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**Speech difficulties experienced by people with NF2 fall into two categories:**

1. Those associated with loss of hearing.
2. Those associated with damage to nerves involved in speech production.

**Loss of hearing**

- difficulty in monitoring volume
- loss of intonation patterns
- omission of consonant sounds

As soon as you or others start to notice these changes you should seek the help of a speech and language therapist, preferably one who specialises in hearing impairment. Nowadays, treatment is enhanced by computer equipment that can be used to give visual feedback, usually on a screen, about these aspects of speech and with regular practice it is possible to minimise the impact of the hearing loss.

**Damage to nerves involved in speech production**

- slurred speech
- weak/hoarse voice
- nasal speech

When considering speech therapy it is important to know whether any nerves have been severed during surgery.

**If there is no nerve supply to a muscle** there is little point in trying to exercise that particular muscle. The aim of therapy is to help make the best use of muscles on the unaffected side which can be taught to work differently to overcome the problem.

For example: a vocal cord can be trained to move across the middle of the throat to make contact with a paralysed vocal cord on the other side.

Speech appliances can be worn to assist a particular muscle to move, for example: to lift up the soft palate and reduce nasal speech. Sometimes minor surgery can be helpful, for example: to bulk out a paralysed vocal cord so that the voice becomes stronger.

**If the nerve supply to a muscle is still intact**, but impaired following surgery causing muscle weakness, then exercising that particular muscle can be beneficial in assisting recovery of function. It is important to be aware that nerves can take up to two years to recover.

See your local speech and language therapist for lip, tongue, palatal and voice and breathing exercises. Be careful not to over exercise the lips, as sometimes the unaffected side may become too strong and actually inhibit return of movement on the weaker side or increase the asymmetry between the strong and weak sides.

The following tips might help to make speech clearer for the listener:

- Slow down your speed of speech, trying to say each word separately.
- Make your pronunciation very deliberate, making sure you pronounce sounds at the end of words as well as at the beginning.
- Split up longer words into chunks or syllables, for example neur-o-fi-bro-ma-to-sis.
- Make sure you take a breath in before starting to speak, and top up with breath regularly.
- Practice saying sounds or sound combinations that you find particularly difficult to say, in isolation and in words.

**Advice from a Speech and Language Therapist at your local hospital can be obtained by getting a referral from your GP or Consultant. Some Departments will accept self-referrals from people who are experiencing difficulties with communication.**

**Beverly Hopcut  
Speech and Language Therapy Team Leader  
Manchester Royal Infirmary  
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For more information and a full list of publications please contact:

The Neurofibromatosis Association      Tel: 020 8439 1234      website: [www.nfauk.org](http://www.nfauk.org)  
Quayside House, 38 High Street      Fax: 020 8439 1200      e-mail: [info@nfauk.org](mailto:info@nfauk.org)  
Kingston on Thames, Surrey KT1 1HL      Mon — Fri 9am — 5 pm  
National Telephone Helpline : 0845 602 4173

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