Classification of Functional Capabilities

This classification of groups is one way of providing an overview of augmentative communication needs in the ALS population based on these critical factors; however, one should always consider the progressive nature of ALS, that capabilities change over time, and that people will move from group to group as their speech, hand function, or mobility changes.

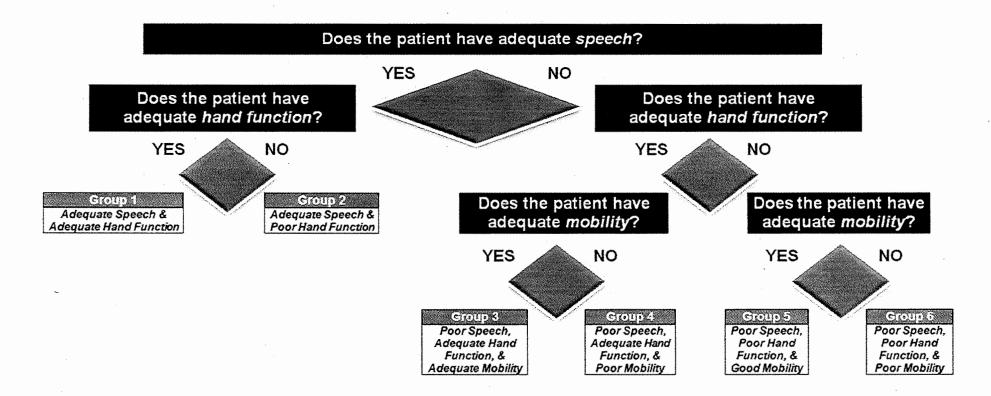
ar grant are arrange	
	Adequate Speech and Adequate Hand Function
Group 1	AAC Options: Message Banking (using Audacity software) Divide Banking (using ModelTalker) Creating a Life Legacy
	Adequate Speech and Poor Hand Function
	AAC Options: Alternative Writing (using Orthotic Aids) Alternative Typing & Mousing (using Accessible Keyboard, Keyguard,
Group 2	On-Screen Keyboard, or Accessible Mouse—Track Ball, Joystick, Finger Mouse, Head Mouse, Oral Joystick, Chin Joystick, Radar)
	□ Speech-Recognition Software (Dragon Naturally Speaking, Siri, OK Google, Windows speech engine)
	Poor Speech, Adequate Hand Function, and Adequate Mobility
	AAC Options: □ Writing (Memoing) □ Gestures & Pantomime □ Alphabet Board Spelling □ Communication Boards (Vidatak EZ Board,
Group 3	Vidatak Picture Board, Healthcare Communication Board) 🗆 Low-Tech SGD (with Simple Features, can Record Digitized Voice Messages for
	Needs/Wants, using Direct Selection) High-Tech SGD (with Complex Language System & OS, using Direct Selection) Touch Screen
	Mobile Device (with Complex AAC Apps & OS, Keyboard & Stylus are optional) □ Typing (Texting, E-mail, Memoing) □ Call System
	Poor Speech, Adequate Hand Function, and Poor Mobility
Group 4	AAC Options: Similar to Group 3 except that AAC options can be mounted and transported on a rollator or wheelchair. (Access to AAC may need to be integrated with power wheelchair.) Mounting System for AAC
	and the second s
	Poor Speech, Poor Hand Function, and Adequate Mobility
	AAC Options: AAC options need to be portable and lightweight and may need to be mounted to allow for alternative access methods
10	□ Alphabet & Whole-Message Communication Boards (using Orthotic Aids, Direct Selection with Body Part, Hand-Held Laser Pointer, Head
	Pointing with Laser Pointer, Partner-Dependent Scanning) 🗆 Writing (using Orthotic Aids) 🗆 Typing (using Accessible Keyboard, Keyguard,
Group 5	On-Screen Keyboard, or Accessible Mouse—Track Ball, Joystick, Finger Mouse, Head Mouse, Oral Joystick, Chin Joystick, Radar) 🗆 E-Tran
	Board ("Eye Transfer" Board) 🗆 Encoding Board (using Eye Transfer or Partner-Dependent Scanning) 🗆 High-Tech SGD (with Complex
	Language System & OS, using Alternative Access Method: Keyguard, Head Pointing, Eye Tracking, Accessible Mouse—see above, Scanning)
	□ Mobile Device (with Complex AAC Apps & OS, using Alternative Access Method—see above) □ Portable Mounting System for AAC
	□ Call System
	Poor Speech, Poor Hand Function, and Poor Mobility
	AAC Options: Similar to Group 5 except that AAC options do not need to be lightweight because the system can be mounted on a
Grant S	wheelchair. (Access to AAC may need to be integrated with power wheelchair.) Wheelchair mounting System for AAC
Group 6	- Communication Circula Chart (Network Communication Circula Attack Circula Circula Chart Circula Chart (Network Communication Circula Chart Circula Chart (Network Communication Circula Chart Circula Chart (Network Communication Circula Chart Cha

□ Communication Signals Chart (Natural Communication Signals: Attention-Getting Signals, Signals for Requests, Response Signals)

□ Yes/No Questions (using Yes/No communication signals or Tagged Yes/No ?s) | □ Simplified Partner-Dependent Scanning

Classification of Functional Capabilities

Selection of appropriate augmentative communication systems depends on a variety of factors. Among the most important of these factors in the ALS population is the user's level of mobility and hand function. For example, can the person access an augmentative communication system via a keyboard? Is handwriting an acceptable means of resolving communication problems in face-to-face situations? Is the person walking normally or with assistance of devices such as walkers or canes? Is the person wheelchair dependent? The functional capabilities of individuals with ALS vary along a number of dimensions. Speech adequacy, hand function, and mobility are critical when considering augmentative communication intervention. Individuals with ALS can be divided into the following six groups based on their functional capabilities (Yorkston et al., 1993).



Yorkston, K., Strand, E., Miller, R., Hillel, A., & Smith, K. (1993). Speech deterioration in amyotrophic lateral sclerosis: Implications for the timing of intervention. *Journal of Medical Speech-Language Pathology*, 1(1), 35-46.