

Speech & Language Therapy



Update 12

07 January 2021

Welcome to the latest copy of the Speech & Language Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.

Accessing Articles

The following abstracts are taken from a selection of recently published articles.

If the article is available electronically, then there will be a blue link in the abstract. [Press CTRL and click to open the link. You will need to be registered for NHS Athens (see below) to be able to access the full text.] If the full text is not available electronically we may be able to obtain the document through our document supply services.

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Feedback and requests for additional evidence searches

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A selection of the literature published in 2020: Databases used: CINHAL, EMBASE and MEDLINE – most recent first.

1. The Silence Behind the Mask: My Journey as a Deaf Pediatric Resident Amid a Pandemic.
2. Acoustic analysis of voice in bulbar amyotrophic lateral sclerosis: a systematic review and meta-analysis of studies.
3. Incidental Diagnosis of Primary Progressive Aphasia in the Inpatient Setting: A Note to Raise Clinical Awareness.
4. Submucous Cleft Palate: Evaluation and Treatment Principles for Speech-Language Pathologists.
5. The Effect of Dental and Occlusal Anomalies on Articulation in Individuals With Cleft Lip and/or Cleft Palate.
6. Supporting people with post-stroke aphasia to live well: A cross-sectional survey of Speech & Language Therapists in Ireland.
7. Cough reflex testing in acute stroke: A survey of current UK service provision and speech and language therapist perceptions.
8. The contribution of cognition to the rehabilitation of language and communication deficits.
9. Low-Frequency Repetitive Transcranial Magnetic Stimulation in Patients With Poststroke Aphasia: Systematic Review and Meta-Analysis of Its Effect Upon Communication.
10. Behind the therapy door: what is "usual care" aphasia therapy in acute stroke management?
11. Views of children with cerebral palsy and their parents on the effectiveness and acceptability of intensive speech therapy.
12. "I'm smiling back at you": Exploring the impact of mask wearing on communication in healthcare.
13. COVID-19 and ENT SLT services, workforce and research in the UK: A discussion paper.
14. Where are we now with aphasia after Stroke?
15. Acceptance in the Hearing Voices Movement: how might this be relevant for art therapy service-users?...International Art Therapy Practice/Research Inaugural Conference, July 11-13, 2019, London, England.
16. Randomized controlled trial comparing Parent Led Therapist Supervised Articulation Therapy (PLAT) with routine intervention for children with speech disorders associated with cleft palate.
17. A Review of Biological Interventions in Chronic Aphasia.
18. Development and Validation of a Comprehensive Neuropsychological and Language Rehabilitation for Stroke Survivors: A Home-Based Caregiver-Delivered Intervention Program.
19. Effects of functional communication interventions for people with primary progressive aphasia and their caregivers: a systematic review.
20. Hemi-laryngopharyngeal Spasm (HeLPS): Defining a New Clinical Entity.
21. Adherence of Patients With Dysphonia to Voice Therapy: Systematic Review.



22. Insights from an interprofessional post-COVID-19 rehabilitation unit: A speech and language therapy and respiratory medicine perspective.
23. Tracheoesophageal voice prosthesis management in laryngectomy patients during the COVID-19 pandemic.
24. Union of the European Phoniatricians' position statement on the exit strategy of phoniatric and laryngological services: staying safe and getting back to normal after the peak of coronavirus disease 2019 (issued on 25th May 2020).
25. What Acoustic Studies Tell Us About Vowels in Developing and Disordered Speech.
26. Management of Patients with Cerebellar Ataxia During the COVID-19 Pandemic: Current Concerns and Future Implications.
27. Speech and language therapy for primary progressive aphasia: Referral patterns and barriers to service provision across the UK.
28. An optimal environment for placement learning: listening to the voices of speech and language therapy students.
29. Primed to cue.
30. The Impact of Respiratory Exercises on Voice Outcomes: A Systematic Review of the Literature.
31. Dysphagia services in the era of COVID-19: Are speech-language therapists essential?
32. ASHA Voices: Teleconferencing and COVID-19.
33. Voice therapy in paediatric dysphonia.
34. Communicating simply, but not too simply: Reporting of participants and speech and language interventions for aphasia after stroke.
35. A systematic review of interventions for adults who stutter.
36. A multicentre, randomised controlled trial to compare the clinical and cost-effectiveness of Lee Silverman Voice Treatment versus standard NHS Speech and Language Therapy versus control in Parkinson's disease: a study protocol for a randomised controlled trial.
37. Giving voice: an oral history of speech and language therapy.
38. UK speech and language therapists' views and reported practices of discourse analysis in aphasia rehabilitation.
39. Speech and language therapy for aphasia: parameters and outcomes.
40. The effects of choral singing on communication impairments in acquired brain injury: A systematic review.
41. ASHA: 10 WAYS CHILDREN WITH LANGUAGE DISORDERS CAN MAINTAIN PHYSICAL DISTANCE & SOCIAL CONNECTION DURING THE CORONAVIRUS PANDEMIC.
42. "Guiding them to take responsibility": exploring UK speech and language therapists' views of supporting self-management of aphasia.
43. Measures of functional, real-world communication for aphasia: a critical review.



- 44. Speech and language therapy approaches to managing primary progressive aphasia.
- 45. Assessing speech at three years of age in the cleft palate population: a scoping review of assessment practices.
- 46. Vocal fold medialization—A 5-year series of single surgeon consecutive medialization with review of literature.
- 47. Protocol for Correcting Residual Errors with Spectral, Ultrasound, Traditional Speech therapy Randomized Controlled Trial (C-RESULTS RCT).
- 48. Treatment Fidelity Procedures for an Aphasia Intervention Within a Randomized Controlled Trial: Design, Feasibility, and Results.
- 49. The Association Between Age at Palatoplasty and Speech and Language Outcomes in Children With Cleft Palate: An Observational Chart Review Study.
- 50. The neural and neurocomputational bases of recovery from post-stroke aphasia.

Full strategy



1. The Silence Behind the Mask: My Journey as a Deaf Pediatric Resident Amid a Pandemic.

Author(s): Crume

Source: Academic Pediatrics; Jan 2021; vol. 21 (no. 1); p. 1-2

Publication Date: Jan 2021

Publication Type(s): Academic Journal

Available at [Academic Pediatrics](#) - from Unpaywall

Abstract: A personal narrative is presented which explores the author's experience of the treating a patient, who came to emergency department with respiratory failure and potential for coronavirus disease of 2019 (COVID-19).

Database: CINAHL

2. Acoustic analysis of voice in bulbar amyotrophic lateral sclerosis: a systematic review and meta-analysis of studies.

Author(s): Chiaramonte ; Bonfiglio, Marco

Source: Logopedics Phoniatrics Vocology; Dec 2020; vol. 45 (no. 4); p. 151-163

Publication Date: Dec 2020

Publication Type(s): Academic Journal

Abstract:

Objective: A systematic review and a meta-analysis were performed to identify the main characteristics of voice disturbances in bulbar amyotrophic lateral sclerosis.

Materials and Methods: Literature searches with the keywords: "amyotrophic lateral sclerosis" and "dysarthria" and "intelligibility" were conducted in PubMed, EMBASE, Cochrane Library and Web of Science to perform the systematic review about the articulatory disorders and with the keyword "amyotrophic lateral sclerosis" and "voice" to conduct the meta-analysis about the phonetic changes in patients with bulbar ALS.

Results: Seven publications met the inclusion criteria and were included in the meta-analysis, twenty-six publications were included in the systematic review. The data within the meta-analysis revealed that several voice parameters including Jitter, Shimmer, Noise to Harmonic Ratio discriminated best between bulbar amyotrophic lateral sclerosis and healthy controls. On the other hand, significant variations of fundamental frequency were not observed.

Conclusion: Acoustic analysis of voice and articulatory analysis contributes to identification of the earliest signs of bulbar degeneration and allows the identification of changes in voice parameters for an early detection, for predicting bulbar involvement and the worsening of disease, for targeting specific intervention. Among the voice parameters, Jitter and Shimmer discriminated better bulbar involvement, they are significantly increased in the patients, on the contrary maximum phonation time is significantly worsened. The careful monitoring of speech symptoms improves diagnostic accuracy and the close cooperation of a multidisciplinary team (physicians as otolaryngologist and physiatrist, speech and language therapists, physiotherapist, dietitians, caregivers, the patients, and their relatives) could be essential.

Database: CINAHL

3. Incidental Diagnosis of Primary Progressive Aphasia in the Inpatient Setting: A Note to Raise Clinical Awareness.

Author(s): Chandregowda

Source: Perspectives of the ASHA Special Interest Groups; Dec 2020; vol. 5 (no. 6); p. 1422-1426

Publication Date: Dec 2020

Publication Type(s): Academic Journal



Abstract:

Purpose: The purpose of this report is to raise awareness among medical speech-language pathologists about challenges associated with encountering primary progressive aphasia patients in the acute hospital setting.

Method: Retrospective medical chart review.

Results: A 68-year-old woman was hospitalized for hyponatremia, pneumonia, and toxic-metabolic encephalopathy but was also noted to be suffering from chronic verbal difficulty for which medical attention was not sought previously. An interdisciplinary approach to address her verbal difficulty led to the diagnosis and initial management of a neurodegenerative disease characterized primarily by aphasia and apraxia of speech.

Conclusion: Service implementation lessons learned from this case study in terms of diagnosis and management and patient's illness experience are discussed.

Database: CINAHL

4. Submucous Cleft Palate: Evaluation and Treatment Principles for Speech-Language Pathologists.

Author(s): Schenck

Source: Perspectives of the ASHA Special Interest Groups; Dec 2020; vol. 5 (no. 6); p. 1482-1491

Publication Date: Dec 2020

Publication Type(s): Academic Journal

Abstract:

Purpose: This clinical focus article intends to provide speech-language pathologists (SLPs) with a review of the literature and practical recommendations for the evaluation and treatment of individuals with submucous cleft palate (SMCP).

Method: A review of the literature focused on definition, incidence, and diagnostic recommendations for SMCP was completed. Descriptions of physical and auditory-perceptual features common during evaluation were described in detail. Guiding principles for clinical management related to surgery and/or speech therapy were provided.

Results: Several discrepancies in the definition, incidence, and outcomes across SMCP studies were discovered in the literature. The importance of a comprehensive perceptual evaluation, including an oral mechanism examination by an SLP trained in the assessment of individuals with craniofacial anomalies, was emphasized.

Conclusions: SMCP is a less understood subtype of cleft palate that presents a unique challenge for clinicians. A trained SLP's comprehensive perceptual evaluation and thorough oral mechanism examination are critical for diagnosis and treatment. SLPs can promote best practice for this population by initiating referrals to an accredited cleft palate-craniofacial team for further evaluation of their speech and assessment of surgical candidacy.

Database: CINAHL

5. The Effect of Dental and Occlusal Anomalies on Articulation in Individuals With Cleft Lip and/or Cleft Palate.

Author(s): Mason

Source: Perspectives of the ASHA Special Interest Groups; Dec 2020; vol. 5 (no. 6); p. 1492-1504

Publication Date: Dec 2020

Publication Type(s): Academic Journal

Abstract:

Purpose: Dental and occlusal anomalies are common in individuals with cleft lip and palate, placing them at risk for speech sound distortions. Speech-language pathologists and dental practitioners frequently interact when presented with clinical problems secondary to dental and occlusal anomalies. This is especially true when treating a child with a cleft lip and palate. The speech sound error types must be identified and their etiologies evaluated to develop appropriate management plans. The purpose of this review article is to describe the types of dental and occlusal



anomalies that are common in individuals with cleft lip and/or palate and discuss the impact these anomalies have on articulation.

Method: A review of the literature was completed with a focus on prevalence, definitions, and descriptions of dental and occlusal anomalies in individuals with cleft lip and palate. The impact of dental/occlusal anomalies on speech production is described.

Results and Conclusions: There is sufficient evidence that dental and occlusal anomalies have an impact on articulation, but the relationship of dental or occlusal status is not always a direct one. The phonemes most affected by aberrant oral conditions are sibilants, though other phonemes may be impacted as well. These speech errors are considered to be obligatory oral distortions in that they are made in response to an oral structural defect. These speech errors are not typically amenable to speech therapy, but rather require orthodontic and/or surgical correction. Such treatment can be effective in improving these errors, often spontaneously, however, speech therapy may be necessary (and most effective) following correction of the dental and/or occlusal anomalies if errors persist.

Database: CINAHL

6. Supporting people with post-stroke aphasia to live well: A cross-sectional survey of Speech & Language Therapists in Ireland.

