

Degree	Type	Year
Logopedia	OB	2

Contact

Name: Jaime Kulisevsky Bojarski

Email: jaime.kulisevsky@uab.cat

Teachers

Carlota Faixa Sol

Laura Auge Domenech

Carmen García Sánchez

(External) Andrea Horta Barba

(External) Saül Martínez Horta

Teaching groups languages

You can view this information at the [end](#) of this document.

Prerequisites

There are no official prerequisites. It is recommended to pass the subject Anatomy and Physiology of the Nervous System.

Objectives and Contextualisation

The syllabus studies the main functional brain systems and the consequences of their disorganization due to injuries or diseases of the central nervous system, in order to prepare students for the systematic study of language pathology (aphasiology) caused by these injuries and also introduce them into the specific rehabilitation techniques of the corresponding disorders. Other subjects of the Degree deepen into specific aspects of the rehabilitation of speech, language and swallowing disturbances: Dysphagia and related disorders (101712), Neurodegenerative diseases and dementias (101711), Technological innovation applied (101694), Practicum III (101696).

Learning Outcomes

1. KM24 (Knowledge) Describe the main techniques for evaluating and diagnosing neurological language, speech and swallowing disorders.
2. KM26 (Knowledge) Explain the origin and characteristics of language, speech, and swallowing disorders caused by brain damage.
3. SM22 (Skill) Use the most appropriate examination techniques to diagnose and issue a prognosis of evolution of neurological language, speech and swallowing disorders.
4. SM25 (Skill) Prepare a diagnostic report and therapeutic plan based on the data obtained in a neurological examination.

Content

Contents

1. History of the study of language
2. Neuropathology processes
3. Approach to neuropsychology of language
4. Cognitive functions
 - 4.1. Attention
 - 4.2. Memory
 - 4.3. Frontal Functions
5. Pathologies associated with language
 - 5.1 Agnosias
 - 5.2. Apraxias
 - 5.3. Alexias
6. Aphasia
 - 6.1 Etiology and Semiology
 - 6.2. Broca's aphasia
 - 6.3. Wernicke's aphasia
 - 6.4. Conduction aphasia
 - 6.5. Global Aphasia
 - 6.6. Sensory Transcortical Aphasia
 - 6.7. Motor Transcortical Aphasia
 - 5.8. Mixed Transcortical Aphasia
 - 6.9. Anomic aphasia
7. Examination of the cognitive function of language
8. Neurological intervention in language

9. Neurodevelopment of language

10. Research in language neurology

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Practical classes in computer rooms	6	0.24	
Practical classes of critical analysis and discussion of practical cases	10	0.4	
Theory classes with TIC support	49	1.96	
Type: Supervised			
Tutorials scheduled with teachers for review of guided activities	21	0.84	
Type: Autonomous			
Bibliographic and documentary consultations	22	0.88	
Carrying out summaries of scientific works in aphasia	35	1.4	
Comprehensive reading of materials	20	0.8	
Making summaries, diagrams and concept maps	15	0.6	
Participation in communication forums between peers	15	0.6	
Training with computer programs based on tutorials prepared by teachers	32	1.28	

Methodology

The course will consist of a theoretical module and a practical module with clinical case sessions and computerized sessions with self-learning materials. Training activities with an approximate number of hours of dedication and corresponding learning outcomes are those that are specified.

Students may use artificial intelligence tools to assist with linguistic correction of their work, but not as content generators. Improper use may be considered a breach of academic integrity.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
EV1. Theory exam II	25	0	0	KM24, KM26
EV2. Theory exam II	25	0	0	KM24, KM26
EV3. Oral presentation	10	0	0	KM24, KM26, SM22, SM25
EV4. Practice: Diagnostic report	15	0	0	KM24, KM26, SM22, SM25
EV5. Practice: Therapeutic plan	15	0	0	KM24, KM26, SM22, SM25
EV6. Practice: Motor Aphasia Semiology	5	0	0	KM24, KM26, SM22, SM25
EV7. Practice: Sensory Aphasia Semiology	5	0	0	KM24, KM26, SM22, SM25

Evaluation

Continued evaluation

It involves carrying out theoretical-practical assessments throughout the semester and presenting activities on the practical classes.

The theoretical exam I (EV1) and the theoretical exam II (EV2) correspond to partial test-type evaluations to evaluate the content studied in each semester.

The oral presentation (EV3) corresponds to a group presentation of part of the content of the subject.

In terms of practical activities, EV4, EV5, EV6 and EV7 are in groups and face-to-face. Activities EV6 and EV4 take place during the first evaluation period. Activities EV7 and EV5 take place during the second evaluation period.

Unique Assessment

The single evaluation implies giving up the continuous evaluation.

