



Ελληνική Δημοκρατία
Τεχνολογικό Εκπαιδευτικό
Ίδρυμα Ηπείρου

Αγγλική Ορολογία

Ενότητα 11: Η Αγγλική Ορολογία των Διαταραχών
Επικοινωνίας στις Κρανιοεγκεφαλικές Κακώσεις
(ΚΕΚ).

Μελομένη (Μελίνα) Νησιώτη



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης





Τμήμα Λογοθεραπείας

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Ενότητα 11: Η Αγγλική Ορολογία των Διαταραχών Επικοινωνίας στις Κρανιοεγκεφαλικές Κακώσεις (ΚΕΚ).

Μελομένη (Μελίνα) Νησιώτη

M.Sc., Καθηγήτρια Εφαρμογών

Ιωάννινα, 2015



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Χρηματοδότηση

- Το έργο υλοποιείται στο πλαίσιο του Επιχειρησιακού Προγράμματος «**Εκπαίδευση και Δια Βίου Μάθηση**» και συγχρηματοδοτείται από την Ευρωπαϊκή Ένωση (Ευρωπαϊκό Κοινωνικό Ταμείο) και από εθνικούς πόρους.
- Το έργο «**Ανοιχτά Ακαδημαϊκά Μαθήματα στο ΤΕΙ Ηπείρου**» έχει χρηματοδοτήσει μόνο τη αναδιαμόρφωση του εκπαιδευτικού υλικού.
- Το παρόν εκπαιδευτικό υλικό έχει αναπτυχθεί στα πλαίσια του εκπαιδευτικού έργου του διδάσκοντα.



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Σκοποί ενότητας

- Εισαγωγή στο βασικό λεξιλόγιο που αναφέρεται στις διαταραχές των Κρανιοεγκεφαλικών κακώσεων (ΚΕΚ).
- Η ανάπτυξή του γίνεται μέσω ασκήσεων ακρόασης (listening), αναγνωστικής κατανόησης επιστημονικών κειμένων (reading comprehension), συγγραφής (writing) και μετάφρασης (translation).



Περιεχόμενα ενότητας

- Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)
- Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)
- Άσκηση Μετάφρασης (Translation)
- Άσκηση Ακρόασης (Listening)



ΤΕΙ ΗΠΕΙΡΟΥ



ανοικτά μαθήματα
opencourses

Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (1 από 89)

- Please underline the terminology you can seek in the text, on the following templates.



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (2 από 89)

Overview Traumatic Brain Injury (Adults)

Traumatic brain injury (TBI) is a form of nondegenerative acquired brain injury, resulting from an external physical force to the head (e.g., fall) or other mechanisms of displacement of the brain within the skull (e.g., blast injuries). Consistent with the diagnostic criteria detailed in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association, 2013), TBI is associated with one or more of the following characteristics: [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (3 από 89)

Overview Traumatic Brain Injury (Adults)

Traumatic brain injury (TBI) is a form of **nondegenerative acquired brain injury**, resulting from an external **physical force** to the head (e.g., **fall**) or other mechanisms of displacement of the **brain** within the **skull** (e.g., **blast injuries**). **Consistent** with the **diagnostic criteria** detailed in the **Diagnostic and Statistical Manual of Mental Disorders**, 5th edition (DSM-5; American Psychiatric Association, 2013), TBI is associated with one or more of the following characteristics: [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (4 από 89)

- changes in levels of consciousness;
- memory disturbances;
- confusion associated with deficits in orientation;
- neurological signs, such as brain injury observable on neuroimaging, new onset or worsening of seizure disorder, visual field deficits, hemiparesis, etc. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (5 από 89)

- changes in levels of **consciousness**;
- **memory disturbances**;
- **confusion** associated with **deficits** in **orientation**;
- **neurological signs**, such as **brain injury observable** on **neuroimaging**, new onset or **worsening** of **seizure disorder**, **visual field deficits**, **hemiparesis**, etc. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (6 από 89)

- TBIs can result in focal damage (e.g., gunshot wound) or be more diffuse in nature (e.g., diffuse axonal injury), and the symptoms can vary depending on the site of lesion and extent of damage to the brain. TBI is often associated with polytrauma (injury to the brain in addition to one or more other body systems). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (7 από 89)

- TBIs can result in **focal damage** (e.g., **gunshot wound**) or be more diffuse in nature (e.g., diffuse axonal injury), and the symptoms can vary depending on the site of **lesion** and extent of damage to the brain. TBI is often associated with **polytrauma** (**injury** to the brain in addition to one or more other **body systems**). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (8 από 89)

