LET THE EVIDENCE BEGIN

Our team has been tracking the emerging evidence for use of telehealth and technology in PD for many years. Many of our clients with Parkinson’s Disease are looking for flexible options to fit around work and family commitments – and travel to a clinic for traditional treatment is not always the best solution.

TRADITIONAL THERAPY - WHAT WORKS?

Atkinso-Clement et al (2015) completed a Systematic Review of Speech Pathology Intervention in PD. 48 studies were reviewed including use of devices to assist speech (eg Delayed Auditory Feedback, pacing boards), pitch/prosody treatments, loudness and respiratory therapies and multi-parameter treatments. Not surprisingly, LSVT®LOUD continues to produce best outcomes for pitch and loudness change with additional gains in articulation and facial expression. Put simply LSVT®LOUD works - and our team is fortunate to have four LSVT Certified clinicians who generally work in our clients’ homes. But not everyone can afford private therapy, or get to a public clinic within working hours so our team and our OSP Clients have been searching for another option. As we move into the era of the National Disability Insurance Scheme we need to find options for clients who want to self-manage their health interventions.

TELEPRACTICE AND PD

In 2004 the Centre for TeleRehabilitation was established at the University of Queensland under the Directorships of Professor Deborah Theodoros and Associate Professor Trevor Russel. The center is charged with exploring the evidence for PD telehealth delivery across a range of disciplines. Constantinescu, Theodoros, Russell, Ward et al (2010, 2011) first established the efficacy of both remote assessment (with 64 people with Parkinson’s assessed simultaneously face to face and online, using customized software for accurate instrumental measures over the internet (eHab). Perceptual and instrumental results in both conditions were comparable. They proceeded with an RCT involving 34 subjects randomly assigned to face to face or online delivery of LSVT®LOUD, and found benefits in online service delivery for mild-moderate PD. A further RCT from the group (in press) compared face to face and tele service delivery for metropolitan clients, and tele service deliver for non-metropolitan participants. Clinical and Quality of Life measures were comparable in all conditions, including regional clients receiving services via a customized telehealth platform. In 2014 Edwards et al developed “eLoud and Proud” a small telehealth group intervention for maintenance of skills post LSVT®LOUD. Loudness gains were maintained at three months follow up for reading (but not conversation), and some individual pitch gains were also sustained. Excitingly, the digital technology underscoring many of these studies is about to move from the university into clinics across Australia. This will signal a new era in our ability to objectively assess speech output in a tele-practice context.
For the past four years our team has provided small group interventions for newly diagnosed and PD patients with mild-moderate speech difficulty. Participants may be post LSVT®LOUD, or may simply wish to look at a more flexible, affordable treatment option. The social and real-life benefits of working in a group were evidenced in the UQ studies described above, and to date our challenge has been how to obtain good clinical measures in a group situation. OSP Vox is multi-modal and includes voice function exercises, expiratory training, functional loudness training and app-assisted therapy. We are currently looking for participants to help us trial digital delivery of OSP Vox. If you are comfortable using Skype, Facetime you will have a head start but even if you are new to video conference technology this needn’t be a deterrent. You will of course need a home computer or tablet, and initially we will ask you to attend an assessment in our rooms at Ryde, Artarmon or our soon-to-open Wahroonga office. Costs will be very low during the pilot phase so if this is of interest please contact Optimal Speech Pathology on M. 0403903822

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REFERENCES