In the single assessment, all the assessable evidence will be carried out in a single session:

- Completion of partial exams EV1 and EV2.
- Delivery of activities EV3, EV4, EV5, EV6 and EV7.

The single assessment will take place on the same day as the EV2. The approximate duration of the single evaluation will be 3.5 hours.

It should be borne in mind that the single assessment does NOT imply that the student does not attend class or that he does not have to follow the course schedule.

Recovery

Students who have not reached the established criteria to pass the subject and who have been previously evaluated in a set of activities whose weight is equivalent to a minimum of two thirds of the total grade of the exam may choose to take any of the recovery activities.

- It is necessary to pass with a score equal to or greater than 5 points each of the learning evidences that the student presents in the recovery.
- In the weighted calculation of the final grade, a score of 5 points will be incorporated for each of the learning evidences recovered.

The same recovery system will be applied as for the continuous assessment.

Final qualification

The subject will always be approved when the weighted average grade is equal to or higher than 5 points and this average grade will be calculated from all the evidence of learning that has a grade equal to or greater than 4. In the event that these requirements are not met, the maximum grade will be 4, 5.

If a recovery is necessary, the student will have to repeat the suspended learning evidence with a grade of less than 4 as long as it has been previously evaluated in a set of activities whose weight is equivalent to a minimum of two thirds of the total grade for the subject.

Students who have NOT submitted evidence of learning with a weight of at least 40% will be considered NOT evaluable.

Apart from the specific content of each class, it will be sought that students have the ability to gather and interpret relevant data (usually within their area of study) to make judgments that include reflection on outstanding issues of a social, scientific or ethical nature.

It is not foreseen that the students of 2nd or later registration will be evaluated by means of a single non-retrievable synthesis test.

Faculty Evaluation Guidelines:

<https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.html>

Students may use artificial intelligence tools to assist in the linguistic correction of their work, but not as content generators. Misuse may be considered a breach of academic integrity.

Type of Feedback	Evidence and Type	Week
Digital tool (Scores)	EV1 - Theoretical Exam I	Week 19 (1st semester)
	EV2 - Theoretical Exam II	Week 19 (2nd semester)
Digital tool (Rubric)	EV4 - Diagnostic Report Practice	Week 5 (2nd semester)
	EV5 - Therapeutic Plan Practice	Week 15 (2nd semester)
Written (Feedback comments)	EV6 - Practice: Semiology of Motor Aphasia	Week 17 (1st semester)
	EV7 - Practice: Semiology of Sensory Aphasia	Week 17 (1st semester)
In class	EV3 - Oral Presentation	Weeks 13, 14, and 15 (2nd semester)

Bibliography

Classical and fundamental sources

- Lezak, M. D. (2012). *Neuropsychological assessment* (5th ed.). Oxford University Press.
- González Lázaro, P., & González Ortuño, B. (2024). *Afasia. De la teoría a la práctica*. Editorial Médica Panamericana.

- Berthier, M. L., Green Heredia, C., Juárez Ruiz de Mier, R., Lara, J. P., & Pulvermüller, F. (2014). *REGIA. Rehabilitación Grupal Intensiva de la Afasia*. TEA Ediciones.
- Berthier, M. L., & Green, C. (2007). Afasias: formas clinicotopográficas y modelos funcionales. En J. Peña-Casanova (Ed.), *Neurología de la conducta y neuropsicología* (pp. 93-103). Editorial Médica Panamericana.
- Helm-Estabrooks, N., & Albert, M. L. (2005). *Manual de la afasia y de terapia de la afasia*. Editorial Médica Panamericana.
- Peña-Casanova, J., Quiñones-Úbeda, S., Gramunt-Fombuena, N., Aguilar, M., Casas, L., Molinuevo, J. L., et al. (2009). Spanish multicenter normative studies (NEURONORMA Project): Norms for Boston Naming Test and Token Test. *Archives of Clinical Neuropsychology*, 24(4), 343-354.
- Doogan, C., Dignam, J., Copland, D., & Leff, A. (2018). Aphasia recovery: When, how and who to treat? *Current Neurology and Neuroscience Reports*, 18(12), 90.
- Berthier, M. L., Lara, J. P., Barbancho, M. A., & Green, C. (2010). Rehabilitación intensiva y fármacos en la afasia crónica postictus. En J. Montaner Villalonga (Ed.), *Neurorreparación y rehabilitación tras el ictus* (pp. 79-94). Marge Médica Books.
- Pulvermüller, F., & Berthier, M. L. (2008). Aphasia therapy on a neuroscience basis. *Aphasiology*, 22(6), 563-599.
- Goodglass, H., Kaplan, E., Barresi, B., & García-Albea, J. E. (2005). *Test de Boston para el diagnóstico de la afasia* (3.ª ed.). Editorial Médica Panamericana.
- Flowers, J. L., Skoretz, S. A., Silver, F. L., Rochon, E., Fang, J., Flamand-Roze, C., et al. (2016). Poststroke aphasia frequency, recovery, and outcomes: A systematic review and meta-analysis. *Archives of Physical Medicine and Rehabilitation*, 97(12), 2188-2201.e8.
- Brady, M. C., Kelly, H., Godwin, J., & Enderby, P. (2012). Speech and language therapy for aphasia following stroke. *Cochrane Database of Systematic Reviews*, 2012(5), CD000425.
- Kalinyak-Fliszar, M., Kohen, F., & Martin, N. (2011). Remediation of language processing in aphasia: Improving activation and maintenance of linguistic representations in verbal short-term memory. *Aphasiology*, 25(10), 1095-1131.
- Pappathanasiou, I., & Coppens, P. (2016). *Aphasia and related neurogenic communication disorders* (2nd ed.). Jones & Bartlett Learning.

