

Chapter 1 : Aphasia Recovery Connection - Aphasia Support, Facebook Group, Events

Touch-type Read and Spell has been teaching typing in a multi-sensory way that supports language recovery for individuals struggling with aphasia/dysphasia and dysarthria as a result of a stroke for 25+ years.

Apraxia makes it hard to coordinate muscle movements and put sounds in the right order to produce intelligible speech. It may also impact on speech planning. Individuals can struggle with consonant clusters, rhythm, and stress, and may generally experience difficulties with aspects related to the prosody of language. On the other hand, aphasia is about language retrieval and recognition. People with aphasia or dysphasia may not be able to find the words they need to express themselves in speech or in writing, or they might use the wrong words and not realize it. If aphasia and apraxia of speech are the result of a stroke, a person may also experience difficulties with enunciation, referred to as dysarthria. This can present as trouble controlling the volume levels of speech, excessive drooling, or problems getting enough air while speaking. Dysarthria is caused by weakness or paralysis of the muscles of the lips, tongue, throat and face. When apraxia of speech is acquired as opposed to developmental apraxia which occurs in children, it can be diagnosed by a speech-language pathologist who will be looking for particular symptoms. These may include adding or leaving out sounds, difficulty saying longer and more complex words, especially those with multiple syllables, inconsistency in speech utterances saying the same words correctly and incorrectly in one sitting, a slower speech rate, and differences between manner of expression for common vs. A diagnostic assessment might be done as an individual performs natural communication tasks that involve speaking, listening, reading and writing in different contexts, like formal and informal situations, and under different conditions, such as when they are feeling stressed or tired. In diagnosing aphasia, a physician or doctor might test language production by asking a person to label objects or name images they are shown. Assessments routinely include comprehension questions about relationships and daily life, seeing if a person is able to follow commands and gauging the complexity of the conversation they can sustain. Apraxia of speech Apraxia of speech is a form of dyspraxia that affects the coordination of the muscles of the face, throat and mouth. People who have apraxia know the words they want to use but can struggle to actually say them. An individual with apraxia may intend to use one word and say another one instead. It might take them several tries to get a word right and sometimes they may have to give up. In severe cases of apraxia, speech may be so limited that individuals must resort to alternative forms of communication, such as writing or typing, in order to communicate with others. While children do not grow out of apraxia, they can learn coping strategies and receive language and speech therapy to improve their communicative ability. People who have acquired apraxia of speech from brain injury or a stroke might find they are suddenly in a position where spoken language is no longer a reliable or fluent way of communicating. Learn more about dyspraxia and apraxia of speech in this article. Aphasia Aphasia is a condition that affects access to language in the brain. Sometimes aphasia is referred to as dysphasia. In theory aphasia is a total loss of language ability, whereas dysphasia is a partial loss, but in practice both words are used somewhat interchangeably. Learn more about aphasia vs. There are different types of aphasia depending on how the brain has been affected. In nonfluent aphasia individuals can produce speech with meaning but often use short phrases that contain missing or wrong words, use repetitive language or are generally difficult to understand. People with global aphasia may have lost much of their ability to access language. When aphasia is mild, a person might experience only occasional disruption to speech but it can still be demotivating and frustrating. This is especially true in a work context when missing words prevent someone from getting their point across. Luckily speech and language therapy can help people who have had a stroke develop coping strategies and recover language ability gradually, especially when therapy is practiced consistently over an extended period of time. It can be helpful and stimulating to join a Stroke Club and be in the company of others with similar difficulties. Read more about language therapy in this article on regaining speech after a stroke. Learn about aphasia recovery time and recommended activities for stroke recovery. Touch-type Read and Spell Touch-type Read and Spell is a touch-typing course that was developed to strengthen language skills in a multi-sensory way and is appropriate for individuals who struggle with both

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aphasia and apraxia of speech. Speech and language therapy works by rehearsing form-meaning links in the brain and increasing the activation of words through repeat drills. In the TTRS course users see a word, hear it and type it, bringing together diverse sensory input to reinforce language. For users who have apraxia, it is also recommended that the learner say the word aloud while typing. TTRS includes a one-handed setting so users with partial paralysis can access the program. Lessons are bite-sized and self-paced and typing is a great alternative form of communication when speaking is too challenging because of severe apraxia. TTRS provides typing instruction using a stroke-friendly approach that is also a form of language therapy, so you get two benefits from every practice session. For more information and a free trial of the course, just get in touch with our team!

Chapter 2 : Brain Foundation | Aphasia

People with anomia or amnesia aphasia, the least severe form of aphasia, have difficulty in using the right names for objects, people, places, or events. Global aphasia is the most severe, caused by widespread damage to the language areas of the brain.

