



## SLP Treatment for Stroke THERAPISTS FOR ARMENIA

According to the American Heart Association's 2015 Heart Disease and Stroke Statistics Update, it is estimated that stroke is one of the top five leading causes of death in the United States (129,000 people per year) as well as a major cause of long term disability. Many individuals may experience changes in their cognitive, communication, and swallowing abilities. A speech-language pathologist's role in stroke rehabilitation is to evaluate and treat these types of disorders in the inpatient/acute and outpatient settings.

Speech language pathologists evaluate and treat the following areas:

- **Cognition:** Refers to a person's "thinking skills" and includes the ability to focus/concentrate on a task, alternate focus from one task to another, encode, store and retrieve information into short-term and long-term memories, plan, organize, self-monitor, problem solve and regulate emotions.
  - Treatments: SLPs train individuals to use the following
    - Compensatory Strategies
      - Internal memory aids:
        - Visual-verbal associations
        - Mnemonics
        - Acronyms
        - Memory Palace/Method of Loci
        - Repetition and Rehearsal of Information
      - External memory aids:
        - To-do lists, calendars, reminders, alarms
- **Language:** A common language disorder SLP's treat after someone has sustained a stroke is called Aphasia. This may affect an individual's ability to speak, understand speech, read and write. A stroke on the left side of the brain may lead to a person having aphasia. Aphasia can be short-term or chronic.
  - Treatments: All treatments are patient specific
    - Restorative and Compensatory Treatments based on findings from diagnostic evaluation
    - Restorative: Treatments that help with naming
      - Semantic Feature Analysis (SFA)
      - Verb Network Strengthening Treatment (vNEST)
      - Promoting Aphasics Communicative Effectiveness (PACE)
      - Phonological Components analysis (PCA)



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- Constraint-Induced Language Therapy (CILT)
- Phonomotor Treatment
- Script Training
- Response Elaboration Treatment (RET)
- Compensatory:
  - Supported Communication for Persons with Aphasia (SCA)
  - Augmentative and Alternative Communication Devices (AAC)
- Reading Treatments:
  - Multiple Oral Re-Reading (MOR)
  - Oral Reading for Language in Aphasia (ORLA)
  - Supported reading comprehension

When someone has sustained an injury to the right side of the brain, this may result in *Right Hemisphere Disorders (RHD)*. Individuals with RHD may have the following difficulties:

- Attentional deficits:
    - Difficulty focusing, shifting and sustaining concentration
  - Perceptual disturbances:
    - Visuo-spatial problems
    - Visuo-perceptual problems affecting reading and mathematics
    - Visuo-perceptual problems affecting writing which include spelling errors such as omissions, substitutions and difficulties recognizing spelling errors
    - Impaired perception of emotional affect
  - Pragmatic disturbances
    - Poor turn-taking skills
    - Verbosity
    - Difficulty establishing and maintaining eye contact
    - Reduced referencing skills
  - Disorientation to time and place
  - Memory disturbances
- **Dysphagia**
    - A person with dysphagia may have difficulty with one or more stages in swallowing including oral, pharyngeal and esophageal.
    - When a person is suspected to have dysphagia, typically a clinical bedside swallow evaluation is conducted. Other evaluations include a



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modified barium swallow study (MBSS) or Fiberoptic Evaluation of Swallowing (FEES). In the United States, an SLP needs to be fully trained and deemed competent to perform these evaluations.

- Treatments: All treatments are patient specific
- Some common Swallowing Exercises:
  - Effortful Swallow
  - Isokinetic (dynamic) Shaker
  - Isometric (static) Shaker:
  - Masako Maneuver
  - Mendelsohn Maneuver