Clinical Practice Considerations: COVID-19, Word Retrieval, and Tinnitus
SIG 15

INTRODUCTION

Three clinical practice considerations are reviewed within, including communication with patients/families in the face of the COVID-19 pandemic, identification of word finding errors in normally aging individuals, and how to address severe tinnitus.

The first article points out that communication demands have changed during the pandemic, with increased need for communication about the virus and necessary precautions; however, mask use and social distancing have had a negative impact on everyone’s communication, especially those with communication disorders. COVID-19 specific precautions have included restriction of visitors in hospitals and nursing homes, quarantining, mask wearing, social distancing. Those with communication disorders experience specific circumstances that put them at a disadvantage as a result of these measures, to the extent that some disability rights groups argued that these policies may be violating acts and policies that are in place specifically to protect these individuals. This article goes on to explore, within the context of the COVID-19 pandemic, the importance of clear patient–provider communication, the impact of culture on communication, and using clear terminology.

The second article sought to develop clinical practice by examining variations in performance on different verbal tasks completed by typically aging adults without neurological impairment who self-identified as either having or not having word-retrieval difficulties that frequently affected their lifestyle. The authors studied fifty-seven healthy adults between the ages of 54 and 71, by separating them into one group without self-identified word retrieval difficulties and one group with self-identified word retrieval difficulties. Formal and informal assessment measures were used to objectively identify word-finding difficulties.

The final article addresses the problem of tinnitus, which is broken down into two forms: bothersome and nonbothersome. Treatment is typically initiated when it becomes bothersome to the person experiencing it. The author reviews risk factors for developing tinnitus. In this specific instance, tinnitus was reported following a procedure that was intended to reduce vertigo. The patient opted to manage her tinnitus with pharmaceuticals, sound therapy, and education in the form of Tinnitus Retraining Therapy. The author describes the evaluation and treatment of each component in great detail. The result was a significant improvement in symptoms and the patient’s quality of life and functional abilities.

LEARNING OUTCOMES

You will be able to:

- explain three strategies or resources to improve communication about health topics with at-risk populations
- describe two differences in the language of typically aging adults who self-identify as having word-retrieval delays and adults with aphasia or dementia
• summarize the two components of Tinnitus Retraining Therapy

CONTENTS

Communicating With Patients and Families During COVID-19 by Amy Hasselkus and Andrea “Deedee” Moxley

Identification of Word Retrieval Difficulties in the Normally Aging Population by Cindy Gill, Laura Green, Sneha Bharadwaj, Tamby Allman, and Jyutika Mehta

Evaluation and Management of Severe Tinnitus: An Evidence-Based Case Report by Lori Zitelli

PROGRAM HISTORY and IMPORTANT INFORMATION

Start date: February 10, 2022
End date: February 10, 2027

To earn continuing education credit, you must complete the learning assessment on or before February 10, 2027.

This course is offered for 0.30 ASHA CEUs (Intermediate level, Professional area).