

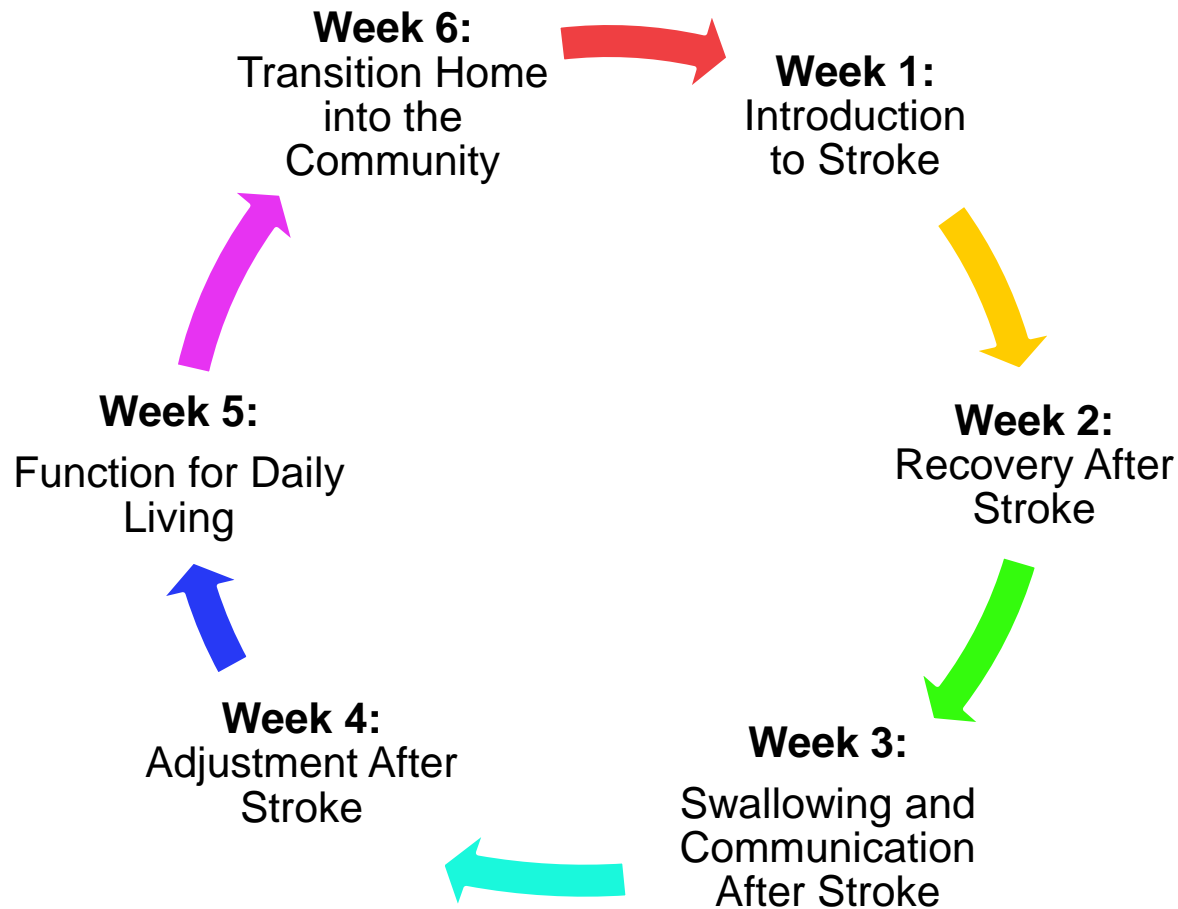
Bridgepoint Stroke Education Series: Session 3

