1 Spastic Dysarthria
- results from bilateral UMN damage
- unilateral lesions - mild weakness
- kid population: cerebral palsy
- affects movement vs muscle

2 Etiology
- same as all others (see page 132)
- special mention - those supporting bilateral involvement
- vascular - multiple or brainstem strokes
- degenerative - ALS, MS
- inflammatory - encephalitis
- associated cognitive deficits (43% at Mayo)

3 UNM Damage
- medical condition of bilateral UMN damage = pseudobulbar palsy
- 2 distinct characteristics
- spasticity
- weakness

4 Spasticity and Movement
- slows movement
- reduces range of movement
- increased resistance to passive movement
- strongest in extensors and flexors
- able to move but quality degraded - explosive, jerky

5 Spasticity and Speech Mechanism
- laryngeal level - narrows glottis
- VP level - vp incompetence

6 Weakness and Movement
- weakness of voluntary movement
- impairment of fine motor movement
- hyperactive stretch reflex
  - initial hypotonia followed by hypertonia
  - hyporeflexia followed by hyperreflexia

7 Confirmatory signs
- Babinski reflex
- hyperactive oral reflexes
- clonus
- characteristic posture and gait
Patient Perceptions
- slow speech
- fatigue with speaking
- nasal speech
- swallowing problems
- difficulty controlling emotions

Nonspeech Oral Sxs
- dysphagia
- drooling
- emotional lability
- weak facial movement bilaterally
- reduced range of motion of tongue
- AMR's slow

Speech Characteristics
- prosodic excess
- articulatory-resonatory incompetence
- prosodic insufficiency
- phonatory stenosis

Best Distinguishing Features
- slow rate
- harsh strained-strangled voice quality
- reduced variability of pitch and loudness
- slow AMR's