LSVT LOUD

LSVT LOUD is an effective, research based speech treatment for people with Parkinson's Disease and other neurological conditions. This treatment technique teaches individuals to use their voice at a more normal loudness level when speaking at home, work or in their community.

Key to the treatment is teaching the individual to "recalibrate" their perceptions so they know how loud they sound to other people, and increasing communication confidence.

Partner Training

Since communication takes two, it's just as important for the communication partner to know what to do. Partner training goes beyond a list of strategies or tips; it involves coaching and feedback on the use specific strategies to help relieve frustration (for both parties)

CONTACT US

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CLASS inc

PARKINSON'S THERAPY

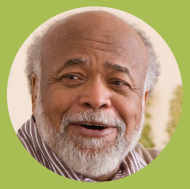
CLASS, INC.

Where therapy is both fun and functional!

CLASS, INC.
CAN HELP WITH:


Swallowing


Slurred speech


Speech volume


Rate of speech


Focus/organization


Memory


Thinking

SPEAK OUT!

SPEAK OUT! is a research proven treatment method that focuses on the concept of intent. SPEAK OUT! strengthens the muscles used for speaking and swallowing and places emphasis on speaking with intent and converting speech from an automatic function to an intentional act. In therapy, we work through a series of specific speech, voice, and cognitive exercises.

SpeechVive

The SpeechVive device plays background sounds in your ear while you're talking and turns off as soon as you stop talking.

This causes you to immediately and automatically speak louder, slower, and more clearly.

AAC

Augmentative and alternative communication (AAC) encompasses many things. For a person with fast rate, using a pacing board may be enough to slow down.

For a person with a fast rate or unclear speech, a first-letter strategy is a great option to improve intelligibility. AlphaTopics AAC is just one app to aid dysarthric speech with a letter board, topic board, and whiteboard.

For people with more severe dysarthria who can still control their hands, a text-to-speech AAC device may be needed. As the disease progresses, brain-computer interfaces may become appropriate. These are still in experimental stages, but show a lot of promise.