

Fact Sheet

LSVT BIG is a an intensive, amplitude focused physical and occupational therapy approach developed from principles of the effective Parkinson's specific speech treatment **LSVT LOUD®**.

- The **LSVT** Programs have been developed and scientifically researched over the past 25 years with funding from the **National Institutes of Health**.
- Research on LSVT BIG has documented improved ratings on tests of motor functioning in people with Parkinson disease following treatment including:
 - Faster walking with bigger steps
 - Improved balance
 - Increased trunk rotation
 - Improvements in activities of daily living such as bed mobility
 - Improved UPDRS Motor Score

LSVT BIG is a standardized treatment protocol, which is customized to the unique goals of each patient including both gross and fine motor skills. **LSVT BIG** can be adapted or progressed in order to meet each patient's needs across a range of disease severity and presenting impairments.

- LSVT BIG treatment consists of:
 - 1) 16 sessions: 4 consecutive days a week for 4 weeks
 - 2) Individual 1 hour sessions
 - 3) Daily homework practice
 - 4) Daily carryover exercises
- It is essential that **LSVT BIG** treatment is *only* delivered by physical or occupational therapists who are certified in this method.
- LSVT BIG is being delivered by over 10,000 certified LSVT clinicians in 38 countries.

Select References:

- 1. Ebersbach, G., Ebersbach, A., Edler, D., Kaufhold, O., Kusch, M., Kupsch, A., & Wissel, J. (2010). Comparing exercise in Parkinson's disease--the Berlin LSVT®BIG study. Movement Disorders, 25, 2478.
- 2. Fox, C., Ebersbach, G., Ramig, L., & Sapir, S. (2012). LSVT LOUD and LSVT BIG: Behavioral treatment programs for speech and body movement in Parkinson disease. Parkinson's Disease, 2012, Article ID 391946, 12pgs.
- 3. Janssens J, Malfroid K, Nyffeler T, Bohlhalter S, Vanbellingen T. Application of LSVT BIG Intervention to Address Gait, Balance, Bed Mobility, and Dexterity in People With Parkinson Disease: A Case Series. Phys Ther. 2014 Feb 20. [Epub ahead of print]

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Fact Sheet

LSVT LOUD is the first speech treatment with level 1 evidence and established efficacy for treating voice and speech disorders in people with **Parkinson disease (PD)** with application to other neurological disorders.

- The LSVT Programs have been developed and scientifically researched over the past 25 years
 with funding from the National Institutes of Health. LSVT LOUD outcome data have been
 published in a series of refereed articles in speech, otolaryngology and neurology journals.
- Research on LSVT LOUD has documented improved impact on multiple levels of functioning in people with PD following treatment including:
 - Increased vocal loudness
 - Improved articulation and speech intelligibility
 - Improved intonation
 - Improvements in facial expression
 - Changes in neural functioning related to voice and speech

LSVT LOUD is a standardized treatment protocol that is customized to the unique communication goals of each person across a range of disease severity and communication impairments.

- LSVT LOUD treatment consists of:
 - 1) 16 sessions: 4 consecutive days a week for 4 weeks
 - 2) Individual 1 hour sessions
 - 3) Daily homework practice
 - 4) Daily carryover exercises
- It is essential that LSVT LOUD treatment is only delivered by speech-language pathologists who
 are certified in this method.
- **LSVT LOUD** is being delivered by over 16,000 certified LSVT clinicians in 69 countries.

Select References:

- 1. Ramig, L., et al. (2001). Intensive voice treatment (LSVT®) for individuals with Parkinson disease: A two-year follow-up. J. Neurology, Neurosurgery, and Psychiatry. 71, 493-498.
- 2. Ramig, L., Sapir, S., Fox, C., & Countryman, S. (2001). Changes in vocal intensity following intensive voice treatment (LSVT®) in individuals with Parkinson disease: A comparison with untreated patients and normal age-matched controls. Movement Disorders, 16, 79-83.
- 3. Mahler LA, Ramig LO, Fox C. (2015). Evidence-based treatment of voice and speech disorders in Parkinson disease. Curr Opin Otolaryngol Head Neck Surg. 2015 Jun;23(3):209-15. PMID: 2594396615.

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