Expand All What is aphasia? If you have aphasia you may have difficulty in expressing yourself when speaking, trouble understanding speech, and difficulty with reading and writing. Aphasia is not a disease, but a symptom of brain damage. It is most commonly seen in adults who have suffered a stroke. No two people experience aphasia the same way. The exact type will depend on what part of the brain is injured by the stroke. Generally, aphasia can be divided into four broad categories: You know what you want to say, but cannot find the words you need. You hear someone talking or see the printed page but cannot make sense of the words. People with anomia or amnesia aphasia, the least severe form of aphasia, have difficulty in using the right names for objects, people, places, or events. Global aphasia is the most severe, caused by widespread damage to the language areas of the brain. Stroke survivors with global aphasia cannot speak or understand speech, nor can they read or write. Can aphasia be treated? A full recovery from aphasia is possible. Speech therapy is the most common treatment for aphasia. There are a variety of specific speech therapy exercises and techniques. Other types of therapy have also proven effective for some stroke survivors, including: Melodic intonation therapy which allows stroke survivors to sing words they cannot speak Art therapy Visual speech perception therapy focuses on associating pictures with words. Constraint-induced language therapy involves creating a scenario in which spoken verbal communication is the only available option, and other types of communication, such as visual cues from body language, are not possible. Group therapy and support groups Some prescription medication can aid in the recovery of aphasia Practice at home will support professional speech therapy. Some activities to support aphasia recovery include: Play word-based games, such as board games, cards and crossword puzzles. Cook a new recipe and read the ingredients. Practice writing a shopping list or greeting cards to loved ones. Read aloud or sing. Go out to eat, order off a menu and calculate the tip. Tips for communicating with aphasia If you have aphasia, here are some tips for communicating with others: Use props to make conversation easier photos, maps. Draw or write things down on paper. Take one idea at a time. Show people what works best for you. Make phone calls or try talking only when you have plenty of time. Create a communication book that includes words, pictures and symbols that are helpful. Use the Internet to connect to people via email or to create a personal Web page. Carry and show others a card or paper explaining what aphasia is and that you have it. Keep it in your purse or wallet. Tips for communicating to survivors with aphasia Use props to make conversation easier photos, maps. Speak simply, clearly and slowly. Be sure the person with aphasia understood you. Treat the person with aphasia as an intelligent adult; aphasia does not typically affect thinking skills. Try different ways to get your message across.

Chapter 3 : Aphasia - Wikipedia

The typical pattern of recovery is for aphasia to be at its worst initially, with spontaneous recovery occurring most rapidly in the first few days, weeks and even months. Spontaneous recovery is a term used to describe the improvement that happens as the brain heals from a stroke or brain injury.

Download Communicating After a Stroke: Understanding Aphasia Saebo Aphasia Suffering from a stroke is a scary situation, and it leaves survivors with plenty of challenges to overcome during the recovery process. Aphasia can be extremely stressful for both the individual who had the stroke and their family and friends. Fortunately, some recovery from aphasia is possible, and there are still ways to effectively communicate, even with aphasia. Aphasia occurs when there is damage to the brain—specifically, to the left half of the brain, which is the part that deals with language. Aphasia often stems from a stroke. According to the National Aphasia Association, roughly 25 to 40 percent of people who suffer from a stroke will develop aphasia. However, aphasia is not limited to stroke patients. What Are the Types of Aphasia? Receptive Aphasia Imagine being in a room with your friends and family, but every single one of them is speaking a strange, foreign language. An individual with receptive aphasia can still communicate, but they have a lot of difficulty understanding what is being communicated back to them. Receptive aphasia is even more difficult to deal with when people speak in long or complex sentences, if multiple people are speaking at once, or if there is too much background noise. People with receptive aphasia might be able to read something short and simple, like a newspaper headline, but would struggle to read the actual article. In addition, those with receptive aphasia might still be able to communicate by writing, but then they might struggle to read back what they just wrote. They might be able to say a few words, but they struggle to speak in full sentences, often leaving out key words from their intended message. In other cases, someone might speak clearly and at a regular pace, but what they say is mostly gibberish, with the intended meaning completely lost. Of course, some individuals with expressive aphasia cannot speak at all. The severity of expressive aphasia varies by patient. Can You Recover From Aphasia? Aphasia is not always permanent, and in some cases, an individual who suffered from a stroke will completely recover without any treatment. This kind of turnaround is called spontaneous recovery and is most likely to occur in patients who had a transient ischemic attack TIA. A TIA is a type of stroke where the blood flow to the brain is initially impeded, but restored relatively quickly, thus limiting the damage done. However, the majority of aphasia cases are not as simple, and complete recovery may not be possible. In many situations, language abilities are not restored quickly or completely. Some stroke patients will benefit from partial spontaneous recovery but be left with other aphasia symptoms that do not resolve. In cases like this, speech-language therapy can be a huge help in attempting to regain language abilities over time. Music therapy is another type of treatment that has been shown to help with aphasia. The earlier treatment is started, the better, and patients can generally still hope to make improvements throughout the two-year period following a stroke. Other factors that can play a role in the success of a recovery are the cause and severity of the brain damage, the particular area of the brain that was damaged, and the age and health of the patient. A well-educated and motivated patient also tends to have a better chance at improving than a patient with less education and motivation. Even though aphasia can be difficult to deal with, maintaining a positive attitude and working hard with your speech therapist is important. Aphasia can be frustrating, but the key for an individual suffering from aphasia is to stay calm. Draw or write things down, one word or idea at a time. Use props if necessary to make communication easier. Let your loved ones know what works best for you so that everyone is on the same page. One helpful tip is to create a communication book full of words, pictures, or symbols that can help you get your message across more clearly, even if you are struggling. Keep it in your purse or pocket, just in case you are in a situation where you need to explain your condition to someone. Be patient, and treat the individual with aphasia just as you would any other intelligent adult. Yes, you will have to speak more clearly and slowly, but remember that aphasia does not usually impact thinking skills. You might have to try different ways to get your message across at times, such as by drawing or writing things, or by using props or symbols. Take your time, and do your best to be sure that the person with aphasia