Recent studies of clinical relevance

- Adikari, A., Hernandez, N., Alahakoon, D., Rose, M.L., & Pierce, J.E. (2023). *From concept to practice: A scoping review of the application of AI to aphasia diagnosis and management*. Disability and Rehabilitation, 1-10.
- Vuković, M., Milovanović, T., & Jerkić, L. (2022). *Métodos actuales en el tratamiento de la afasia*. Estudios de Psicología, 43(1), 55-87.
- Forero García, L.V., Bernal Castilla, M.P., Aguilar Mejía, O.M., & Quique Buitrago, Y.M. (2023). *Tratamientos para la afasia en hispanohablantes*. Revista de Investigación en Logopedia, 13(1), e81535.
- Peña-Casanova, J., Vinaixa, L., Diéguez-Vide, F., Gramunt-Fombuena, N., & Soler-Campillo, A. (2022). *Assessment of aphasia: Dialectal and cultural considerations in neurology*. Neurología (English Edition), 37(7), 596-603.
- Nemoto, T., et al. (2025). *Executive functions training improves language abilities in aphasia rehabilitation: A systematic review*. Journal of Cognitive Rehabilitation, in press.
- Hébert, S., Racette, A., & Peretz, I. (2024). *Music-based interventions for nonfluent aphasia: Systematic review*. Annals of the New York Academy of Sciences, 15387.
- Zhong, X.-Y. (2024). *Assisted assessment and treatment of aphasia: A review*. Frontiers in Public Health, 12, 1401240.
- Kelly, H., & Kearns, Á. (2024). *Big data and artificial intelligence in poststroke aphasia: A mapping review*. Advances in Communication and Swallowing.

- Dipole Research Group (2025). *Communication & wellbeing intervention in virtual reality (EVA Park) for people with aphasia*. Disability and Rehabilitation, online ahead of print.
- De Clercq, P., Puffay, C., et al. (2023). *Neural envelope tracking of natural speech via EEG detects poststroke aphasia*. Brain, in press.
- Peng, Y., Huang, S., Yang, X., & Ma, J. (2024). *Efficacy and safety of mirror therapy for poststroke aphasia: A systematic review and metaanalysis protocol*. PLoS ONE, 19(5), e0301468.

Updated monographs

- Castillo, J. L., & Salamanca, A. B. (2020). *Afasias: Evaluación y tratamiento desde la logopedia*. Editorial Médica Panamericana.
- Moreno-Torres, I., & Sotillo-Díaz, M. (2021). *Afasias. De la teoría a la práctica*. Editorial Médica Panamericana.
- García-Pérez, A., & Salguero-Villadiego, P. (2022). *Afasias y trastornos relacionados: Evaluación y tratamiento*. Editorial Médica Panamericana.
- Insausti, R., & Marijuán, P. C. (2019). *Neurociencia de las afasias*. Editorial Médica Panamericana.
- Hallowell, B. (2023). *Aphasia and other acquired neurogenic language disorders: A guide for clinical excellence* (2nd ed.). Plural Publishing.

Software

No specific software is required

Groups and Languages

Please note that this information is provisional until 30 November 2025. You can check it through this [link](#). To consult the language you will need to enter the CODE of the subject.

Name	Group	Language	Semester	Turn
(PAUL) Classroom practices	11	Catalan	annual	morning-mixed
(PAUL) Classroom practices	12	Catalan	annual	morning-mixed
(SCC) Clinical case seminars	111	Catalan	annual	morning-mixed
(SCC) Clinical case seminars	112	Catalan	annual	morning-mixed
(SCC) Clinical case seminars	113	Catalan	annual	morning-mixed
(SCC) Clinical case seminars	114	Catalan	annual	morning-mixed
(SCC) Clinical case seminars	115	Catalan	annual	morning-mixed
(TE) Theory	1	Catalan	annual	morning-mixed