Author(s): Manning ; Cuskelly, Ciara; Russ, Erin; Franklin, Sue

Source: Health & Social Care in the Community; Nov 2020; vol. 28 (no. 6); p. 2105-2116

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Available at [Health & social care in the community](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Living well with post-stroke aphasia is supported by responsive, collaborative health and related services, aphasia information and training for people with aphasia (PWA) and their social networks, and opportunities to contribute and participate autonomously in their communities. Several international surveys indicate shortcomings in the provision of long-term support and, in Ireland, while there is a lack of data around service provision for PWA, there is evidence that post-acute stroke services are fragmented and under-resourced. The aim of this study was to survey Speech & Language Therapists (SLTs), due to their unique role in aphasia management, to understand what SLT and related support services and aphasia information and training are currently available to support living well with aphasia in Ireland. We developed and piloted a self-administered, web-based cross-sectional survey with questions informed by a systematic review and qualitative evidence synthesis around living well with aphasia, and with input from a Public and Patient Involvement aphasia advisory group. Data from 95 SLTs working with PWA were analysed using descriptive statistics. Although SLT was generally available for PWA, the results highlight access barriers and evidence-practice gaps in terms of the amount, intensity and timing of SLT to be maximally effective and there was a lack of PWA input into service design and evaluation. Access to other relevant supports such as mental health services was inconsistent and there was a lack of community support for families. There were shortcomings in access to aphasia information/training for PWA, families, friends and other healthcare professionals. There is a need for a coordinated and standardised approach to supporting PWA across Ireland. This study addresses an evidence gap around the provision of stroke services for PWA and is part of a larger project aiming to produce recommendations for improving person-centred support to facilitate living well with aphasia.

Database: CINAHL

7. Cough reflex testing in acute stroke: A survey of current UK service provision and speech and language therapist perceptions.

Author(s): Trimble ; Patterson, Joanne



Source: International Journal of Language & Communication Disorders; Nov 2020; vol. 55 (no. 6); p. 899-916

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Available at [International Journal of Language & Communication Disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: Silent aspiration (SA)—airway entry of food, drink or other material without a cough response—is common post-stroke. Clinical swallowing examination misses up to 40% of dysphagic patients with SA. This may put these patients at risk of aspiration pneumonia, prolonged length of hospital stay and increased healthcare costs. After stroke, the laryngeal cough reflex is frequently impaired with significant relationships between pneumonia rates and reduced cough strength and sensitivity. There has been a significant amount of recent interest in cough reflex testing (CRT) as a potential means to improve clinical identification of patients at risk of SA. However, there is a lack of consensus regarding the methodology and protocols for use of CRT with widely varying outcomes reported in the literature.

Aims: To provide an overview of current practice in the UK with regards to clinical use of CRT by speech and language therapists (SLTs) in acute stroke settings and to explore the perceptions regarding its potential application in clinical dysphagia management and the barriers and facilitators associated with adopting CRT in clinical practice.

Methods & Procedures: A cross-sectional web-based survey was developed, piloted and delivered. The survey targeted all UK-based SLTs working in acute stroke settings.

Outcomes & Results: A total of 129 SLTs with varying levels of experience of CRT from all regions of the UK responded. Only four SLT services in the UK were reported to be currently using CRT clinically with acute stroke patients. A total of 29% of respondents who were not using CRT were considering introducing CRT into their service's dysphagia protocol. Variation was reported in the procedures and protocols. Overall, users reported improved confidence in the clinical detection of SA and felt that the introduction of CRT had improved their patient-related outcomes. Issues included difficulties procuring citric acid, implications for SLT time (including service set-up and delivery of CRT) and restricted access to instrumental assessments.

Conclusions & Implications: This survey gives valuable insight into the current practice and perceptions of SLTs in the UK working in acute stroke settings in relation to CRT. It highlights discrepancies between reported approaches and recommendations from existing guidelines and validation studies. The variation in responses indicates a need to develop a consensus statement and further research to guide practice. What this study adds What is already known on the subject CRT is gaining popularity as a screening tool for the clinical identification of SA with acute stroke patients. However, there is a lack of consensus in the literature regarding the methodology and protocols with widely varying outcomes. Further work needs to be done to standardize its use, especially if it is to be incorporated into dysphagia protocols for use in the acute stroke setting. What this paper adds to existing knowledge This survey of SLTs working in acute stroke settings highlights variability in practice in CRT service delivery in the UK, reflecting findings from the existing CRT literature. What are the potential or actual clinical implications of this work? The findings of this study support the need for further research relating to clinical screening tests for SA and standardization of methodology and protocols for CRT use if its use is to be continued clinically.

Database: CINAHL

8. The contribution of cognition to the rehabilitation of language and communication deficits.

Author(s): Mohapatra

Source: International Journal of Therapy & Rehabilitation; Nov 2020; vol. 27 (no. 11); p. 1-16

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Abstract:



Background/Aims: There is growing evidence to suggest that cognitive processes, in particular working memory and executive functions, are related to language functions such as syntactic processing, reading comprehension, narration and conversational discourse. This article offers rehabilitation considerations for speech-language pathologists to include cognitive assessment and treatment in their clinical practice. The information presented will also be useful in promoting multidisciplinary rehabilitation.

Methods: A critical review of the literature on the interaction between cognitive processes and linguistic functions in communication disorders was undertaken. Specific key terms including but not limited to executive functioning, working memory, language, assessment, intervention and communication disorders were searched on the Google Scholar database. Relevant literature from the last three decades pertaining to cognitive behavior, assessment and intervention in communication disorders of all age groups and severities is included in the review.

Results: The review presents analyses of the multidimensional and dynamic interaction of language and cognition in children (specific language impairment, attention deficit hyperactivity disorder, stuttering) and adults (traumatic brain injury, stroke, dementia) with communication disorders. The article elaborates on the speech-language pathologist's scope of practice in cognitive assessment and intervention that are consistent with the World Health Organization's International Classification of Functioning, Disability and Health framework.

Conclusions: By documenting cognitive-communication behaviour, speech-language pathologists are able to effectively contribute to the clinical assessment and management of cognitive deficits. However, future research efforts are required to develop clinically reliable tests of cognitive functioning in communication disorders and promote evidence-based cognitive treatment practices.

Database: CINAHL

9. Low-Frequency Repetitive Transcranial Magnetic Stimulation in Patients With Poststroke Aphasia: Systematic Review and Meta-Analysis of Its Effect Upon Communication.

Author(s): Nursing College, Fujian University of Traditional Chinese Medicine, Fuzhou, China; Hongjia Zhao; Cuiling Shen; Fang Liu; Li Qiu; Lisang Fu

Source: Journal of Speech, Language & Hearing Research; Nov 2020; vol. 63 (no. 11); p. 3801-3815

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Available at [Journal of Speech, Language, and Hearing Research](#) - from EBSCO (MEDLINE Complete)

Available at [Journal of Speech, Language, and Hearing Research](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Journal of Speech, Language, and Hearing Research](#) - from Unpaywall

Abstract:

Objective: The aim of the study was to investigate the effectiveness and safety of low-frequency repetitive transcranial magnetic stimulation (LF-rTMS) in patients with poststroke aphasia.

Method: We comprehensively searched for eligible studies from 11 electronic medical databases from their inception to February 20, 2019. Randomized controlled trials reporting the effectiveness of LF-rTMS for patients with poststroke aphasia were included. The primary outcome was language ability. The secondary outcomes were functional communication and adverse events. The methodological quality of the randomized controlled trials was evaluated by the Cochrane Back Review Group Risk of Bias Assessment Criteria.

Results: Of the 567 records retrieved, 18 studies with a total of 536 participants were included. All the included studies were of relatively acceptable methodological quality. All studies but one used LF-rTMS + speech and language therapy (SLT), not LF-rTMS alone. The meta-analysis showed that LF-rTMS had beneficial effects for patients with aphasia after a stroke in terms of naming, repetition, comprehension, written language, and functional communication. The subgroup analyses of language performance showed positive effects of LF-rTMS among stroke patients with chronic aphasia and acute aphasia. LF-rTMS + SLT had effects on language performance that were superior to the sham rTMS + SLT and SLT alone. A shorter LF-rTMS duration benefited language performance more



than a longer duration. Additionally, 20 min of LF-rTMS per session produced a positive effect on language ability for patients with aphasia after a stroke. No adverse events were reported.

Conclusions: LF-rTMS + SLT is an effective and safe method for patients with poststroke aphasia to improve their language performance. Additionally, the most commonly used LF-rTMS protocol for patients with aphasia after a stroke was 90% of the resting motor threshold 20 min per day, 5 days per week, for 2 weeks.

Database: CINAHL

10. Behind the therapy door: what is "usual care" aphasia therapy in acute stroke management?

Author(s): Brogan ; Godecke, Erin; Ciccone, Natalie

Source: Aphasiology; Oct 2020; vol. 34 (no. 10); p. 1291-1313

Publication Date: Oct 2020

Publication Type(s): Academic Journal

Available at [Aphasiology](#) - from Unpaywall

Abstract:

Background: Usual care is the term used to describe everyday practice in the management of a client within a profession. The knowledge of the tasks used in therapy and key therapeutic processes used within these treatments, provides critical information about if and how the therapy works. The Very Early Rehabilitation in SpEEch Randomised Controlled Trial (VERSE RCT) had three arms with therapists within the intensive Usual Care-Plus arm (UC-Plus) providing daily direct aphasia therapy at their discretion for 20 sessions.

Aims: To describe usual care aphasia treatment provided in the Usual Care-Plus arm of VERSE RCT.

Methods and Procedures: One in four intensive Usual Care-Plus treatment sessions were video-recorded ($N = 187$) within the main trial. Twenty-five of these (13%) were transcribed, coded, and analysed for therapeutic inputs to describe usual care aphasia therapy using the Template for Intervention Description and Replication (TIDieR) checklist as an overriding framework.

Outcomes and Results: Therapy predominantly took place in an inpatient setting (52%) with an average session duration of 51 minutes (SD 7.8). Across the sessions, 96 different tasks were used and 57% of these focused on verbal expression at the single word level. Visual materials were most frequently used compared to the use of technology during sessions. Therapists ($n = 16$) did the majority of the talking during sessions and most frequently provided models as cues or problem-solving accuracy feedback. Models (55%), sentence completion (51%), and orthographic cues (44%) were the most successful at eliciting the target response.

Conclusions: Considerable variability in task selection was seen in the sample which may be a hallmark of usual care. Therapists may have a preference for single word tasks and appear to produce the majority of verbal utterances during sessions, potentially creating an unequal communication environment. This study provided a comprehensive description from the Usual Care-Plus data of the VERSE RCT and may establish a baseline of therapy type for future research.

Database: CINAHL

11. Views of children with cerebral palsy and their parents on the effectiveness and acceptability of intensive speech therapy.

Author(s): Pennington ; Rauch, Rosie; Smith, Johanna; Brittain, Katie

Source: Disability & Rehabilitation; Oct 2020; vol. 42 (no. 20); p. 2935-2943

Publication Date: Oct 2020

Publication Type(s): Academic Journal

Available at [Disability and Rehabilitation](#) - from Unpaywall

Abstract:



Purpose: To understand children and parents' views of the effectiveness and acceptability of intensive dysarthria therapy.

Materials and Methods: Twenty-two children with cerebral palsy and dysarthria joined a pilot RCT comparing intensive therapy and usual care. Children ($n = 11$) allocated to dysarthria therapy comprising three 40-minute sessions per week for six weeks and their parents ($n = 11$) were interviewed two weeks before and six weeks after therapy. Interviews were transcribed verbatim and analysed thematically.

Results: Analysis revealed five themes: Motivations, My new voice; The new me; I can do more; Success rooted in therapy design. Children had received little therapy for speech and were keen to improve intelligibility. Overall, therapy was viewed as effective. Participants described changes in children's speech production, which they associated with increased speech intelligibility. Children were described as more confident following the therapy, to have more successful conversations, with a wider range of partners in more environments, thereby increasing their social participation. The programme was viewed as acceptable, despite its intensity, due to the short term commitment and wider benefits for the child. Parents valued the organised structure and individualisation of the programme and inclusion in the therapy process.

Conclusion: Families found the intervention acceptable and effective. A definitive trial of its clinical effectiveness is warranted. Children with cerebral palsy who have dysarthria and their parents reported that intensive speech therapy focussing on creating a stronger voice and a steady speech rate increased the clarity of children's voice and the intelligibility of their speech. Therapy may have additional benefits for children's self-confidence and social participation. The programme of therapy comprising three sessions per week for six weeks was seen as manageable by families in view of the results achieved.

Database: CINAHL

12. "I'm smiling back at you": Exploring the impact of mask wearing on communication in healthcare.

Author(s): Marler, Hollyanna; Ditton, Annabel

Source: International journal of language & communication disorders; Oct 2020

Publication Date: Oct 2020

Publication Type(s): Journal Article

PubMedID: 33038046

Available at [International journal of language & communication disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [International journal of language & communication disorders](#) - from Unpaywall

Abstract:

BACKGROUND: Surgical and respirator masks are worn to reduce the risk of droplet and airborne transmission of viral respiratory disease. As a result of the novel coronavirus (COVID-19) pandemic, mask wearing has been designated mandatory for healthcare professionals working in UK hospitals for the foreseeable future. It is thus timely to consider the long-term implications of mask wearing on communication within healthcare settings, from both a patient and a clinician perspective.

AIMS: The primary objective is to identify research evidence that corresponds to the mask-wearing experiences of healthcare professionals working on the ground. By drawing together a summary of the literature illustrating the potential challenges associated with mask wearing, it is possible to make an application to various clinical cohorts and to formulate a set of preliminary, evidence-based support strategies. The paper additionally explores the role for the Speech and Language Therapist (SLT) in supporting communication in the context of mask wearing.

METHODS & PROCEDURES: Through a scoping review of the relevant literature, this paper reflects holistically on the prospective challenges associated with mask wearing across a variety of healthcare settings and patient populations. The subsequent conclusions have been used to inform the proposed clinical guidelines for safe and effective practice.



