川崎医療福祉学会誌 Vol.2 No.2 1992 97 - 107

原著

微細脳機能障害を合併した聴覚障害児1例の13年の臨床経過

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1992-10-21 00:00:00+09受理

Clinical Progress for 13 Years in a Hearing Handicapped Child with Minimal Brain Dysfunction

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(Accepted 1992-10-21 00:00:00+09)

Key words:MBD, hearing handicap, formation mechanism of information transmission circuit, speech therapy program, speech therapy method

Abstract

To establish a speech therapy method for multiple-handicapped children, this article shows a summary of clinical progress for 13 years in a hearing handicapped child with minimal brain dysfunction (ab. MBD). 1 . He showed the abnormalities on behavior, visual recognition, motor skill, speech ability and reading comprehension ability at 3 years and 11 months. 2 . At 16 years and 10 months, the abnormalities on behavior, visual recognition and motor skill disappeared. Only speech ability and reading comprehension ability were retarded. The level of total language ability was almost at age 9. 3. The cause of such a remarkable language retardation seems to be the following. Namely, MBD brought incompletion of the information transmission circuit for language learning at age 3. As a result, it caused remarkable language retardation. 4 . Concentration, correct recognition of figures and following fixation until 180 degrees are fundamental abilities for language learning. It is necessary to train the above abilities sufficiently until the age of 3. Moreover, the final goal of speech therapy is to develop the language ability maximally.

要 約

MBDを合併した聴覚障害児1例の13一年間の臨床経過をまとめ,重複障害児の言語指導法確立

のための一助とした. 1.3歳11ヵ月の初診時には,行動・視知覚認知機能・運動機能・スピーチの機能・読み書き方すべてに問題があった. 2.16歳10ヵ月時には,行動・視知覚認知機能・運動機能の各異常はすべて改善し,スピーチの機能と読み書き力の遅滞のみが残った.総合した言語能力はほぼ9歳レベルであった. 3.このような著しい言語遅滞を生じた原因として,MBDによって3歳頃までに言語学習のための情報伝達回路網の形成がなされなかったことが考えられた. 4.注意の集中・図形等の正しい認知・180度の追視等は言語学習(スピーチ・文字とも)の基本となる能力であり,その訓練を3歳頃までに十分行う必要があった.その上で,言語能力をいかにして伸ばすかが言語訓練の最終目標とされねばならなかった.