

What is LSVT LOUD™?

LSVT LOUD™ is an effective speech treatment for individuals with Parkinson disease (PD) and other neurological conditions. LSVT LOUD, named for Mrs. Lee Silverman (Lee Silverman Voice Treatment – LSVT) was developed in 1987 and has been scientifically studied for nearly 20 years with funding support from the National Institute for Deafness and other Communication Disorders (NIDCD) of the National Institutes of Health. Published research data support improvements in vocal loudness, intonation, and voice quality for individuals with PD who received LSVT LOUD, with improvements maintained up to two years after treatment. Recent research studies have also documented the effectiveness of this therapy in improving the common problems of disordered articulation, diminished facial expression and impaired swallowing. Additionally, two brain imaging studies have documented evidence of positive changes in the brain following administration of the therapy.

LSVT LOUD improves vocal loudness by stimulating the muscles of the voice box (larynx) and speech mechanism through a systematic hierarchy of exercises. Focused on a single goal “speak LOUD!” – the treatment improves respiratory, laryngeal and articulatory function to maximize speech intelligibility. The treatment does not train people for shouting or yelling; rather, LSVT LOUD uses loudness training to bring the voice to an improved, healthy vocal loudness with no strain.

Treatment is administered in 16 sessions over a single month (four individual 60 minute sessions per week). This intensive mode of administration is consistent with theories of motor learning and skill acquisition, as well as with principles of neural plasticity (the capacity of the nervous system to change in response to signals), and is critical to attaining optimal results. The treatment not only simulates the motor system but also incorporates sensory awareness training to help individuals with PD recognize that their voice is too soft, convincing them that the louder voice is within normal limits, and making them comfortable with their new louder voice.

Patients are trained to self-generate the adequate amount of loudness to make their speech understood. While LSVT LOUD has been successfully administered to individuals in all stages of PD, the treatment has been most effective among those who are in early or middle stages of the condition. LSVT LOUD has also been applied to individuals with sub-types of PD (Shy-Drager syndrome, multi-system atrophy and progressive supranuclear palsy), however the largest dataset is for individuals with Idiopathic Parkinson disease (IPD). Recently, LSVT LOUD has been applied to select individuals with stroke, multiple sclerosis, Down syndrome, and cerebral palsy with positive outcomes.

What is LSVT BIG™?

Recently principles of LSVT LOUD™ were applied to limb movement in people with Parkinson disease (LSVT BIG™) and have been documented to be effective in the short term. Specifically, training increased amplitude of limb and body movement (Bigness) in people with Parkinson disease has documented improvements in amplitude (trunk rotation/gait) that generalized to improved speed (upper/lower limbs), balance, and quality of life. In addition, people were able to maintain these improvements when challenged with a dual task.

LSVT BIG can be delivered by a physical or occupational therapist. Treatment is administered in 16 sessions over a single month (four individual 60 minute sessions per week). This protocol was developed specifically to address the unique movement impairments for people with Parkinson disease. The protocol is both intensive and complex, with many repetitions of core movements that are used in daily living. This type of practice is necessary to optimize learning and carryover of your better movement into everyday life!

Start exercising NOW – as soon as possible. Physicians rarely refer their patients to health and fitness programs at diagnosis because medications are very effective early on at alleviating most of the symptoms, and patients experience little change in function. Yet, according to a recent survey it is at the time of diagnosis that patients often begin to consider lifestyle changes and seek education about conventional and complementary/alternative treatment options. Thus referrals to exercise, wellness programs and physical/occupational therapy would be best initiated at diagnosis, when it may have the most impact on quality of life.

To find clinicians who are certified in LSVT LOUD and LSVT BIG, please visit www.lsvtglobal.com and click on “find a clinician” and enter your search criteria. Or you may contact LSVT Global, Inc. at:

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