



**Let's Talk about Parkinson's:
How can Speech and Language Pathologists deliver the best care?**

Presented by:

Parkinson's Foundation

October 28, 2017

Program

8:00 - 8:30am: Registration & Welcome

Module #1: Overview

8:30 – 9:45 am

Overview of Parkinson's

- Presenter(s): **Nina Browner, M.D.**
Lori Campbell, MA, CCC-SLP (person with Parkinson's perspective)

Learning Objectives:

1. To identify motor and non – motor symptoms of PD
2. To understand the goals of Parkinson's disease (PD) medical and non-medical treatment
3. To define challenges in speech and swallowing on different stages of PD
4. Recognize challenges and success from the patient perspective

9:45 - 10:00 am: Break

Module #2: Role of SLP and Cognition

10:00-11:15am

Role of a Speech and Language Pathologist in Parkinson's Care

Cognition: Why we need to start here for optimal care for people with PD

- Presenter: **Leslie Mahler , Ph.D., CCC-SLP**

Learning Objectives:

1. Understand why PD is more than a motor disorder
2. Apply information from Module #1 about the pathophysiology of PD to basal ganglia circuitry that affects cognition, speech, and swallowing
3. Evaluate and analyze the different types of cognitive changes that are found in people with PD



4. Understand how medications and deep brain stimulation surgery affect cognition, speech, and swallowing and why behavioral treatment is necessary
5. Identify treatment approaches specific to cognitive changes in people with PD and the role of cognition for other treatment interventions

Session Agenda

- A. Basal ganglia pathways related to cognitive changes
- B. Understand why early intervention is needed based on pathophysiology of PD
- C. Integrate information about the pathophysiology of PD with cognitive symptoms and the role of sensory changes in treatment
- D. Tasks for assessment and differential diagnosis of cognitive, speech, and swallowing deficits
- E. Analyze how changes in cognition may affect other types of treatment for people with PD including speech and swallowing
- F. Present specific cognitive treatment approaches
- G. Use vignettes of a variety of severity levels to illustrate how specific treatment approaches described in F can be applied

11:15am - 12:00pm: Lunch & Learn - Conversations with Presenters

Module #3: Speech

12:00-1:45pm

Speech: Success is in the therapy

Presenter(s): **Jessica Huber, Ph.D. & Karen Hegland, Ph.D., CCC-SLP**

Learning Objectives:

1. Understand the ICF and Van der Merwe's frameworks in assessment and treatment of dysarthria in people with PD
2. Discuss the importance of properly identifying deviant speech characteristics in treatment planning
3. List several treatment options available for treatment of people with Parkinson's disease that have dysarthria
4. State the importance of other factors that influence treatment outcomes and thus should be considered when determining therapy recommendations

Session Agenda

- A. ICF and Van der Merwe's frameworks
- B. Tie frameworks to symptoms
- C. Assessment
- D. Using cases across the disease-span, discuss assessment and treatment techniques that might be appropriate for a variety of presentations of PD



- E. LSVT LOUD, EMST, SpeechVive, clear speech, DAF, voice amplifiers, augmentative techniques
- F. Attention to subsystems
- G. Consideration of participation
- H. Consideration of adherence
- I. Follow-up best practices

1:45 – 2:00pm: Break

Module #4: Dysphagia

2:00 - 3:45PM

Swallowing: Understanding the causes and solutions for dysphagia

Presenters: **Michelle Ciucci, Ph.D. & Karen Hegland, Ph.D., CCC-SLP**

Learning Objectives:

1. List the major signs/symptoms of dysphagia (swallow disorder) associated with Parkinson's disease.
2. Describe how dysphagia can lead to health and quality of life issues in Parkinson's disease.
3. Describe a comprehensive assessment approach for dysphagia in Parkinson's disease.
4. List several treatment options available to people with Parkinson's disease that have dysphagia.
5. State the reasons for early evaluation, intervention, and frequent monitoring of dysphagia in Parkinson's disease.
6. List the challenges of adherence to therapy recommendations Parkinson's disease.

Session Agenda

- A. **Swallow Function and Dysfunction as it relates to Parkinson's disease:** Brief narrative of a typical swallow, emphasizing efficiency and airway protection. Emphasize overlapping/shared neural substrates for deglutition (include respiration, cognition). Show Case 1 and 2 of patients with similar demographics and but very different PD phenotypes and dysphagia profile. For this section, show MBSS. More evaluative data will come during assessment section.
- B. **How does PD cause dysphagia?** Discuss framework of neural control of swallowing and complex pathology of PD. Emphasize shared neural substrates and complex networks. Use the cases to show how pathology in multiple systems lead to these signs of dysphagia. Include discussion on how disease severity does not necessarily predict dysphagia signs/severity (talk about PD phenotypes and dysphagia profile variability).
- C. **Assessment** – Provide aspects of comprehensive clinical evaluation using cases. Discuss hypothesis-driven evaluation and the important information gleaned from specific tests. Emphasize getting 'baseline' data and being proactive vs. reactive. Redirect to case study and add salient assessments that would inform treatment.



- D. **Treatment** - Emphasize impairment-based treatments tailored to individual presentation. Discuss holistic approach-consider patient preferences and needs, abilities, risk, QOL, end of life issues. Use case examples to provide general approach to dysphagia (strategies, bolus, EMST, tongue exercises). Highlight the importance of what is supported by the literature and our limitations as a field. Discuss why there is a lack of evidence due to heterogeneous nature of PD, etc.
- a. **Maintenance-how do you approach this?**
 - i. Family care (adherence piece)
 - ii. **Therapy Adherence** - how do you assess progress when you have a progressive disease? How do you know it is effective? Wrap up into cases.
- E. **Re-assessment** - what does that look like and how often do you do it? Wrap up into cases.

Major points to consider:

- Swallowing dysfunction is likely related to multiple levels of brain dysfunction and there are no clear links to disease progression and dysphagia severity.
- Hypothesis-driven assessment.
- Impairment-based approach.
- Importance of timing, adherence, maintenance in treatment.

3:45 – 4:15: Hands-on Roundtable Station Break

Module #5: Panel Discussion

4:15 - 5PM

Panel Discussion/Wrap -up:

- Moderator: [Jessica Huber](#)

REGISTER