OUTCOMES & RESULTS: There is a current research gap with regards to mask wearing in non-medical and non-clinical healthcare workers, and the impact this may have on both a professional and a personal basis. In the absence of preliminary data, the development of associated communication support strategies is hindered. This paper draws upon a variety of clinically conceivable issues faced by healthcare professionals, outlines important practical and ethical considerations, and proposes evidence-based solutions to some of the challenges identified. Future research is required to gather evidence with regards to actual clinical experiences of mask wearing to substantiate hypotheses.

CONCLUSIONS & IMPLICATIONS: Although undoubtedly essential in protecting the health of staff and patients, there are numerous logistical, physiological, psychological, social and economic complications associated with the wearing of masks. The ability of healthcare staff to successfully communicate with patients and with colleagues is jeopardized, which may adversely affect the efficiency, effectiveness, equitability and, most notably, safety of therapeutic intervention. The SLT has a distinct role in facilitating communication in order to safeguard the provision, accessibility and efficacy of services. What this paper adds Existing research explores the impact of mask wearing on medical doctors, surgeons and dentists, and upon the corresponding patient cohorts. Little is known about how mask wearing may affect Allied Health Professionals and their ability to deliver therapeutic interventions safely and effectively. With mandatory face covering potentially a long-term requirement for UK healthcare staff, it is both timely and relevant to consider the consequences of mask wearing on communication across acute and community settings. What this paper adds to existing knowledge This paper identifies a range of prospective key issues associated with mask wearing across a variety of clinical and non-clinical populations, with application specifically to vulnerable patient cohorts. Through evidence synthesis, this paper provides a summary of fundamental issues supported by relevant literature, and draws upon these in order to propose a preliminary set of evidence-based clinical guidelines setting out potential solutions to the challenges faced. This review additionally assists in quantifying the role of the SLT within these extraordinary circumstances, with the aim of prompting unified practice, building upon professional guidance and increasing skill recognition. What are the potential or actual clinical implications of this work? In addition to their role in facilitating the development of individualised communication strategies for patients, SLTs should actively seek to provide widely accessible multidisciplinary education opportunities focusing on supporting communication; with specific reference to mask wearing and the associated communicative challenges. At a commissioning and managerial level, leaders within healthcare should acknowledge mask wearing as just one of the complexities associated with frontline working in the context of the COVID-19 pandemic, and aim to support their workforce by delivering resources and protocols which maximize and promote staff safety, efficiency, resilience and well-being in concurrence with positive patient outcomes.

Database: Medline

13. COVID-19 and ENT SLT services, workforce and research in the UK: A discussion paper.

Author(s): Patterson ; Govender, Roganie; Roe, Justin; Clunie, Gemma; Murphy, Jennifer; Brady, Grainne; Haines, Jemma; White, Anna; Carding, Paul

Source: International Journal of Language & Communication Disorders; Sep 2020; vol. 55 (no. 5); p. 806-817

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [International journal of language & communication disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [International journal of language & communication disorders](#) - from Unpaywall

Abstract:

Background: The COVID-19 pandemic and the UK government's subsequent coronavirus action plan have fundamentally impacted on every aspect of healthcare. One area that is severely affected is ear, nose and throat (ENT)/laryngology where speech and language therapists (SLTs) engage in a diverse range of practice with patients with a range of conditions, including voice disorders, airway problems, and head and neck cancers (HNCs). A large



majority of these patients are in high-risk categories, and many specialized clinical practices are vulnerable. In addition, workforce and research issues are challenged in both the immediate context and the future.

Aims: To discuss the threats and opportunities from the COVID-19 pandemic for SLTs in ENT/laryngology with specific reference to clinical practice, workforce and research leadership.

Methods & Procedures: The relevant sections of the World Health Organisation's (WHO) health systems building blocks framework (2007) were used to structure the study. Expert agreement was determined by an iterative process of multiple-group discussions, the use of all recent relevant policy documentation, and other literature and shared documentation/writing. The final paper was verified and agreed by all authors.

Main Contribution: The main threats to ENT/laryngology SLT clinical services include increased patient complexity related to COVID-19 voice and airway problems, delayed HNC diagnosis, reduced access to instrumental procedures and inequitable care provision. The main clinical opportunities include the potential for new modes of service delivery and collaborations, and harnessing SLT expertise in non-instrumental assessment. There are several workforce issues, including redeployment (and impact on current services), training implications and psychological impact on staff. Workforce opportunities exist for service innovation and potential extended ENT/SLT practice roles. Research is threatened by a reduction in immediate funding calls and high competition. Current research is affected by very limited access to participants and the ability to conduct face-to-face and instrumental assessments.

However, research opportunities may result in greater collaboration, and changes in service delivery necessitate robust investigation and evaluation. A new national set of research priorities is likely to emerge. Conclusions &

Implications: The immediate impact of the pandemic has resulted in major disruption to all aspects of clinical delivery, workforce and research for ENT/laryngology SLT. It is unclear when any of these areas will resume operations and whether permanent changes to clinical practice, professional remits and research priorities will follow. However, significant opportunity exists in the post-COVID era to re-evaluate current practice, embrace opportunities and evaluate new ways of working. What this paper adds What is already known on the subject ENT/laryngology SLTs manage patients with a range of conditions, including voice disorders, airway problems and HNCs. The diverse scope of clinical practice involves highly specialized assessment and treatment practices in patients in high-risk categories. A large majority of active research projects in this field are patient focused and involve instrumental assessment. The COVID-19 pandemic has created both opportunities and threats for ENT SLT clinical services, workforce and research. What this paper adds to existing knowledge. This study provides a discussion of the threats and opportunities from the COVID-19 pandemic for ENT/laryngology SLT with specific reference to clinical practice, workforce and research leadership. What are the potential or actual clinical implications of this work? The COVID-19 pandemic has resulted in major disruption to all aspects of clinical delivery, workforce and research for ENT/laryngology SLT. Changes to clinical practice, professional remits and research priorities are of indeterminant duration at this time, and some components could be permanent. Significant clinical practice, workforce and research opportunities may exist in the post-COVID era.

Database: CINAHL

14. Where are we now with aphasia after Stroke?

Author(s): Enderby ; Sutton, Laura

Source: Annals of Indian Academy of Neurology; Sep 2020; vol. 23

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Annals of Indian Academy of Neurology](#) - from Europe PubMed Central - Open Access

Abstract:

Objective: To provide a brief review of research literature relating to the current state of knowledge regarding speech and language therapy for people with aphasia and place these research findings within the context of outcome data of non-selected patients receiving usual therapy in the UK.

Methods: Part 1 presents a literature search aimed at exploring up-to-date information related to the nature and evolution of aphasia, the impact of therapy and the changing nature of therapy. This provides the context of what



may be achieved in rehabilitation. Part 2 examines of the impact of speech and language therapy on 1664 prospective patients receiving therapy for aphasia after stroke by 3 different types of service provision was collected and statistically analysed. The Therapy Outcome Measure was used to identify change in impairment, activity, participation and well-being at the beginning and end of therapy.

Results: The findings from the non-selected group of patients supports the conclusions of the reported randomised control trials in that speech and language therapy for post stroke aphasia is associated with gains in one or more of the domains of the International Classification of Functioning.

Database: CINAHL

15. Acceptance in the Hearing Voices Movement: how might this be relevant for art therapy service-users?...International Art Therapy Practice/Research Inaugural Conference, July 11-13, 2019, London, England.

Author(s): Wood

Source: International Journal of Art Therapy: Inscape; Sep 2020; vol. 25 (no. 3); p. 150-158

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Abstract:

This paper considers what is shared by voice-hearers in the Hearing Voices Movement (HVM) and by service-users in art therapy. Both highlight what they see as the value of acceptance, peer-support, and clear collaborative communication. The paper considers how research and literature informed by lived-experience in the HVM and, UK art therapy might strengthen practice. Life-stories by voice-hearers, included in the HVM literature, explain what has helped them and what is meant by acceptance within the movement. For those voice-hearers with a psychosis-related diagnosis, joining HVM could mean they find hope, even though the diagnosis means that they may face deep prejudice and some of their unusual experiences are frightening. The paper also looks at what art therapy clients voice as helpful: the support found in group work; art-making; and honest, collaborative styles of communication overlaps with much that is described and explored in the work of HVM. Although much smaller in scope, feedback given by art therapists to a professional regional-group provides additional indications that the profession is responsive to service-user perspectives, collaborative work, and to HVM. Plain-language summary This paper considers the Hearing Voices Movement in relation to adult mental health. Often people who hear voices receive a psychiatric diagnosis for which the primary treatment is medication. These diagnoses are known as 'psychosis-related'. In the psychiatric system, voice-hearers are not usually encouraged to speak about their unusual experiences. In the Hearing Voices Movement, those who hear voices are encouraged to speak about their voices and other unusual experiences and to find ways of coping with them. This paper looks at the literature of the Hearing Voices Movement to explore what 'accepting voices' means and how this may be relevant for art therapy clients. People who hear voices, family members, friends, health professionals, and social workers make up the movement and, they are all asked to work alongside one another in the interests of authentic collaboration aimed at improving the lives of voice-hearers. The paper also looks at what is said in life-stories by voice-hearers about the value of acceptance, peer-support, and clear collaborative communication. Even though some people with a psychosis-related diagnosis are afraid of their experiences and face damaging prejudice, joining the Hearing Voices Movement can mean they find hope. Also, the art-making, group work, and honest, collaborative styles of communication valued by art therapy clients overlaps with much of the work and research of the Hearing Voices Movement. Being respectfully accepted as a voice-hearer seems to help people feel that they can work towards a sense of control, self-direction, and self-acceptance in their lives. Feedback given by art therapists to a professional regional-group offers indications that the art therapy profession is responsive to service-user perspectives, collaborative work, and to the Hearing Voices Movement.

Database: CINAHL

16. Randomized controlled trial comparing Parent Led Therapist Supervised Articulation Therapy (PLAT) with routine intervention for children with speech disorders associated with cleft palate.



Author(s): Sweeney ; Hegarty, Fran; Powell, Katie; Deasy, Liane; Regan, Myra O'; Sell, Debbie

Source: International Journal of Language & Communication Disorders; Sep 2020; vol. 55 (no. 5); p. 639-660

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [International Journal of Language & Communication Disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: A total of 68% of pre-school children with cleft palate have speech problems requiring speech therapy. There is a lack of access to regular targeted therapy. Parent training leads to positive outcomes in early communication skills in cleft palate and non-cleft speech disorders. Connected health has been used to address inadequate access to therapy, providing intervention to those who would not otherwise receive therapy.

Aims: To evaluate the speech, activity and participation outcomes of Parent Led, Therapist Supervised, Articulation Therapy (PLAT) compared with routine speech therapy intervention in parent-child dyads.

Methods & Procedures: A total of 44 children, aged 2.9–7.5 years, were included in a two-centre, two-phase randomized controlled trial. Informed consent and assent were obtained. Participants and speech and language therapists (SLTs) were unblinded to the groups. Parents, in the parent-trained group ($n = 23$), attended 2 days' training, received a detailed speech therapy programme, and undertook intervention over 12 weeks supported by the cleft specialist SLT using FaceTime and one face-to-face session. In the control arm ($n = 21$), parent-child dyads received six therapy sessions over 12 weeks with a research SLT, comparable with usual care. Speech recordings were undertaken pre- and post-intervention. Percent consonant correct (PCC) was analysed by external SLTs blinded to the time and group. Activity and participation were measured using the Intelligibility in Context Scale (ICS) and Focus on Outcomes for Children Under Six (FOCUS) questionnaire.

Outcomes & Results: There was no evidence of an interaction between Time and Group or an overall statistical difference between groups for PCC scores. There was a statistically significant difference over time for both groups (words: $p < 0.002$; confidence interval (CI) = 9.38–16.27; $d = 0.57$; sentences: $p < 0.002$; CI = 16.04–25.97; $d = 0.23$). Effect sizes were medium for words and small for sentences. For intelligibility and participation, there was no evidence of an interaction between Time and Group or an overall statistical difference between groups. A statistically significant difference over time was found for intelligibility ($F = 29.97$, d.f. = 1, 42, $p < 0.001$, 95 % CI = 1.45–3.15 $d = 0.46$) and for participation ($F = 14.19$, d.f. = 1, 41, $p < 0.001$ 95% CI = 7.63–25.03; $d = 0.36$) with FOCUS results indicating clinically meaningful (parent-led group) and significant (control group) change in participation.

Conclusions & Implications: PLAT can be as effective as routine care in changing speech, activity and participation outcomes for children with cleft palate, when supported by a specialist cleft SLT using connected health. What this paper adds What is already known on this subject Over 50% of children with cleft palate require speech therapy. However, there is a lack of timely, accessible speech therapy services in the UK and Ireland. Previous studies have shown that parents can deliver therapy effectively, and that connected health can support the delivery of speech therapy. This study aims to provide evidence that parent-led therapy with the supervision of a specialist cleft therapist using FaceTime is effective. What this paper adds to existing knowledge This randomized controlled trial indicates that parents can be trained to deliver therapy for children with cleft palate speech disorders, under the supervision of an SLT. This approach results in improved speech, activity and participation outcomes similar to routine care. What are the potential or actual clinical implications of this work? This study indicates that both parent-led articulation therapy and routine care showed meaningful gains in speech, activity and participation, and that parent-led articulation therapy when supported by a cleft SLT using connected health could be an additional service delivery model for children with cleft palate speech disorders.