- While some symptoms may appear immediately after the injury, others may evolve over time consistent with anatomical changes in the neural substrates following the injury and comorbid conditions, such as post-traumatic stress disorder (PTSD), depression, anxiety, and sleep disturbance (Department of Defense Deployment Health Clinical Center, n.d.).[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (9 από 89)

- While some **symptoms** may **appear immediately** after the injury, others may evolve over time consistent with anatomical changes in the **neural substrates** following the injury and **comorbid conditions**, such as **post-traumatic stress disorder (PTSD)**, **depression**, **anxiety**, and **sleep disturbance** (Department of Defense Deployment Health Clinical Center, n.d.).[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (10 από 89)

- TBI can be categorized as mild, moderate, or severe based on the extent and nature of injury, duration of loss of consciousness, post-traumatic amnesia, and the severity of confusion at initial assessment during the acute phase of the injury (DSM-5; American Psychiatric Association, 2013). See common classifications of TBI. These categorical labels describe the extent of neurological injury to the brain and are not necessarily reflective of the extent of functional deficits or predictive of the recovery from the injury.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (11 από 89)

- TBI can be categorized as **mild**, **moderate**, or **severe** based on the extent and nature of injury, duration of loss of **consciousness**, **post-traumatic amnesia**, and the severity of **confusion** at initial **assessment** during the acute phase of the injury (DSM-5; American Psychiatric Association, 2013). See common classifications of TBI. These **categorical labels** describe the **extent** of **neurological injury** to the brain and are not necessarily reflective of the extent of **functional deficits** or **predictive** of the **recovery** from the injury.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (12 από 89)

- Mild traumatic brain injury (mTBI) is marked by severity of injury that does not exceed loss of consciousness greater than 30 minutes, an initial Glasgow Coma Scale (GCS) of 13-15 after 30 minutes of onset of injury, and memory loss not greater than 24 hours (Ontario Neurotrauma Foundation, 2013). mTBI is often associated with concussions, which are characterized by the physical and cognitive sequelae of TBI in the absence of overt neuroimaging findings. mTBI is typically diagnosed by the individual's self-reports of symptoms and retrospective attribution to brain injury.[11](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (13 από 89)

- **Mild traumatic brain injury** (mTBI) is marked by severity of injury that does not exceed loss of consciousness greater than 30 minutes, an initial **Glasgow Coma Scale** (GCS) of 13-15 after 30 minutes of onset of injury, and **memory loss** not **greater** than 24 hours (**Ontario Neurotrauma Foundation**, 2013). mTBI is often associated with concussions, which are characterized by the **physical** and **cognitive sequelae** of TBI in the **absence** of overt **neuroimaging findings**. mTBI is typically diagnosed by the individual's self-reports of **symptoms** and **retrospective attribution** to brain injury.[1](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (14 από 89)

Incidence and Prevalence

- The incidence of TBI refers to the number of new cases identified in a specific time period. The prevalence refers to the number of individuals who are living with TBI in a given time period. Every year, at least 1.7 million TBIs occur in the United States (across all age groups), and they are a contributing factor in about a third (30.5%) of all injury-related deaths (Faul, Xu, Waldo, & Coronado, 2010). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (15 από 89)

Incidence and Prevalence

- The **incidence** of TBI refers to the number of new cases identified in a specific time period. The **prevalence** refers to the **number** of individuals who are living with TBI in a given time **period**. Every year, at least 1.7 million TBIs occur in the United States (across all age groups), and they are a **contributing factor** in about a third (30.5%) of all **injury-related deaths** (Faul, Xu, Waldo, & Coronado, 2010). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (16 από 89)

- The incidence of TBI, as measured by combined emergency department (ED) visits, hospitalizations, and deaths, has steadily risen from 2001 to 2010. For example, from 2001 to 2005, the TBI rates increased from 521 to 616 per 100,000 population and, in 2010, increased to 824 per 100,000 population (Centers for Disease Control and Prevention [CDC], 2014). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (17 από 89)

- The **incidence** of TBI, as measured by combined emergency department (ED) **visits, hospitalizations,** and deaths, has steadily risen from 2001 to 2010. For example, from 2001 to 2005, the TBI rates increased from 521 to 616 per 100,000 population and, in 2010, increased to 824 per 100,000 population (**Centers for Disease Control and Prevention** [CDC], 2014). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (18 από 89)

