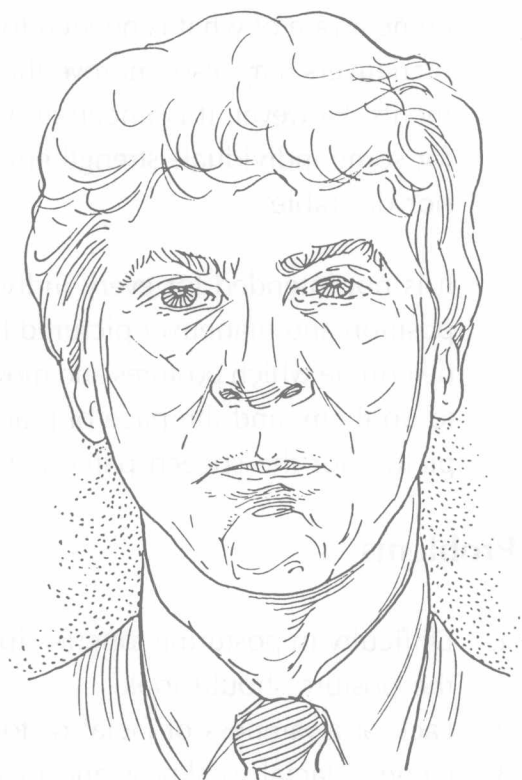
Therapeutic Approaches

1. Look at the picture of a certain oral posture and read the description beneath it. Then look in a mirror and see if you can produce the same positioning.
2. During imitation of oral and facial postures in front of a mirror try to match the postures shown in the pictures. This will help you become more aware of areas of weakness and asymmetry.
3. In front of a mirror and frequently throughout the day practice the oral and facial postures recommended by your speech pathologist.
4. In front of a mirror, compare your tongue, lip, and jaw movements with those of your speech pathologist as you produce particular speech sounds.



Practice opening your mouth, as for "ah." Look to see if your lips are symmetrical (even). Hold this position for a few seconds, then close your mouth. Repeat.

Recommendations: _____



With your mouth closed, press your lips together tightly. Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



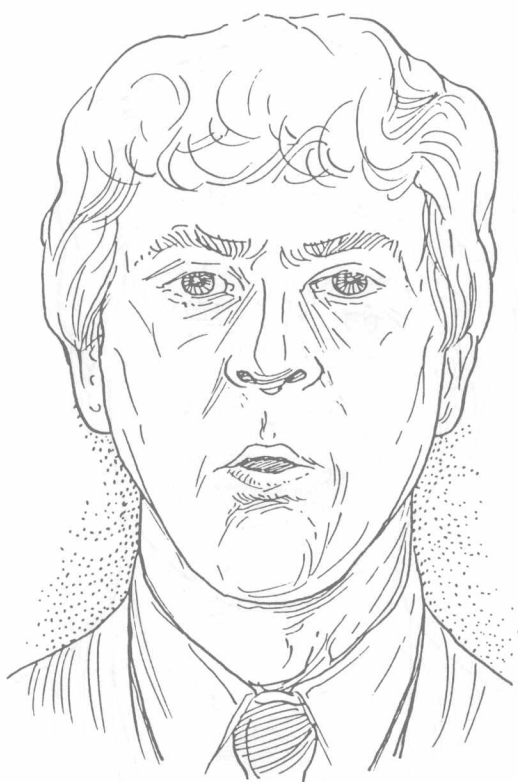
With teeth closed, open your lips and retract them, as if showing your teeth. Try to keep lips symmetrical. Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



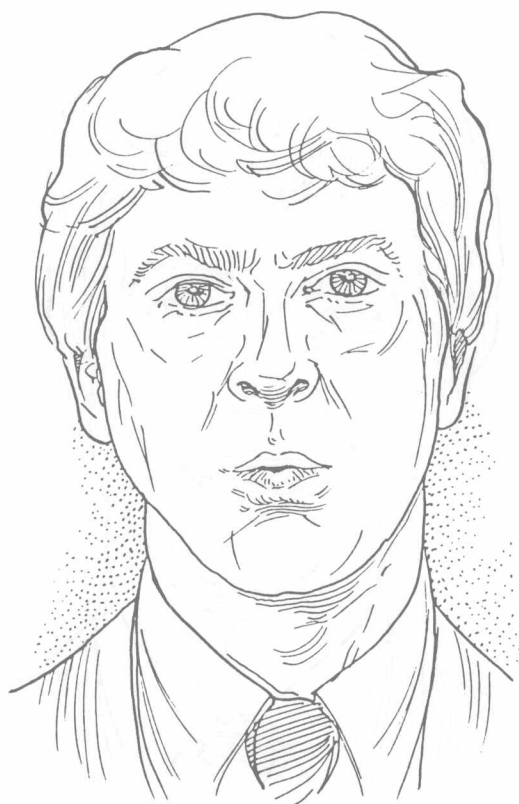
Open your mouth slightly, spreading your lips as though making a broad smile. Try to keep lips symmetrical. Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



