Keywords: Psychomotor education; Speech-language pathology; Co-therapy; Stroke; Dysphonia; Dysprosody

Introduction. Our patient was a 56-year-old writer who had a secondary sylvian right stroke at the dissection of the right internal carotid artery. No cause was identified. He had a severe left hemiplegia and a right hemisphere syndrome with significant dysphonia and dysprosody. We soon noticed disorders in position and pneumo-phonie coordination which increased dysphonia as well as a lack of body involvement in verbal and nonverbal communication which hampered the remediation of dysprosody.

Observations. The decision was made to start therapy using both psychomotor education and speech-language pathology. This multi-discipline collaboration connected the specific techniques of both disciplines. Each session was supervised jointly by the two therapists and was conducted in two parts: it began with a ritual including exercises on position, breathing, phonation and voice modulation. It went on working on rhythm, verbal (voice, prosody) and nonverbal (gestures) communication though theatrical activities. Through roleplay one can work on voice parameters (intensity, frequency) and dysprosody as well as on cognitive-behavioral disorders also involved in verbal and nonverbal (gestures) communication through theatrical activities. Through roleplay one can work on voice parameters (intensity, frequency) and dysprosody as well as on cognitive-behavioral disorders also involved in verbal and nonverbal communication (dysexecutive syndrome, unilateral spatial neglect and attention disorders).

Discussion. At the time of the final assessment of the day-hospital therapy, after a 7-month-co-therapy, we could notice that severe hemiparesis and still significant elements of neglect persisted. The patient, his family and the therapists all noticed clear improvement in verbal and nonverbal expression.

With psychomotor education we could fully integrate body expression in speech therapy focused here on dysprosody and dysphonia. Although this observation remains an isolated clinical experience, the result seemed to us particularly positive as compared to results usually observed on these patients.

http://dx.doi.org/10.1016/j.rehab.2013.07.682

P137-e

Efficacy of an intensive therapy of aphasia

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Keywords: Aphasia; Intensive therapy; Rehabilitation

Introduction. Efficacy of aphasia therapies and their functional benefit in daily life have occured many studies. Some authors argue that the intensity of treatment is equally critical than the choice of treatment, and that intensive treatments over [3] a short amount of time can improve outcomes of aphasia therapies.

Objective. The aim was to investigate the efficacy of a short and intensive aphasia therapy in a man with non fluent aphasia living in Côte d’Ivoire.

Method. A single-case design of anomia therapy was conducted with a 40-year-old man, suffered non fluent aphasia since 11 months. Two sessions of intensive therapy (6 weeks each) had been conducted, respectively 42 hours and 36 hours, interrupted by a three months period without therapy.

We tested the effects of both therapies for trained words, generalisation to untrained words, maintenance of the first session of intensive therapy. Transfer of improvement to daily life was also assessed.

Results and discussion. Both therapies were significantly efficient for trained words ($P < .001$). However, only the first session showed a generalisation to untrained words. The repercussion of daily life did not occur immediately and seemed depend on sociopolitical and family environment of our patient.

To our knowledge, no previous study has compared the efficacy of two intensive therapies on two different sessions for the same subject. The issue of the role of intensity [3] therapy for the efficacy remains unclear versus the exposure of the total number of sessions [2,1]. However, intensive therapy can generate interest for patients living far from care sites or in targeted therapies.

References


http://dx.doi.org/10.1016/j.rehab.2013.07.683