- However, upon closer examination of TBI rates, it appears that TBI-related ED visits increased by 70% from 2001 to 2010, while hospitalization rates increased by only 11%. Additionally, deaths related to TBI decreased by 7% over the same 10-year span (CDC, 2014). It is believed that factors, such as automobile safety, seat belt use, helmet use, and better overall treatment for severe TBI in prehospital and hospital settings, while unable to prevent TBIs entirely, have mitigated their severity and thus mortality. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (19 από 89)

- However, upon closer **examination** of TBI rates, it appears that TBI-related ED visits increased by 70% from 2001 to 2010, while **hospitalization** rates increased by only 11%. Additionally, deaths related to TBI decreased by 7% over the same 10-year span (CDC, 2014). It is believed that factors, such as **automobile safety**, **seat belt use**, **helmet use**, and **better overall treatment** for severe TBI in **prehospital** and **hospital settings**, while unable to prevent TBIs entirely, have **mitigated** their severity and thus **mortality**.[\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (20 από 89)

Signs and Symptoms

- The signs and symptoms of TBI vary extensively in severity and combinations of domains impacted, depending on the site and extent of injury to the neural substrate. Examples of physical, sensory, neurobehavioral, cognitive-communication, and swallowing effects of TBI are listed below. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (21 από 89)

Signs and Symptoms

- The **signs** and **symptoms** of TBI vary extensively in severity and **combinations** of **domains impacted**, depending on the site and **extent of injury** to the neural substrate. Examples of **physical**, **sensory**, **neurobehavioral**, **cognitive-communication**, and **swallowing** effects of TBI are listed below. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (22 από 89)

Physical Effects

- Physical effects resulting from TBI include
 - changes in level of consciousness (ranging from brief loss of consciousness to coma);
 - seizures; headaches; dizziness; nausea; vomiting; fatigue;
 - reduced muscle strength (paresis/paralysis);
 - impairments in movement, balance, and/or coordination, including dyspraxia/apraxia; motor programming deficits (dyspraxia/apraxia). [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (23 από 89)

Physical Effects

- Physical effects resulting from TBI include
 - changes in level of consciousness (ranging from brief loss of consciousness to coma);
 - seizures; headaches; dizziness; nausea; vomiting; fatigue;
 - reduced muscle strength (paresis/paralysis);
 - impairments in movement, balance, and/or coordination, including dyspraxia/apraxia; motor programming deficits (dyspraxia/apraxia). [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (24 από 89)

Visual Effects

- Visual effects resulting from TBI include
 - changes in visual acuity,
 - double vision (diplopia),
 - problems with visual convergence and accommodation,
 - sensitivity to light,
 - visual field deficits/visual neglect. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (25 από 89)

Visual Effects

- Visual effects resulting from TBI include
 - changes in visual acuity,
 - double vision (diplopia),
 - problems with visual convergence and accommodation,
 - sensitivity to light,
 - visual field deficits/visual neglect. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (26 από 89)

- Auditory and Vestibular Effects
- Auditory and/or vestibular effects of TBI include
 - auditory dysfunction stemming from mechanical injuries to the outer ear (debris, tears, etc.); middle ear (ruptured tympanic membrane or ossicular disarticulation); and/or inner ear (cochlear injury, trauma to the cochlear nerve, disruption of the membranous labyrinth, and vascular compromise); and temporal lobe lesions; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (27 από 89)

- Auditory and Vestibular Effects
- **Auditory** and/or **vestibular effects** of TBI include
 - **auditory dysfunction** stemming from **mechanical injuries** to the **outer ear** (**debris, tears**, etc.); middle ear (ruptured tympanic membrane or **ossicular disarticulation**); and/or inner ear (**cochlear injury, trauma** to the **cochlear** nerve, disruption of the **membranous labyrinth**, and **vascular** compromise); and **temporal lobe lesions**; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (28 από 89)

- central auditory dysfunction;
- difficulty hearing speech in noise;
- hearing loss that may be transient or permanent;
- hypersensitivity to sounds (hyperacusis); tinnitus; dizziness, vertigo, and/or imbalance.
- In blast injuries, the severity of auditory and/or vestibular effects may depend on the size of the blast, distance from the blast, orientation of the ear canal to the blast, and the environment (e.g., reflective surfaces or enclosed spaces). [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (29 από 89)

- central auditory dysfunction;
- difficulty hearing speech in noise;
- hearing loss that may be transient or permanent;
- hypersensitivity to sounds (hyperacusis); tinnitus; dizziness, vertigo, and/or imbalance.
- In blast injuries, the severity of auditory and/or vestibular effects may depend on the size of the blast, distance from the blast, orientation of the ear canal to the blast, and the environment (e.g., reflective surfaces or enclosed spaces). [3]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (30 από 89)

