

Dysarthria training in an example of functional articulation disorder suffered in the acquisition of the sound /ke/

— A case where a difference in the acquisition of articulation is observed
according to the type of the vowel —

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Abstract

Functional articulation disorder is one of the subclasses of articulation disorders, and despite no abnormalities being observed in the shape of the organ of articulation or the function itself, this disorder points to mistakes in articulation being observed, but it has been deemed that by means of appropriate training, it is easy to gain improvements within a relatively short period of time. This time, the case was experienced of a six year one month old boy with functional articulation disorder suffered in the acquisition of the sound /ke/. This child did not have any general developmental or hearing problems, but consistent mistakes with articulation were observed. From the aspect of articulation, displacement of articulation is observed, it has been observed that the position of articulation is different as in /ke/→/te/ or /ge/→/de/, the method of articulation is differs as in [s][t]→[tɕ] or [dʒ]→[dʒ], and both the position of articulation and the method of articulation are different, as in [ɕ]→[tɕ] or [g]→[dʒ]. Also, with /ki/, in addition to the displacement toward /tei/ being observed, there was lateral articulation. From five years and four months of age, the child began speech and language therapy, and the first training sound was the sound /ke/, which is the sound acquired at around four years of age. A characteristic of this case was that for this child, among [k], only /ki//ke/ were mistaken. First of all, by continuously articulating /ka/ and /ke/, a sound close to /ke/ began to be heard, but it was difficult to anchor that sound. Next, he articulated /ka/ + [e], and was lead to /ke/, but /ka/ ended up as a voiced sound, and it was often the case that the transition of sounds were not smooth. However, by repeating this exercise over and over, and since the frequency of producing a sound close to /ke/ increased, as a result of training with the utterance of words that included /ke/, the frequency of producing a sound close to /ke/ increased, but the [k] still ended up being voiced, and was difficult to anchor. At that point, we changed to induction from /ku/ which is a syllable that has already been acquired, and when we conducted the practice by attaching an [e], the transition of sound was smooth, and since it became easy for the child to produce a sound that was close to /ke/, we progressed toward sentence practices that used word practices, short sentence practices, and picture books, and there was almost no voicing of the [k] in the words. Furthermore, we progressed toward training for /ɕ//s//ts/, which are deemed to be acquired at around five to six years of age. This is thought to be a case where distress was suffered in the acquisition of the /ke/ sound. In particular, it is thought that the positional relationship of the tongue at the time of articulation and the effect that the distance of the movement of the tongue have played a big role as main causes in this case. It is thought that hereafter, along with the proposal of training plans that consider the position of articulation as well, it will be necessary to reduce the main causes from the coach.

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Key Words: functional articulation disorder, speech and language therapy, method of articulation, position of articulation

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