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Program helps people find voice after stroke

BY REBECCA JONES
C & G STAFF WRITER

In the aftermath of a stroke or closed-head injury, some survivors must overcome one-sided paralysis, memory problems, and loss of language. An intense program at the University of Michigan helps patients regain communication skills.

Speech and language problems, also known as aphasia, occur when the stroke affects the right side of the body (the left side of the brain). Sometimes patients understand written and spoken language, but cannot form words themselves, said Dr. Joanne Martila Pierson at U-M. Others might be able to talk, but not read, she said.

Pierson is associate director of the Residential Aphasia Program at the University Center for the Development of Language and Literacy.

The six-week program combines one-on-one, group and computer lab therapy, totaling 23 hours each week. "It's the only one of its kind of this intense nature within the country," said Pierson. The therapists are masters-level speech pathologists with additional training in clinical studies.

Formed to help World War II veterans, the program has been in place since 1947 and has helped countless people, Pierson said.



Photo by Rebecca Jones

Dr. Barry Lesser at home with his wife, Mary Adamski. Lesser is overcoming speech difficulties after suffering a stroke in 2003. The University of Michigan Residential Aphasia Program has helped.

One of them is West Bloomfield resident Dr. Barry Lesser. He understands conversation, is regaining reading skills, and works on speech daily. Lesser, who was a pulmonologist and critical care doctor at Sinai Grace Hospital, suffered a massive complex stroke, the result of a blood clot in his neck, in June 2003 at the age of 49.

He has been through the RAP program three times, works with a speech

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therapist named Joy Fried, does the homework she assigns, and practices talking with his wife of almost 20 years, Mary Adamski, a nurse who works at Sinai Grace's pulmonary clinic.

Aphasia isn't an intelligence issue, Adamski explained. It's that the muscles in the mouth have forgotten how to form words. "The motor connection between what you understand and the way it comes out is damaged," she said.

She helps by giving him cues, like putting her tongue to the roof of her mouth to help him remember how to say, "Lucas," the name of their dog.

The more automatic speech is, the better it becomes. Sometimes, Lesser can call his wife and say, "Mary, come here," but another time, under pressure, he might not be able to say her name.

What's important is that patients regain their voice, in the general sense, Pierson said. It doesn't matter how they communicate. People work with pocket dictionaries, picture books, drawings

or other electronic communicators. Newly left-handed, Lesser uses a dry-erase board to demonstrate some thoughts.

Gestures and facial expressions are also important. The program helps people learn to make their body language more expressive and specific, Pierson said. "It's very important that these people learn to adjust with others," she said.

The program helps young and older patients, and researchers have found that people get better results if they begin therapy between seven months and five years after a stroke or brain injury — it doesn't have to begin right away.

"We know that intense language therapy works," Pierson said. A peer support system helps because people are not as nervous around others going through the same progress. Many patients come for conversation therapy with a spouse or caregiver. Outings include dinner at a restaurant where patients order for themselves, or watching a play.

When asked how much the aphasia program helped compared with where he would be without it,

Lesser held his hand palm down inches from the table then tilted it upward. He shrugs his shoulders, lifts his eyebrows and moves his eyes in agreement as Adamski explains his recovery progress. In addition to working on speech, he also exercises, tends to his regular daily activities and works on the computer.

Lesser said his goal is to get back to practicing medicine in some form.

When he first experienced the stroke, Lesser's prognosis was grim. Doctor's weren't sure if he would be able to walk or swallow food. Adamski tells families of stroke patients not to rely too heavily on what prognosis doctors give in the beginning.

"Every patient I have seen at the aphasia program has proven them wrong," Adamski said. "It's a testament to the human spirit — and the territory that is not that well known — what the human brain can accomplish."

For more information about the Residential Aphasia Program, visit www.aphasiahelp.org.

You can reach Rebecca Jones at rjones@candgnews.com

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