**CLINICAL BOTTOM LINE:** Using letter cues (in the context of a cueing aid) in therapy can, for individuals who have some knowledge of the initial letters of words they are unable to say, enable them to automatically use letter knowledge to assist their spoken naming – when this happens it results in improved naming beyond treated words.

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

**Citation:** Best W, Howard D, Bruce C, Gatehouse C. (1997) Cueing the Words: A Single Case Study of Treatments for Anomia. Neuropsychological Rehabilitation 7 (2) 105-141

**Design/Method:** Single case experimental design treatment study.

**Pilot study:** different types of treatment each trialled for 1-2 weeks (not relevant to CAT) – only treatment that was successful was trying to name followed by delayed copying if unable.

**Study 1:** Semantic & Lexical therapy (not relevant to CAT) – no lasting effects of either therapy (short term benefits from semantic word-picture match with delayed copying).

**Study 2:** Cueing aid therapy: 1x week for 5 weeks. Cueing aid used which provides a phonemic cue when a letter key is pressed. **Protocol:** First 3 sessions letter press/cue provided before naming attempt: look at picture, choose initial letter from choice of 9, if unable, therapist reduces choice to 3, if still unable letter provided, press letter & repeat phoneme cue, attempt naming, if unable therapist gives name for repetition. Last 3 sessions letter/phoneme cues only used after naming attempt. 50 treated items (and 50 easy fillers also included in therapy sessions).

**Participants:** Fluent aphasia with word-finding difficulties, 2 years post stroke. Mild comprehension impairment (lexical-semantic impairment) Naming – severely impaired, perseverations, 'empty responses', semantic errors. Some benefit from phon. cues. Good repetition

**Experimental Group:** Set of pictures treated with a cueing aid – with a restricted set of initial letters (9)

**Control Group:** Set of pictures not seen or treated during therapy but named before and after the therapy phase. Set of pictures with different initial letters to those treated. Untreated task – synonym judgements, non-word reading

**Results:** No significant change over untreated baseline phase. Significant improvement in naming treated items (8% to 40% correct) Significant improvement in naming untreated items, and untreated items with different initial letters. Effect of treatment maintained over a year later. These improvements did NOT rely on using the cueing aid (no difference between naming with and without the aid) No change in untreated tasks.

**Interpretation:** Treatment likely to reflect JOWs use of orthographic information after therapy but not before: JOW always had some (very limited) letter knowledge available when unable to name but now uses this to help his spoken naming (NB not by using letter-sound correspondences).

**Comments – Strengths/weaknesses of paper**

Strong experimental design (single case design), Multicomponent therapy, tentative interpretation.

**Level of Evidence (NH&MRC):III**

**Appraised By:** Adult Language EBP Group **Date:** November 2008

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Form based on Worrall & Bennett, Evidence based Practice: Barriers & Facilitators for Speech-Language Pathologists, *Journal of Medical Speech-Language Pathology* 2:9, xi – xvi Updated February 2006