understands you. They are still the same intelligent person they were before their stroke; they just have trouble communicating now. Overcoming Communication Barriers Aphasia is one of the most difficult impairments that stems from a stroke, but individuals are often able to recover, at least partially, with the proper mindset and treatment. Undergoing speech-language therapy can be a significant help in recovering speech and communication abilities, and having a patient and determined approach from both the individual with aphasia and their friends and family can go a long way. Remember, aphasia makes it harder to communicate, but not impossible to do so. There are ways around the effects of aphasia, and countless individuals with aphasia are living happy and fulfilling lives as they continue to recover from this frustrating condition. All content provided on this blog is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. If you think you may have a medical emergency, call your doctor or immediately. Reliance on any information provided by the Saebo website is solely at your own risk.

Chapter 4 : Communicating After a Stroke: Understanding Aphasia | Saebo

Aphasia is a condition that affects your ability to produce and process speech. It often occurs in people who survive left-brain strokes because your brain's language center resides in your left hemisphere.

Published online Oct Department of Rehabilitation Medicine, St. This article has been cited by other articles in PMC. Abstract Objective To investigate the effects of specific brain lesions on prognosis and recovery of post-stroke aphasia, and to assess the characteristic pattern of recovery. Methods Total of 15 subjects with first-ever, left hemisphere stroke, who were right handed, and who completed language assessment using the Korean version of the Western Aphasia Battery K-WAB at least twice during the subacute and chronic stages of stroke, were included. However, lesions in other areas can also manifest features of aphasia, and many studies have been investigating the further brain lesions related to language network [4 , 5]. Advances in neuroimaging such as voxelwise lesion-behavior mapping VLBM and diffusion tensor imaging DTI have allowed us to locate these lesions [6 , 7], and these insights might be helpful in understanding the effects of the lesions; thus, enabling greater accuracy of clinical diagnosis and better management. The aim of this study is to investigate the effect of the specific brain lesion site on prognosis and recovery of aphasia, along with assessment of the characteristic recovery pattern of subacute and chronic post-stroke aphasia. The inclusion criteria were as follows: No restriction was placed on the type or severity of the aphasia, and subjects were excluded if they had any other functional or structural brain disorder. Of the individuals, only 15 qualified for the study. All subjects were investigated with respect to their demographic data and the results of their language assessments were collected. For precise localization of their brain lesions, high resolution 1. Language test All participants were examined using the validated K-WAB, and the results were subjected to analysis only when aphasia was caused by first-ever stroke at the time of admission. The WAB assessment is composed of four subtests of fluency, comprehension, repetition, and naming. Subjects included in the study completed their initial WAB assessment within 3 months of stroke onset, and the follow-up test was completed at least 3 months after the initial assessment. Changes in AQ and the four subsets of WAB were compared and evaluated to determine their significance. Lesion tracing and analysis procedures Lesion size was calculated using the Picture Achieved Communication System PACS; Marotech, Seoul, Korea , and the absolute lesion size cm³ was determined by multiplying the sum of all lesion areas in each plane by the slice thickness. Localization of the brain lesions was conducted using MRIcron. The origin of the image 0, 0, 0 mm coordinates was reoriented to locate as close as possible to the anterior commissure. In order to deduce the lesion overlap maps, the first step is to roughly align the T1 image onto a standard space. This will approximately locate the anterior commissure, which will aid subsequent normalization. The next step is to coregister the T2 scan to the space of the T1 scan. The T2 image will then be moved and rotated until it is closely aligned with the T1 scan. The final step is to align the T1 image in the stereotaxic space. This series of processes was performed in combination with SPM8 unified segmentation and normalization. The Talairach Daemon software [http:](http://) All continuous variables were analyzed with non-parametric testing using Mann-Whitney test, due to non-normal distribution. Among them, there were 7 males and 8 females, with an average age of Patients underwent their initial K-WAB at a mean time period of The average interval between the initial and the subsequent K-WAB assessments was The follow-up K-WAB results showed statistically significant improvement in three of the four subtests of K-WAB, including fluency, comprehension, and repetition. The most prominent improvement was noted in the comprehension aspect Table 2.

Chapter 5 : What is Aphasia? | Cleveland Clinic

The aim of this study is to investigate the effect of the specific brain lesion site on prognosis and recovery of aphasia, along with assessment of the characteristic recovery pattern of subacute and chronic post-stroke aphasia.

