

TRIO REHAB

blog page

At Trio Rehab, our focus is to educate our patients about the three disciplines of therapy; Physical, Occupational, & Speech Therapy. We provide detailed insight into how therapy is beneficial to certain conditions as well as information on symptoms and treatments for different conditions. We believe that knowledge is power and knowing what is available to you is vital in getting the proper care.: <https://www.triorehab.com/trio-blog/>



GREEK LENTIL SOUP

Ingredients

- 1 cup lentils
- 2 quarts beef or chicken stock
- salt and pepper
- 1 onion chopped
- 1 celery stock chopped
- 1 carrot chopped
- 1 garlic clove minced
- ¼ cup olive oil
- ½ cup tomato sauce
- vinegar or fresh lemon juice as desired

Instructions

1. Simmer lentils in stock (or just plain water) with salt and pepper to taste for one hour.
2. Add remaining ingredients, except vinegar or lemon juice.
3. Cook until lentils are tender, about one-half hour and add a teaspoon of vinegar or lemon juice to each bowl served if desired.

Serving size 1 ½ quarts or six servings

LADIES OF TRIO REHAB



Jennica Colvin, OT/Owner
Specializes in Stroke Rehab and Dementia
18 years of experience!



Stephanie Hernley, PT
Specializes in Parkinson's Disease, Stroke Rehab and Pain Management
18 years of experience!



Kathy Baker, OT, CHT
Specializes in Shoulder, Elbow, Wrist and Hand Disorders
30 years of experience!



Karen Ross, SLP-CCC
Specializes in Parkinson's Disease, Aphasia and Dysphagia
25+ years of experience!



Suzanne McCrum, PT
Specializes in Parkinson's Disease, Stroke Rehab, Cardiac Rehab and Vestibular Rehab
25+ years of experience!



Eileen Vogt, PT
Specializes in Sports Medicine and Knee Rehabilitation
20+ years of experience



Debi Cuellar, PT
Specializes in Shoulder, Hip, Knee, and Foot Disorders
25+ years of experience



Shawna Witzel, Practice Administrator



Lisa Cronen, Marketer/Community Outreach

At Trio Rehabilitation, our therapists specialize in fall prevention, fall recovery, and increasing patient confidence! We work with all patients individually for approximately one hour to assure they receive the best care possible.

Referrals are always welcome at Trio.

We are a locally owned, female run clinic here to serve your clients! All three disciplines of therapy located under one roof.

PHYSICAL THERAPY

Arthritis Care // Cardiac Rehab // Difficulty Walking // Fall Prevention Fine Motor // General Orthopedic Conditions // LSVT BIG/Parkinson's Intervention // Neurological Rehabilitation // Pain Management // Pre- and Post-op Therapy // Stroke Therapy // Total Joint Program // Vestibular (dizzy)/ Balance Rehabilitation // Wheelchair Seating and Positioning

OCCUPATIONAL THERAPY

Arthritis Care // Cognition/Dementia Support // Daily Living Skills Intervention // Equipment Assessment & Recommendations // Fine Motor Coordination Remediation // Hand Therapy (CHT) // Low Vision // Stroke Therapy

SPEECH THERAPY

Auditory Rehabilitation // Cognition & Language Support // Difficulty Swallowing (Dysphagia) // Dysarthria Therapy // LVST LOUD/Parkinson's // Vital Stim® Therapy // Voice & Speech Disorder Treatment

SPEECH THERAPY

tips and Tricks

Do pills ever get stuck in your throat when swallowing?

Try bending your neck down to swallow large pills. It opens the esophagus and allows the pills to slide down the throat easier.

COMMUNITY spotlight



KCWS provides safe, emergency shelter in a supportive environment where Texas Hill Country victims of domestic violence and their children can begin the healing process and receive the support services they need to build new lives. To learn more, visit: kcwtexas.org.

Want to help support the Kendall County Women's Shelter?

Trio is supporting the KCWS this month by purchasing books to establish a children's library! We are asking for community support as we have a goal to collect 75 books!! If you would like to purchase a book you can go to <http://bit.ly/TrioRehab> or shop local at www.theboernebookshop.com.