Neurobehavioral Effects

- Neurobehavioral effects resulting from TBI include
 - affective changes, including over-emotional or over-reactive affect or flat (i.e., emotionless) affect;
 - agitation and/or combativeness;
 - anxiety disorder; depression; difficulty identifying emotions in others (alexithymia);
 - emotional lability and mood changes or mood swings; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (31 από 89)

Neurobehavioral Effects

- **Neurobehavioral effects** resulting from TBI include
 - affective changes, including **over-emotional** or **over-reactive affect** or **flat** (i.e., **emotionless**) affect;
 - **agitation** and/or **combativeness**;
 - **anxiety disorder**; **depression**; difficulty identifying emotions in others (**alexithymia**);
 - **emotional lability** and **mood changes** or **mood swings**; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (32 από 89)

- excessive drowsiness and changes in sleep patterns, including difficulty falling or staying asleep (insomnia), excessive sleepiness (hypersomnia);
- feeling of disorientation or fogginess;
- increased state of sensory sensitivity accompanied by exaggerated response to perceived threats (hypervigilance);
- impulsivity;
- irritability and reduced frustration tolerance;
- stress disorders. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (33 από 89)

- **excessive drowsiness** and changes in sleep patterns, including difficulty falling or **staying asleep (insomnia)**, **excessive sleepiness (hypersomnia)**;
- **feeling of disorientation** or **fogginess**;
- increased state of **sensory sensitivity accompanied** by **exaggerated response** to perceived threats (**hypervigilance**);
- **impulsivity**;
- **irritability** and **reduced frustration tolerance**;
- **stress disorders**. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (34 από 89)

Cognitive Deficits

- Cognitive deficits resulting from TBI include
 - attention deficits, including
 - reduced attention span (easily distractible),
 - difficulty with selective attention,
 - impaired sustained attention for task completion or conversational engagement,
 - deficits in shifting attention between tasks; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (35 από 89)

Cognitive Deficits

- **Cognitive deficits** resulting from TBI include
 - **attention deficits**, including
 - **reduced attention span** (easily **distractible**),
 - difficulty with **selective attention**,
 - **impaired sustained attention** for task **completion** or **conversational engagement**,
 - **deficits** in shifting **attention between** tasks; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (36 από 89)

- executive function deficits, including difficulty with
- goal setting,
- strategy selection,
- initiating and self-directing,
- planning and organization,
- reasoning and problem solving;
- information processing impairments, including [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (37 από 89)

- executive function deficits, including difficulty with
- goal setting,
- strategy selection,
- initiating and self-directing,
- planning and organization,
- reasoning and problem solving;
- information processing impairments, including [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (38 από 89)

- reduced processing speed and processing length (e.g., difficulty with longer messages and rapid rate of speech),
- increased processing time for auditory and visual input (e.g., increased response latency when responding to questions in a conversation);
- memory and learning deficits, including
- post-traumatic amnesia marked by impaired memory of events that happened either before (anterograde) or after (retrograde) the injury, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (39 από 89)

- reduced processing speed and processing length (e.g., difficulty with longer messages and rapid rate of speech),
- increased processing time for auditory and visual input (e.g., increased response latency when responding to questions in a conversation);
- memory and learning deficits, including
- post-traumatic amnesia marked by impaired memory of events that happened either before (anterograde) or after (retrograde) the injury, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (40 από 89)

- deficits in both retrieval of previously acquired knowledge and creation of new memory traces—long-term memory is often less impaired than short-term memory;
- impaired metacognition, including
- deficits in subjective knowledge and insight into one's own cognitive processes,
- reduced awareness of deficits (anosagnosia),
- impaired self-monitoring, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (41 από 89)

- deficits in **both retrieval** of **previously acquired knowledge** and creation of new memory **traces—long-term memory** is often less impaired than **short-term memory**;
- **impaired metacognition**, including
- **deficits** in **subjective knowledge** and insight into one's own cognitive processes,
- **reduced awareness** of **deficits** (**anosagnosia**),
- **impaired self-monitoring**, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (42 από 89)

- poor self-regulation;
- deficits in orientation to self, situation, location, and/or time;
- impaired spatial cognition, including functional deficits in activities, such as navigation, driving, ambulation, dressing, and self-care (independent of any comorbid motor deficits). [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (43 από 89)