For example, someone with receptive aphasia may say, "Delicious taco", meaning "The dog needs to go out so I will take him for a walk". They have poor auditory and reading comprehension, and fluent, but nonsensical, oral and written expression. Individuals with receptive aphasia usually have great difficulty understanding the speech of both themselves and others and are, therefore, often unaware of their mistakes. It is thus characterized as a nonfluent aphasia. Affected people often omit small words such as "is", "and", and "the". For example, a person with expressive aphasia may say, "Walk dog," which could mean "I will take the dog for a walk", "You take the dog for a walk" or even "The dog walked out of the yard". Individuals with expressive aphasia are able to understand the speech of others to varying degrees. Because of this, they are often aware of their difficulties and can become easily frustrated by their speaking problems. People with this aphasia may have difficulties naming certain words, linked by their grammatical type e. People tend to produce grammatic, yet empty, speech. Auditory comprehension tends to be preserved. Global aphasia is considered a severe impairment in many language aspects since it impacts expressive and receptive language, reading, and writing. Similar symptoms, however, can be present after damage to the insula or to the auditory cortex. Auditory comprehension is near normal, and oral expression is fluent with occasional paraphasic errors. Repetition ability is poor. Conduction and transcortical aphasias are caused by damage to the white matter tracts. These aphasias spare the cortex of the language centers but instead create a disconnection between them. Conduction aphasia is caused by damage to the arcuate fasciculus. People with conduction aphasia typically have good language comprehension, but poor speech repetition and mild difficulty with word retrieval and speech production. People with conduction aphasia are typically aware of their errors. People with transcortical motor aphasia typically have intact comprehension and awareness of their errors, but poor word finding and speech production. People with transcortical sensory and mixed transcortical aphasia have poor comprehension and unawareness of their errors. Although fluent, the speech may lack in key substantive words nouns, verbs, adjectives , and may contain incorrect words or even nonsense words. These individuals usually have no body weakness, because their brain injury is not near the parts of the brain that control movement. Conduction aphasia , where speech remains fluent, and comprehension is preserved, but the person may have disproportionate difficulty where repeating words or sentences. Damage typically involves the arcuate fasciculus and the left parietal region. Recent classification schemes adopting this approach, such as the "Boston-Neoclassical Model", [37] also group these classical aphasia subtypes into two larger classes: These schemes also identify several further aphasia subtypes, including: Many localizationist approaches also recognize the existence of additional, more "pure" forms of language disorder that may affect only a single language skill. Cognitive neuropsychological approaches[edit] Although localizationist approaches provide a useful way of classifying the different patterns of language difficulty into broad groups, one problem is that a sizeable number of individuals do not fit neatly into one category or another. Consequently, even amongst individuals who meet the criteria for classification into a subtype, there can be enormous variability in the types of difficulties they experience. Instead of categorizing every individual into a specific subtype, cognitive neuropsychological approaches aim to identify the key language skills or "modules" that are not functioning properly in each individual. A person could potentially have difficulty with just one module, or with a number of modules. For example, the model of Max Coltheart identifies a module that recognizes phonemes as they are spoken, which is essential for any task involving recognition of words. Similarly, there is a module that stores phonemes that the person is planning to produce in speech, and this module is critical for any task involving the production of long words or long strings of speech. Once a theoretical framework has been established, the functioning of each module can then be assessed using a specific test or set of tests. In the clinical setting, use of this model usually involves conducting a battery of assessments, [43] [44] each of which tests one or a number of these modules. Gradual loss of language function occurs in the context of