Swallowing and Communication after Stroke

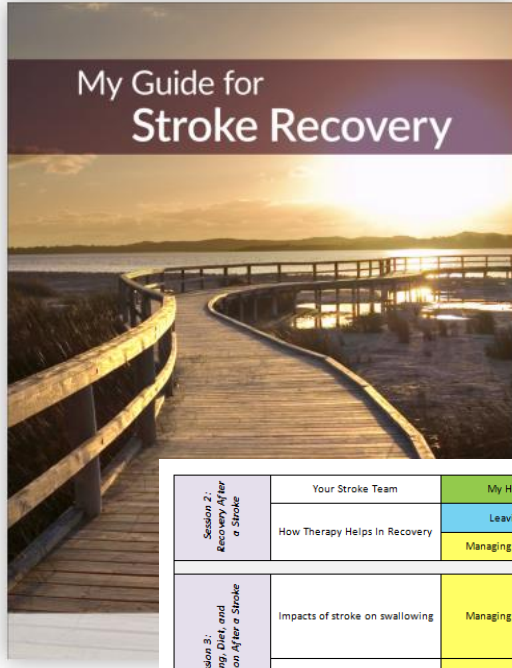
Bridgepoint Stroke Education Series

- ✔ **Weekly sessions held in the 3rd floor dining room -**
Thursdays from 3:15 - 4:00
Saturdays from 2:00 - 2:45
- ✔ For inpatient and outpatient stroke survivors and their friends and family
- ✔ Combination of **information** and **peer support**
- ✔ Not meant to cover EVERYTHING, but to **answer questions** relevant to YOU, and guide you to further resources (websites, staff, etc)

Bridgepoint Stroke Education Series



My Guide for Stroke Recovery



| | | | | | |
|---|--|--------------------------------|---------|--|--|
| Session 2: Recovery After a Stroke | Your Stroke Team | My Health Care Team | 229-232 | | |
| | How Therapy Helps In Recovery | Leaving the Hospital | 39-43 | | |
| | | Managing the Effects of Stroke | 146-150 | | |
| Session 3: Swallowing, Diet, and Communication After a Stroke | Impacts of stroke on swallowing | Managing the Effects of Stroke | 126-131 | | |
| | Effects of Stroke on Communication and Cognition | Managing the Effects of Stroke | 151-159 | | |
| Session 4: Psychological Well-being After a Stroke | Adjusting to Life Changes Following a Stroke | Getting Back Into Life | 180-182 | | |
| | | My Health | 29-32 | | |
| | Depression and Mood Changes Following a Stroke | Managing the Effects of Stroke | 140-145 | | |
| | The role of the caregiver and Identify caregiver stress | Getting Back Into Life | 187-197 | | |

- We are using this binder to help you and your caregivers manage your recovery following your stroke
- At the front of your binder, there is a summary of each education session we run, with links to where you can find more information in the binder or website
- If there are any outstanding questions about a topic, please refer to the appropriate section in the binder or talk with your health care provider

Speech Language Pathology

Role of S-LP on Stroke Unit:

- Assessment and Treatment of Swallowing Disorders (Dysphagia)
- Assessment and Treatment of Speech/Language and Cognitive-Communication Disorders



Learning Goals

Normal Swallowing

Describe how we swallow

Dysphagia

Learn about the impact of stroke on swallowing

Safer Swallowing

Changing how and what we eat

How Does A Functional Swallow Work?