- poor self-regulation;
- deficits in orientation to self, situation, location, and/or time;
- impaired spatial cognition, including functional deficits in activities, such as navigation, driving, ambulation, dressing, and self-care (independent of any comorbid motor deficits). [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (44 από 89)

- Language Deficits
 - comprehension deficits, including
 - deficits in processing abstract language/concepts (e.g., figurative speech);
 - difficulty in interpreting the subtleties of conversation (e.g., humor, sarcasm);
 - impaired interpretation of nonverbal communication, such as tone of voice, facial expression, and body language;
 - increased auditory processing time; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (45 από 89)

- Language Deficits
 - **comprehension deficits**, including
 - deficits in **processing abstract language/concepts** (e.g., **figurative speech**);
 - difficulty in interpreting the subtleties of conversation (e.g., **humor, sarcasm**);
 - impaired **interpretation of nonverbal communication**, such as **tone of voice, facial expression, and body language**;
 - **increased auditory processing time**; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (46 από 89)

- verbal expression deficits, including
- anomia or word retrieval deficits;
- difficulty with discourse, including
- coherence, confabulatory speech,
- content,
- story grammar;
- increased response latencies;
- perseveration of verbal responses; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (47 από 89)

- verbal expression deficits, including
- anomia or word retrieval deficits;
- difficulty with discourse, including
- coherence, confabulatory speech,
- content,
- story grammar;
- increased response latencies;
- perseveration of verbal responses; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (48 από 89)

- reduced word fluency; difficulty with pragmatics/social communication, including
- conversational topic selection and maintenance marked by verbosity, initiating conversation, turn taking,
- producing/interpreting nonverbal communication, such as facial expressions and body language, using an appropriate tone of voice; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (49 από 89)

- reduced word fluency; difficulty with pragmatics/social communication, including
- conversational topic selection and maintenance marked by verbosity, initiating conversation, turn taking,
- producing/interpreting nonverbal communication, such as facial expressions and body language, using an appropriate tone of voice;[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (50 από 89)

- reading deficits, including difficulty in reading comprehension, especially with complex syntax and figurative language (e.g., idioms, metaphors, similes);
- writing deficits that may mirror deficits in verbal communication—writing difficulty may also be a result of motor deficits in the dominant hand and/or visuospatial deficits. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (51 από 89)

- reading deficits, including difficulty in reading comprehension, especially with complex syntax and figurative language (e.g., idioms, metaphors, similes);
- writing deficits that may mirror deficits in verbal communication—writing difficulty may also be a result of motor deficits in the dominant hand and/or visuospatial deficits. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (52 από 89)

Motor Speech Deficits

- Motor speech deficits of TBI include
 - apraxia of speech marked by inconsistent error patterns in phoneme production due to deficits in motor planning;
 - aprosodia/dysprosodia, including deficits in intonation, pitch, stress, and rate, marked by monotonous verbal output;
 - dysarthria characterized by reduced respiratory support, articulatory imprecision, and/or vowel distortions that impact speech intelligibility and resonance disorders secondary to paresis or paralysis of musculature of the speech motor system. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (53 από 89)

Motor Speech Deficits

- Motor speech deficits of TBI include
 - **apraxia of speech** marked by **inconsistent error patterns** in **phoneme production** due to deficits in **motor planning**;
 - **aprosodia/dysprosodia**, including deficits in **intonation**, **pitch**, **stress**, and **rate**, marked by **monotonous verbal output**;
 - **dysarthria** characterized by reduced **respiratory support**, **articulatory imprecision**, and/or **vowel distortions** that impact **speech intelligibility** and **resonance disorders secondary to paresis or paralysis** of musculature of the **speech motor system**. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (54 από 89)

Voice Deficits

- Voice deficits resulting from TBI include
 - aphonia/dysphonia consequent to intubation, tracheostomy, or dependence on mechanical ventilation;
 - laryngeal hyper/hypofunction marked by
 - abnormalities in pitch;
 - poor control of vocal intensity (excessive loudness or whisper); [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (55 από 89)

Voice Deficits

- **Voice deficits** resulting from TBI include
 - **aphonia/dysphonia** consequent to **intubation**, **tracheostomy**, or **dependence on mechanical ventilation**;
 - **laryngeal hyper/hypofunction** marked by
 - **abnormalities in pitch**;
 - **poor control of vocal intensity** (**excessive loudness** or **whisper**); [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (56 από 89)