relatively well-preserved memory, visual processing, and personality until the advanced stages. Symptoms usually begin with word-finding problems naming and progress to impaired grammar syntax and comprehension sentence processing and semantics. People suffering from PPA may have difficulties comprehending what others are saying. They can also have difficulty trying to find the right words to make a sentence. Speech is fluent and effortless with intact syntax and grammar, but the person has problems with the selection of nouns. Either they will replace the desired word with another that sounds or looks like the original one or has some other connection or they will replace it with sounds. As such, people with jargon aphasia often use neologisms, and may perseverate if they try to replace the words they cannot find with sounds. Substitutions commonly involve picking another actual word starting with the same sound e. Deaf aphasia[edit] There have been many instances showing that there is a form of aphasia among deaf individuals. Sign languages are, after all, forms of language that have been shown to use the same areas of the brain as verbal forms of language. Mirror neurons become activated when an animal is acting in a particular way or watching another individual act in the same manner. These mirror neurons are important in giving an individual the ability to mimic movements of hands. Facial communication is a significant portion of how animals interact with each other. Humans use facial movements to create, what other humans perceive, to be faces of emotions. While combining these facial movements with speech, a more full form of language is created which enables the species to interact with a much more complex and detailed form of communication. Sign language also uses these facial movements and emotions along with the primary hand movement way of communicating. These facial movement forms of communication come from the same areas of the brain. When dealing with damages to certain areas of the brain, vocal forms of communication are in jeopardy of severe forms of aphasia. Since these same areas of the brain are being used for sign language, these same, at least very similar, forms of aphasia can show in the Deaf community. These individuals find tremendous difficulty in being able to actually sign the linguistic concepts they are trying to express. However, there is much variance between how often one type of severity occurs in certain types of aphasia. For instance, any type of aphasia can range from mild to profound. Regardless of the severity of aphasia, people can make improvements due to spontaneous recovery and treatment in the acute stages of recovery. Prevention[edit] Following are some precautions that should be taken to avoid aphasia, by decreasing the risk of stroke, the main cause of aphasia: With this said, people with global aphasia may retain gestural communication skills that may enable success when communicating with conversational partners within familiar conditions. Process-oriented treatment options are limited, and people may not become competent language users as readers, listeners, writers, or speakers no matter how extensive therapy is. Some people are so severely impaired that their existing process-oriented treatment approaches offer signs of progress, and therefore cannot justify the cost of therapy. From the studies performed, results showed that therapy can help to improve specific language outcomes. One intervention that has had positive results is auditory repetition training. Recovery and improvement can continue for years after the stroke. After the onset of Aphasia, there is approximately a six-month period of spontaneous recovery; during this time, the brain is attempting to recover and repair the damaged neurons. The reason that there is no universal treatment for aphasia is because of the nature of the disorder and the various ways it is presented, as explained in the above sections. Aphasia is rarely exhibited identically, implying that treatment needs to be catered specifically to the individual. Studies have shown that, although there is no consistency on treatment methodology in literature, there is a strong indication that treatment, in general, has positive outcomes. It can also help increase confidence and social skills in a comfortable setting. In this kind of therapy, the focus is on pragmatic communication rather than treatment itself. It is based on the theory that neural connections can be strengthened by using related words and phrases that are similar to the target word, to eventually activate the target word in the brain. SFA can be implemented in multiple forms such as verbally, written, using picture cards, etc. The SLP provides prompting questions to the individual with aphasia in order for the person to name the picture provided. MIT is used to help people with aphasia vocalize themselves through speech song, which is then transferred as a spoken word. A Cochrane review of speech and language therapy for people with aphasia found that treatments that are higher intensity, higher dose or over a long duration of time led to significantly better functional communication but people were more likely

to drop out of high intensity treatment up to 15 hours per week. Intensive therapy has been found to be effective for people with nonfluent and fluent chronic aphasia, but less effective for people with acute aphasia. This suggests people in the sub-acute phase can improve greatly in language and functional communication measures with intensive therapy compared to regular therapy. However, it is important to note that some people continue to improve over a period of years and even decades. Improvement is a slow process that usually involves both helping the individual and family understand the nature of aphasia and learning compensatory strategies for communicating. Retrieved December 16, After a traumatic brain injury TBI or cerebrovascular accident CVA , the brain undergoes several healing and re-organization processes, which may result in improved language function. This is referred to as spontaneous recovery. Spontaneous recovery is the natural recovery the brain makes without treatment, and the brain begins to reorganize and change in order to recover. Gall that gave the first full description of aphasia after studying wounds to the brain, as well as his observation of speech difficulties resulting from vascular lesions. Further research[edit] Research is currently being done using functional magnetic resonance imaging fMRI to witness the difference in how language is processed in normal brains vs aphasic brains. This will help researchers to understand exactly what the brain must go through in order to recover from Traumatic Brain Injury TBI and how different areas of the brain respond after such an injury. Another intriguing approach being tested is that of drug therapy. Research is in progress that will hopefully uncover whether or not certain drugs might be used in addition to speech-language therapy in order to facilitate recovery of proper language function. One other method being researched as a potential therapeutic combination with speech-language therapy is brain stimulation. One particular method, Transcranial Magnetic Stimulation TMS , alters brain activity in whatever area it happens to stimulate, which has recently led scientists to wonder if this shift in brain function caused by TMS might help people re-learn languages. The research being put into Aphasia has only just begun. Researchers appear to have multiple ideas on how Aphasia could be more effectively treated in the future.

Chapter 6 : Explaining Aphasia Recovery and How and Why People Recover from Aphasia | iTAWC

Aphasia Recovery Connection is the largest online community for people with aphasia & caregivers. We help end the isolation that often comes with aphasia.