FACEBOOK Live Events

May 6th
Dysphagia (difficulty swallowing)

May 13th
Dysarthria (poor articulation)

May 20th
Aphasia (loss of ability to understand or express speech)

May 27th
Voice Disorders

MONTHLY celebrations

Happy Birthday
Debi Cuellar, PT and
Jennica Colvin, OT

Happy 3 years work anniversary
Kathy Baker, OT, CHT

Happy 1 year work anniversary
Eileen Vogt, PT

Welcome to the team
David Rose, OTD

the BACK STORY



KAREN ROSS

CCC, Speech Language Pathologist

I married my high school sweetheart, Jim Ross, in 1968 after our junior year of college. After Jim's graduation, we moved to Waco in 1970. Our children were born in 1972 and 1975. I enjoyed being a stay-at-home mom for 14 years.

I went to work for Baylor University in 1986, and because they would allow employees to take a class each semester for free, I began taking classes toward completing my undergraduate degree in Communication Disorders. Each semester, I would take one free course and pay for a second course.

After receiving my degree, I quit work to concentrate on obtaining a Masters degree in Speech/Language Pathology and Audiology. During that time I worked in the schools in Marlin, Lott and Rosebud. I completed my Masters in December of 1993 and began my career as an SLP in skilled nursing facilities in Waco. I continued working in nursing facilities, hospitals and home health in and around the small towns in Central Texas for many years.

We decided to move to Boerne in July, 2015 since both of our children and 6 grandchildren live here. After moving I continued working part-time in nursing facilities in San Antonio and Boerne and doing home health. I joined Trio Rehab in November of 2015.

As a Speech-Language Pathologist, I treat dysphagia, aphasia, dysarthria, voice and cognition. I hold certifications in Vital Stim therapy and LSVT Loud. I am a member of Texas Speech and Hearing Association and American Speech and Hearing Association.

DO YOU HAVE A VOICE DISORDER?

SYMPTOM CHECKLIST

According to the American Speech and Hearing Association's website (ASHA.org), "A voice disorder occurs when voice quality, pitch, and loudness differ or are inappropriate for an individual's age, gender, cultural background, or geographic location." The medical term for a voice disorder is "Dysphonia."

Some signs and symptoms of dysphonia include the following:

- roughness (perception of aberrant vocal fold vibration)
- breathiness (perception of audible air escape in the sound signal or bursts of breathiness)
- strained quality (perception of increased effort; tense or harsh as if talking and lifting at the same time)
- strangled quality (as if talking with breath held)
- abnormal pitch (too high, too low, pitch breaks, decreased pitch range)
- abnormal loudness/volume (too high, too low, decreased range, unsteady volume)
- abnormal resonance (hypernasal, hyponasal, cul de sac resonance)
- aphonia (loss of voice)
- phonation breaks
- asthenia (weak voice)
- gurgly/wet sounding voice
- hoarse voice (raspy, audible aperiodicity in sound)
- pulsed voice (fry register, audible creaks or pulses in sound)
- shrill voice (high, piercing sound, as if stifling a scream)
- tremulous voice (shaky voice; rhythmic pitch and loudness undulations)

Other signs and symptoms include

- increased vocal effort associated with speaking
- decreased vocal endurance or onset of fatigue with prolonged voice use
- variable vocal quality throughout the day or during speaking
- running out of breath quickly
- frequent coughing or throat clearing (may worsen with increased voice use)
- excessive throat or laryngeal tension/pain/tenderness

** www.asha.org/PRPSpecificTopic.aspx?folderid=8589942600§ion=Signs_and_Symptoms

TRIO REHAB TOOLS & RESOURCES
<https://www.triorehab.com/therapy-resources/>



PATIENT SPOTLIGHT

Charles Moore, M.D.

JANUARY 26, 2021

Q: Would you explain the nature of your disorder and associated symptoms/difficulties for which you sought therapy?

Parkinson's Disease - hand tremors, difficulty swallowing and a quiet voice (poor vocal coordination)

Q: What type of therapy did you receive? (Physical Therapy, Occupational Therapy or Speech Therapy or multiple therapies)

Physical Therapy and Speech Therapy

Q: Who recommended Trio Rehabilitation & Wellness Solutions to you?

Dr. Bob Bower. A neurologist in Boerne.

Q: What were your goals?

My goals for Physical Therapy were to improve my strength and balance. Speech Therapy goals including avoiding regurgitation. I want to slow the disease process.