- changes in vocal quality, such as harshness, hoarseness, strained-strangled voice quality, and glottal fry;
- psychogenic (related to post-traumatic stress disorder) or neurogenic (related to injury to sensory or motor innervations of the vocal folds) phonatory abnormalities. [\[3\]](#)

Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (57 από 89)

- changes in vocal quality, such as **harshness**, **hoarseness**, **strained-strangled voice quality**, and **glottal fry**;
- **psychogenic** (related to **post-traumatic stress disorder**) or **neurogenic** (related to **injury** to **sensory** or motor innervations of the **vocal folds**) **phonatory abnormalities**.[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (58 από 89)

Dysphagia

- Typically, swallowing disorders in TBI are neurogenic in nature, secondary to cortical or subcortical damage, resulting in oral/pharyngeal sensory disorders and/or motor deficits (e.g., weakness or paralysis of oropharyngeal musculature, oral apraxia). Cognitive impairments, such as poor memory, reduced insight, limited attention, impulsivity, and agitation, in TBI survivors may affect swallowing and increase aspiration risk (Logemann, 2006; Morgan, Ward, & Murdoch, 2004).[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (59 από 89)

Dysphagia

- Typically, **swallowing disorders** in TBI are **neurogenic** in nature, **secondary** to **cortical** or **subcortical damage**, resulting in **oral/pharyngeal sensory** disorders and/or motor deficits (e.g., **weakness** or **paralysis** of **oropharyngeal musculature**, **oral apraxia**). Cognitive impairments, such as **poor memory**, **reduced insight**, **limited attention**, **impulsivity**, and **agitation**, in TBI survivors may affect **swallowing** and **increase aspiration risk** (Logemann, 2006; Morgan, Ward, & Murdoch, 2004).[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (60 από 89)

Causes

- The causes of TBI are varied and appear to differ by age and gender (Coronado, Thomas, Sattin, & Johnson, 2005). The Centers for Disease Control and Prevention (Faul et al., 2010) identified the leading causes of TBI to be
 - falls, motor vehicle and pedestrian-related accidents, collision-related (being struck by or against) events, violent assaults. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (61 από 89)

Causes

- The **causes** of TBI are varied and appear to differ by age and gender (Coronado, Thomas, Sattin, & Johnson, 2005). The **Centers for Disease Control and Prevention** (Faul et al., 2010) identified the leading causes of TBI to be
 - **falls, motor vehicle and pedestrian-related accidents, collision-related** (being **struck** by or against) events, **violent assaults**. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (62 από 89)

- Sports-related injuries and explosive blasts/military combat injuries are other leading causes of TBI. Acquiring a brain injury may predispose an individual to additional brain injuries before the symptoms of the first one have resolved completely. The second impact is more likely to cause brain swelling and widespread damage (Dessy, Rasouli, & Choudhri, 2014). See common classifications of TBI. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (63 από 89)

- Sports-related injuries and explosive blasts/military combat injuries are other leading causes of TBI. Acquiring a brain injury may predispose an individual to additional brain injuries before the symptoms of the first one have resolved completely. The second impact is more likely to cause brain swelling and widespread damage (Dessy, Rasouli, & Choudhri, 2014). See common classifications of TBI. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (64 από 89)

Roles and Responsibilities of the SLP

- SLPs play a central role in the screening, assessment, and treatment of persons with TBI. The professional roles and activities in speech-language pathology include clinical/educational services (assessment, planning, and treatment), prevention, and advocacy, as well as education, administration, and research. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2007). [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (65 από 89)

Roles and Responsibilities of the SLP

- SLPs play a central role in the screening, assessment, and treatment of persons with TBI. The **professional roles** and activities in speech-language pathology include **clinical/educational** services (**assessment**, **planning**, and **treatment**), **prevention**, and **advocacy**, as well as **education**, **administration**, and **research**. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2007). [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (66 από 89)

Assessment – Screening

- Screening is conducted by the speech-language pathologist, audiologist, or other professionals on the interdisciplinary care team, to identify possible areas of deficits following a traumatic brain injury (TBI). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (67 από 89)

Assessment – Screening

- **Screening** is **conducted** by the speech-language pathologist, audiologist, or other professionals on the **interdisciplinary care team**, to identify **possible areas** of deficits following a traumatic brain injury (TBI). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (68 από 89)

- Screening is typically completed prior to conducting more comprehensive evaluations. Screening does not provide a detailed description of the severity and characteristics of deficits resulting from TBI, but rather identifies the need for further assessment. Screening may result in recommendations for rescreening, for comprehensive assessments, or for referral for other examinations or services. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (69 από 89)