This is a condition referred to as aphasia or dysphasia. The name aphasia implies a total loss of language, as compared to dysphasia, which is partial loss. Nonetheless, the two terms are used somewhat interchangeably with dysphasia more common in Europe and the UK. Aphasia is a result of trauma to the brain, including when brain cells are deprived of oxygen or sustain damage due to internal bleeding. It can result in difficulty finding and retrieving words, producing intelligible speech, negotiating syntax grammar, and sometimes even understanding what other people are saying. No two individuals with aphasia will have the same set or severity of symptoms and the condition can be affected by a number of factors, including the location and extent of the injury to the brain. Some studies have shown that half of the people who experience right side paralysis because of a stroke will also experience language difficulties. This is due to the location of language use and processing centres in the brain and may explain why the same trend is not commonly observed in left-side paralysis. Learn more about the difference between aphasia and dysarthria. Research on aphasia Some studies have shown that nouns may be easier for individuals with aphasia to recall. This could be due to how they are stored in the brain, in particular the fact that nouns fall into hierarchical categories e. Verbs may also be more difficult because they can take varying forms depending on their context of use. They are also more difficult to capture in an image so may be less amenable to flashcard study during recovery. In some cases of aphasia, chunks of language come out in fluent speech even when an individual is unable to produce the individual words they contain. Read more about aphasia. A timeline for recovery It is not always possible to know exactly how long the recovery process will take and how much language and communicative ability can be restored. This is because areas of the brain that experienced temporary swelling begin to repair themselves. Recovery may then proceed in smaller bursts, interspersed by periods of little to no change, and it can slow down considerably after six months. Nonetheless, there are cases in which people with aphasia have regained language ability up to two or more years following a stroke. Much depends on the initial damage sustained by the brain and the support provided to the person recovering from aphasia, including having access to regular language and speech therapy and sticking to a program of rehabilitation activities that can be worked on at home. Setting reasonable goals Aphasia often requires people to start small and tackle communicative priorities one at a time. Communicating about basic needs. If the aphasia has taken away all speech, the first goal should be establishing a system of communication with carers concerning basic needs. It may be as simple as learning to say words like yes, no and okay which can help someone struggling with aphasia cover a lot of communicative ground. If even these words are a struggle, gestures and hand signs, or even just a nod in response to a yes or no question will do. Expressing wants and desires. Talking about feelings and emotions. A stroke can cause people to feel isolated, alone and depressed. This is even worse when aphasia prevents stroke survivors from talking about their feelings. Connecting and sharing with others can bring great relief and thus finding ways to do this should be a priority. Joining a group of other stroke survivors who meet regularly may be a start. If speech is difficult, symbols can help with expressing feelings. Animal therapy is another way in which people who enjoy spending time with pets can communicate without words. Some people find they are able to return to their homes and resume a modified version of their routine after a mild stroke. However, they may still struggle with aphasia and periodically experience language gaps, which can make running errands, paying bills and going to work more complicated. This is especially the case if there is any embarrassment associated with the aphasia. Making a list of the words needed for daily activities and keeping it handy so it can readily be consulted is one workaround. In any case, let people at work know you are in recovery from a stroke so they can be more patient if communication difficulties arise. Getting started after a stroke Many people with aphasia visit a speech and language therapist following a stroke. Regular sessions are crucial to help individuals regain speaking abilities and learn coping strategies. Speech therapy targets redevelopment of the muscles of the face, mouth, and throat to improve articulation

and render speech more intelligible. This is particularly useful when garbled speech and slurred words make it difficult for a person who has had a stroke to be understood by others. Language recall activities are designed to target parts of the brain that are no longer connected. In re-establishing connections between neurons, an individual can both regain what was lost during the stroke and learn new words to replace language that cannot be recovered. Not only will it stimulate your brain but it can also help you stay positive and avoid depression. Use multi-sensory flashcards to practice word recall. Smartphones and tablets offer plenty of apps that bring together images, audio and text to create dynamic flashcards that will help you practice words. The more often you see a word and have to produce it, the easier it will be for your brain to re-establish and strengthen that connection. Download some English language podcasts. There are plenty of audio lessons and podcasts produced for non-native speakers of English who want to expand their vocabulary. Technology can also offer helpful pronunciation drills for individuals struggling with aphasia and dysarthria. Turn on the subtitles and closed captioning when you watch TV. If a stroke has caused any physical handicaps and you are less able to get out and about than before, increase the amount of regular exposure you get to a wide range of vocabulary by watching television. A great approach for people with aphasia is to watch with the subtitles turned on so you are both hearing and seeing English words at the same time. Enroll in an online typing course. A touch-typing course is a great way for people with aphasia to strengthen their vocabulary and practice the English words they find problematic. You will hear a word, type it and see it on the screen “ and for added practice individuals who have had a stroke should also say the word out loud. This reinforces it in memory as it is encoded via multiple sensory channels. Apply for a free trial Touch-type Read and Spell is designed specifically to help individuals struggling with language difficulties because it takes a whole word and phonics based approach to keyboarding. Sometimes you just need to be more creative when it comes to communication. Try these coping strategies for starters: Carry an alphabet chart. When you are struggling to find a word, try pointing to the letter it begins with. Keep a pad of paper handy. People with aphasia may not be able to think of a word but they might be able to draw it. Make use of associations. Explain what something looks or feels like, when it is commonly used or any other detail that will help your communication partner come up with the word. Know when to give up. Think of another word to say or change the topic and talk about something else. Stroke recovery can be frustrating when you have aphasia, but you can limit how badly it affects you by staying flexible. Factors that can influence success A stroke is often accompanied by physical paralysis that can prevent individuals from participating in activities they used to enjoy. This can result in people becoming more isolated and experiencing depression, two of the worst things for aphasia recovery. People with aphasia need stimulating environments that force them to interact with others and engage different areas of the brain. Encountering language in context is far more powerful than just running through drills in a weekly therapy session, so join a local recovery group or enlist a carer to help you get out and about.

Chapter 7 : Recovery Groups – Aphasia Lab

If the symptoms of aphasia last longer than two or three months after a stroke, a complete recovery is unlikely. However, it is important to note that some people continue to improve over a period of years and even decades.

