



What is dysarthria?

Dysarthria caused by stroke or brain damage is an articulation problem caused by a motor speech disorder. It results from impaired movement of the muscles used for speech and voice production, including the lips, tongue, vocal folds, and/or diaphragm. The type and severity of dysarthria depend on which area of the nervous system is affected.

A person with dysarthria may demonstrate the following speech characteristics:

- "Slurred," "choppy," or "mumbled" speech that may be difficult to understand;
- Slow rate of speech;
- Excess and equal stress of syllables in a word
- Poor control of pitch and loudness of the voice with monotone
- Rapid rate of speech with a "mumbling" quality;
- Limited tongue, lip, and jaw movement;
- Abnormal pitch and rhythm when speaking;
- Changes in voice quality, such as hoarse or breathy voice or speech that sounds "nasal" or "stuffy".

We find it very important to rule out or address the effects of ataxic dysarthria in order to maximize aphasia recovery.

[In a recent exchange on Facebook, Master Clinician Bill Connors responded to an SLP concerning ataxic dysarthria:](#)

Recent SLP Question:

Hi all, I have a returning outpatient, 1.5 years post a cerebellar CVA that has left them with persistent ataxic dysarthria. In our first round of tx they made good progress, but has been out of tx for 6 months and would like to return to brush up on strategies and maybe make more gains. They are very intelligible (>90% in conversation) however they are a high level business/sales person and would like to see if they can make any further improvements as speech is part of their daily business (on the phone and in person). I would be thankful for any tips/tricks/therapy tasks that may be helpful. I'm feeling like I pulled out everything I know during our previous time together but I'd like to continue to help this patient if I can. Any ideas/favorites?? Thanks in advance.

Bill's Response:

I think, - - given this client's situation that you want to shoot for normal or new normal for this client. If you address the underlying coordination, maladaptation and related issues, he/she can probably do well. Relative to ataxic dysarthria, we have had excellent results with our **Oral Motor Coordination Program** (<http://aphasiaapps.iservetech.com/success-stories/>) if we sorted out any fundamental problems (normal breath flow and support), relaxed jaw vertical movement, light contact with tongue and lips, metadysarthria (client understands what is wrong and how to respond and practice), and an internal focus on tactile and most importantly proprioceptive feel of movements along with ruling out any subtle phonological aphasia. This combined with smart, challenging without frustrating practice. Then, taking the improved ability to make rapid, rhythmic, light movements of tongue lips and jaw combined with advance laryngeal control into conversation and presentations would be the next step. Let me know if we can be of help. Bill Connors bill@aphasiatoolbox.com

As Bill indicated, Aphasiatoolbox.com uses the **Oral Motor Coordination Program**, which is part of the **Motor Reconnect Apraxia Program** (MRAP) for people with apraxia of speech. See the article in this edition called: "FREE Protocol for Apraxia and Dysarthria".

Sources:

1. Dysarthria, <http://www.asha.org/public/speech/disorders/dysarthria>
2. What is Dysarthria? <http://tactustherapy.com/whatisdysarthria>
3. Dysarthria vs Apraxia: A Comparison - Chapter 15, The Neuroscience on the Web Series: CMSD 642 Neuropathologies of Swallowing and Speech, CSU, Chico, Patrick McCaffrey, Ph.D, <http://www.csuchico.edu/~pmccaffrey/syllabi/SPPA342/342unit15.html>