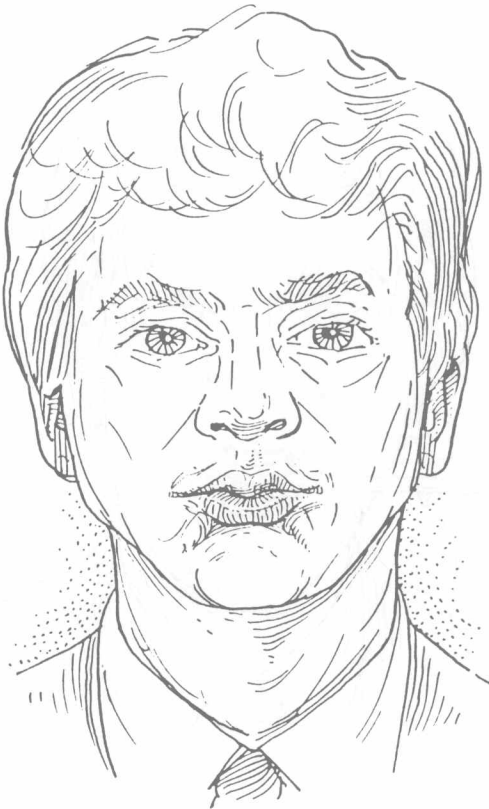
Open your mouth slightly and round your lips, as for "oh." Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



Shape your lips as though you are saying the vowel in the word "blue." Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



Pucker up your lips by pressing them together and pushing them forward. Hold this position for a few seconds, relax, then repeat.

Recommendations: _____



Open your mouth and make your tongue protrude out to your lips. Try to stick your tongue straight out. Hold this posture for a few seconds, relax, then repeat.

Recommendations: _____



Open your mouth widely. Lay a tongue depressor across your tongue. As you push down gently with the tongue depressor, try to raise your tongue. Hold this position for several seconds, relax, then repeat.

Recommendations: _____



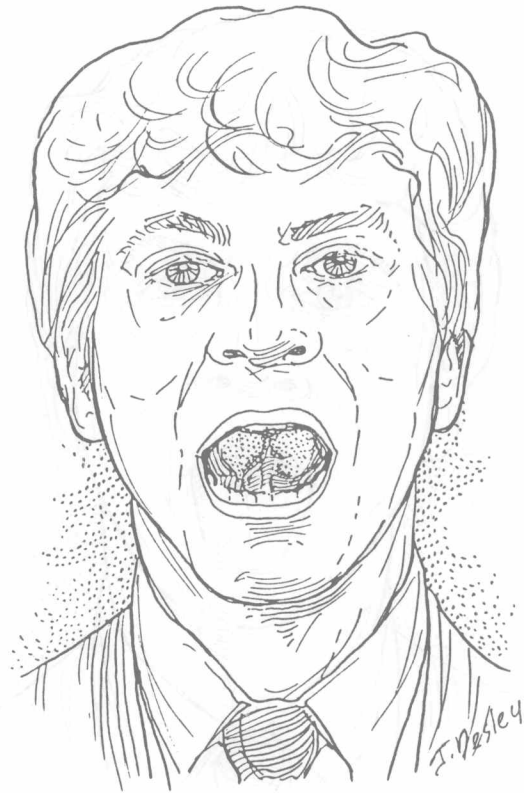
Open your mouth widely. Place a tongue depressor under your tongue, lifting toward the roof of your mouth. Try to resist the tongue depressor by pushing downward with your tongue. Hold this position for several seconds, relax, then repeat.

