

# FINAL CASE STUDY



This case study has been based on final results as part of the Tailored Developmental Therapies Intervention Program. Client AH33 has concluded therapy.

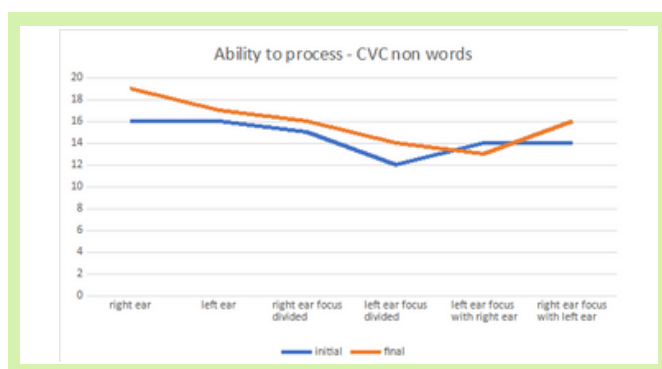
## Client Profile:

AH33, his birth was reported to be traumatic; he was born with an Apgar of 0. Had hypertension as a newborn could not be touched. He was fed through his belly button and had fluid on his brain. He is reported to have never slept as an infant. AH33 has asthma on occasion was worse as a child. When AH was 27, he was kicked in the left ear playing soccer, was unconscious and taken to hospital. He could not hear from his left ear for a period of many months. He has had 3 brain scans with neurologists, and they have not been able to identify the cause of his palsy attacks. He has a left leg limp and leans to the left. Left side headaches, slurred speech at times and finds background noise very difficult to manage. He often wakes with migraines, and they get worse throughout the day. His triggers are unknown at the commencement of this therapy. He sleeps 6 hrs and often only 1 hr a night. He has always found reading for lengths of time hard, even though he has a 136 IQ. And he scans the page for information rather than reading it. He works as a shop manager.

The ability to process language and discriminate speech sounds from other noises in the environment is fundamental to focusing, understanding, learning, and interacting with others. Right ear dominance is required to efficiently process auditory information to the language centres in the left hemisphere. Left ear dominance usually results in emotional reactions to language and slower processing time and the related impacts on learning being left ear dominant.

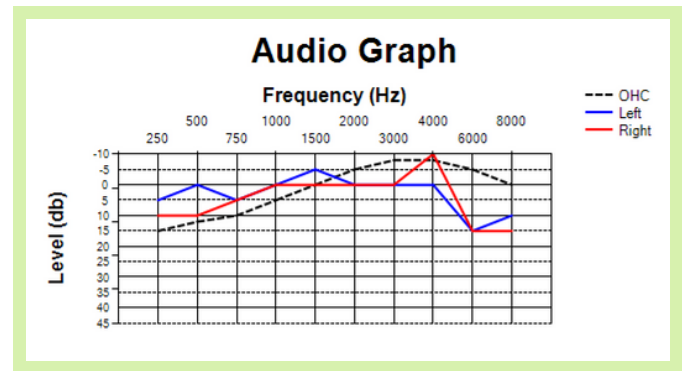
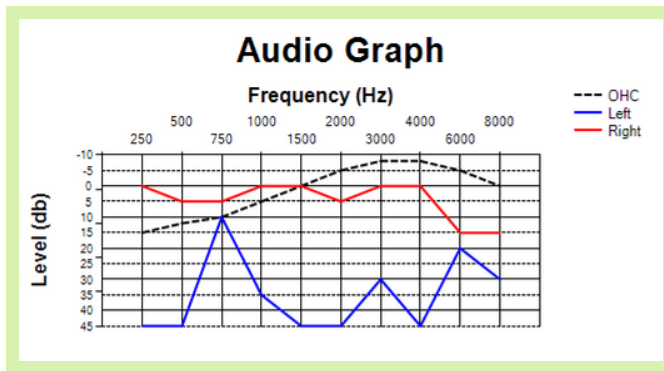
The results below show the changes in the ability to process speech sounds over the time of the Tailored Developmental Therapies program.

AH33 after 6 rounds of listening and reflex integration therapies.



**Total score at the initial assessment:** 37 correct in the left ear and 44 correct in the right ear out of 60 words.

**Total score at her final assessment:** 51 correct in the left ear and 45 correct in the right ear out of 60 words.



The audio graph is based on good auditory perception on the "ideal listening curve" formulated by Dr Alfred Tomatis, who said, "the voice can only produce what the ear can hear". This "ideal curve" shows the best frequency for listening to voice sounds and reproducing them. An individual's results are compared with the "ideal curve" to indicate strengths and weaknesses.

AH33's graphed results are above. The black dotted line indicates the ideal profile, according to Tomatis. The red line represents the right ear performance, and the blue line left ear performance.

The Monaural Threshold Test shows that AH33's ears were significantly under processing sound, causing him to over-respond to background noises and have communication struggles. His processing improved considerably with his left ear, so with gains in right ear processing as well. He now has a much-improved ability to process sounds. His primary focus was on improved symptoms of his TBI.

**Results:** The results below illustrate the frequency in which AH33 experienced difficulties across his sensory profile both before beginning the Tailored Developmental Therapies program and after. These results are based on surveys and professional observations, and testing.

AH33 kept a daily diary to track his triggers. AH33 reports his headaches are very manageable, and he no longer suffers from migraines. He is happy and significantly less agitated, and less distracted. He feels that he now has a sense of self-regulation which he never had, and his relationships are great. His sleep is significantly better, and he often falls asleep listening to his music. One year after finishing his therapies, AH informed TDT that he had not had a 'palsy-like' attack in the past year.

## - End of Case Study -