Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Role of the Speech and Language Therapist

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Patient Information

Speech & Language Therapy

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What is the role of the Speech and Language Therapist?

The role of the Speech and Language Therapist (SLT) is to assess and treat speech, language, communication, and swallowing problems. This involves closely working with other multidisciplinary team members, such as nurses, doctors, dietitians, and occupational therapists.

What can cause a communication/swallowing problem?

- Stroke
- Head injury
- Parkinson’s Disease
- Multiple Sclerosis.
- Motor Neurone Disease
- Respiratory Difficulties
- Dementia
- Head and Neck Cancer

What are typical communication problems?

Common communication problems found in hospital settings are Dysphasia and Dysarthria.

Dysphasia (also known as aphasia) is **difficulty in using and understanding** spoken and written **language.** Dysphasia can result from damage to various regions of the brain resulting from disease, direct trauma, or stroke. A person who has dysphasia may know what they want to say but **can't find the words.** It may be **hard** for them to **understand** what others are saying, even if their hearing and thought processes are not affected. **Therapy** can help people **recognise words** or find **other ways** to **communicate,** like using gestures, word-and-picture charts, symbols, or computers.

Dysarthria is when a stroke or a neurological condition affects the **muscles in the face, for example lips and tongue,** making it **difficult to form words.** Therapy can help people to strengthen the facial muscles to help improve the clarity of their speech. Alternative methods of communication, for example word-and-picture charts, may be used in severe cases.

What swallowing problems are typical?

Some people have difficulties with a swallowing diet and/or fluids (dysphagia). Coughing, choking and a wet sounding voice after swallowing are some of the symptoms of dysphagia. These can be caused by muscle weakness, or difficulties in co-ordinating the swallow.

What happens if I have difficulties swallowing?

If people have any difficulties swallowing, there may be a risk of food and drink going into the windpipe (this is called aspiration). A Speech and Language Therapist can assess the problem and recommend food and fluid options that are easier and safer to swallow, e.g.

modified diets, or thickened fluids. The Speech and Language Therapist will also advise on the most appropriate postures, for example, sitting upright when eating/drinking.

In some cases, if a person cannot eat by mouth, special feeding techniques might be used. For example, Nasogastric (NG) feeding is when a **tube is passed up the nose** and down the throat to get food into the stomach. If the swallowing problems do not resolve, then a longer-term option could be offered, for example Percutaneous Endoscopic Gastrostomy (PEG), which is a **feeding tube that goes into the stomach** directly through the abdominal wall.

If a feeding tube is not appropriate, the person may want to consider continuing to eat and drink but being aware of the risk of aspiration ("Eating and Drinking with Acknowledged Risk" or "Feed at Risk"). More information about this is available from the Speech & Language Therapy Department.

When will I be discharged from Speech and Language Therapy services?

If people continue to have communication or swallowing problems once they are discharged from hospital, they can be referred to a Community Speech and Language Therapist in their area for a follow up appointment.



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