- Screening is typically **completed** prior to conducting more **comprehensive evaluations**. Screening does not provide a **detailed description** of the severity and characteristics of deficits resulting from TBI, but rather **identifies** the need for further assessment. Screening may result in **recommendations** for **rescreening**, for **comprehensive assessments**, or for **referral** for other **examinations** or **services**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (70 από 89)

- SLPs screen for speech, language, cognitive-communication, and swallowing deficits using appropriate standardized instruments or nonstandardized procedures. Screening is conducted in the language(s) used by the person, with sensitivity to cultural and linguistic variables. Results of screening procedures are interpreted within the context of the individual's sensory deficits. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (71 από 89)

- SLPs screen for speech, language, cognitive-communication, and swallowing deficits using appropriate **standardized instruments** or **nonstandardized procedures**. Screening is conducted in the language(s) used by the person, with **sensitivity** to **cultural** and **linguistic variables**. Results of screening procedures are interpreted within the context of the **individual's sensory deficits**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (72 από 89)

Assessment

- Although SLPs and audiologists do not diagnose TBI, they need a clear understanding of the individual's medical assessment, physical condition, course of recovery, and the nature/effects of the neurological damage, to guide development of an appropriate assessment plan (Hegde, 2006). The assessment of an individual with TBI requires a multidisciplinary approach involving medical, surgical, and rehabilitation disciplines as necessitated by the individual's needs. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (73 από 89)

Assessment

- Although SLPs and **audiologists** do not diagnose TBI, they need a clear understanding of the individual's **medical assessment, physical condition, course of recovery,** and the **nature/effects** of the **neurological damage,** to guide development of an **appropriate assessment plan** (Hegde, 2006). The assessment of an individual with TBI requires a **multidisciplinary approach** involving **medical, surgical,** and **rehabilitation disciplines** as necessitated by the **individual's needs.** [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (74 από 89)

Comprehensive SLP Assessment

- Individuals suspected of having communication-cognitive or swallowing deficits are referred for a more comprehensive assessment to the SLP. Assessments can be completed within the clinical setting or in the individual's current living environment. Assessment is completed in the language(s) used by the person with TBI with the use of translation/interpretation services as necessary. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (75 από 89)

Comprehensive SLP Assessment

- **Individuals** suspected of having **communication-cognitive** or **swallowing deficits** are referred for a more comprehensive assessment to the SLP. Assessments can be **completed** within the clinical setting or in the individual's current living **environment**. **Assessment** is completed in the language(s) used by the person with TBI with the use of **translation/interpretation services** as necessary. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (76 από 89)

Treatment

- The goal of intervention in traumatic brain injury (TBI) is to achieve the highest level of independent function for participation in daily living. Consistent with the ICF framework (World Health Organization, 2001), intervention is designed to: [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (77 από 89)

Treatment

- The **goal** of **intervention** in traumatic brain injury (TBI) is to achieve the highest level of **independent** function for **participation** in daily living. Consistent with the ICF **framework** (World Health Organization, 2001), intervention is designed to: [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (78 από 89)

- capitalize on strengths and address weaknesses related to underlying structures and functions that affect communication;
- modify contextual factors that serve as barriers and enhance facilitators of successful communication and participation, including development and use of appropriate accommodations. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (79 από 89)

- capitalize on strengths and address weaknesses related to underlying structures and functions that affect communication;
- modify contextual factors that serve as barriers and enhance facilitators of successful communication and participation, including development and use of appropriate accommodations. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (80 από 89)

- facilitate the individual's activities and participation by assisting the person in acquiring new skills and strategies;
- Interventions that enhance a patient's activity and participation through modification of contextual factors may be warranted even if the prognosis for improved body structure/function is limited. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (81 από 89)

- facilitate the individual's **activities** and **participation** by assisting the person in **acquiring** new skills and strategies;
- **Interventions** that **enhance** a patient's activity and participation through modification of contextual factors may be **warranted** even if the **prognosis** for **improved body structure/function** is **limited**. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (82 από 89)

Treatment of individuals with TBI is individualized and typically considers the influence of

- the complex relationship between cognitive domains (e.g., an individual with short-term memory impairments who is unable to recall names may also have attention deficits that negatively influence this individual's ability to attend to and encode newly presented information); physical, sensory, and neurobehavioral sequelae of TBI, especially in the acute phase of recovery;
- fatigue and limited physical endurance impacting duration of participation in treatment; [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (83 από 89)

Treatment of individuals with TBI is individualized and typically considers the influence of

