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VOICE THERAPY
Let your voice be heard.

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WHEN THE WORLD GOES DEAF!

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Sometimes the human brain is just too smart for its own good. And the brains of people who have Parkinson's Disease are a perfect example.

People with PD often get fooled by their too-smart brain. For example, they often feel that they are speaking in a voice that is loud enough to be heard, and it's easy for them to get frustrated when listeners complain that they cannot hear or understand. The PD patient does not feel that he or she is speaking any differently than they ever did. It's like the world has gone deaf!



If this has happened to you, the good news is that your family and colleagues have not gone deaf or begun ignoring you.

The bad news is that your brain may be giving you inaccurate information. The issue is a trick of the brain known as ***sensorimotor misperception***.

This phenomenon is unique to PD, and the term is just a fancy way to say that people with PD may not accurately perceive their own vocal loudness. In fact, they may think that they are shouting when the reality is that they are mumbling, whispering or breathing with a hoarse/breathy vocal quality.

Some people react to this information by saying, "Well, now that I know about this misperception, I'll just talk louder!!" Even if a determined person tried to do that, it's just not that simple. There are many complex issues that affect the voice. For example, speaking techniques:

- Posture
- Breath support and coordination of breath-voice
- Vocal effort
- Resonance
- Pitch inflection
- Vocal endurance

Sensorimotor impairments can also contribute to decreased amplitude of motor output, which means muscle movements are smaller. Decreased muscle movement for speech is called dysarthria and, in PD, commonly includes:

- Slurred, imprecise articulation
- Increased rate of speech
- Difficulty initiating speech
- Mumbled quality
- Stuttering or dysfluencies (an interruption in the smooth flow of speech)

Decreased muscle movement for voice is called dysphonia, and in PD, commonly includes:

- Reduced loudness
- Hoarseness
- Breathiness
- Restricted pitch range
- Lack of vocal interest (monotone, voice sounds dull, think Ben Stein)

To date, the most efficacious and well researched speech therapy intervention for speech and voice problems in PD is **LSVT LOUD®**. LSVT LOUD targets an individual's sensorimotor impairment via recalibration. The individual literally re-learns how much physical effort is required to produce normal (65-75dB in quiet background setting) loudness.

For example, the effort it takes to produce a functionally loud, good quality voice may be rated on a 0-10 scale (0=no effort, 10=max effort). Often individuals early in the treatment process will have to remember to put in high effort (e.g., 8/10) to achieve normal loudness, but as the treatment progresses over four weeks, conscious and physical effort level usually decrease.

Through high effort, repetitive and frequent practice (the neuroplasticity* principle), normal loudness can become automatic for an individual in four-six weeks.

*Simply put, neuroplasticity refers to the ability of the brain to modify its connections or rewire itself.

A Slippery Slope

Ignoring the signs of speech and voice problems is a slippery slope for PD patients because the effects of nonfunctional communication are pervasive. The "slope" may begin with avoiding conversation at home or at work.



Reduced loudness, limited pitch variation, and a hoarse or breathy vocal quality can lead to conversational partners speaking for or over you - as if you were not even there. Over time, withdrawal may become a way of life, both at work and at home, with negative effects on employment and on family relationships.

Community activities may suffer as well. Many PD patients who once volunteered in their communities begin staying home, avoiding the sheer frustration of trying to communicate. You use your voice in every aspect of life, including activities that were once taken for granted: being able to order for yourself in a restaurant, or reading to your grandchild, or even singing in a choir.

Help is Available

We work with PD patients and others whose lives are significantly affected by speech or voice problems. If you think you might need help, ask your physician. Most physicians who treat PD patients are well aware of the quality of life impact when ordinary conversation is no longer possible.

This issue was brought to you by:

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Information about our licensing, certifications and practice areas is available on our [web site](#).



The logo is designed to ground us in both purpose and place. The letter "V" at the center stands for Voice and reminds us that even when we are surrounded by the warmth of the Florida sun and the beauty of the sea, our ability to share all the beauty and richness of our lives often depends on our ability to use our voices.

STV's mission is to help children and adults to Let Their Voices Be Heard. Our clients and patients can — and do — overcome challenges created by illness, aging, overuse, even allergies. We accomplish this together, improving vocal quality, communication skills, and even quality of life through professional, therapeutic vocal support and training.



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