Aphasia Description Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. For most people, these are parts of the left side hemisphere of the brain. Primary signs of the disorder include difficulty in expressing oneself when speaking, trouble understanding speech, and difficulty with reading and writing. Aphasia is not a disease, but a symptom of brain damage. Aphasia usually occurs suddenly, often as the result of a stroke or head injury, but it may also develop slowly, as in the case of a brain tumour, infection, or dementia. The type and severity of language dysfunction depends on the precise location and extent of the damaged brain tissue. Generally, aphasia can be divided into four broad categories: Expressive aphasia involves difficulty in conveying thoughts through speech or writing. The patient knows what he wants to say, but cannot find the words he needs. Receptive aphasia involves difficulty understanding spoken or written language. The patient hears the voice or sees the print but cannot make sense of the words. Patients with anomic aphasia, the least severe form of aphasia, have difficulty in using the correct names for particular objects, people or places. Global aphasia results from severe and extensive damage to the language areas of the brain. Patients lose almost all language function, both comprehension and expression. They cannot speak or understand speech, nor can they read or write. **Treatment** In some instances, an individual will completely recover from aphasia without treatment. This type of "spontaneous recovery" usually occurs following a transient ischemic attack TIA , a kind of stroke in which the blood flow to the brain is temporarily interrupted but quickly restored. While many individuals with aphasia also experience a period of partial spontaneous recovery in which some language abilities return over a period of a few days to months after the brain injury , some amount of aphasia typically remains. In most cases, however, language therapy should begin as soon as possible and be tailored to the individual needs of the patient. Such therapy with a speech pathologist involves extensive exercises in which patients read, write, follow directions, and repeat what they hear. Computer-aided therapy may supplement standard language therapy. **Prognosis** The outcome of aphasia is difficult to predict given the wide range of variability of the condition. Generally, people who are younger or have less extensive brain damage fare better. The location of the injury is also important and is another clue to prognosis. In general, patients tend to recover skills in language comprehension more completely than those skills involving expression. **Further Information and Support.**

Chapter 8 : Expressive Aphasia: Symptoms, Treatment, and Recovery - Flint Rehab

Strokes can cause Aphasia, which is a reduction in the brain's capacity to Receive info, Process info or to Speak. I myself have some minor difficulties with my memory, complex calculations or.

Overview Resources What is aphasia? Aphasia is a disorder that results from damage to portions of the brain that are responsible for language. For most people, these areas are on the left side of the brain. Aphasia usually occurs suddenly, often following a stroke or head injury, but it may also develop slowly, as the result of a brain tumor or a progressive neurological disease. The disorder impairs the expression and understanding of language as well as reading and writing. Aphasia may co-occur with speech disorders, such as dysarthria or apraxia of speech, which also result from brain damage. Who can acquire aphasia? Most people who have aphasia are middle-aged or older, but anyone can acquire it, including young children. About 1 million people in the United States currently have aphasia, and nearly , Americans acquire it each year, according to the National Aphasia Association. Aphasia is caused by damage to one or more of the language areas of the brain. Most often, the cause of the brain injury is a stroke. A stroke occurs when a blood clot or a leaking or burst vessel cuts off blood flow to part of the brain. Brain cells die when they do not receive their normal supply of blood, which carries oxygen and important nutrients. What types of aphasia are there? There are 2 broad categories of aphasia: Another hallmark of this type of aphasia is difficulty understanding speech. They often have right-sided weakness or paralysis of the arm and leg because the frontal lobe is also important for motor movements. They often omit small words, such as "is," "and" and "the. Because of this, they are often aware of their difficulties and can become easily frustrated. Another type of aphasia, global aphasia, results from damage to extensive portions of the language areas of the brain. Individuals with global aphasia have severe communication difficulties and may be extremely limited in their ability to speak or comprehend language. They may be unable to say even a few words or may repeat the same words or phrases over and over again. They may have trouble understanding even simple words and sentences. There are other types of aphasia, each of which results from damage to different language areas in the brain. Some people may have difficulty repeating words and sentences even though they understand them and can speak fluently conduction aphasia. Others may have difficulty naming objects even though they know what the object is and what it may be used for anomia. Sometimes, blood flow to the brain is temporarily interrupted and quickly restored. When this type of injury occurs, which is called a transient ischemic attack, language abilities may return in a few hours or days. How is aphasia diagnosed? Aphasia is usually first recognized by the physician who treats the person for his or her brain injury. Most individuals will undergo a magnetic resonance imaging MRI or computed tomography CT scan to confirm the presence of a brain injury and to identify its precise location. How is aphasia treated? Following a brain injury, tremendous changes occur in the brain, which help it to recover. As a result, people with aphasia often see dramatic improvements in their language and communication abilities in the first few months, even without treatment. But in many cases, some aphasia remains following this initial recovery period. In these instances, speech-language therapy is used to help patients regain their ability to communicate. Research has shown that language and communication abilities can continue to improve for many years and are sometimes accompanied by new activity in brain tissue near the damaged area. Some of the factors that may influence the amount of improvement include the cause of the brain injury, the area of the brain that was damaged and its extent, and the age and health of the individual. Individual therapy focuses on the specific needs of the person, while group therapy offers the opportunity to use new communication skills in a small-group setting. Recent technologies have provided new tools for people with aphasia. The use of speech-generating applications on mobile devices like tablets can also provide an alternative way to communicate for people who have difficulty using spoken language. Increasingly, patients with aphasia participate in activities, such as book clubs, technology groups, and art and drama clubs. Such experiences help patients regain their confidence and social self-esteem, in addition to improving their communication skills. Stroke clubs, regional support groups formed by people who have had a stroke, are available in most major cities. These clubs can help a person and his or her family adjust to the life changes

