

LSVT Global Public Webinar

Title: Introduction to LSVT LOUD® and LSVT BIG®:

Speech, Physical and Occupational Therapy for Parkinson's

Disease and Other Neurological Conditions

Presenters: Angela Halpern, MS, CCC-SLP

Laura Gusè, MPT

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Instructor Biographies

Ms. Gusé has extensive experience treating people with neurodegenerative wis. Gos has each service experience treating people with recondegenerative disorders in various practice settings. She was LSVT BIG certified in 2009 and now serves as Chief Clinical Officer of LSVT BIG. Ms. Guse' oversees the training, curriculum and product development related to LSVT BIG, and has helped to create many of the current LSVT BIG treatment tools, webinars, and courses. She has spoken at many national and international conferences on topics related to LSVT BIG.



Angela Halpern, MS CCC-SLP

Ms. Halpern is an LSVT LOUD certified speech- language clinician, as well as
Chief Clinical Officer- LSVT LOUD and LSVT LOUD Faculty instructor for LSVT Global. She is a research associate and member of Dr. Ramig's research team Ground Site is a Tessach resocutae from Intelligent or In. Anning a Secart reson at the National Center for Voice and Speech in Denver, CO, and has her own Speech-Language Pathology Private Practice. She received her master's degree in the Department of Communication Science and Disorders at the University of Pittsburgh. Ms. Halpern has worked extensively in the area of neurogenic disorders with a specialty in Parkinson disease. She has presented at national and international conferences and authored and co-authored publications related to voice and speech in Parkinson disease.



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Disclosures

All of the LSVT Global faculty have both financial and non-financial relationships with LSVT Global. Non-financial relationships include a preference for the LSVT LOUD and LSVT BIG as a treatment technique.

Financial Relationships include:

Ms. Guse and Ms. Halpern receive consulting fees and travel reimbursement from LSVT Global, Inc. and are employees of LSVT Global, Inc.

Logistics

Presentation of Content

Plan for Webinar

- Address your questions
- Type in the question box at any
- Questions will be answered at the
- Survey

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• Describe the need for effective speech, physical and occupational therapy interventions for Parkinson's disease Discuss the development and data on efficacious treatments LSVT LOUD* for speech and LSVT BIG* for movement Learning Discuss LSVT LOUD and LSVT BIG treatment concepts **Objectives**

- Explain how clients can find an LSVT LOUD and/or LSVT BIG Certified Clinician and how speech, physical and occupational therapists can receive training and certification in LSVT LOUD or LSVT BIG

Polling Question 1 What is your profession? Physiotherapist **Occupational Therapist** Speech Therapist Nurse Physician Other

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Approximately how many people with Parkinson disease have you treated in the last year?

- None (0)
- 1-5
- . 6-10 . 11-20
- More than 20



Polling Question 2

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Parkinson's Disease (PD) A Global Concern? Up to 8 million people worldwide are living with PD. Number of people with

Dorsey ER, Bloem BR (2018) The Parkinson Pandemic—A Call to Action. JAMA Neurol. 2018;75(1):9-10. doi:10.1001/jamaneurol.2017.3299

PD is expected to DOUBLE by 2040.

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Our Mission

To empower people with PD to restore and maintain their highest levels of functional communication, mobility and independence in daily life through scientifically supported therapy programs:

- LSVT LOUD* Speech Therapy
- LSVT BIG* Physical & Occupational Therapy



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Video: Before and After LSVT LOUD

- 59 year-old female, 2.5 years since diagnosis
- Changes noted in her voice and speech
- She is ON medications in the before and after videos and she had no changes is medication
- Intensive one-month speech therapy program





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LSVT BIG Before/After Video https://blog.lsvtglobal.com/lsvt-loud-speech-therapy-for-parkinson-disease-2/

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PD: A Complex Disease!