Database: CINAHL

17. A Review of Biological Interventions in Chronic Aphasia.

Author(s): Duncan ; Pradeep, Aswathy Anakkathil; Small, Steven L.

Source: Annals of Indian Academy of Neurology; Sep 2020; vol. 23



Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Annals of Indian Academy of Neurology](#) - from Europe PubMed Central - Open Access

Abstract:

Aphasia is a common and debilitating condition following stroke. While the gold standard for aphasia treatment is behavioral speech-language therapy, benefits remain modest in chronic stages of recovery. This limitation motivates the pursuit of novel interventions for chronic aphasia. Here, we review biological approaches that have been used (or proposed for use, in the case of regenerative and genetic therapies) to treat chronic aphasia. These techniques aim to ameliorate the deficits of aphasia by directly manipulating brain function, rather than training lost or compensatory functions, although many have been used to augment effects of behavioral therapy. Specifically, we explore the most robust designs of transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), and pharmacotherapy that have been applied in chronic (≥ 6 months) post-stroke aphasia. We also consider less investigated approaches including epidural cortical stimulation and photobiomodulation. All methods are currently in nascent phases and restricted to experimental studies and clinical trials. Although the evidence base remains limited, such interventions may ultimately improve language function and quality of life for those living with chronic aphasia. However, it is crucial that application of these methods consider the effects of concomitant speech-language therapy, as biological interventions combined with behaviorally induced experience-dependent plasticity will likely yield the most beneficial and durable outcomes.

Database: CINAHL

18. Development and Validation of a Comprehensive Neuropsychological and Language Rehabilitation for Stroke Survivors: A Home-Based Caregiver-Delivered Intervention Program.

Author(s): Kaur ; Nehra, Ashima; Chopra, Sakshi; Sati, Hemchandra; Bhatia, Rohit; Kumaran, Senthil S.; Pandey, R. M.; Srivastava, M. V. Padma

Source: Annals of Indian Academy of Neurology; Sep 2020; vol. 23

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Annals of Indian Academy of Neurology](#) - from Europe PubMed Central - Open Access

Abstract:

Context: Aphasia is a major disabling condition after a stroke that profoundly affects the quality of life of stroke survivors (SS) and their caregivers. Comprehensive neuropsychological rehabilitation has emerged as a complementary intervention that helps in improving the associated cognitive and psychological deficits and quality of life following a brain injury. A standardized, simple, and easy to administer intervention that can be delivered as a home-based intervention can assist in faster recovery. **Aims:** To describe the development, validation, and feasibility of a home-based, caregiver-delivered comprehensive neuropsychological and language rehabilitation for SS.

Methods and Material: A culture-specific picture and task-based 8-week training workbook and manual were developed based on extensive review and focused group discussions. This intervention targeted areas of language (comprehension, fluency, and naming) and cognition (working memory, attention and concentration, executive functioning, and response inhibition). It was standardized on 40 healthy controls (HC) and 15 SS. Before recruitment, written informed consent was obtained from each patient, their primary caregiver, and the HCs.

Results: All tasks were found to be effective in discriminating the performance of SS from the HC. The performance of the HC with respect to the errors and the time taken for each task was used for the hierarchical arrangement of the tasks. The developed intervention was later validated on 15 SS where they significantly improved in the pre-post assessment of language functioning ($P < 0.001$), quality of life ($P < 0.001$), and depression ($P < 0.001$).

Conclusions: This intervention can be feasible to administer as a home-based intervention and may help to alleviate language and neuropsychological complaints after stroke in low-literate or mixed-cultural populations. Further, large sample size studies are recommended.



Database: CINAHL

19. Effects of functional communication interventions for people with primary progressive aphasia and their caregivers: a systematic review.

Author(s): Volkmer ; Spector, Aimee; Meitanis, Vanessa; Warren, Jason D.; Beeke, Suzanne

Source: Aging & Mental Health; Sep 2020; vol. 24 (no. 9); p. 1381-1393

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Aging & Mental Health](#) - from Unpaywall

Abstract:

Objectives: Primary progressive aphasia (PPA) is a language led dementia characterised by progressive speech and language difficulties. Impairment focused PPA interventions that seek to remediate, alleviate or improve symptoms, dominate the research literature. Yet speech and language therapists (SLTs) report prioritising functional communication interventions (FCIs), which target engagement in an activity and participation in life situations. This systematic review investigates the research literature on FCIs for PPA to identify the key components of these interventions and their effectiveness.

Method: A systematic search of databases identified 19 studies published between 1998 and 2018. Data were extracted from the articles using the Intervention Taxonomy adaptation (ITAX).

Results: Results show that the two most common components of FCIs are to build on communication strategies people currently use, and to practise these strategies with a communication partner. There are variations in the interventions, such as location and dosage. All 19 studies report improvements, of which eight report statistically significant results. Forty-two different measures are used across the 19 studies.

Conclusion: This study highlights that building on existing strategies and practising these with a CP, are key components of FCIs for people with PPA, yet there remains a lack of clarity around optimal dosage. Further rigorous research using a core set of outcome measures is a priority in this area.

Database: CINAHL

20. Hemi-laryngopharyngeal Spasm (HeLPS): Defining a New Clinical Entity.

Author(s): Hu ; Morrison, Murray; Honey, Christopher R.

Source: Annals of Otology, Rhinology & Laryngology; Sep 2020; vol. 129 (no. 9); p. 849-855

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Abstract:

Objective: Hemi-laryngopharyngeal spasm (HeLPS) has recently been described in the neurosurgical literature as a cause of intermittent laryngopharyngeal spasm and cough due to vascular compression of the vagus nerve at the cerebellopontine angle. We present the diagnostic criteria for this syndrome.

Methods: A retrospective chart review of six patients with HeLPS and three patients misdiagnosed with this condition are presented. All patients were diagnosed and treated at a tertiary care academic centre from July 2013 to July 2017.

Results: Patients with HeLPS had five defining characteristics: 1) All patients had symptoms of episodic laryngopharyngeal spasm and coughing. Patients were asymptomatic between episodes and were refractory to speech therapy and reflux management. 2) Laryngoscopy showed hyperactive twitching of the ipsilateral vocal fold in two of the six patients. No other inter-episodic abnormalities were seen. 3) Botulinum toxin A injections into the thyroarytenoid muscle on the affected ipsilateral side reduced laryngopharyngeal spasms. Botulinum toxin injection in the contralateral thyroarytenoid muscle did not improve laryngopharyngeal spasm. 4) Magnetic resonance



imaging revealed ipsilateral neurovascular compression of the vagus nerve rootlets by the posterior inferior cerebellar artery. 5) Microvascular decompression (MVD) surgery of the ipsilateral vagus nerve resolved all symptoms (follow-up 2-4 years).

Conclusion: The diagnostic criteria for hemi-laryngopharyngeal spasm (HeLPS) are proposed. Otolaryngology recognition of this new clinical entity may lead to a surgical cure and avoid the unnecessary therapies associated with misdiagnosis. Level of Evidence: 4

Database: CINAHL

21. Adherence of Patients With Dysphonia to Voice Therapy: Systematic Review.

Author(s): Marques Torbes ; Zencke da Silva, Kariny; Dalbosco Gadenz, Camila; Cassol, Mauriceia

Source: Journal of Voice; Sep 2020; vol. 34 (no. 5); p. 808.e15

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Abstract:

Adherence expresses the patient's degree of commitment to the therapeutic process. It's necessary for professionals to know how to evaluate it in order to plan more effective conducts. This study aims to perform a systematic review of the adherence of patients with a dysphonia setting to voice therapy programs. This review was carried out on the PubMed, Lilacs, Scopus, and Cochrane Library databases, using a search strategy related to the subject of the study. The selection included studies that assessed the adherence of patients with dysphonia to voice therapy using an instrument created for the study or previously validated. Of 1987 publications, 35 were included, of which 14 were excluded for not fitting the eligibility criteria of this review, leaving a total of 21 papers, which were analyzed in full and went through qualitative analysis. The strategies found for the assessment of adherence were the conclusion of the therapy plan, patient self-report, and the use of the URICA-VOICE scale. Therapy conclusion was the most commonly used of the strategies, which showed low adherence to voice therapy. This result shows that instruments like the URICA-VOICE scale measure in a more detailed manner which stage the patient finds himself at the moment of the evaluation.

Database: CINAHL

22. Insights from an interprofessional post-COVID-19 rehabilitation unit: A speech and language therapy and respiratory medicine perspective.

Author(s): Stierli, Sarah; Buss, Irene; Redecker, Hermann; Baumberger, Michael; Blättler, Erika; Selb, Melissa; Hinter, Sandra; Ischer, Barbara; Schwegler, Hans

Source: Journal of rehabilitation medicine; Sep 2020; vol. 52 (no. 9); p. jrm00100

Publication Date: Sep 2020

Publication Type(s): Case Reports Journal Article

PubMedID: 32896863

Available at [Journal of rehabilitation medicine](#) - from IngentaConnect - Open Access

Available at [Journal of rehabilitation medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Journal of rehabilitation medicine](#) - from Unpaywall

Abstract:

OBJECTIVE: We present a case report that complements the conclusion of Stam et al. in their call to rehabilitation facilities to anticipate and prepare to address post intensive care syndrome in post-Covid-19 patients.

METHODS: The case report presented here provides insight into treating mechanically ventilated post-Covid-19 patients.



RESULTS: Early intervention with dysphagia therapy and speech therapy and ventilator-compatible speaking valves, provided within an interprofessional collaborative team, can mitigate the potentially negative consequences of prolonged intubation, long-term use of cuffed tracheostomy, and post intensive care syndrome resulting from Covid-19.

CONCLUSION: Such a treatment approach can be used to address what is important to patients: to be able to speak with family and friends, eat what they want, and breathe spontaneously.

Database: Medline

23. Tracheoesophageal voice prosthesis management in laryngectomy patients during the COVID-19 pandemic.

Author(s): Goldstein ; Ralph, Gilbert; de Almeida, John R.; Jethwa, Ashok R.; Irish, Jonathan; Chepeha, Douglas B.; Brown, Dale; Gullane, Patrick; Waldron, John; Aziza, Elana; Durkin, Lisa

Source: Journal of Otolaryngology -- Head & Neck Surgery; Aug 2020; vol. 49 (no. 1); p. 1-6

Publication Date: Aug 2020

Publication Type(s): Academic Journal

Available at [Journal of otolaryngology - head & neck surgery = Le Journal d'oto-rhino-laryngologie et de chirurgie cervico-faciale](#) - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Journal of otolaryngology - head & neck surgery = Le Journal d'oto-rhino-laryngologie et de chirurgie cervico-faciale](#) - from Unpaywall

Abstract: With the COVID-19 pandemic, there has been significant changes and challenges in the management of oncology patients. One of the major strategies to reduce transmission of the virus between patients and healthcare workers is deferral of follow-up visits. However, deferral may not be possible in total laryngectomy patients. Urgent procedures may be necessary to prevent complications related to ill-fitting tracheoesophageal puncture (TEP) voice prostheses, such as aspiration or loss of voicing. In this paper, we describe the Princess Margaret Cancer Center's approach to managing this unique patient population.

Database: CINAHL

24. Union of the European Phoniatricians' position statement on the exit strategy of phoniatric and laryngological services: staying safe and getting back to normal after the peak of coronavirus disease 2019 (issued on 25th May 2020).

Author(s): Geneid ; Nawka, T; Schindler, A; Oguz, H; Chrobok, V; Calcinoni, O; am Zehnhoff-Dinnesen, A; Neumann, K; Farahat, M; Abou-Elsaad, T; Moerman, M; Chavez, E; Fishman, J; Yazaki, R; Arnold, B; Frajkova, Z; Graf, S; Pflug, C; Drsata, J; Desuter, G

Source: Journal of Laryngology & Otology; Aug 2020; vol. 134 (no. 8); p. 661-664

Publication Date: Aug 2020

Publication Type(s): Academic Journal

Available at [The Journal of laryngology and otology](#) - from Unpaywall

Abstract:

Background: The following position statement from the Union of the European Phoniatricians, updated on 25th May 2020 (superseding the previous statement issued on 21st April 2020), contains a series of recommendations for phoniatricians and ENT surgeons who provide and/or run voice, swallowing, speech and language, or paediatric audiology services.

Objectives: This material specifically aims to inform clinical practices in countries where clinics and operating theatres are reopening for elective work. It endeavours to present a current European view in relation to common procedures, many of which fall under the aegis of aerosol generating procedures.



Conclusion: As evidence continues to build, some of the recommended practices will undoubtedly evolve, but it is hoped that the updated position statement will offer clinicians precepts on safe clinical practice.

Database: CINAHL

25. What Acoustic Studies Tell Us About Vowels in Developing and Disordered Speech.

Author(s): Kent ; Rountrey, Carrie

Source: American Journal of Speech-Language Pathology; Aug 2020; vol. 29 (no. 3); p. 1749-1778

Publication Date: Aug 2020

Publication Type(s): Academic Journal

Available at [American journal of speech-language pathology](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

Purpose: Literature was reviewed on the development of vowels in children's speech and on vowel disorders in children and adults, with an emphasis on studies using acoustic methods.

