

What we know

Dysarthria happens when the muscles of the face, tongue, or voice box are impacted by brain damage (e.g. stroke, brain injury, Parkinson's disease, multiple sclerosis, Cerebral Palsy). It is a motor speech disorder. A person with mild dysarthria might have slurred or unnatural sounding speech, but they can make themselves understood. A person with severe dysarthria might need another way to get their message across, such as typing on a device that speaks for them.

What the research says

We can apply the principles of neuroplasticity when treating Dysarthria. For example, “use it and improve it” and “specificity matters” means that if you practice good, clear talking, you will get better at good, clear talking. The current thinking is that “repetition matters” and “intensity matters”. This means when treating Dysarthria, we need to do a lot of practice (repetitions) and more than one session per week (intensity).

What we do: Assessment and treatment

First, we assess how well you move your mouth, lips, and tongue. We then look at how well you are able to speak in single words, sentences, and conversation to determine the severity of the dysarthria. Then we will set some goals together. Treatment goals will depend on how well you are talking. We may focus on practicing the correct mouth movements to form the speech sounds. For some people we may focus on the rate of speech (speeding it up or slowing it down) or using more breath to speak louder. In some cases, we may look at other ways to communicate, such as gestures, writing, or technology – known as Alternative and Augmentative Communication (AAC).

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