Motor Symptoms Non-Motor Symptoms

- Bradykinesia
- Hypokinesia - Rigidity

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- Tremor

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- Higher rates of depression
- Neuropsychological changes
- Sensory/proprioceptive changes
- Emotional changes: anxiety, apathy
- Higher rates of dementia
- Autonomic Dysfunction
- Sleep disorders

Progressive decrease in loudness of speech (hypophonia) Progressive decrease in amplitude Hypokinesia of handwriting (micrographia) affects both SPEECH and Progressive shortening of stride MOVEMENT length and arm swing during Progressive decrease in speed & amplitude duration with repetitive movements of fingers or limbs

Over 89% of individuals with Parkinson disease worldwide suffer from voice and speech disorders.

- Reduced vocal loudness, monoloudness
- · Hoarseness, harsh or breathy voice quality
- · Monotone voice
- Imprecise articulation

Aronson, 1990; Harel et al, 2004; Little, et al, 2008; Logemann et al., 1978; Ruiz et al., 2011; Sapir et al., 2001; Skodda, et al, 2009; Stewart et al, 1995

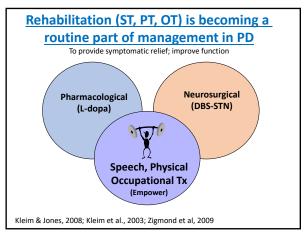
Even people who are clinically asymptomatic for speech deficits report feelings of embarrassment, social stigma and social isolation due to speech concerns (Miller et al., 2006a, b)

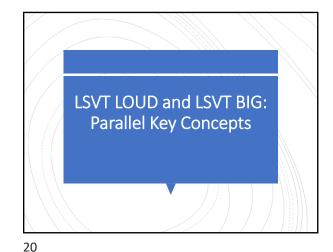


How do motor and non-motor symptoms affect function in PD?

- · Difficulty dual tasking affects efficiency
- Balance and stability affect safety
- Fear of falling affects everyday task involvement
- Slowed movements affect efficiency
- Difficulty with initiation affects time on task
- Tremors affect activities of daily living including object manipulation
- Apathy can affect motivation for treatment

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Goal in therapy: incorporate multiple principles that drive neuroplasticity

Intensity matters

Intensive practice is important for maximal plasticity

Complexity matters

Complex movements or environmental enrichment have been shown to promote greater structural plasticity

Repetition Matters

Induction of plasticity requires sufficient repetition (Kliem et al, 2004)

Salience matters

Practicing rewarding tasks (success/emotionally salient) activates basal ganglia

Timing matters

Injury creates fertile field for plasticity - need behavior to make it happen.

Specificity matters

Train the deficits (target hypokinesia in PD)

(Alexander et al., 1990; Fox et al., 2002; Graybiel 1998; Kilem et al., 2003; Kleim and Jones, 2005; Joneset al. 1999; Saint-Cyr JA, 2003; Tillerson et al., 2002; Vergara-Aragon et al., 2003; Black et al. 1990; Comery 1995; Fisher et al., 2004; Kleim et al., 2001; 1996; Perze et al. 2004; Pisani et al., 2005 Mauts et al., 2000

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of LSVT LOUD and LSVT BIG Standardized, research-based, specific protocols

Three KEY features

1. TARGET: (6)

Bigness or Loudness (AMPLITUDE)

2. MODE: 🏂

Intensive and High Effort

3. CALIBRATION:

Solutions for Lasting Success

TARGET – Amplitude (Loud or Bigness) Voice too soft/movements too small Drive effort to increase amplitude 1111)) Loudness Single Target - Triggers Activation Healthy Amplitude Small

Mode – Intensive and High Effort

Intensity across sessions:

Minimum dosage for efficacy!

