



**Avinashilingam Institute for Home Science and Higher Education for Women
(Deemed to be University under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956)
Re-accredited with A++ Grade by NAAC. Recognized by UGC Under Section 12B
Coimbatore - 641 043, Tamil Nadu, India**

**Continuous Internal Assessment I – February 2025
II Semester**

**Class : III UG
Branch : BASLP**

**Time : 3 Hours
Max. Marks : 60**

22BASC32: Motor Speech Disorders in Adults

Course Outcomes:

1. Understand the causes and characteristics of dysarthria
2. Gain knowledge about assessment and diagnosis of dysarthria
3. Students will know the management of dysarthria
4. Acquire knowledge on the assessment and management of apraxia in adults
5. Know about the management related issues in motor speech disorders

Part A

6 x 1 = 6

Choose the Correct Answer

1. The primary speech subsystem affected in hypokinetic dysarthria seen in Parkinson's disease is CO1K1
 - a) Resonatory
 - b) Phonatory
 - c) Articulatory
 - d) Prosodic
2. Wilson's disease, a metabolic disorder leading to dysarthria, is primarily due to abnormal accumulation of CO1K1
 - a) Iron
 - b) Copper
 - c) Calcium
 - d) Magnesium
3. The hallmark speech characteristic of ataxic dysarthria includes CO2K1
 - a) Hypernasality and imprecise consonants
 - b) Monopitch and monoloudness
 - c) Irregular articulatory breakdowns and scanning speech
 - d) Reduced vocal intensity and fast speech rate
4. In differential diagnosis, a key feature distinguishing dysarthria from apraxia of speech (AOS) is CO2K1
 - a) Dysarthria has variable speech errors, whereas AOS has consistent articulation errors
 - b) Dysarthria affects all speech subsystems, whereas AOS primarily affects articulation and prosody
 - c) Dysarthria shows groping behaviors, whereas AOS has reduced muscle tone
 - d) Dysarthria is always associated with fluent speech, whereas AOS is not
5. The movement disorder characterized by sudden, irregular, and unpredictable jerky movements affecting speech in hyperkinetic dysarthria is CO2K1
 - a) Ballismus
 - b) Chorea
 - c) Tics
 - d) Dystonia
6. The Frenchay Dysarthria Assessment (FDA-2) primarily evaluates CO2K1
 - a) Cognitive-linguistic deficits in motor speech disorders

- b) Neuromuscular function across different speech subsystems
- c) Acoustic and aerodynamic parameters of speech
- d) Orofacial sensory deficits in individuals with dysarthria

Part B **3 x 6 = 18**
Answer ALL questions
Each answer should not exceed 400 words or two pages

- | | |
|--|-------|
| 7.a Discuss the differences between pyramidal and extrapyramidal pathways | CO1K2 |
| (Or) | |
| 7.b Discuss the demyelinating and degenerating causes of dysarthria | CO1K2 |
| 8.a Explain Speech Intelligibility assessment | CO2K2 |
| (Or) | |
| 8.b Explain FDA-2 in detail | CO2K2 |
| 9.a Explain Advantages and disadvantages of subjective and instrumental procedures in the assessment of dysarthria in adults | CO2K2 |
| (Or) | |
| 9.b Discuss the differences between Hyperkinetic and Hypokinetic Dysarthria | CO3K2 |

Part C **3 x 12 = 36**
Answer ALL questions
Each answer should not exceed 800 words or four pages

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| 10.a Discuss flaccid dysarthria with its definition and characteristics with subsystem manifestation | CO1K2 |
| Or | |
| 10.b Discuss spastic dysarthria with its definition and characteristics with subsystem manifestation | CO1K2 |
| 11.a Discuss mixed dysarthria with its definition and characteristics with subsystem manifestation | CO2K2 |
| Or | |
| 11.b Discuss in detail about Subjective assessment of dysarthria | CO2K2 |
| 12.a Explain Instrumental analysis of speech in dysarthria | CO2K2 |
| Or | |
| 12.b Discuss the subjective Assessment of feeding, swallowing in persons with dysarthria | CO3K2 |

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Incharge: Devi Vijayalakshmi V