



## **Glossary of commonly used Speech Therapy/Language terms**

(Adapted from Terminology of Communication Disorders, 4<sup>th</sup> Edition by Lucille Nicolosi, Elizabeth Harryman and Janet Kresheck)

**Ankyloglossia** – limited movement of the tongue due to abnormal shortness of the lingual frenum; commonly referred to as tongue-tie.

**Apraxia** – a disorder of articulation characterized by impaired capacity to program the position of speech musculature and the sequencing of muscle movements for the production of speech. Also referred to as dyspraxia.

**Article** – noun modifier that denotes specificity; e.g. a, an, the.

**Articulation** – the way phonemes are formed in speech.

**Articulation disorder** – incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speed or integration of the movement of the lips, tongue, velum (soft palate).

**Articulators** – organs of the speech mechanism which produce meaningful sound (i.e., lips, lower jaw, velum, tongue and pharynx).

**Audition** – the sense or act of hearing.

**Auditory processing** – the ability to fully utilize what is heard.

**Auditory processing disorder** – impaired ability to attend, discriminate, recognize or comprehend auditory information even though hearing and intelligence are within normal limits.

**Augmentative and alternative communication (AAC)** – any approach designed to support, enhance or supplement the communication of individuals who are not independent verbal communicators.

**Babbling** – verbal conduct of infants during the second half of the first year of life.

**Barium swallow study** – the use of videofluoroscopy to evaluate the pharyngeal swallow.

**Bilabial** – pertaining to the two lips.

**Bilingual** – ability to utilize two languages with equal facility.

**Bite** – the forcible closure of the lower teeth against the upper teeth; to seize or grasp with the teeth. **Mature** – the teeth close easily on the food, biting through it gradually. **Phasic** – a rhythmical bite and release pattern seen as a series of jaw openings and closings occurring when the gums or teeth are stimulated. Present at birth and continues until 3 to 5 months of age in the typical infant. **Tonic** – a forceful or tense biting pattern that interferes with all aspects of feeding.

**Block** – in stuttering, the stoppage or obstruction at one or several locations – larynx, lips, tongue, etc.- experienced by the stutterer when trying to talk which temporarily prevents smooth sound production.

**Bolus** – the rounded mass of food prepared by the mouth for swallowing (after chewing).

**Carryover** – in speech, the habitual use of newly learned speech or language techniques in everyday situations (outside of therapy).

**Cause-Effect** – performing one behavior in order to achieve a further objective, e.g. hitting a switch to activate a toy.

**Cueing** – a function to assist or obtain a desired response, e.g. giving the command “Sit in the chair” while pointing to the chair.

**Deglutition** – the act of swallowing.

**Dentition** – natural teeth, considered collectively, in the dental arch.

**Dental arch** – curved structure formed by the teeth in their normal position.

**Deviation** – in statistics, the amount by which a measure differs from a point of reference, generally from the mean.

**Diadochokinesis** – in speech, the ability to execute rapid repetitive movements of the articulators.

**Diadochokinetic rate** – the speed with which one can perform contrasting (or repetitive) movements, as in saying the following syllables: puh-tuh-kuh.

**Dysarthria** – term for a collection of motor speech disorders due to impairment originating in the central or peripheral nervous system. Respiration, articulation, phonation, resonance, and/or prosody may be affected.

**Dysfluency** – any type of speech which is marked with repetitions, prolongations and hesitations; an interruption in the flow of speech sounds. Commonly known as stuttering.

**Echolalia** – tendency for an individual to repeat without modification that which is spoken to him; normally occurs between 18 and 24 months of age. **Delayed** – repetition of an original utterance at some later time.

**Immediate** – instant repetition of the original utterance. **Mitigated** – repetition of the original utterance with slight modification. **Unmitigated** – unchanged repetition; exact duplication of the original utterance.