- 4 consecutive days a week for 4 weeks in a row (16 SESSIONS)
- 60-minute sessions

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- Individual therapy, (not group)
- Daily homework practice and daily carryover exercises

(all 30 days of the month)

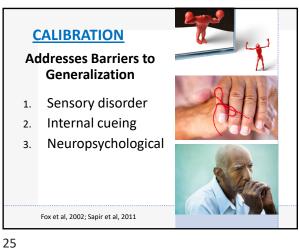
Delivered by LSVT BIG Certified Physio and Occupational Therapists or LSVT LOUD Certified Speech Therapists

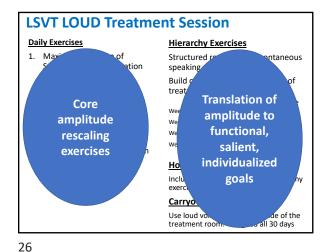


"Make a life-long habit of practice!"

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"I feel like I'm shouting." How? **Calibration Training** LSVT LOUD addresses a MISMATCH between one's perception of their vocal loudness and how others perceive it. People with PD have soft speech, but they think it is within normal limits (world needs a hearing aide) Speech that is within normal limits (normal loudness) is perceived by the individual as too LOUD Fox et al., 2002; Sapir et al., 2011

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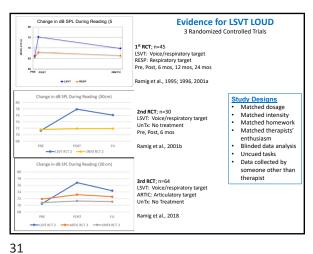
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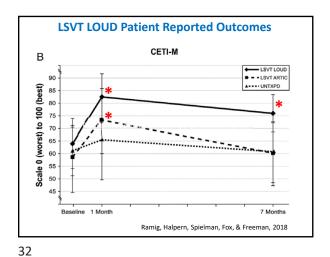


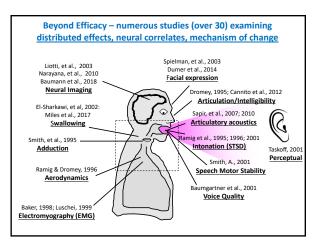
30+ year LSVT LOUD journey from invention to scale-up 1987-89: Initial invention; Pilot data Lee Silverman Center 1989-91: Treatment development OE-NIDRR 1991-94: Treatment follow-up OE-NIDRR 1990-95: Treatment Efficacy NIH R01 RC1 Underlying Mechanism NIH R01 RC1 2002-07: Distributed effects NIH R01 2007-12: Target/mode NIH R01 RCT 2001-02: LSVT Companion Coleman Institute LSVT Companion NIH & MJ FOX Foundation NIH R21 2002-04: LSVT Virtual Therapist Coleman Institute 2004-06: LSVT Virtual Therapist NIH R21 2004: LSVT Down Syndrome Coleman Institute 2006: Technology Enhanced Clinician Training NIH SBIR 2009: Telehealth Delivery of Software Enhanced LSVT NIH SBIR Independent Delivery of Software Enhanced LSVT NIH SBIR 2010: 1993-present: Global LSVT LOUD Training & Certification Courses

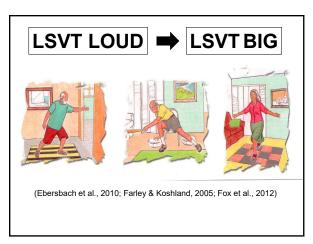
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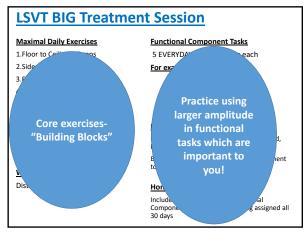
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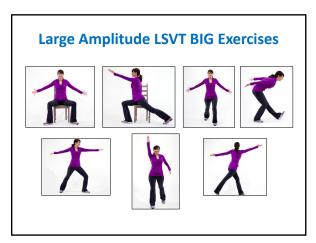












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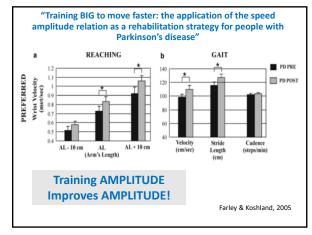


LSVT BIG addresses a ${\color{red}{\bf MISMATCH}}$ between How? one's perception of their movement and how **Calibration** others perceive it. **Training** Fox et al, 2002; Sapir et al, 2011 "I can't walk like this. People will think I'm crazy!"

