

The Listening Program[®] Used For Patients with Traumatic Brain Injuries

WRITTEN BY:

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I consider it an honor to advocate for both Advanced Brain Technologies and the numerous TBI patients I have served through therapeutic intervention, with the inclusion of The Listening Program[®] (TLP) being an essential part of therapy.

Although the application of The Listening Program has extended beyond TBI to well over a thousand patients with variable neuro diagnoses, a large portion of individuals experiencing benefits include the Traumatic Brain Injured patients.

While there are many examples I could discuss, specifics are provided below on two patients, who are only a miniscule number of examples of TBI patients who have been treated.

1. **Baseline:** M.A. 48 year old female -2 years post TBI per MVA

Dysphagia = FIM 1 status

Language = FIM 0

Cognitive = FIM 0 to FIM 1; discharged from ST with no rehab potential

Introduction of TLP: Sensory Integration introduced with A-B at 2 minute trials with upgrade to 1 module within 1 week. Within 2 weeks M.A. was tolerant of 2 modules of Zone 1. Due to vagal nerve stimulation - dysphagia intervention was correlated with passive exercises and Vital STim. Within 1 month - M.A. evidenced visual tracking as well as an initial swallow reflex. Active dysphagia exercises were obtained within a two month period of intervention.

2. **Current:** Dysphagia = FIM 6; M.A. now eats full meals but retains peg tube placement for medications and optimal fluid levels.

Cognitive = FIM 5; M.A. timing and response for humor, episodic memory status, basic logic, etc. She participates in out-of-home activities such as dining, boating, etc., completes simple mathematics with fingers, and follows 2-3 unit commands.

Auditory Processing = FIM 5 for simple conversation.

Expressive = FIM 1-2 verbalizations remain. M.A. major deficit although she has progressed from nonverbal to 1-3 word intermittent responses (all responses are relevant).

Processing = FIM 5 for simple conversation

The Listening Program[®] has proved to be an essential link to the highest level of therapy outcomes for TBI intervention. Upon introduction of TLP sensory integration music to the TBI patient, cognitive responses are accelerated beyond the norms of standard therapeutic intervention. In time, the patient progresses through the TLP hierarchy of zones to obtain maximum stimulation through patient specific programs.

I consider The Listening Program[®], developed through the research and dedication of Advanced Brain Technologies to be the highest level of cognitive intervention: as it is correlated with specific nonverbal cognitive tasks, that I can now provide during TBI patient care.

Personal experience also drives my comments. Alexandria, my granddaughter, suffered a profound MVA, TBI at age 9. A semi traveling at 85 miles an hour hit the side of the car she was seated on. A partial list of her injuries included left skull depression from frontal mid lobe superior to lower occipital lobe; two deep rectangular compression due to metal impact within the left frontal lobe; global brain bleeding; corpus callosum destruction; impact to MV resulted in the stick shift embedding the brain stem; meninges break with cerebral fluid loss through left ear; etc. She was semi-comatose for well over a year.

All forms of melodic/music interventions were exhausted post 2 years after TBI onset. Alexandria's numerous injuries included apraxia and ataxia of hands, with her right hand suffering the highest level of dysfunction. Alexandria was unable to write, open containers, or even manipulate finger foods. The degree of deficits of cognitive, language, swallow, voice, and motor would require more description than could be allotted in such a short statement. After researching Advanced Brain Technologies, The Listening Program[®], I chose to obtain training as a provider as a modality for intervention for Alexandria.

Here is a very brief summary of results. Within just 9 months: Alexandria was using labored printing for written expression. Today at age 17 she prints with both right and left hands, and she flies on the computer. Pragmatics, language, and cognitive skills accelerated, as well as fine motor skills. Although she was once described by her neurosurgeon as "a blank slate," Alexandria has now scored junior college level in mathematics and English studies for college entry exams. Yes, she walks and talks too! She is in regular high school classes as well. Alexandria is a beautiful 17 year old that is college bound, though modifications are required.

TLP is essential to my practice, but most of all it has been a most essential modality for my most cherished treasure, Alexandria.

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Sandra K. Lee MS, CCC-SLP has been a speech and language pathologist for 25 years, and is currently Director of the Speech and Language Pathology Program for Amedisys, in Biloxi, MS. She works primarily with older adults and believes that speech pathology provides the essential bridge to communication barriers and numerous unique medical interventions that are an essential link to effective medical care, while providing support and training to family. Her guiding principle is that every patient is deserving of the highest quality care, provided with sincere respect and support. Sandra has been an ABT Provider of TLP since 2006. She can be reached at sandrilee52@yahoo.com.