**Elicit** – to draw forth or bring out.

**Epenthesis** – the insertion of an additional phoneme in a word or in a group of sound, e.g. tree becomes taree.

**Eye contact** – “looking him/her in the eye” while talking to the listener; generally a natural, although not a constant, interaction of the speaker’s eyes with those of the listener.

**Fluency** – smoothness with which sounds, syllables, words and phrases are joined together during oral language; lack of hesitations or repetitions in speaking.

**Frenulum** – a small frenum.

**Frenum** – small cord of tissue extending from the floor of the mouth to the midline of the inferior surface of the tongue blade; important in speech because if too short it may restrict the elevation and extension of the tongue.

**Hypertonic** – denoting excessive tone or tension, as of a muscle.

**Hypotonic** – denoting a decrease or absence of tone or tension, as of a muscle.

**Idiosyncratic** – used to describe a structural or behavioral characteristic peculiar to an individual.

**Intelligibility** – degree of clarity with which one’s utterances are understood by the average listener.

**Intensity** – force or stress with which a sound is produced by a speaker, and the attribute of loudness of the sound to the listener.

**Jargon** – verbal behavior of children, beginning at about 9 months and ceasing at about 18 months, which contains a variety of syllables that are inflected in a manner approximating meaningful connected speech.

**Jaw grading** – the ability to vary the extent of jaw depression in small amounts that are appropriate for biting foods of different thicknesses.

**Jaw stabilization** – active, internal jaw control with minimal up/down jaw movements especially significant in cup drinking; initially obtained by biting on the cup rim at about 13 to 15 months of age; gradually develops using active jaw musculature by 24 months of age.

**Labeling** – naming, identifying.

**Labial** – pertaining to the lips.

**Labialization** – lip rounding; pursing or protrusion of the lips.

**Labiodental** – relating to the lips and teeth.

**Language** – any accepted, structured, symbolic system for interpersonal communication composed of sounds arranged in ordered sequence to form words, with rules for combining these words into sequences or strings that express thoughts, intentions, experiences, and feelings; comprised of phonological, morphological, syntactical, semantic and pragmatic components. **Delayed** – failure to comprehend and/or produce language at the expected age. **Expressive** – ability to communicate via the spoken or printed word. **Prelinguistic** – behaviors that are thought to precede the acquisition of true language; e.g., crying, cooing, babbling, echolalia. **Receptive** – words one understands.

**Language disorder** – any difficulty with the production or reception of linguistic units, which may range from total absence of speech to minor variance with syntax; e.g., reduced vocabulary, restricted verbal formulations, omission of articles, prepositions, tense and plural markers.

**Language sample** – systematic collection and analysis of an individual's utterances used as part of a regular speech and language evaluation.

**Linguadental** – pertaining to the tongue and teeth.

**Lingual** – pertaining to the tongue.

**Lisp** – defective production of one or more of the six sibilant consonants /s/, /z/, /ʃ/, /ʒ/, /ʒ/, and /dʒ/, usually caused by improper tongue placement or by abnormalities of the articulatory mechanism. Types of lisps include dental, frontal and lateral.

**Localization** – ability to identify the location of a sound source exclusively with auditory information.

**Mean length of utterance (MLU)** – average length of oral expressions as measured by a representative sampling of oral language; usually obtained by counting the number of morphemes per utterance and dividing by the number of utterances.

**Morpheme** – smallest meaningful unit of language.

**Morphology** – study of how morphemes are put together to form words; indicates how words are formed and provides a bridge between phonology and syntax.

**Munching** – the earliest form of chewing.

**Myringotomy** – surgical incision into the tympanic membrane to allow drainage of fluid from the middle ear.

**Nasal emission** – airflow through the nose, usually audible and indicative of an incomplete seal between the nasal and oral cavities; typical of cleft palate speech.

**Nasality** – general symptom classification that includes all voices that acoustically have an excessive nasal component.

