Discussion of Dickson Paper

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Dr. Dickson's anatomical and histological preparations are orderly and thorough in plan and execution, and his presentation is highly skilled. His work constitutes basic science in an area of great interest to ACPA members. It requires no justification beyond its inherent interest. Dr. Dickson has indicated that his work has significance for the development of more efficient and effective methods for the diagnosis and treatment of persons with cleft palate. I wish to discuss his paper with reference to application.

Of what interest is anatomical and physiological information to those of us concerned with the investigation and practice of training and other behavioral treatments in the cleft palate area? First, we need to know what the patient is capable of performing. Investigation has led some of us to limit speech training goals for persons with velopharyngeal insufficiency pending surgical or prosthetic treatment. Second, Dr. Dickson's work may lead to identification of subject groups that differ in their treatment needs—both physical treatment and speech training. His work may also contribute to the direction of treatment offered those groups.

As Dr. Dickson pointed out elsewhere, the evaluation of the cleft palate patient requires much more than a dichotomous decision regarding velopharyngeal sufficiency. That classification is but one small step. We need to understand the speech production of persons with velopharyngeal incompetency. We also need to be able to evaluate the small day to day improvements in closure that might be associated with either therapeutic exercise or speech training.

The anatomy that the speech pathologist deals with is living and may have been altered by surgeon or dentist. Furthermore, the use that the speaker makes of his anatomy is influenced by behavioral variables. At the risk of sounding trite, I'm afraid we sometimes ignore the person who receives our treatments. As both Dr. Dickson and Dr. Saxman (1972) mentioned, we must consider many variables to understand the speech of the person with cleft palate, and each of those variables must be well measured.

The number of variables involved makes the evaluation of treatments difficult whether they are behavioral or biological. Nevertheless, by specifying treatment variables, subject variables, and response variables and by manipulating them carefully, we can increase our understanding of the effectiveness of specific treatments. Investigators attempting to utilize anatomical and physiological information in research of this kind should be encouraged to continue their efforts.