4 STAGES:

1) Oral Preparation



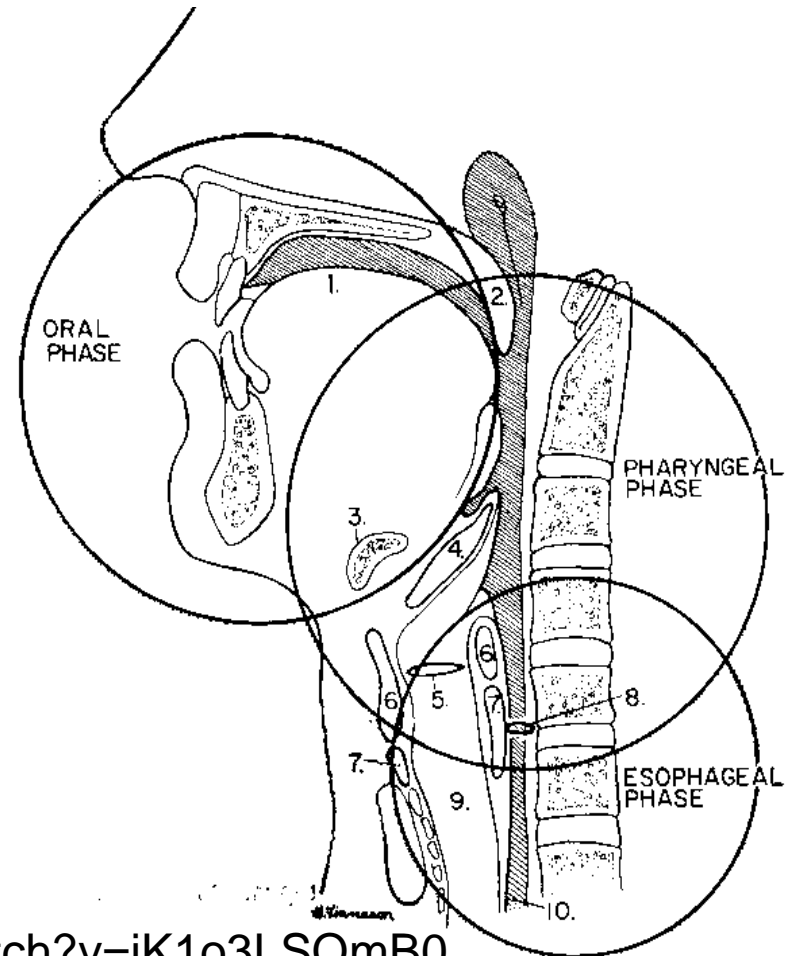
2) Oral Stage



3) Pharyngeal Stage



4) Esophageal Stage



Dysphagia is.....

A disturbance in the normal preparation and transfer of food from the mouth through the throat and esophagus to the stomach



Impact of Stroke on Swallowing

- Difficulty chewing or pocketing of food in mouth
- Slow or uncoordinated swallow
- Food/drink spilling into the throat too quickly
- Coughing or choking with food/drink
- Can result in chest infection (pneumonia)
- Multiple difficulties with swallowing can lead to NPO (nothing by mouth)

What can we do?

- Modify food texture (puree, minced, soft solids etc.)
- Modify liquid consistencies (e.g. honey thickened liquids)
- Swallowing strategies
- Swallowing exercises (if appropriate)

Caregivers:

- How do I learn how to provide safe mealtime assistance?
- Ask your Speech Language-Pathologist or Speech Assistant (CDA) for tips and feeding techniques

Special Considerations



Ensure patient is wearing their dentures and/or hearing aids, glasses



Be aware of the possible impact of meds (decreased saliva, reduced alertness, etc.)



Minimize distraction and agitation

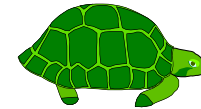


Maximize independence



Safe Swallowing & Feeding Tips

- Feed slowly
- Use a teaspoon (small amounts)
- Sitting upright in chair or bed (during and 30 minutes after the meal)
- Daily oral care



**** Refer to patient-specific strategies posted at bedside****

Frequently Asked Questions:

Q: How do I prepare food/drinks at home so they are safer to swallow?

A: Your Speech-Language Pathologist can provide tips on preparing different diet textures and provide a demonstration on thickening your drinks.

Communication

It is the act of transferring information through verbal messages, the written word, or more subtle, non-verbal signals

Learning Goals

Motor Speech Problems

What are dysarthria and apraxia of speech?

Language Problems

What is aphasia?

Cognitive Communication Problems

How do thinking problems affect my communication?

COMMUNICATION

LANGUAGE
"What"

SPEECH
"How"

Speech Disorders: 2 Types

Dysarthria

- ⇒ Speech difficulties related to changes in **muscle strength** and **tone**
- ⇒ Speech may sound **slurred, soft,** unusually fast or slow

Apraxia of Speech

- ⇒ Speech difficulties related to **coordination** of speech movements
- ⇒ Speech sounds **halting,** with frequent **pauses** and **re-starts**
- ⇒ Could be so severe that **no sound** can be produced

What is Aphasia?

- An acquired language disorder caused by an injury to the brain and affects a person's ability to communicate
- People with aphasia can have intact thinking, planning or decision making skills

Language Disorder: Aphasia

- Receptive Aphasia

Message IN

- Understanding
- Reading



Expressive Aphasia

Message OUT

-Talking



-Writing



The Consequences

- ☹️ Inability to get your message across
- ☹️ Extreme frustration with continued attempts to verbalize
- ☹️ Constant need to repeat because people have difficulty understanding
- ☹️ Social isolation



Setting Up for Success:

- Reduce any distractions (e.g. turn off the TV)
- Find a well lit space
- Use hearing aids and/or glasses if needed
- Sit face to face

Tips for Person with Communication Difficulties

- Use your speech strategies (e.g. slow down, over- articulate)
- Use all forms of communication if you can (e.g. speech, gestures, writing, pointing)
- Say it in a different way (describe) or use a different word
- Give yourself time to communicate
- Accept help from others

