Speech and Swallow in Parkinson’s: Prehab and EMST
Hello!

I am Julie Fechter

Master’s in speech language pathology from University of Utah.
Worked with PWP for 9 years in SNFs and ALFs
Started a private practice
Certified in LSVT Loud
Trained in SPEAK OUT!
Trained in PhoRTÉ
Certified in MDTP
Passionate about communication and eating
Some Important Terms for Today and....Forever

<table>
<thead>
<tr>
<th>Dysarthria</th>
<th>Aspiration</th>
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<tr>
<td>Dysphagia</td>
<td>Penetration</td>
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<tr>
<td>EMST</td>
<td>Thickened liquids</td>
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<tr>
<td>Prehab</td>
<td>MBS</td>
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<tr>
<td>Neuroprotection/plasticity</td>
<td>FEES</td>
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“There’s nothing wrong with my speech”

“I’ve been swallowing my whole life”
Breakfast?

Lunch?

Have a conversation?

Tell a family member you loved them?

How important is your voice to you?
0–10

How important is eating to you?
0–10
"Not more than 20-40% of PD patients are aware of their swallowing dysfunction, and less than 10% of PD patients report spontaneously about dysphagia."
“There’s nothing we can do. It’s a degenerative disorder.”

**THIS IS NOT THE FUTURE. WE KNOW BETTER NOW!**

But ‘YOU’ may have to be the one to advocate for yourself!

Speech is not the first thing on people’s minds (other than mine)
Dysphagia

- Rigidity and reduced amplitude occurs in swallow muscles too!
- Slower movement
- Food “going down the wrong pipe”
- Food stuck in the throat
- Food up in your nose
- Food left in your mouth
Reduced urge to cough

SO IMPORTANT

Parkinson’s is not just motor difficulties

Sensory deficits as well

Reduced urge to cough when something goes down the wrong pipe

Aspiration is more serious
Complications of dysphagia

Risk of death is 6x greater than those without the disease

Most common cause of death is asp pneumonia

Reduced quality of life. Meals are important!

Decreased nutrition

Reduced socialization

Decreased hydration, which can lead to UTIs, dehydration, quality of life
Three Pillars of Aspiration Pneumonia

Poor oral health
Rotten teeth
Poor oral care

Aspiration/dysphagia
Knowing that liquids/solids are going down the wrong pipe

Health status
Age
Multiple diagnoses
Debilitated
Immune system

Also in consideration:
Being fed
OT can help with that!

Thank you, Dr. John Ashford, for the pillars of aspiration
“The effects of (speech therapy) have been shown to improve the swallow function in dysphagia”
Running out of breath
Short rushes of speech
Reduced volume
Slurred speech
Monotone
Reduced breath support
Reduced ROM and precision of articulators
Bowed vocal cords
Reduced vocal cord movement
What does this do?

Can impair relationships
Due to monotone speech and masked facies, doctors may assume you aren’t interested in your own care.

Reducing socialization
Increasing isolation and loneliness
Sensory deficits

- The hard part: you don't know your speech has declined
- Self perception is decreased
- Difficulty monitoring loudness
- Need an SLP to “teach” you that your speech is not at baseline
Speech and Swallow Questionnaire

Are you ever asked to repeat yourself?
  **YES**  **NO**

Does your voice sound hoarse or breathy?
  **YES**  **NO**

Do your family or friends ever say you speak too softly?
  **YES**  **NO**

Is it difficult to be understood over the phone?
  **YES**  **NO**

Does your voice ever get tired?
  **YES**  **NO**

Do you find yourself out of breath when you speak?
  **YES**  **NO**

Do you have “good” and “bad” days with your voice?
  **YES**  **NO**
Have you had pneumonia recently?  
**YES  NO**

Do you cough while eating food?  
**YES  NO**

Do you cough while drinking liquids?  
**YES  NO**

Do you experience difficulty with chewing solid foods (like crackers or apples)?  
**YES  NO**

Do you have food left in your mouth after you eat?  
**YES  NO**

Have you had unintentional weight loss?  
**YES  NO**

Do you inhale your saliva by accident and cough?  
**YES  NO**

Does food or drink come out of your nose while eating?  
**YES  NO**

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What can you do??
## Speech treatment

<table>
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<tr>
<th>Method</th>
<th>Description</th>
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<tr>
<td><strong>LSVT</strong></td>
<td>Think LOUD 4x/week x 4 weeks. Homework for life and LOUD for LIFE.</td>
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<tr>
<td><strong>SPEAK OUT!</strong></td>
<td>Speak with INTENT! 3x/week x 4 weeks. Weekly group and homework for life.</td>
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<tr>
<td><strong>PhoRTE</strong></td>
<td>Modified from LSVT, this targets vocal cord bowing. Not specifically for Parkinson’s, but may be an option.</td>
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<tr>
<td><strong>EMST</strong></td>
<td>Is completed at home. Does not replace speech tx.</td>
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**PREHAB.** Get improvement before it gets too bad  
Early intervention helps preserve function  
Get in the habit early  
Speech tx helps improve swallow function  
Can tie speech homework to physical workouts and complete them together  

Communication and eating are *BIG* parts of life
Swallowing treatment options

Expiratory Muscle Strength Training

MDTP ?!??

Traditional swallowing therapy
Expiratory muscle strength training

- Using progressive resistance with a device to strengthen muscles
- Creates resistance on swallowing muscles to improve them
- Doesn’t target swallowing but helps improve it
- TONS of research on people with Parkinson’s
- Breathe into a device generally 5x/5x day x 5 days a week
- Improves cough: KEY to improving swallow functioning with PD as you need to cough forcefully when something goes down the wrong pipe
- In my perfect world, you’d get one upon diagnosis from an SLP
Progressive resistive training using effortful swallow

Research being completed on it right now

Success in the UK

Its creator recently suggested it may be utilized for prehab for Parkinson’s

It’s simple, which makes it easy to complete and stick to
YOU CAN IMPROVE

YOU CAN MAINTAIN FUNCTION AS

LONG AS POSSIBLE
Only 3–10% of PWP get speech therapy

Speech pathologists are the ones to diagnose speech/swallow deficits

You may have to ask for a referral yourself
Future of Parkinson’s management
Your SLP is IMPORTANT

❖ Your SLP needs to be a motivating individual.
❖ You need to have a good rapport.
❖ They will help guide you in treatment and have a big effect on your outcome.
❖ Meta analysis suggested a good clinician-patient relationship can have beneficial effects like some medical treatments.
❖ Do not go to an SLP who isn’t trained or certified in at least one specialized Parkinson’s speech treatment!!
❖ Shop around if you don’t have a connection.
Patient model: Jenna in SNF

- Diagnosed with Parkinson's
- SNF for rehab
- Initiated treatment
- Six months later, tune up w/ more tx
- Dx with MSA
- Three months, more tx
- Three months, more tx
- Three months, swallow tx

Every time Jenna went to the doctor, she got an order for an SLP eval to strengthen speech, get an amplifier, swallow tx, or manage symptoms.
Important:

Advocate for yourself. Speech therapy tends to be reactive vs proactive, when it should be the other way around for PD.
Thanks!

Any questions?
You can find me at:

- @julie.365.weekend
- on Instagram

Soundspeechandswallow.com
Sound Speech and Swallow on FB
References


References


