

# Not Just a Late Talker...A Physician's Guide to Developmental Apraxia of Speech

Physicians dealing with parents who are concerned about their late-talking child are frequently optimistic about the child's potential to develop normal language, particularly when all the child's other developmental milestones are within normal limits.

According to the Ontario Association for Families of Children with Communication Disorders: *"Speech and language disorders constitute the largest handicapping condition in society (5-10%)."*

A detailed evaluation by a pediatric Speech Language Pathologist, as early as 18 months, will determine whether the child's communication development is typical or disordered. *"It is vitally important to identify and treat speech, hearing and language challenges as early as possible in a child's life as these may impact social, emotional and cognitive development. Making the referral to a pediatric Speech Language Pathologist will go a long way in addressing parental concerns as they try to understand and deal with their late-talking child"*, says Marlene Green, Speech-Language Pathologist.

In typically developing children, one of the differential diagnoses causing delayed language development is **developmental apraxia of speech**.

Developmental apraxia of speech involves a breakdown in the transmission of messages from the brain to the muscles in the jaw, cheeks, lips, tongue and palate that facilitate speech. There is no obvious weakness in these muscles and the child may well be able to move them quite **easily** when not trying to speak. Apraxic children, who are usually seen as "just late talkers" when young, are able to comprehend language at an age appropriate level, **but** have difficulty expressing themselves using speech. A child with apraxia of speech knows what he wants to say but there is a "road block" obstructing the signal from the brain to the mouth.

Some symptoms that may indicate developmental apraxia of speech include:

- The child usually is an intentional communicator, but uses grunts, gestures and other non-verbal forms of communication
- Late onset of first words
- Little or no babbling as an infant
- Difficulty imitating sounds/words
- Very few consonant sounds
- Possibly limited vowel sounds as well
- Shows signs of frustration with inability to communicate

If the child has developed some speech, significant symptoms may include:

- Leaving out sounds or substituting incorrect sounds in words
- Often inconsistent or unpredictable speech errors
- Severely unclear speech or speech attempts
- May show groping with their mouth when attempting to speak
- Makes slow or no progress with traditional speech therapy
- Even family members may have difficulty understanding the child's speech

Developmental apraxia of speech is **not** something that the child will outgrow on their own. Without the necessary and appropriate assessment and therapy, these children may never learn to speak clearly and may experience a lifetime of frustration.

*“The Speech-Language Pathologist evaluates all areas of communication including speech sound production, oral motor skills, language comprehension and expression as well as social communication. Should apraxia of speech be suspected, symptom-specific intervention will be applied,”* says Helen Bernstein, Speech-Language Pathologist.

It is important to note that apraxia of speech may co-exist with other diagnoses e.g., autism spectrum disorder. However, in some cases, the apraxia can mimic social communication disorders because the child is avoiding talking by limiting social contact.

Children with apraxia of speech have a long, difficult road ahead of them as they struggle mightily to achieve what other children do with little effort. In their journey to become effective communicators, professionals and parents can lighten their load through increased awareness and understanding of this perplexing speech disorder.

Early detection of communication delays and disorders are critical to positive outcomes.

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