

Comparison of Childhood Apraxia of Speech, Dysarthria and Severe Phonological Disorder

(Some or all of these characteristics may be present. Consult with a Speech-Language Pathologist who is experienced in the diagnosis of motor speech disorders for a definitive differential diagnosis)

Verbal Apraxia	Dysarthria	Severe Phonological Disorder
No weakness, incoordination or paralysis of speech musculature	Decreased strength and coordination of speech musculature that leads to imprecise speech production, slurring and distortions	No weakness, incoordination or paralysis of speech musculature
No difficulty with involuntary motor control for chewing, swallowing, etc. unless there is also an oral apraxia	Difficulty with involuntary motor control for chewing, swallowing, etc. due to muscle weakness and incoordination	No difficulty with involuntary motor control for chewing and swallowing
Inconsistencies in articulation performance--the same word may be produced several different ways	Articulation may be noticeably "different" due to imprecision, but errors generally consistent	Consistent errors that can usually be grouped into categories (fronting, stopping, etc.)
Errors include substitutions, omissions, additions and repetitions, frequently includes simplification of word forms. Tendency for omissions in initial position. Tendency to centralize vowels to a "schwa"	Errors are generally distortions	Errors may include substitutions, omissions, distortions, etc. Omissions in final position more likely than initial position. Vowel distortions not as common.
Number of errors increases as length of word/phrase increases	May be less precise in connected speech than in single words	Errors are generally consistent as length of words/phrases increases
Well rehearsed, "automatic" speech is easiest to produce, "on demand" speech most difficult	No difference in how easily speech is produced based on situation	No difference in how easily speech is produced based on situation
Receptive language skills are usually significantly better than expressive skills	Typically no significant discrepancy between receptive and expressive language skills	Sometimes differences between receptive and expressive language skills
Rate, rhythm and stress of speech are disrupted, some groping for placement may be noted	Rate, rhythm and stress are disrupted in ways specifically related to the type of dysarthria (spastic, flaccid, etc.)	Typically no disruption of rate, rhythm or stress
Generally good control of pitch and loudness, may have limited inflectional range for speaking	Monotone voice, difficulty controlling pitch and loudness	Good control of pitch and loudness, not limited in inflectional range for speaking
Age-appropriate voice quality	Voice quality may be hoarse, harsh, hypernasal, etc. depending on type of dysarthria	Age-appropriate voice quality

•Compiled by Ruth Stoeckel, M.A., CCC-SLP and David Hammer, M.A., CCC-SLP

Copyright © March 2001, Childhood Apraxia of Speech Association of North America, Internet:
<http://www.apraxia-kids.org>