that accompany stroke and aphasia. Family involvement is often a crucial component of aphasia treatment because it enables family members to learn the best way to communicate with their loved one. Family members are encouraged to: Participate in therapy sessions, if possible. Simplify language by using short, uncomplicated sentences. Repeat the content words or write down key words to clarify meaning as needed. Maintain a natural conversational manner appropriate for an adult. Minimize distractions, such as a loud radio or TV, whenever possible. Include the person with aphasia in conversations. Ask for and value the opinion of the person with aphasia, especially regarding family matters. Encourage any type of communication, whether it is speech, gesture, pointing, or drawing. Allow the person plenty of time to talk. Help the person become involved outside the home. Seek out support groups, such as stroke clubs. What research is being done for aphasia? Researchers are testing new types of speech-language therapy in people with both recent and chronic aphasia to see if new methods can better help them recover word retrieval, grammar, prosody tone, and other aspects of speech. Some of these new methods involve improving cognitive abilities that support the processing of language, such as short-term memory and attention. Others involve activities that stimulate the mental representations of sounds, words, and sentences, making them easier to access and retrieve. Researchers are also exploring drug therapy as an experimental approach to treating aphasia. Some studies are testing whether drugs that affect the chemical neurotransmitters in the brain can be used in combination with speech-language therapy to improve recovery of various language functions. Other research is focused on using advanced imaging methods, such as functional magnetic resonance imaging fMRI, to explore how language is processed in the normal and damaged brain and to understand recovery processes. This type of research may advance our knowledge of how the areas involved in speech and understanding language reorganize after a brain injury. The results could have implications for the diagnosis and treatment of aphasia and other neurological disorders. A relatively new area of interest in aphasia research is noninvasive brain stimulation in combination with speech-language therapy. Two such brain stimulation techniques, transcranial magnetic stimulation TMS and transcranial direct current stimulation tDCS, temporarily alter normal brain activity in the region being stimulated. Researchers originally used these techniques to help them understand the parts of the brain that played a role in language and recovery after a stroke. Recently, scientists are studying if this temporary alteration of brain activity might help people re-learn language use.

Chapter 9 : Aphasia recovery time following a stroke

Recovery from aphasia is influenced by lesion location and type of aphasia. As an example, large lesions in the left hemisphere with global aphasia have a much poorer recovery than small, subcortical lesions with anomia.

This often is associated with stroke. The underlying message a person is trying to convey. This may involve actions such as acting and reacting with each other or sharing experiences. There are a number of residential, intensive programs that offer intensive programs for a set period of time usually one month. The intensive program at aphasiatoolbox is at least one year or as long as it takes. The IPA has an internationally recognized form for representing the pronunciation of various speech sounds. Often, after a stroke or brain injury, people may believe that they are not capable of doing things independently and therefore, rely on family or caregivers to do things for them. See also Learned non-attention. This problem can of course impair, or even preclude, adequate aphasia recovery. The PWA who are clients of aphasiatoolbox have shown excellent success in replacing this detrimental habit with clear, focused attention in the semantic, environmental and visual fields. Today I will eat is left branched for the sentence " I will eat" Lemma: For example, can you mentally rehearse saying the word PEN before saying it? Can you hear the sounds and syllable in your head? The uncontrollable intention to continue a dialogue with lack of awareness of its impact on conversational partner. Similar to press of speech but tendency to stay on a topic rather than drift from topic to topic. This includes facts, events, impressions, words, names, experiences, procedures, etc. We, as well as other therapists and PRA and researchers, have clearly shown that is a myth. It can be anything that is told or recounted. It involves using mathematics to make sense of the world. They are either consonants or vowels. Moreover, many clients experience difficulty with syllabification, the ability to know how many syllables that the word has. An example is "I took up sewing. This results in a reduced cost and increased effectiveness for intensive aphasia rehabilitation. That means that pragmatic speech is spoken language used to communicate with others and socialize. Pronouns are words that take the place of a noun in a sentence. It happens when a person creatively formulates words into sentences with regard to the situation at hand. Q R Reconnectionist Theory: It contrasts in some important ways with learning theory used in the educational field. We have learned that aphasia recovery need never reach a plateau; that progress can continue with innovative and effective treatment and practice. Our mission is to turn people with aphasia into people recovering from aphasia. The Keyboarding and Flash Spelling activities on the Aphasia Sight Reader program can assist in the reconnection of these skills. It is also a branch of linguistics concerned with the study of meanings of words. A social network allows people, who were often strangers initially, to interact, share information, and support each others efforts. It is the smallest portion of speech. We speak in syllables.