Communication Partner Tips - Getting the Message In

- Make sure you have the person's attention
- Use appropriate tone. Do not 'talk down' to the person
- Establish topic of conversation and inform of topic changes
- Use simple language with pauses between sentences; speak slowly; repeat/rephrase information as needed
- Pair your speech with gestures and use real objects; write down key words and/or draw pictures
- Check back to make sure the person has understood

Communication Partner Tips - Getting the Message Out:

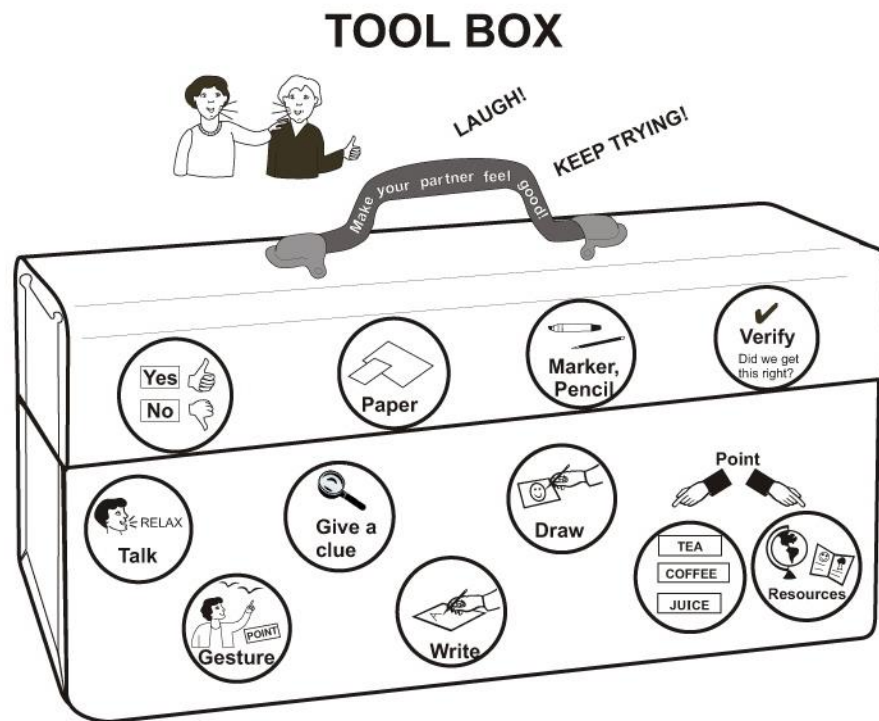
- Let the person know you are providing your full attention
- Look for facial expressions, gestures or changes in intonation that may be part of the message
- Encourage all forms of communication (e.g. pointing, gestures, writing, drawing, communication board or device)
- Acknowledge competence (“ I know you know what you want to say”)
- Indicate what you understood. Do not pretend to understand

Communication Partner Tips - Getting the Message Out:

- Empathize – “I can tell you are trying. This must be hard for you”
- Ask yes/ no questions
- Provide written or verbal choices
- If message is not understood, let the person know - ask the person if you can try again later

Compiled from www.aphasia.ca

- Dry-erase boards are very helpful in helping to support someone's communication. They are a great dollar store investment!



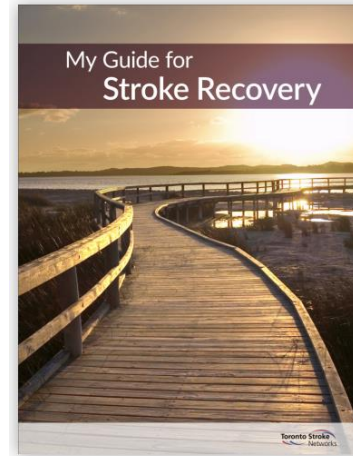
Cognitive- Communication

- **Attention:** the ability to concentrate
- **Memory:** the ability to remember
- **Problem-Solving and Verbal Reasoning:** the ability to think or reason about things; decision making
- **Information Processing:** the ability to make sense of information that is heard/read
- **Executive Functioning:** the ability to plan, initiate, complete, and oversee goal-directed behavior;
*** coordinates attention, memory, and problem solving abilities to function creatively, competently, and independently***

Questions?



THANK YOU!



Reminder:

If you have not received your ***My Guide for Stroke Recovery*** binder, please ask your therapist for a copy. Use your table of contents to identify any areas that you want to learn more about.