- the complex relationship between cognitive domains (e.g., an **individual** with **short-term memory impairments** who is unable to recall names may also have attention deficits that negatively influence this **individual's** ability to attend to and **encode newly presented information**); **physical**, **sensory**, and **neurobehavioral sequelae** of TBI, **especially** in the **acute phase** of recovery;
- **fatigue** and **limited physical endurance impacting** duration of participation in **treatment**; [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (84 από 89)

- personal and contextual factors, such as the individual's age, education, premorbid status, social history, present social context, cultural and linguistic background, and vocational status (current or premorbid);
- poor insight into deficits (anosagnosia) and executive function impairments that may negatively influence recognition of breakdowns in function, buy-in to potential benefits of treatment, and adherence to specific recommendations (for example, individuals may fail to follow swallow safety guidelines, wear hearing assistive technology, or follow safety recommendations). [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (85 από 89)

- **personal** and **contextual factors**, such as the individual's age, education, premorbid status, social history, present social context, cultural and linguistic background, and vocational status (current or **premorbid**);
- **poor insight** into deficits (**anosagnosia**) and executive function impairments that may **negatively influence recognition** of breakdowns in function, **buy-in** to **potential benefits** of **treatment**, and adherence to **specific recommendations** (for example, **individuals** may fail to follow **swallow safety guidelines**, wear hearing **assistive technology**, or follow **safety recommendations**). [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (86 από 89)

- Because of the ongoing need for services for patients with TBI, the training and education needs of caregivers, and the difficulty in accessing SLPs skilled in TBI service provision, telepractice services may be appropriate to meet the need of some patients and caregivers. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (87 από 89)

- Because of the ongoing need for services for patients with TBI, the **training** and **education** needs of caregivers, and the difficulty in accessing SLPs skilled in TBI service **provision**, **telepractice** services may be appropriate to meet the need of some patients and **caregivers**. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (88 από 89)

- Telepractice may not only improve functional ability of the patient following discharge, but also have positive outcomes for the psychological wellbeing, support skills, and the level of burden on caregivers in a functional environment (Rietdijk, Togher, & Power, 2012).[\[7\]](#)

Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (89 από 89)

- **Telepractice** may not only improve functional ability of the patient following **discharge**, but also have positive outcomes for the **psychological wellbeing**, **support skills**, and the level of **burden** on caregivers in a functional **environment** (Rietdijk, Togher, & Power, 2012).[\[7\]](#)



Ερωτήσεις (Students Questions)

1. What are the symptoms that must be treated during therapy?
2. What are the symptoms of this disorder?
3. What is the impact of the disorder to patient's life?
4. Is there a final cure to this disorder or we just cope with it for life time?
5. In text what are the to evaluation and diagnostic procedures?



ΤΕΙ ΗΠΕΙΡΟΥ



ανοικτά μαθήματα
opencourses

Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)



Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)

Please make a summary/abstract of the text given in templates No 89 till No 89.



Άσκηση Μετάφρασης (Translation)



Άσκηση Μετάφρασης (Translation)

Please translate templates No 2 till No 26.



Άσκηση Ακρόασης (Listening)



Άσκηση Ακρόασης (Listening) (1 από 3)

- 3. Understanding Traumatic Brain Injury, its Causes, Effects and Classifications

https://www.youtube.com/watch?v=DMh_Uiiu6VU



Άσκηση Ακρόασης (Listening) (2 από 3)

1. Please collect all the terminology you can here during this video.
2. What is the end point of this video?
3. What are the techniques that there used during therapy?
4. What are the symptoms of this disorder?
5. What is the impact of the disorder to client's life?
6. What are the causes of this disorder?



Άσκηση Ακρόασης (Listening) (3 από 3)

7. What are the clinical symptoms of this disorder?
8. Is there a final cure to this disorder or we just cope with it for life time?
9. In this video the speakers referred to evaluation and diagnostic procedures?
10. What are the benefits of speech and language therapy upon the disorder mentioned in these videos?



Αναφορές Κειμένων

1. <http://www.asha.org/Practice-Portal/Clinical-Topics/Traumatic-Brain-Injury-in-Adults/>
2. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Incidence and Prevalence](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Incidence_and_Prevalence)
3. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Signs and Symptoms](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Signs_and_Symptoms)
4. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Causes>
5. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Roles and Responsibilities](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Roles_and_Responsibilities)
6. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Assessment>
7. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=Treatment>
8. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337§ion=References>



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Σημείωμα Αναφοράς

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ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



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