Method: Searches were conducted with PubMed/MEDLINE, Google Scholar, CINAHL, HighWire Press, and legacy sources in retrieved articles. The primary search items included, but were not limited to, vowels, vowel development, vowel disorders, vowel formants, vowel therapy, vowel inherent spectral change, speech rhythm, and prosody.

Results/Discussion: The main conclusions reached in this review are that vowels are (a) important to speech intelligibility; (b) intrinsically dynamic; (c) refined in both perceptual and productive aspects beyond the age typically given for their phonetic mastery; (d) produced to compensate for articulatory and auditory perturbations; (e) influenced by language and dialect even in early childhood; (f) affected by a variety of speech, language, and hearing disorders in children and adults; (g) inadequately assessed by standardized articulation tests; and (h) characterized by at least three factors--articulatory configuration, extrinsic and intrinsic regulation of duration, and role in speech rhythm and prosody. Also discussed are stages in typical vowel ontogeny, acoustic characterization of rhotic vowels, a sensory-motor perspective on vowel production, and implications for clinical assessment of vowels.

Database: CINAHL

26. Management of Patients with Cerebellar Ataxia During the COVID-19 Pandemic: Current Concerns and Future Implications.

Author(s): Manto, Mario; Dupre, Nicolas; Hadjivassiliou, Marios; Louis, Elan D; Mitoma, Hiroshi; Molinari, Marco; Shaikh, Aasef G; Soong, Bing-Wen; Strupp, Michael; Van Overwalle, Frank; Schmahmann, Jeremy D

Source: Cerebellum (London, England); Aug 2020; vol. 19 (no. 4); p. 562-568

Publication Date: Aug 2020

Publication Type(s): Practice Guideline Journal Article Review

PubMedID: 32405955

Available at [Cerebellum \(London, England\)](#) - from Unpaywall

Abstract: The current worldwide severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic that causes coronavirus disease 2019 (COVID-19) has brought some medical systems to the brink of collapse. This crisis is also negatively impacting the care of patients with non-COVID-19 conditions, including those with cerebellar ataxia (CA). Older patients with CA and those with immune-mediated ataxias on immunosuppressive medication are potentially at high risk of developing serious complications of the infection, although it is also possible that immunosuppressive agents may provide a defense against cytokine storm. This has implications for even greater attention to preventing contracting the disease through physical distancing and/or isolation. The CA patient population is also at higher risk because of the neurological complexities of their underlying disorder and the



comorbid medical illnesses that often accompany the genetic ataxias. As the disruption of social patterns and healthcare delivery in response to the crisis continues, interruption of rehabilitation, speech and language therapy, and face-to-face consultations threatens to have a negative impact on the course and well-being of CA patients. Mental and physical health is also potentially at greater risk because the prevailing uncertainty and anxiety may be superimposed upon cerebellum-specific neuropsychological challenges. We identify and review some of the short- and long-term consequences of this global pandemic for the community of ataxia patients and their families and for the clinical and academic neurologists/atxiologists caring for these patients. This includes the recognition that telemedicine has emerged as a principle means of caregiver-patient contact and that neurological manifestations of COVID-19 including those specific to cerebellar neurobiology are increasingly recognized and will require close surveillance and monitoring. This COVID-19 Cerebellum Task Force consensus provides some guidance on how we may approach this uncertain time and consider preparing for the new realities we face in CA patient care once this acute crisis has passed.

Database: Medline

27. Speech and language therapy for primary progressive aphasia: Referral patterns and barriers to service provision across the UK.

Author(s): Volkmer ; Spector, Aimee; Warren, Jason D; Beeke, Suzanne

Source: Dementia (14713012); Jul 2020; vol. 19 (no. 5); p. 1349-1363

Publication Date: Jul 2020

Publication Type(s): Academic Journal

Available at [Dementia \(London, England\)](#) - from Unpaywall

Abstract:

Objective: To assess the extent of UK speech and language therapy engagement in assessment and management of primary progressive aphasia, determine the factors contributing to any shortfall and explore a gap in the research literature on current speech and language therapy practices with people with primary progressive aphasia.

Methods: A 37-item, pilot-tested survey was distributed electronically via clinical networks and through the Royal College of Speech and Language Therapists. Survey items included questions on intervention approaches, referral numbers and demographics, referral sources and access to services.

Results: One hundred and five speech and language therapists completed the survey. Over the previous 24 months, respondents reported seeing a total of 353 people with primary progressive aphasia (an average of 3.27 per speech and language therapist). Neurologists were the most commonly reported referrers to speech and language therapy (22.5%). Seventy-eight percent of respondents reported that people with primary progressive aphasia experienced barriers to accessing speech and language therapy. Key barriers were a lack of referrer awareness of a speech and language therapist's role, and restrictive eligibility criteria for services.

Conclusions: This study highlighted inequities in access to speech and language therapy for people with primary progressive aphasia. The medical and speech and language therapy professions need to develop appropriate care pathways for people with primary progressive aphasia. Speech and language therapists have a duty to develop a relevant evidence base for speech and language interventions for people with primary progressive aphasia.

Database: CINAHL

28. An optimal environment for placement learning: listening to the voices of speech and language therapy students.

Author(s): Quigley ; Loftus, Laura; McGuire, Aoife; O'Grady, Kerrie

Source: International Journal of Language & Communication Disorders; Jul 2020; vol. 55 (no. 4); p. 506-519

Publication Date: Jul 2020

Publication Type(s): Academic Journal



Available at [International journal of language & communication disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: Placements are a core component of learning within speech and language therapy (SLT) undergraduate and postgraduate university programmes. They facilitate the development of students' professional and clinical competencies and socialization into the profession. It is indicated that an optimal environment for placement learning often pivots on the mentoring, supervision and feedback the student receives.

Aims: To explore the perspectives of student SLTs in the Republic of Ireland in relation to factors that would best support their learning and competency development on placement.

Methods & Procedures: Qualitative data were collected from an anonymous online student survey that consisted of eight open-ended questions. Thematic analysis was applied to the data. Excerpts from the data were selected to illustrate the themes constructed.

Outcomes & Results: A total of 117 students responded. Four salient themes were generated that capture the students' perspectives of an optimal environment for placement learning and competency development.

Conclusions & Implications: This study supports quality assurance within the practice education of student SLTs and highlights aspects of an optimal learning environment that practice educators can strive to develop. In parallel, this study points to the need for improved supports from university personnel and placement site managers, and an increased need for student preparedness and self-reflection. Implications for continuing professional development specific to the role of a practice educator is described, in addition to the recommendation of an expanded perspective of supervision within SLT. What this paper adds What is already known on the subject Placements are an integral component of SLT undergraduate and postgraduate university programmes that enable students to translate theory to practice. Placement involves a transition from structured and predictable learning of the classroom to more dynamic learning environment within the placement site. Assessment of placement is carried out by practice educators using competency assessment tools. An optimal environment for placement learning often pivots on the mentoring, supervision and feedback that the student receives from their practice educator. What this paper adds to existing knowledge This study explores student SLTs' voices in relation to what they consider an optimal environment for placement learning should be and what they believe may best support them in their journey to develop their clinical competencies. It supports quality assurance of the practice education of our future colleagues. What are the potential or actual clinical implications of this work? The findings of this enquiry emphasize the distinction between competence as a SLT and competence as a practice educator and have subsequent implications for the content of continuing professional development for practice educators. In particular, an expanded perspective of the models and frameworks of supervision to promote and implement within the practice education of SLT students is presented.

Database: CINAHL

29. Primed to cue.

Author(s): Lindsey ; Bunker, Lisa; Mozeiko, Jennifer; Coelho, Carl

Source: Journal of Communication Disorders; Jul 2020; vol. 86

Publication Date: Jul 2020

Publication Type(s): Academic Journal

Abstract:

- Priming and cueing serve to pre-engage the neural system by triggering the retrieval of linked conceptual knowledge.
- Differences between priming and cueing are linked to timing and conscious intentional engagement.
- Semantic Feature Analysis and Verb Network Strengthening Treatment are two priming based treatments used to enhance linguistic performance. The behavioral effects of lexical priming are well studied in the cognitive sciences. Clinical use of the term and widespread implementation of priming based behavioral interventions has remained



limited. This is despite the fact that response-contingent cueing, a behavioral intervention technique used during many cognitive-linguistic interventions, is grounded in theories of priming research. The aim of this manuscript is to connect behavioral performance changes observed following priming with those noted following cueing, providing a theoretical rationale for the therapeutic use of both priming and cueing in language and cognitive interventions. In this review, we establish a conceptual basis for how both primes and cues serve to pre-engage the neural system by triggering the retrieval of linked conceptual knowledge, resulting in faster and more accurate responses. Differences between the two (primes and cues) have been linked to timing and conscious intentional engagement, though these distinctions are often task dependent. Additionally, this paper will provide evidence of the clinical utility of priming. Studies of priming in adults with acquired brain injuries are discussed and clinical interventions based on theories of priming are examined. Furthermore, the present work will briefly detail the inhibitory effects of priming to aid clinicians and researchers in deciding how to pair primes and cues with intended retrieval targets. In summation, the present work is intended to bridge two related fields providing both theoretical and clinical insight with respect to the use of primes and cues.

Database: CINAHL

30. The Impact of Respiratory Exercises on Voice Outcomes: A Systematic Review of the Literature.

Author(s): Desjardins ; Bonilha, Heather Shaw

Source: Journal of Voice; Jul 2020; vol. 34 (no. 4); p. 648.e1

Publication Date: Jul 2020

Publication Type(s): Academic Journal

Abstract:

The role of respiratory exercises in voice therapy remains unclear as many patients do not need extensive breath support to meet their voice demands. However, since these exercises are commonly used in clinical practice and ubiquitous in voice therapy textbooks, there is a need to determine the evidence for using respiratory exercises to improve vocal function. The goal of the present review is to determine the state of the evidence regarding the effectiveness of respiratory interventions to improve respiratory and voice outcomes. A review of the literature was conducted using three electronic databases: Pubmed, Scopus, and CINAHL. A search strategy was developed to highlight two main concepts: (1) voice and (2) respiratory exercises. Out of 650 articles identified through the search, 23 articles met the inclusion criteria, spanning nine types of respiratory exercises: (1) expiratory muscle strength training; (2) inspiratory muscle strength training; (3) incentive spirometry; (4) isocapnic hyperpnea; (5) respiratory effort treatment; (6) abdominal directives; (7) "easy breathing"; (8) stimulation training; and (9) vocalization with abdominal breath support. Respiratory improvements were reported in 12 articles. Nine of 12 articles also reported some voice improvements, although these were limited to subsets of participants. The results of this review suggest that the evidence to support using respiratory exercises to improve vocal function is specific to a patient's respiratory and vocal needs. That is, current evidence does not support using respiratory exercises for all patients with voice disorders. Emerging evidence also indicates the importance of generalizing the outcomes of respiratory exercises to voice tasks. It is critical that the mechanism of action through which respiratory exercises can impact voice outcomes be thoroughly understood, and it is hoped that future research will help provide more information in this regard.

Database: CINAHL

31. Dysphagia services in the era of COVID-19: Are speech-language therapists essential?

Author(s): Coutts K.A.

Source: The South African journal of communication disorders = Die Suid-Afrikaanse tydskrif vir Kommunikasieafwykings; Jul 2020; vol. 67 (no. 1)

Publication Date: Jul 2020

Publication Type(s): Article



PubMedID: 32787417

Available at [The South African journal of communication disorders = Die Suid-Afrikaanse tydskrif vir Kommunikasieafwykings](#) - from EBSCO (MEDLINE Complete)

Available at [The South African journal of communication disorders = Die Suid-Afrikaanse tydskrif vir Kommunikasieafwykings](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [The South African journal of communication disorders = Die Suid-Afrikaanse tydskrif vir Kommunikasieafwykings](#) - from Unpaywall

Abstract: In the era of coronavirus disease 2019 (COVID-19), many healthcare professionals are being faced with the question of what is considered to be an essential service. This opinion paper has attempted to answer this complex question by understanding the potential relationship between dysphagia and COVID-19 and how speech-language therapists (SLTs) in South Africa should tackle this. It also aims to answer the question through the lens of a risk-benefit discussion based around practices and decision-making. Important gaps in the field relating to how SLT practices need to move forward during this challenging time have also been highlighted. Reflective questions that can assist SLTs when seeing dysphagia cases have been provided.

Database: EMBASE

32. ASHA Voices: Teleconferencing and COVID-19.

Author(s):

Source: ASHA Leader; Jun 2020; vol. 25 (no. 5); p. 4-4

Publication Date: Jun 2020

Publication Type(s): Trade Publication

Available at [ASHA Leader](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: The article offers information on a post featured in American Speech-Language-Hearing Association (ASHA) "Leader Live," including tips from speech-language pathologists on how to avoid teleconference vocal strain.

Database: CINAHL

33. Voice therapy in paediatric dysphonia.

Author(s): Gamba Longa ; Brotto, Davide; Favaretto, Niccolò

Source: Hearing, Balance & Communication; Jun 2020; vol. 18 (no. 2); p. 79-84

Publication Date: Jun 2020

Publication Type(s): Academic Journal

Abstract:

Objective: To review the literature about the current available methods for voice therapy in pediatric patients affected by dysphonia.

Methods: All available articles published in pubmed concerning voice therapy in pediatric dysphonia were considered. Articles not available in English were excluded.

