**NSW Speech Pathology**
**Evidence Based Practice Interest Group**

**Critically Appraised Topic (CAT)**

**CLINICAL BOTTOM LINE:**
The use of orthography to facilitate retrieval of phonological form is most beneficial when written naming is less impaired than spoken naming in people with aphasia. Using orthographic cues in therapy can lead to lasting improvements in naming treated items.

**Background and Objectives:**
How does Orthographic Cueing work? Why does it work?  
Who does it work for? Are the effects lasting?  
Is there more than one way that orthographic cueing works?

**Clinical Question [patient/problem, intervention, (comparison), outcome]:**
“How and in what circumstances does orthographic cueing as therapy improve later spoken word retrieval in aphasia?”

**Search Terms/System:**
Orthographic cueing, word retrieval, aphasia, therapy.

**Selection Criteria:**
16 possible articles were found but 5 were included in the CAT  
Some articles were not included because it was unclear whether orthographic cueing alone assisted verbal naming (combination of cueing types were used e.g. semantic or repetition). Articles were NH&MRC level III or IV.

**Results:**
If someone else gives the person with aphasia a cue, the only lasting benefit is priming of that item (that has happened by that item (lexical entry) being activated when the person was given the cue in therapy).  
For person with aphasia to generate their own cue they need to have better written than spoken naming, then they can generate the cues every time and they will work by the same mechanisms every time.  
If people with aphasia are generating their own cues, this is considered compensatory.  
If attempting to ‘compensate’ for spoken naming impairment (i.e. using an alternative route through the system), using orthographic cues was most beneficial when written naming was less impaired than spoken naming.  
For people who are equally impaired in both modalities (i.e. spoken and written naming) this method is unlikely to be as helpful.

**References:**

**Appraised By:** Adult Language EBP Group  
**Clinical Group:**
**Date:** December 2008