**Negation** – denial or refusal that may be noted in syntax or semantics; e.g., no, not.

**Object permanence** – awareness that an object is relatively permanent and is not destroyed if removed from sight.

**Occlusion** – relationship between the various surfaces of the upper and lower teeth.

**Oral cavity** – in speech, the mouth.

**Oral peripheral examination** – inspection of the mouth to determine its structural and functional adequacy for speech and chewing/swallowing. Also known as an **Oral motor examination**.

**Palate** – roof of the mouth, includes the anterior portion (hard palate) and the posterior portion (soft palate or velum).

**Perseveration** – tendency to continue an activity, motor or mental, once it has been started and to be unable to modify or stop the activity even though it has become inappropriate.

**Phoneme** – shortest unit of sound in a given language that can be recognized as being distinct from other sounds in the language.

**Phonological processes** – techniques used by children to simplify speech when attempting to produce adult words. **Developmental** – processes that are frequently produced; characteristic of normal speech development in children. Developmental processes include: (a) Deletion of Final Consonants occurs when the speaker deletes the final consonant from a word e.g. cat = ca; (b) Syllable Reduction is the deletion of a syllable from a word e.g. banana = bana; (c) Stopping is the replacement of fricatives with a stop consonant, e.g. soup = dup; (d) Cluster Simplification occurs when one or more consonants is deleted from a sequence of consonants, e.g. blue = bu; (e) Liquid Simplification is the substitution of /w/ or /j/ for /l/ and /r/, e.g. rock = wok; (f) Velar Fronting is the substitution of /t/ and /d/ for /k/ and /g/, e.g. cat = tat; (g) Palatal Fronting is the substitution of palatal consonants with nonpalatal consonants, e.g. shovel = sovel; (h) Deaffrication is the deletion of the stop feature of an affricate, e.g. matches = mashes; (i) Initial Voicing is the inappropriate voicing of initial voiceless consonants, e.g. pen = ben; (j) Final Devoicing is the substitution of a voiceless consonant for the final voiced consonant, e.g. bed = bet. **Idiosyncratic** – processes which are not characteristic of normal phonology but which are “unique” to the individual.

**Phonology** – study of the sound system of a language, including pauses and stress.

**Pitch** – subjective quality primarily associated with frequency; e.g., high or low.

**Pragmatics** – set of rules governing the use of language in context; e.g., to comment, request (objects, actions, attention), inform, etc.

**Prosody** – melody of speech determined primarily by modifications of pitch, quality, strength and duration; perceived primarily as stress and intonational patterns.

**Rate** – the speech with which phonemes, syllables and words are uttered.

**Respiration** – act of breathing.

**Semantics** – study of meaning in language, includes the relations between language, thought and behavior.

**Speech disorder** – any deviation of speech outside the range of acceptable variation in a given environment. Speech may be considered defective if it is characterized by any of the following to a significant degree: (a) not easily heard; (b) not readily intelligible; (c) vocally or visually unpleasant; (d) deviates in respect to sound production; (f) lacks conventional rhythm or stress.

**Speech mechanism** – structures involved in the production of speech; includes (a) articulators (lips, tongue, velum, pharynx and lower jaw); (b) larynx; (c) resonators, (pharyngeal, laryngeal, oral and nasal cavities); (d) respiratory system (lungs and air passages).

**Stuttering** – disturbance in the normal fluency and time patterning of speech. *Primary characteristics* include one or more of the following: (a) audible or silent blocking; (b) sound and syllable repetitions; (c) sound prolongations; (d) interjections; (e) broken words; (f) circumlocutions or (g) words produced with an excess of tension. *Secondary characteristics* include the habitual use of speech musculature or other body parts (e.g., eye blinking) thought to be initiated to release, conceal or modify the dysfluency.

**Syntax** – the way in which words are put together in a sentence to convey meaning.

**Tongue thrust** – when, in a resting position, the anterior or lateral portions of the tongue contact more than half the surface area of either the upper or lower incisors, cuspids or bicuspid or protrude between them.

**Utterance** – any vocal expression.

**Velum** – the soft palate, comprised of the uvula and palatoglossal and palatopharyngeal arches.