Results: Dysphonia is an extremely common voice disorder in paediatric population, involving up to around 20% of children from 7 to 16 years old. The causes of dysphonia are extremely different, from neurologic disorders to rare syndromic pathologies. Above all, phonotrauma is considered the most common cause of dysphonia, frequently determining the presence of benign lesions of the vocal cords, the nodules. The treatment can be medical, surgical or rehabilitative, but voice therapy is crucial regardless of the chosen approach. All authors highlight the crucial role of voice therapy in order to enhance positive vocal habits and establish correct vocal motor patterns. The role of family and school teachers is extremely important in the rehabilitation in order to limit the progression of the dysphonia or even treat it.



Conclusion: Multiple voice therapy methods are available in the literature, but an organic analysis of these methods is still lacking. The present review takes into account the voice therapy methods detected in the literature highlighting the relative advantages and disadvantages of each of them.

Database: CINAHL

34. Communicating simply, but not too simply: Reporting of participants and speech and language interventions for aphasia after stroke.

Author(s):

Source: International Journal of Speech-Language Pathology; Jun 2020; vol. 22 (no. 3); p. 302-312

Publication Date: Jun 2020

Publication Type(s): Academic Journal

Available at [International Journal of Speech-Language Pathology](#) - from Unpaywall

Abstract:

Purpose: Speech and language pathology (SLP) for aphasia is a complex intervention delivered to a heterogeneous population within diverse settings. Simplistic descriptions of participants and interventions in research hinder replication, interpretation of results, guideline and research developments through secondary data analyses. This study aimed to describe the availability of participant and intervention descriptors in existing aphasia research datasets.

Method: We systematically identified aphasia research datasets containing ≥10 participants with information on time since stroke and language ability. We extracted participant and SLP intervention descriptions and considered the availability of data compared to historical and current reporting standards. We developed an extension to the Template for Intervention Description and Replication checklist to support meaningful classification and synthesis of the SLP interventions to support secondary data analysis.

Result: Of 11, 314 identified records we screened 1131 full texts and received 75 dataset contributions. We extracted data from 99 additional public domain datasets. Participant age (97.1%) and sex (90.8%) were commonly available. Prior stroke (25.8%), living context (12.1%) and socio-economic status (2.3%) were rarely available. Therapy impairment target, frequency and duration were most commonly available but predominately described at group level. Home practice (46.3%) and tailoring (functional relevance 46.3%) were inconsistently available.

Conclusion : Gaps in the availability of participant and intervention details were significant, hampering clinical implementation of evidence into practice and development of our field of research. Improvements in the quality and consistency of participant and intervention data reported in aphasia research are required to maximise clinical implementation, replication in research and the generation of insights from secondary data analysis. Systematic review registration: PROSPERO CRD42018110947

Database: CINAHL

35. A systematic review of interventions for adults who stutter.

Author(s): Brignell ; Krahe, Michelle; Downes, Martin; Kefalianos, Elaina; Reilly, Sheena; Morgan, Angela T

Source: Journal of Fluency Disorders; Jun 2020; vol. 64

Publication Date: Jun 2020

Publication Type(s): Academic Journal

Abstract:

- Speech restructuring to reduce stuttering was supported by the most number of RCTs
- Interventions via telehealth are non-inferior to face-to-face but more RCTs needed
- Evidence that CBT combined with speech restructuring improves outcomes is limited
- Emerging interventions include transcranial direct current stimulation (tDCS)



• The quality of the evidence for included studies were rated low risk of bias To examine the effectiveness of (i) face to face interventions (ii) models of service delivery and (iii) psychological treatments combined with speech-focused interventions for adults who stutter. Five electronic databases and three clinical trial registries were searched. Systematic reviews, randomised controlled trials (RCTs) and studies that applied an intervention with adults who stutter were included. Pharmaceutical interventions were excluded. Primary outcomes included a measure of stuttering severity. Risk of bias assessment was conducted on included studies and overall quality of the evidence was graded. Five RCTS, four registered trials and three systematic reviews met inclusion criteria. Intervention approaches included speech restructuring programs (e.g. Camperdown Program) and transcranial direct current stimulation (tDCS). One study investigated cognitive behaviour therapy (CBT) alongside speech restructuring. Overall, studies were classified low risk of bias and good quality. Speech restructuring was included in all but one study (tDCS study) and had the most evidence i.e. supported by the greatest number of RCTs. On average, stuttering frequency was reduced by 50–57 % using speech restructuring approaches. No study reduced stuttering to the same level as community controls who don't stutter. The study on tDCS reduced stuttering frequency by 22–27 %. Speech restructuring delivered via telehealth was non-inferior to face-to-face intervention. One study reported CBT was an effective adjunct to speech restructuring interventions. Speech restructuring interventions were found to reduce stuttering in adults, however degree and maintenance of fluency varied. The body of evidence surrounding tDCS and psychological interventions is limited. Replication studies should be considered.

Database: CINAHL

36. A multicentre, randomised controlled trial to compare the clinical and cost-effectiveness of Lee Silverman Voice Treatment versus standard NHS Speech and Language Therapy versus control in Parkinson's disease: a study protocol for a randomised controlled trial.

Author(s): Sackley ; Rick, C.; Au, P.; Brady, M. C.; Beaton, G.; Burton, C.; Caulfield, M.; Dickson, S.; Dowling, F.; Hughes, M.; Ives, N.; Jowett, S.; Masterson-Algar, P.; Nicoll, A.; Patel, S.; Smith, C. H.; Woolley, R.; Clarke, C. E.; on behalf of the PD COMM Collaborative Group; Church, A.

Source: Trials; May 2020; vol. 21 (no. 1); p. 1-13

Publication Date: May 2020

Publication Type(s): Academic Journal

PubMedID: NLM32460885

Available at [Trials](#) - from BioMed Central

Available at [Trials](#) - from Europe PubMed Central - Open Access

Available at [Trials](#) - from EBSCO (MEDLINE Complete)

Available at [Trials](#) - from Unpaywall

Abstract:

Background: Parkinson's disease (PD) affects approximately 145,519 people in the UK. Speech impairments are common with a reported prevalence of 68%, which increase physical and mental demands during conversation, reliance on family and/or carers, and the likelihood of social withdrawal reducing quality of life. In the UK, two approaches to Speech and Language Therapy (SLT) intervention are commonly available: National Health Service (NHS) SLT or Lee Silverman Voice Treatment (LSVT LOUD®). NHS SLT is tailored to the individuals' needs per local practice typically consisting of six to eight weekly sessions; LSVT LOUD® comprises 16 sessions of individual treatment with home-based practice over 4 weeks. The evidence-base for their effectiveness is inconclusive.

Methods/design: PD COMM is a phase III, multicentre, three-arm, unblinded, randomised controlled trial. Five hundred and forty-six people with idiopathic PD, reporting speech or voice problems will be enrolled. We will exclude those with a diagnosis of dementia, laryngeal pathology or those who have received SLT for speech problems in the previous 2 years. Following informed consent and completion of baseline assessments, participants will be randomised in a 1:1:1 ratio to no-intervention control, NHS SLT or LSVT LOUD® via a central computer-generated programme, using a minimisation procedure with a random element, to ensure allocation concealment.



Participants randomised to the intervention groups will start treatment within 4 (NHS SLT) or 7 (LSVT LOUD®) weeks of randomisation.

Primary Outcome: Voice Handicap Index (VHI) total score at 3 months. Secondary outcomes include: VHI subscales, Parkinson's Disease Questionnaire-39; Questionnaire on Acquired Speech Disorders; EuroQol-5D-5 L; ICECAP-O; resource utilisation; adverse events and carer quality of life. Mixed-methods process and health economic evaluations will take place alongside the trial. Assessments will be completed before randomisation and at 3, 6 and 12 months after randomisation. The trial started in December 2015 and will run for 77 months. Recruitment will take place in approximately 42 sites around the UK.

Discussion: The trial will test the hypothesis that SLT is effective for the treatment of speech or voice problems in people with PD compared to no SLT. It will further test whether NHS SLT or LSVT LOUD® provide greater benefit and determine the cost-effectiveness of both interventions. Trial Registration: International Standard Randomised Controlled Trials Number (ISRCTN) Registry, ID: 12421382. Registered on 18 April 2016.

Database: CINAHL

37. Giving voice: an oral history of speech and language therapy.

Author(s): Stansfield

Source: International Journal of Language & Communication Disorders; May 2020; vol. 55 (no. 3); p. 320-331

Publication Date: May 2020

Publication Type(s): Academic Journal

Available at [International Journal of Language & Communication Disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: The Royal College of Speech and Language Therapists (RCSLT) celebrates its 75th anniversary in 2020. The historical study of speech and language therapy (SLT) has been very limited. A small number of publications have traced the changes in the profession over time, but to date there has been no comprehensive work undertaken to gain an insight into the experiences of UK speech therapists who entered the newly formed profession after 1945.

Aims: To use an oral history methodology to explore the life stories of early members of the profession. **Methods & Procedures:** Participants were recruited through RCSLT networks. Interviews were held across England and Scotland. Conversations were audio recorded and analysed using thematic network analysis. Archive material was used to complement participants' narratives. **Outcomes & Results:** Participants were 19 women who qualified between 1945 and 1968. Three global themes emerged: personal, professional and political stories. On a personal level, each reported steps towards autonomy and agency within the social constraints they experienced. Professionally, all commented on the vast expansion in the range of identifiable clinical fields between 1945, when the first participant qualified, and 2008, when the last participant retired. Politics and social policies impacted upon their lives and, sometimes to their surprise, the participants found themselves campaigning politically in pursuit of fairness for their profession. **Conclusions & Implications:** This paper offers a unique insight into the challenges and achievements participants experienced over their careers as early practitioners in the UK profession.

Database: CINAHL

38. UK speech and language therapists' views and reported practices of discourse analysis in aphasia rehabilitation.

Author(s): Cruice ; Botting, Nicola; Marshall, Jane; Boyle, Mary; Hersh, Deborah; Pritchard, Madeleine; Dipper, Lucy

Source: International Journal of Language & Communication Disorders; May 2020; vol. 55 (no. 3); p. 417-442

Publication Date: May 2020

Publication Type(s): Academic Journal



Abstract:

Background: Discourse assessment and treatment in aphasia rehabilitation is a priority focus for a range of stakeholder groups. However, a significant majority of speech and language therapists (SLTs) infrequently conduct discourse analysis, and do not feel competent in doing so. Known barriers identified in other countries, specifically a lack of time, training, expertise and resources, affect use of discourse analysis in clinical practice. Aims: To investigate UK SLTs' reported practices and views of discourse analysis, barriers and facilitators, and clinical feasibility in aphasia rehabilitation.

Methods & Procedures: An online survey of 52 questions adapted from existing research and incorporating behaviour change literature was created for the study and piloted. UK SLTs working in aphasia rehabilitation for at least 6 months were invited to participate. Potential participants were contacted through national and local clinical excellence networks, a National Health Service (NHS) bespoke e-mail list, and national magazine advertisement, and the study was also advertised on social media (Twitter). Therapists read an online participant information sheet and submitted individual electronic consent online; then progressed to the Qualtrics survey. Descriptive, correlational and inferential statistical analyses were conducted, and content analysis was carried out on the questions requiring text.

Outcomes & Results: A total of 211 valid responses were received from primarily female SLTs, aged 20–40 years, working full-time in the NHS in England, in community, inpatient and acute/subacute multidisciplinary settings. A total of 30% SLTs collected discourse analysis often, were mostly very experienced, and working part-time in community settings. Years of experience was predictive of use. Discourse was most often collected using standardized picture descriptions and recounts during initial assessment. Samples were infrequently recorded, and typically transcribed in real-time. Most SLTs (53–95%) reported making clinical judgements or manually counted words, sentences, communication of ideas and errors, and were confident in doing so. Barriers included time constraints; lack of expertise, confidence, training, resources and equipment; and patient severity. Discourse 'super-users' were distinguished by significantly higher professional motivation for discourse and workplace opportunity than other SLTs, and 'non-users' were distinguished by significantly less knowledge and skills in discourse analysis than other SLTs. SLTs reported a desire and need for training, new/assistive tools and time to do more discourse analysis in practice.

Conclusions & Implications: Clinicians were highly engaged and relatively active in at least some aspects of discourse analysis practice. Interventions that target individual clinicians as well as organizations and systems are needed to improve the uptake of discourse analysis in practice. What this paper adds What is already known on the subject? Discourse in aphasia rehabilitation is a priority in clinical practice and research. However, the majority of clinicians infrequently collect and analyse discourse. Research in Australia and the United States indicated that lack of time, assessment resources and relevant knowledge and skills are the main barriers to use. What this paper adds to existing knowledge Compared with existing research, UK SLTs were more likely to see discourse analysis as part of their role and experienced fewer barriers, and more SLTs did it at least sometimes in clinic. However, practices were limited by lack of training, giving rise to challenges in selecting and interpreting findings for clients. More use was predicted by more experience and commitment to discourse analysis, particularly where workplaces supported this approach. Less use was associated with less knowledge and skills in discourse analysis. Practice and decision-making were influenced by client factors and constrained to a lesser degree by logistical challenges. What are the potential or actual clinical implications of this study? Education and training in discourse analyses and in specific procedures are needed to improve individual clinicians' knowledge, skills and confidence in using discourse analysis for clients' rehabilitation. Equally, organizational and systems changes are needed to promote, support and reinforce discourse analysis in the workplace.