Q: What interventions did you find the most interesting and/or helpful?

I did not realize PT could help prevent fall and injury. Nor did I realize Speech Therapy could help with regurgitation.

Q: What improvements did you notice and how did that make a positive impact on your life? Were your goals met? (ex: my back quit hurting and I was able to pick up my grandchild.)

I experienced improved balance, strength, a better voice and less regurgitation.

Q: Please provide any additional details or information you wish to relay to the public!

As a retired physician, I was shocked about receiving this diagnosis. I soon changed my attitude after PT help me improve my strength and balance - a lifetime goal!! I was diagnosed with esophageal regurgitation and risk of aspiration pneumonia. My speech therapist taught me how to strengthen the muscles I use in my throat to swallow and helped me transition to a safer diet. My therapists were very helpful, patient, and honest about what I must do to live a satisfying life in the future.

WHAT IS SPEECH THERAPY?

Speech Therapy is often considered to be a type of treatment that focuses on conditions that involve someone's ability to speak. However, Speech Therapy helps to treat many health conditions and disorders such as: **Dementia, Brain Tumor, Traumatic Brain Injury, Cerebrovascular Accident (CVA) or Stroke and Degenerative Diseases such as Parkinson's Disease or ALS.**

The results of these conditions; making Speech Therapy a viable treatment option, may include, but are not exclusive to: **Aphasia, Dysphagia, Dysarthria, Voice Disorders and Memory or Cognitive Deficits.**

APHASIA

Aphasia refers to expressive (the ability to speak) or receptive (the ability to understand speech) language impairments or a combination of both. Aphasia occurs when damage is caused to the language centers of the brain. Aphasia can be caused by brain tumors, brain surgery, brain infections, stroke, traumatic brain injury and progressive neurological disorders such as dementia. People who have expressive aphasia may experience difficulty in their ability to name familiar items, remember family member's names, or ability to express basic needs and wants. In other words, it is a breakdown in their ability to effectively communicate.

People who have receptive aphasia may demonstrate a lack of ability to understand what is said to them. This may include an inability to answer simple questions or follow simple commands. The severity of these conditions can vary widely depending on the extent of damage to the language centers of the brain. For more information about aphasia, download the Aphasia Fact Sheet by the Department of Health and Human Services.

DYSPHAGIA

Dysphagia is a condition involving the chewing and swallowing of liquids and/or solids. Someone who has a weakness in the oral motor muscles may experience difficulty in chewing and manipulating solid foods, as well as a difficulty controlling liquids within the oral cavity. Weakness may also occur within the laryngeal cavity which may result in the penetration or aspiration of food or liquid into the lungs. Aspiration is the result of food or liquid entering the airway and proceeding into the lungs. Aspiration of any foreign matter can result in aspiration pneumonia. Some common signs of aspiration are difficult and painful swallowing, coughing while eating, nose running while eating, etc. For more information, including signs and symptoms of dysphagia, visit the Mayo Clinic's website.

DYSARTHRIA

Dysarthria is described as muscle weakness in facial, oral, and/or swallowing muscles. Dysarthria may result in difficulty with articulation of words resulting in slurred speech. It also may result in difficulty in the chewing and manipulation of food and liquids. For more information about Dysarthria, visit website for The American Speech-Language-Hearing Association (ASHA).

VOICE DISORDERS

Voice disorders, according to ASHA, occurs when voice quality, pitch, and loudness differ or are inappropriate for an individual's age, gender, cultural background, or geographic location. A vocal disorder may also be a result of stroke or Parkinson's Disease, or may be from an unrelated weakness of the vocal folds, which may cause the voice to sound whispered or strained. There may also be a decreased amount of breath support for speaking more than a word or two for each breath. To learn more about the common causes of voice disorders, visit ASHA's website.

MEMORY AND COGNITIVE DISORDERS

Memory and/or cognitive disorders may be the result of trauma or injury to the frontal lobe of the brain or associated with dementia. These conditions may present as a loss of long or short-term memory and a decreased ability to communicate. Cognitive disorders may include memory loss, as well as difficulty in finding words and understanding communication.

The role of the Speech/Language Pathologist is to evaluate symptoms and determine the most appropriate Speech Therapy treatment.