What is Aphasia?
Aphasia is a disorder of receptive and expressive language, including the cognitive processes that support language and communication. A person with aphasia may experience difficulty speaking, reading and/or writing, and understanding what others are saying. Aphasia is often a result of damage to the language portions of the brain typically caused by stroke as well as head trauma. Aphasia may be mild or severe, depending on the location and extent of brain injury.

What is Dysarthria?
Dysarthria is a motor speech disorder that develops when the motor speech muscles have been weakened by stroke or other neurological disorders, such as MS, Parkinson’s disease, Myasthenia, Cerebral Palsy, and traumatic brain injury. A person with dysarthria typically experiences slurred speech, breathy or weak voice, and/or hypernasality. Adults and children alike can be affected by dysarthria, which may be mild to severe.

What is Apraxia of Speech?
Apraxia of speech, also known as verbal apraxia or dyspraxia, is a motor speech disorder caused by damage to the areas of the brain that program speech movements. When an adult or child has apraxia of speech, he/she may be unable to speak at all or may have trouble saying what he/she wants to say correctly and consistently. Apraxia of speech is not due to weakness or paralysis of the speech muscles. Apraxia of speech may be developmental as when observed in young children, or may be acquired when seen in children as well as adults who may have been affected by stroke or traumatic brain injury.

What is dysphagia?
Dysphagia is difficulty swallowing and can occur at various stages of the swallowing process, such as the oral phase (moving food or liquid into the throat), the pharyngeal phase (swallowing reflex), and/or the esophageal phase (squeezing food into the stomach). Swallowing disorders can result from several diseases (Parkinson’s, MS, ALS), conditions (stroke, traumatic brain injury), from radiation therapy for throat cancer, and/or surgical interventions. Signs and symptoms of dysphagia include: coughing or choking when eating or drinking, wet vocal quality, which may increase after swallowing saliva or food, unexplained weight loss, and/or a sensation that food is getting stuck when swallowing. Patients with dysphagia often have a greater risk of poor nutrition, dehydration, malnutrition, and/or aspiration (food entering the lungs), which may result in serious illness such as aspiration pneumonia.
**What is VitalStim® therapy?**
VitalStim® therapy is a noninvasive external electrical stimulation therapy that is used to stimulate swallowing muscles while the patient practices individualized swallowing exercises, so as to enhance the action of the targeted muscle groups. With repeated therapy, muscles are re-educated and the quality of the swallowing function is improved.

**What is a voice disorder?**
Voice disorders can be caused by vocal abuse which often contributes to the onset of vocal fold nodules, polyps, or ulcers, and vocal fold paralysis which may be caused by stroke, tumor, or surgical interventions. Symptoms of voice disorders may include, hoarseness, a raspy or rough voice, excessive throat clearing, frequent loss of voice, and, occasionally, difficulty breathing. People who frequently develop voice disorders include professionals such as teachers, actors, singers, sales people, and lawyers, as well as pediatric and adult athletes/coaches, who use their voices excessively during competition. All requests for treatment must include a written prescription by the patient’s ENT physician before therapy may be initiated.

**What is Paradoxical Vocal Fold Motion Disorder (PVFMD)?**
PVFMD also known as Vocal Cord Dysfunction (VCD) is a neurologically-based voice disorder in which the vocal cords close or come together when they should open or move apart, such as when breathing. VCD can lead to breathing difficulty, which is sometimes confused with asthma, is often associated with acid reflux, and is occasionally triggered by excessive physical activity. VCD is diagnosed in children as well as adults and is typically unpredictable.

**Is therapy provided to children?**
Swallowing, speech, and language evaluations are provided for infants who are experiencing oral feeding and swallowing problems, as well as older children who may be experiencing a variety of speech and/or language disorders.

**What is a Modified Barium Swallow Study (MBSS)?**
A modified barium swallow study is a noninvasive radiological procedure that is conducted by a speech-language pathologist in conjunction with a radiologist, and is designed to identify the nature and/or severity of a swallowing problem in children as well as adults. During a MBSS, the patient is provided liquid, soft, and/or solid foods to assess his or her swallowing ability during the oral, pharyngeal, and esophageal phases of swallowing. If the results of a MBSS diagnose a specific type of swallowing disorder, an individual swallowing therapy program can be designed to treat the patient.

**Are physician prescriptions necessary before a person is seen for an evaluation or therapy?**
Anyone wishing to be evaluated and/or treated for speech, swallowing and voice disorders must have a written physician’s prescription. In addition, voice disorder patients must have a written prescription for therapy from their ENT physician. Voice therapy can never begin without clearance by an ENT physician.