



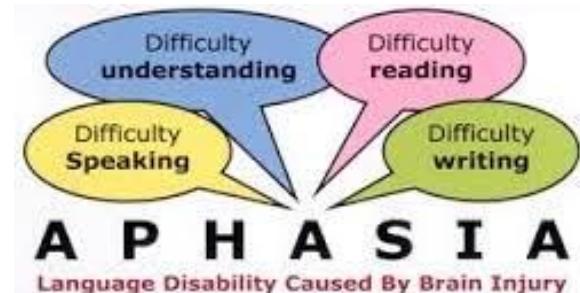
Stroke - Aphasia

What is a stroke?

A stroke is a sudden loss of brain function. It is caused by the interruption of blood flow to the brain causing brain cells in the affected area to die. The effects of a stroke depend on where the brain was injured, as well as how much damage occurred.

What is aphasia?

“Aphasia” means a loss of language ability, often due to a stroke. Aphasia does not affect intelligence. When someone has aphasia, it’s like being picked up and dropped in a country where you don’t speak the language – you are just as smart, you simply can’t communicate.



Did hlja eioj fjafeiqh a little webh iae fa?

You have just experienced an aphasic moment!

Aphasia can affect comprehension (how we understand when listening or reading), expression (how we speak or write) or both. Difficulties can range from mild (e.g., trouble thinking of the right words or understanding abstract language) to severe (e.g., unable to say any words or understand even single words that are written down).

How can a speech-language pathologist help?

Speech-language pathologists can assess an individual’s specific language impairments and then develop strategies and communication exercises to improve those language areas. Research shows that people who receive speech therapy improve by 175% to 1200% over natural recovery alone! Improvement can occur for many years after a stroke, although the sooner you start treatment (preferably within 3 months), the more gains will be made.

How can someone communicate effectively with an individual who has aphasia?

- Speak in a tone of voice appropriate for communicating with an adult
- Communicate one idea at a time
- Write down key words
- Use gestures and drawing
- Use objects from the environment
- Use yes/no questions or provide written choices

HOW TO FIND A SPEECH-LANGUAGE PATHOLOGIST:

Call 877-388-3819 or email info@learcomm.ca for more information on assessment and treatment at Lear Communication.

You can also contact the Ontario Association of Speech-Language Pathologists and Audiologists at www.osla.on.ca or 800-718-6752. There may be government funded services available at your local school, hospital or Community Care Access Centre.

What exactly *is* therapy, anyway?

Therapy, whether physical, cognitive, or communication, usually consists of three main components: **stimulation**, **compensation**, and **environmental modification**. All three components are used to improve function by reducing impairments and disabilities. Communication therapy is focused on improving how people understand language (when listening and/or reading) as well as how they express themselves (when speaking and/or writing).

If a person's leg is paralyzed after a stroke, the physiotherapist will do a variety of leg exercises to get the muscles working better in that leg. This is what we call "**stimulation**" – exercises designed to improve muscle function. In communication therapy, there are sometimes muscle strengthening exercises to improve speech clarity, but more frequently stimulation activities include exercises to improve word finding, listening skills, reading comprehension or writing. For example, we might practice categorizing and describing words to help with word-finding. Or we might practice reading sentences and matching them to pictures to help with reading comprehension.

The physiotherapist won't just work on rebuilding paralyzed muscles; time will also be spent figuring out how the person can get around while their leg isn't working properly. This might involve using a quad cane or a wheelchair or learning a special way to get up from a chair so the person doesn't fall. This is what we call "**compensation**" – strategies and devices used to help bypass the impaired muscles. Just like in physiotherapy, compensation activities for communication are designed to teach ways of getting around the communication difficulties. For example, if someone can't think of the correct word, they may be taught to describe what it looks like and what it's used for. Or if someone has difficulty organizing their ideas to write an essay, they may be taught to use outline and flow keys.

Now, a wheelchair is a great idea for helping someone get to where they need to be if their legs aren't working properly. But if no one ever builds any ramps, the wheelchair won't be very helpful at all! Building ramps is what we call "**environmental modification**" – changing things in the environment to accommodate someone's needs. There are lots of wonderful examples of this today – Braille on dollar bills, curb cuts on sidewalks, grab bars in bathrooms, etc. Building "ramps" for communication is slightly more difficult, because we need to teach the people in the environment how to make communication easier for the person. For example, if someone can't speak, a family might be taught to write down word options for the person to point to. Or if the person's comprehension is reduced, the family might be taught to speak in short, simple sentences only. Therefore, the family member, friend or any person in the community becomes the communication ramp!

And that's what therapy is all about! Your speech-language pathologist will usually be working on all three areas simultaneously, but the relative emphasis on each may change over time.