Database: CINAHL

39. Speech and language therapy for aphasia: parameters and outcomes.

Author(s): Thomas ; Lander, Louise; Cox, Nicholas; Romani, Cristina



Source: Aphasiology; May 2020; vol. 34 (no. 5); p. 603-642

Publication Date: May 2020

Publication Type(s): Academic Journal

Abstract:

Background: Speech and language therapy is effective in improving language outcomes in acquired aphasia. However, it remains unclear which therapy parameters are most important to ensure gains. Published literature reviews are limited by the heterogeneity of the protocols considered, conflation of important parameters, and/or the paucity of the studies reviewed.

Aims: We carried out two new reviews of the effects of therapy parameters on language outcomes, addressing some of the limitations of previous reviews and focusing on the effect of the number of words treated, cumulative dosage of therapy, and frequency of sessions.

Method and Procedure: In the first review (N studies = 48; N participants = 387), we considered only studies involving picture naming, in order to focus on a relatively homogeneous protocol. Here, we correlated therapy parameters with language outcomes. In the second review, we included a broader range of protocols, in order to select studies where either dosage (N studies = 8; N participants = 211) or frequency of therapy (N studies = 9; N participant = 114) were contrasted, while other aspects of therapy were controlled for. Given the paucity of these studies, here we only presented descriptive analyses of studies that did, or did not, show significant effects of dosage or frequency on language outcomes.

Results: The therapy parameters used by the reviewed studies show the use of limited resources (studies were characterised by small doses, short duration and few words treated). Percentage increase in number of words correct compared to baseline did not correlate or correlated negatively with all therapy parameters. Number of words gained, instead, correlated positively and significantly with the number of words treated and the number of words treated per hour. Controlled studies provided some evidence for the benefits of higher dosages of therapy, but no evidence in favour of either massed or distributed practice.

Conclusions: Results provided limited evidence that people with aphasia benefit from a higher dosage of therapy and no evidence at all that a massed mode of delivery is to be preferred. Instead, our results provide strong evidence of the benefits of treating larger sets of words, and more words per hour within the range of therapy durations and dosages reviewed by our study. They also suggest caution in using percentage increase as a measure of outcomes, as this will favour studies treating fewer words. Above all, our results highlight the lack of well-powered studies to assess the effects of therapy parameters on outcomes in controlled conditions.

Database: CINAHL

40. The effects of choral singing on communication impairments in acquired brain injury: A systematic review.

Author(s): Monroe ; Halaki, Mark; Kumfor, Fiona; Ballard, Kirrie J.

Source: International Journal of Language & Communication Disorders; May 2020; vol. 55 (no. 3); p. 303-319

Publication Date: May 2020

Publication Type(s): Academic Journal

Available at [International journal of language & communication disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: Acquired brain injury (ABI), such as Parkinson's disease, dementia or stroke, can result in communication difficulties that lead to an impoverished ability to connect meaningfully with others. Choral singing is a complex task that uses multiple brain regions which are also responsible for language and communication skills. The potential therapeutic effects of group singing on communication-related outcomes across ABI aetiologies have not been systematically reviewed.

Aims: To examine whether participation in group singing over multiple sessions improves speech, voice, language and/or communication skills in individuals with ABI-related communication disorders.



Methods & Procedures: A database search was undertaken according to the PRISMA guidelines. Search terms included: stroke OR Parkinson* OR dementia OR 'acquired brain injury' AND choir OR choral OR singing OR sing OR 'choral sing*' OR group adj3 singing OR community adj3 singing AND speech OR language OR communication. Main Contribution: A total of 11 studies were included. Nine were quantitative, including one randomized and one non-randomized control trial, and two were mixed method. Nine studies were scored as level IV (uncontrolled) on the American Academy of Neurology (AAN) Classification of Evidence Matrix and two as level III (e.g., lack of blinded assessors). Eight examined speech and voice skills in Parkinson's disease, two functional communication skills in post-stroke aphasia and one communication between individuals with dementia and a significant other. One level III control trials provided evidence for a therapeutic effect of group singing on communication in individuals with Parkinson's disease.

Conclusions & Implications: Currently, there is only one study providing support for using group singing to improve speech and voice skills in people with Parkinson's disease, and no studies of adequate quality indicating positive effects on language and functional communication abilities in ABI. Further research using more rigorous experimental designs is required to determine whether group singing can influence communication skills in ABI. What this paper adds What is already known on the subject Music activates widespread, bilateral cortical and subcortical brain regions. Group singing is increasingly understood to have positive benefits on quality of life and health-related well-being in both healthy and clinical populations. Given the crossover in neural networks between singing, speech and language, singing activities are also thought to have positive effect of communication impairments secondary to ABI. However, to date, the research evidence supporting the application of group singing for communication impairments in ABI has not been summarized. What this paper adds to existing knowledge A total of 11 studies have looked at communication outcomes after group singing in ABI. For most of these, the quality of evidence was low (AAN level IV). It also highlights that there is a bias in the literature towards the studying individuals with Parkinson's disease (i.e., nine of the 11 studies). What are the potential or actual clinical implications of this work? This review concludes that, currently, there is emerging evidence to support positive effects of a group singing for speech and voice symptoms in individuals with Parkinson's disease, when provided using the Tamplin protocol. However, there is not yet any evidence for communication benefits for individuals with aphasia or dementia.

Database: CINAHL

41. ASHA: 10 WAYS CHILDREN WITH LANGUAGE DISORDERS CAN MAINTAIN PHYSICAL DISTANCE & SOCIAL CONNECTION DURING THE CORONAVIRUS PANDEMIC.

Author(s):

Source: Exceptional Parent; Apr 2020; vol. 50 (no. 4); p. 8-9

Publication Date: Apr 2020

Publication Type(s): Periodical

Available at [Exceptional Parent](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: The article discusses how parents can help children with language disorders interact socially during the physical distance mandated to prevent the spread of COVID-19. The American Speech-Language-Hearing Association (ASHA) has warned patients about the association between screen time and speech and language delays in children. Parents have been advised to engage in conversations with children with language disorders and to use augmentative and alternative communication to help them communicate.

Database: CINAHL

42. "Guiding them to take responsibility": exploring UK speech and language therapists' views of supporting self-management of aphasia.

Author(s): Wray ; Clarke, David; Forster, Anne

Source: Aphasiology; Apr 2020; vol. 34 (no. 4); p. 411-430



Publication Date: Apr 2020

Publication Type(s): Academic Journal

Available at [Aphasiology](#) - from Unpaywall

Abstract:

Background: Self-management approaches are increasingly recommended after stroke with the aim of supporting longer-term adaptation, adjustment and condition management. Stroke survivors with aphasia (SSWA) have particularly poor longer-term outcomes; however, the suitability of self-management for SSWA is unclear. Speech and language therapists (SLTs) play a key role in the provision of care for this group of stroke survivors; however, UK SLTs views of self-management have not been explored.

Aims: To explore UK SLTs views of "self-management" as an approach in stroke rehabilitation including its application in practice with SSWA. **Methods & Procedures:** In depth, semi-structured qualitative interviews were conducted with SLTs from five NHS speech and language therapy services. Interview data were analysed using thematic analysis.

Outcomes & Results: Eighteen SLTs participated in interviews. Many SLTs were not familiar with the term "self-management". However, SLTs were positive about the connotations of this term which aligned closely with the values they held about their role and the desired outcomes of rehabilitation. SLTs described multiple aspects of their existing practice which they associated with enabling "self-management" (e.g., self-directed practice of therapy tasks, encouraging SSWA to take responsibility for their own rehabilitation, involving family members in therapy). However, some SLTs identified difficulties involving SSWA as active participants in the rehabilitation process and in facilitating "readiness" to take responsibility for managing in the longer-term. Other barriers to enabling self-management were identified including limited session time for speech and language therapy in the community setting, difficulties involving family members in rehabilitation and a lack of access to other services to support self-management (including specialist psychological support).

Conclusions: Making the transition to longer-term adaptation, adjustment and condition management is a complex and challenging task which is likely to require tailored support for many SSWA and their families. Supported self-management may help to facilitate this process; however, SLTs require a structured and clearly defined approach and training to assist implementation in practice. Organisational "buy-in" and support for self-management as a therapeutic approach within speech and language rehabilitation will also be required for successful implementation.

Database: CINAHL

43. Measures of functional, real-world communication for aphasia: a critical review.

Author(s): Doedens ; Meteyard, L.

Source: Aphasiology; Apr 2020; vol. 34 (no. 4); p. 492-514

Publication Date: Apr 2020

Publication Type(s): Academic Journal

Available at [Aphasiology](#) - from Unpaywall

Abstract:

Aims: The aim of this article is to identify which existing instrument of functional communication from the aphasia literature best fits with a theoretically founded definition of real-world communication.

Background: Aphasia is a language impairment caused by acquired brain damage such as stroke. For successful rehabilitation, a thorough understanding of naturalistic, real-world communication is imperative, as this is the behaviour speech and language therapy (SLT) ultimately aims to improve. In the field of aphasiology, there currently is a lack of consensus about the way in which communication should be measured. Underlying this is a fundamental lack of agreement over what real-world communication entails and how it should be defined.

Methods & procedures: In this critical review, we review the instruments that are currently used to quantify functional, real-world communication in people with aphasia (PWA). Each measure is checked against a newly



proposed, comprehensive, theoretical framework of situated language use, which defines communication as (1) interactive, (2) multimodal, and (3) based on context (common ground).

Outcomes & results: The instrument that best fits the theoretical definition of situated language use and allows for the quantification of communicative ability is the Scenario Test. Conclusions: This article provides a start in a more systematic and theoretically founded approach to the study and measurement of functional, real-world communication in aphasia. More work is needed to develop an instrument that can quantify communicative ability across different aphasia types and severities.

Database: CINAHL

44. Speech and language therapy approaches to managing primary progressive aphasia.

Author(s): Volkmer ; Rogalski, Emily; Henry, Maya; Taylor-Rubin, Cathleen; Ruggero, Leanne; Khayum, Rebecca; Kindell, Jackie; Gorno-Tempini, Maria Luisa; Warren, Jason D.; Rohrer, Jonathan D.

Source: Practical Neurology (BMJ Publishing Group); Apr 2020; vol. 20 (no. 2); p. 1-9

Publication Date: Apr 2020

Publication Type(s): Academic Journal

Available at [Practical neurology](#) - from BMJ Journals - NHS

Available at [Practical neurology](#) - from BMJ Journals

Available at [Practical neurology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Practical neurology](#) - from Unpaywall

Abstract:

The term primary progressive aphasia (PPA) describes a group of neurodegenerative disorders with predominant speech and language dysfunction as their main feature. There are three main variants -- the semantic variant, the nonfluent or agrammatic variant and the logopenic variant -- each with specific linguistic deficits and different neuroanatomical involvement. There are currently no curative treatments or symptomatic pharmacological therapies. However, speech and language therapists have developed several impairment based interventions and compensatory strategies for use in the clinic. Unfortunately, multiple barriers still need to be overcome to improve access to care for people with PPA, including increasing awareness among referring clinicians, improving training of speech and language therapists and developing evidence- based guidelines for therapeutic interventions. This review highlights this inequity and the reasons why neurologists should refer people with PPA to speech and language therapists.

Database: CINAHL

45. Assessing speech at three years of age in the cleft palate population: a scoping review of assessment practices.

Author(s): Fitzpatrick ; Coad, Jane; Sell, Debbie; Rihtman, Tanya

Source: International Journal of Language & Communication Disorders; Mar 2020; vol. 55 (no. 2); p. 165-187

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Available at [International journal of language & communication disorders](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Background: There is no consensus in the UK regarding the types of speech samples or parameters of speech that should be assessed at 3 years of age in children with cleft palate ± cleft lip (CP±L), despite cleft units routinely assessing speech at this age. The standardization of assessment practices would facilitate comparisons of outcomes across UK cleft units; earlier identification of speech impairments—which could support more timely treatments; and more reliable recording of therapy impacts and surgical interventions.



Aims: To explore assessment practices used to assess speech in 3-year-old children with CP±L, including speech parameters, methods of assessment and the nature of the speech sample used.

Methods & Procedures: A broad examination of the literature was undertaken through the use of a scoping review conducted in accordance with Joanna Briggs Institute guidelines. Search terms were generated from a preliminary search and then used in the main search (Medline, CINAHL, Embase, AMED and PsycINFO).

Main Contribution: A combination of approaches (medical, linguistic, developmental and functional) is required to assess CP±L speech at age 3. A developmental approach is recommended at this age, considering the complexity of speech profiles at age 3, in which typically developing speech processes may occur alongside cleft speech characteristics. A combined measure for both nasal emission and turbulence, and an overall measure for velopharyngeal function for speech, show potential for assessment at this age. Categorical ordinal scales are frequently used; the use of continuous scales has yet to be fully explored at age 3. Although single-word assessments, including a subset of words developed for cross-linguistic comparisons, are frequently used, more than one type of speech sample may be needed to assess speech at this age validly. The lack of consensus regarding speech samples highlights a need for further research into the types of speech samples 3-year-olds can complete; the impact of incomplete speech samples on outcome measures (particularly relevant at this age when children may be less able to complete a full sample); the impact of different speech samples on the validity of assessments; and the reliability of listener judgements.