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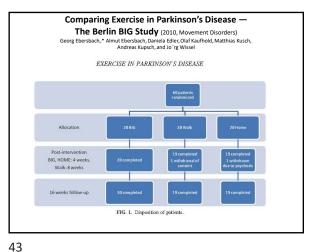
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Comparing Exercise in Parkinson's Disease The Berlin LSVT BIG Study (2010, Movement Disorders) rsbach, * Almut Ebersbach, Daniela Edler, Olaf Kaufhold, Matthias Kusch Andreas Kupsch, and Jo⁻rg Wissel ---- WALK

Training amplitude enhances other levels of motor output Preliminary studies Trunk Rotation Stride length **Documented Cross-System** Speed Effects -Reaction Time **LSVT BIG** UPDRS motor score Balance, Coordination, ADLs **Dual Tasking** Occupational Performance Ebersbach et al., 2010; 2014; 2015; Farley et al., 2008; Farley & Koshland, 2005; Henderson et al., 2019; Isaacson et al., 2018; Janssens et al., 2014; Millage et al., 2017

Is LSVT Used With Other Conditions Beyond PD?

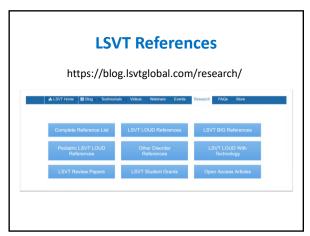
- Parkinson Plus (Countryman et al., 1994)
- Post Surgery, Fetal cell (Countryman, et al., 1993)
- Stroke (Fox et al., 2002; Mahler et al., 2009; Mahler et al., 2012; Proffitt et al., 2018, Metcalfe et al., 2019; Proffitt et al., 2020)
- Idiopathic Normal Pressure Hydrocephalus (Fillmore et al., 2020)
- Multiple Sclerosis (Sapir et al., 2001)
- Ataxia (Sapir et al., 2003)
- Cerebral palsy (Fox et al, 2012; Boliek et al., 2014)
- Down Syndrome (Boliek et al., 2016; Petska et al, 2006; Mahler et al., 2012)
- Aging (Ramig et al., 2001)

(Single-subject, case study and small group designs. LSVT LOUD studies in black. LSVT BIG studies in blue.)

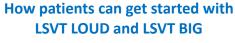
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Lifelong Support After LSVT Daily exercise practice life-long LSVT Homework Helper Video **Group Exercise Options!** LOUD for LIFE® and BIG for LIFE® Offered In Person and via Teleclasses Regular LSVT "Tune-ups" every 3-12 months Other enjoyable activities and fitness for PD



- Doctor can provide a referral and a prescription for speech, physical and/or occupational therapy evaluation and treatment
- Visit www.lsvtglobal.com to find an LSVT LOUD or LSVT BIG Certified Clinician in the area



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Summary

- LSVT BIG and LSVT LOUD address core symptoms which ALL patients with PD will experience (e.g. small movements, softer voice, sensory mismatch)
- Intensive training and practice supported by research on motor learning and neuroplasticity (brain change)
- Standardized protocol, but can be individualized and adapted across disease severity and patient needs
- Robust data support improvements in speech, communication, motor functioning and more
- LSVT Global offers ongoing support for people with PD and training for therapists in LSVT BIG and LSVT LOUD



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How to Ask Questions

1. Type in the question box on your control panel

2. Raise your hand!

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- · Click on the hand icon
- Your name will be called out
- Your mic will be unmuted,
- Then you can ask your question out loud
- 3. Email info@lsvtglobal.com if you think of questions later!



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