

FINAL CASE STUDY



This case study has been based on final results as part of the Tailored Developmental Therapies Intervention Program. Client DM52 has concluded therapy.

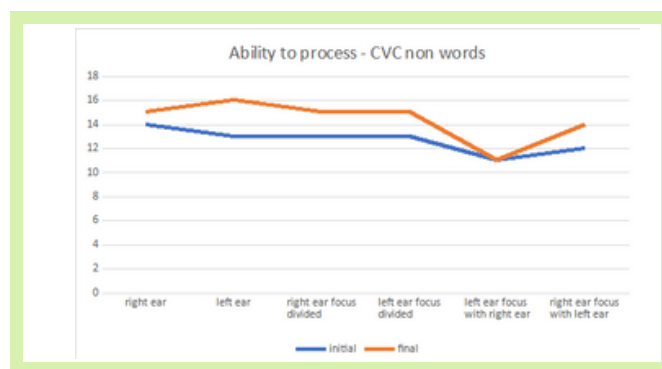
Client Profile:

DM52, when he was a 5 yr old child, he was unconscious for 5 minutes where a boat fell onto his throat and pinned him to the ground. He was then in a coma for 12 hours. He developed seizures that were absent in nature and then would be hyperactive after the event. He no longer experiences seizures. He suffered from persistent ear infections from 9 months of age, had grommets inserted and was slow to talk. He had help at Kindy. It is reported he couldn't blow his nose until 7yrs. He has undergone Speech and Occupational Therapy. 3 traumatic incidents have led to 3 separate traumatic brain injuries, and during one accident, he almost died. The tears were in his Frontal Lobe, and he had a life-threatening swelling in the Basal Ganglia area. He experienced a brain bleed 18 years ago. He has had rehab for the first TBI. He has since undergone surgery for Sleep Apnea. He does miss social cues, and struggles with focus DM52 sleeps for 10 hours at a time and finds that he wakes very tired, takes hours to wake up. He has a slur and closes his eyes to concentrate. He forgets words often. Emotional regulation is good, and he only gets stressed when he can't find something. DM52 is a professional in the medical field.

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.

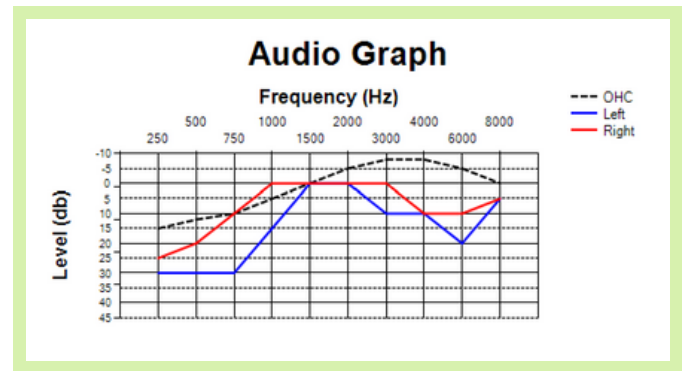
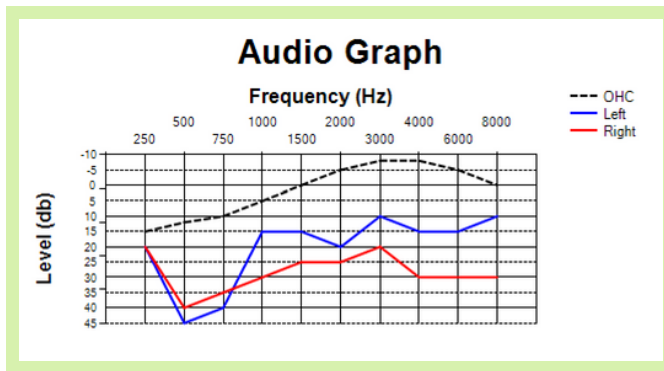
The results below show the changes in the ability to process speech sounds over the time of the Tailored Developmental Therapies program.

DM52 after 4 rounds of listening therapy. MD52 was happy with the changes that will be discussed below.



Total score at the initial assessment: 37 correct in the left ear and 41 correct in the right ear out of 60 words.

Total score at her final assessment: 43 correct in the left ear and 44 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.

DM52'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 DM52's ears were significantly under processing sound efficiently, with his right ear working well below his left. He now has a much-improved ability to process sounds with a dominant right ear through all the frequencies.

Results: The results below illustrate the frequency in which DM52 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.

DM52 can still wake up tired, but this doesn't last long. He now speaks with his eyes open most of the time as he had previously closed them during intense concentration. He has felt he is having less inappropriate interruptions in conversations and has reduced his poor diet choices.

- End of Case Study -