Recommendations: _____



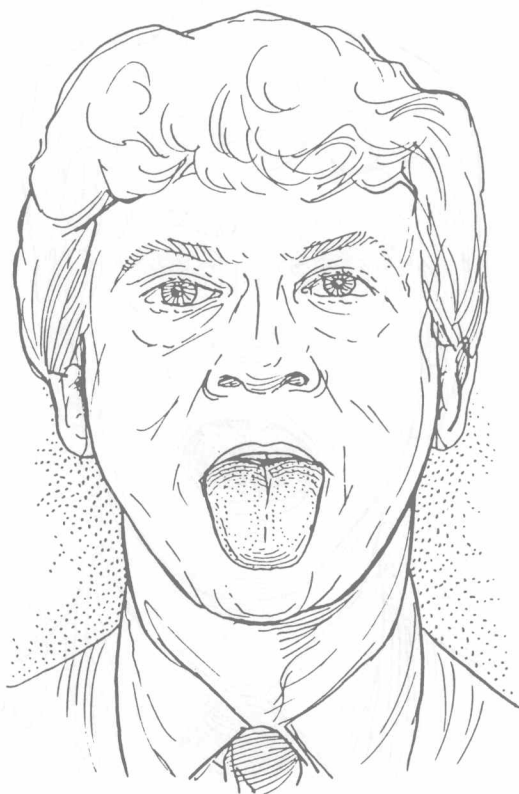
Open your mouth and place a tongue depressor (on its edge) between your teeth. Bite down gently on the tongue depressor and elevate your tongue to the roof of your mouth. Hold this position for several seconds, relax, then repeat.

Recommendations: _____



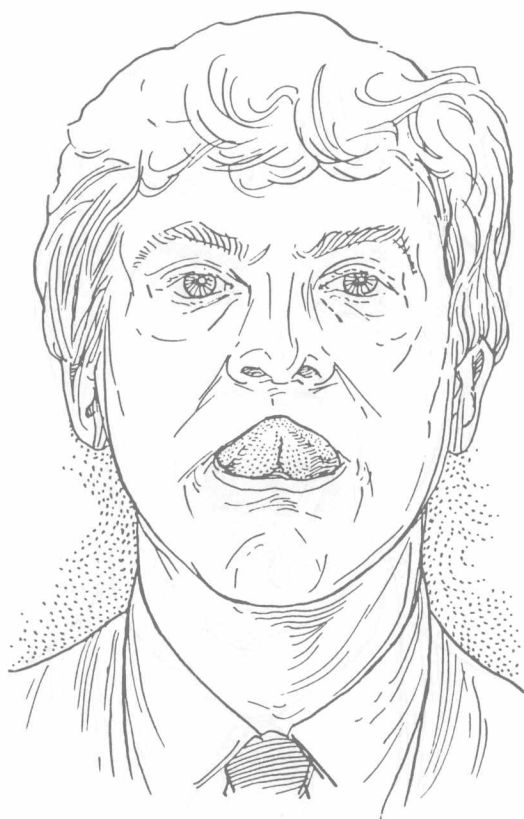
Open your mouth widely and elevate your tongue up behind your upper teeth, touching the roof of your mouth. Move your tongue, not your jaw. Hold this posture for several seconds, relax, then repeat.

Recommendations: _____



Open your mouth and make your tongue protrude, directing it down toward your chin. Hold this posture for a few seconds, relax, then repeat.

Recommendations: _____



Open your mouth enough to make your tongue protrude, then raise the tip of it toward your nose. Hold this posture for a few seconds, relax, then repeat.

Recommendations: _____



Open your mouth and make your tongue protrude. Place a tongue depressor on the right side of your tongue. Push your tongue to the left with the tongue depressor. Try to resist this movement by pushing to the right with your tongue. Continue this movement for several seconds, relax, then repeat.

Recommendations: _____



Open your mouth and make your tongue protrude. Place a tongue depressor on the left side of your tongue. Push your tongue to the right with the tongue depressor. Try to resist this movement by pushing to the left with your tongue. Continue this movement for several seconds, relax, then repeat.

Recommendations: _____



Open your mouth enough to make your tongue protrude, then move it to the right corner of your mouth. Hold this posture for several seconds, relax, then repeat. You may want to alternate between this position and the one following.

Recommendations: _____



Open your mouth enough to make your tongue protrude, then move it to the left corner of your mouth. Hold this posture for several seconds, relax, then repeat. You may want to alternate between this position and the preceding one.

Recommendations: _____