Conclusions & Implications: Whilst a medical model and linguistic approaches are often central in assessments of age-3 cleft speech, this review highlights the importance of developmental and functional approaches to assessment. Cross-linguistic single-word assessments show potential, and would facilitate the comparison of UK speech outcomes with other countries. Further research should explore the impact of different speech samples and rating scales on assessment validity and listener reliability.

Database: CINAHL

46. Vocal fold medialization—A 5-year series of single surgeon consecutive medialization with review of literature.

Author(s): Nassimizadeh ; El-Shummar, Suliman; Emery, Katrina; Costello, Declan

Source: Journal of Evaluation in Clinical Practice; Feb 2020; vol. 26 (no. 1); p. 281-289

Publication Date: Feb 2020

Publication Type(s): Academic Journal

Available at [Journal of Evaluation in Clinical Practice](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

Introduction: ENT UK released guidelines in 2010 detailing the requisite structure for the creation of a laryngeal intervention clinic. The senior author's practice is the only one regionally that offers this service, and our objective was to review this to determine whether vocal cord medialization injections were showing an improvement in quality of voice for patients.

Materials and methods: Patients were reviewed in a specialist voice clinic prior to being offered vocal cord injection under local anaesthetic in a separate dedicated weekly clinic. They would be assessed by the senior author and a dedicated voice specialist speech and language therapist (SALT). This would include a preinjection grade, roughness, breathiness, asthenia, and strain (GRBAS), Voice Handicap Index (VHI)-10, and the measuring of maximum phonation time (MPT) with the aid of Opera Vox Apple iPad application.

Results: Data were available for 186 injections, on patients with a median age of 66 years (interquartile range [IQR]: 51-75), of whom 61% were male. VHI-10 score improved significantly, from a mean of 26.7 to 12.5 ($P < .001$). A significant improvement in MPT was also observed, from a median of 3.0 to 6.3 ($N = 66$, $P < .001$). Improvements in all components of the GRBAS score were also observed (all $P < .001$), with between 43% and 88% of cases reporting reductions after the procedure. Patients receiving a repeat procedure saw a significantly smaller improvement in VHI-10 than those where it was the primary treatment (mean reduction: 9.8 vs 15.5, $P = .018$). Analysis of MPT found



a significant correlation between the quantity of injection material used and the degree of improvement observed (rho = 0.355, P =.004).

Conclusion: Vocal Cord local anaesthetic medialization injection is a swift, safe, and effective short-term method of improving dysphonia.

Database: CINAHL

47. Protocol for Correcting Residual Errors with Spectral, ULtrasound, Traditional Speech therapy Randomized Controlled Trial (C-RESULTS RCT).

Author(s): McAllister ; Preston, Jonathan L.; Hitchcock, Elaine R.; Hill, Jennifer

Source: BMC Pediatrics; Feb 2020; vol. 20 (no. 1); p. 1-14

Publication Date: Feb 2020

Publication Type(s): Academic Journal

PubMedID: NLM32046671

Available at [BMC pediatrics](#) - from BioMed Central

Available at [BMC pediatrics](#) - from Europe PubMed Central - Open Access

Available at [BMC pediatrics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pediatrics](#) - from EBSCO (MEDLINE Complete)

Available at [BMC pediatrics](#) - from Unpaywall

Abstract:

Background: Speech sound disorder in childhood poses a barrier to academic and social participation, with potentially lifelong consequences for educational and occupational outcomes. While most speech errors resolve by the late school-age years, between 2 and 5% of speakers exhibit residual speech errors (RSE) that persist through adolescence or even adulthood. Previous findings from small-scale studies suggest that interventions incorporating visual biofeedback can outperform traditional motor-based treatment approaches for children with RSE, but this question has not been investigated in a well-powered randomized controlled trial.

Methods/design: This project, Correcting Residual Errors with Spectral, ULtrasound, Traditional Speech therapy Randomized Controlled Trial (C-RESULTS RCT), aims to treat 110 children in a parallel randomized controlled clinical trial comparing biofeedback and non-biofeedback interventions for RSE affecting the North American English rhotic sound /ɹ/. Eligible children will be American English speakers, aged 9-15 years, who exhibit RSE affecting /ɹ/ but otherwise show typical cognitive-linguistic and hearing abilities. Participants will be randomized, with stratification by site (Syracuse University or Montclair State University) and pre-treatment speech production ability, to receive either a motor-based treatment consistent with current best practices in speech therapy (40% of participants) or treatment incorporating visual biofeedback (60% of participants). Within the biofeedback condition, participants will be assigned in equal numbers to receive biofeedback in the form of a real-time visual display of the acoustic signal of speech or ultrasound imaging of the tongue during speech. The primary outcome measure will assess changes in the acoustics of children's production of /ɹ/ during treatment, while a secondary outcome measure will use blinded listeners to evaluate changes in the perceived accuracy of /ɹ/ production after the completion of all treatment. These measures will allow the treatment conditions to be compared with respect to both efficacy and efficiency.

Discussion: By conducting the first well-powered randomized controlled trial comparing treatment with and without biofeedback, this study aims to provide high-quality evidence to guide treatment decisions for children with RSE. Trial Registration: ClinicalTrials.gov identifier NCT03737318, November 9, 2018.

Database: CINAHL

48. Treatment Fidelity Procedures for an Aphasia Intervention Within a Randomized Controlled Trial: Design, Feasibility, and Results.



Author(s): Conlon ; Braun, Emily J.; Babbitt, Edna M.; Cherney, Leora R.

Source: American Journal of Speech-Language Pathology; Feb 2020; vol. 29 ; p. 412-424

Publication Date: Feb 2020

Publication Type(s): Academic Journal

Available at [American journal of speech-language pathology](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

Purpose: This study reports on the treatment fidelity procedures implemented during a 5-year randomized controlled trial comparing intensive and distributed comprehensive aphasia therapy. Specifically, the results of 1 treatment, verb network strengthening treatment (VNeST), are examined.

Method: Eight participants were recruited for each of 7 consecutive cohorts for a total of 56 participants. Participants completed 60 hr of aphasia therapy, including 15 hr of VNeST. Two experienced speech-language pathologists delivered the treatment. To promote treatment fidelity, the study team developed a detailed manual of procedures and fidelity checklists, completed role plays to standardize treatment administration, and video-recorded all treatment sessions for review. To assess protocol adherence during treatment delivery, trained research assistants not involved in the treatment reviewed video recordings of a subset of randomly selected VNeST treatment sessions and completed the fidelity checklists. This process was completed for 32 participants representing 2 early cohorts and 2 later cohorts, which allowed for measurement of protocol adherence over time. Percent accuracy of protocol adherence was calculated across clinicians, cohorts, and study condition (intensive vs. distributed therapy).

Results: The fidelity procedures were sufficient to promote and verify a high level of adherence to the treatment protocol across clinicians, cohorts, and study condition.

Conclusion: Treatment fidelity strategies and monitoring are feasible when incorporated into the study design. Treatment fidelity monitoring should be completed at regular intervals during the course of a study to ensure that high levels of protocol adherence are maintained over time and across conditions.

Database: CINAHL

49. The Association Between Age at Palatoplasty and Speech and Language Outcomes in Children With Cleft Palate: An Observational Chart Review Study.

Author(s): Shaffer ; Ford, Matthew D.; Losee, Joseph E.; Goldstein, Jesse; Costello, Bernard J.; Grunwaldt, Lorelei J.; Jabbour, Noel

Source: Cleft Palate-Craniofacial Journal; Feb 2020; vol. 57 (no. 2); p. 148-160

Publication Date: Feb 2020

Publication Type(s): Academic Journal

Abstract:

Objective: To determine whether timing of palatoplasty (early, standard, or late) is associated with speech and language outcomes in children with cleft palate. Design: Retrospective case series.

Setting: Tertiary care children's hospital. Participants: Records from 733 children born between 2005 and 2015 and treated at the Cleft Craniofacial Clinic of a tertiary children's hospital were retrospectively reviewed. Exclusion criteria were cleft repair at an outside hospital, intact secondary palate, absence of postpalatoplasty speech evaluation, syndromes, staged palatoplasty, and introduction to clinic after 12 months of age. Data from 232 children with cleft palate ± cleft lip were analyzed. Interventions: Palatoplasty. Main Outcome Measures: Speech/language delays and disorders at 20 months and 5 years of age based on formal hospital or community-based testing or screening evaluation in the Cleft Craniofacial Clinic; additional speech surgery. Results: Median age at palatoplasty was 12.6 months (range: 8.8-21.9 months). Age at palatoplasty was classified as early (13 months, n = 46). Late palatoplasty was associated with increased odds of speech/language delays and speech therapy at 20 months, and language delays at 5 years, compared with standard or early palatoplasty ($P <.05$ for all comparisons).



However, speech sound production disorders, velopharyngeal incompetence, tube replacement, and hearing loss were not significantly associated with age at palatoplasty.

Conclusions: Late palatoplasty may be associated with short- and long-term delays in speech/language development. Future studies with standardized surgical technique/timing and outcome measures are required to more definitively describe the impact of age at palatoplasty on speech/language development.

Database: CINAHL

50. The neural and neurocomputational bases of recovery from post-stroke aphasia.

Author(s): Stefaniak ; Halai, Ajay D.; Lambon Ralph, Matthew A.

Source: Nature Reviews Neurology; Jan 2020; vol. 16 (no. 1); p. 43-55

Publication Date: Jan 2020

Publication Type(s): Academic Journal

PubMedID: NLM31772339

Available at [Nature reviews. Neurology](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Language impairment, or aphasia, is a disabling symptom that affects at least one third of individuals after stroke. Some affected individuals will spontaneously recover partial language function. However, despite a growing number of investigations, our understanding of how and why this recovery occurs is very limited. This Review proposes that existing hypotheses about language recovery after stroke can be conceptualized as specific examples of two fundamental principles. The first principle, degeneracy, dictates that different neural networks are able to adapt to perform similar cognitive functions, which would enable the brain to compensate for damage to any individual network. The second principle, variable neuro-displacement, dictates that there is spare capacity within or between neural networks, which, to save energy, is not used under standard levels of performance demand, but can be engaged under certain situations. These two principles are not mutually exclusive and might involve neural networks in both hemispheres. Most existing hypotheses are descriptive and lack a clear mechanistic account or concrete experimental evidence. Therefore, a better neurocomputational, mechanistic understanding of language recovery is required to inform research into new therapeutic interventions.

Database: CINAHL



Strategy 959771

#	Database	Search term	Results
1	CINAHL	exp "REHABILITATION, SPEECH AND LANGUAGE"/	9060
2	CINAHL	(speech AND therap*).ti,ab	6022
3	CINAHL	((speech OR speak* OR language*) AND therap*).ti,ab	13842
4	CINAHL	(1 OR 2 OR 3)	21113
5	CINAHL	exp APHASIA/	6185
6	CINAHL	(aphasia).ti,ab	5961
7	CINAHL	exp STROKE/	71534
8	CINAHL	(cerebrovascular AND accident).ti,ab	1734
9	CINAHL	exp "VOICE DISORDERS"/	4355
10	CINAHL	(voice OR vocal).ti,ab	27069
11	CINAHL	exp PHONATION/	3350
12	CINAHL	exp PALATE/	2943
13	CINAHL	(palate).ti,ab	5971
14	CINAHL	("speech sound disorder").ti,ab	136
15	CINAHL	(articulat*).ti,ab	11903
16	CINAHL	(stutter*).ti,ab	2387
17	CINAHL	exp "FLUENCY DISORDERS"/	3123
18	CINAHL	(hear*).ti,ab	242332
19	CINAHL	exp "HEARING DISORDERS"/	38679
20	CINAHL	(5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR	378405



17 OR 18 OR 19)

21	CINAHL	(4 AND 20) [DT 2020-2021]	412
23	CINAHL	(COVID-19 OR COVID OR COVID19 OR 29941 COVID2019 OR coronavirus OR "Corona Virus" OR 2019-nCoV OR SARS-CoV).ti,ab	
24	CINAHL	(4 AND 20 AND 23) [DT 2020-2021]	7
25	CINAHL	(UK OR Great Britain OR England OR 9128 Wales OR "United Kingdom" OR Ireland OR Scotland OR NHS).ti,ab [DT 2020-2021]	
26	CINAHL	(UK OR Great Britain OR England OR 168952 Wales OR "United Kingdom" OR Ireland OR Scotland OR NHS).ti,ab	
27	CINAHL	(4 AND 20 AND 26) [DT 2020-2021]	18
28	CINAHL	(review OR RCT).ti,ab	527908
29	CINAHL	(4 AND 20 AND 28) [DT 2020-2021]	80
30	CINAHL	(JAMA OR Lancet OR NEJM OR 17055 BMJ).ti,ab	
31	CINAHL	(JAMA OR Lancet OR NEJM OR 46300 BMJ).jn	
32	CINAHL	(4 AND 20 AND 31) [DT 2020-2021]	1
33	CINAHL	(Journal of Speech, Language, AND 0 Hearing Research).jn [DT 2020-2021]	
34	Medline	("speech and language therap*" AND 4 COVID*).ti,ab	
35	EMBASE	("speech and language therap*" AND 7 COVID*).ti,ab	
36	CINAHL	("speech and language therap*" AND 1 COVID*).ti,ab	

