

FEATURES OF EARLY REHABILITATION OF POST-STROKE APHASIA

Komiljonova Mokhlaroy Kobil qizi

Shukrullaeva Dinora Sanjar qizi

Ubaydullaev Javohir Lutfullo ugli

5th-year students of Tashkent Medical Academy

Department of Neurology and Medical Psychology

Scientific supervisor: Rasulova Munisa Bakhtiyorovna

Annotation. This article examines speech disorders following a stroke, with a focus on defining and classifying aphasia and outlining the features of early-stage rehabilitation.

Keywords: Stroke, aphasia, sensory aphasia, motor aphasia, speech rehabilitation

The primary aim of this study is to analyze the characteristics of aphasia resulting from stroke, classify its types based on A.R. Luria's neuropsychological framework, and evaluate the effectiveness of early speech rehabilitation in improving patient outcomes and quality of life.

Materials and Methods. The study reviews existing literature and clinical data related to stroke-induced aphasia. Acute cerebral circulation disorder (ACCD) cases are analyzed to identify the prevalence and types of aphasia. A.R. Luria's classification is applied to categorize aphasia into afferent and efferent motor, dynamic, sensory, acoustic-mnemonic, semantic, and amnesic types. Early rehabilitation protocols are assessed, starting with comprehensive evaluations, including anamnesis, diagnostic imaging (e.g., CT), neurostatus, and speech assessments. Differentiation of aphasia from conditions like dysarthria, mutism, dementia, and cognitive impairments is emphasized. Rehabilitation methods include facial massage, articulation and mimic exercises, comprehension tasks, stimulation, grammar and vocabulary exercises, and reading and writing activities, tailored to the patient's condition, fatigue, and mental state. The study focuses on the critical 3–6-month post-stroke period.

Results. Stroke, caused by ACCD, is a major contributor to disability and mortality, driven by aging, poor risk factor control, and lifestyle factors. Speech recovery is notably slower than motor function recovery, with aphasia—resulting from focal brain damage—often requiring up to two years for improvement. Mixed forms of aphasia, particularly motor and sensory, are most common. Early speech rehabilitation, initiated in the acute stage, yields significant improvements within the first 3–6 months, as functional and neurodynamic impairments decrease. Tailored therapies, such as finger movements for sensorimotor aphasia and comprehensive exercises for other types, enhance speech recovery and patient reintegration.

Conclusion. Early speech therapy, initiated under medical supervision during the acute phase of stroke, activates preserved but dormant brain areas, significantly improving long-term recovery and societal reintegration. As ACCD cases rise globally, effective speech rehabilitation remains a critical priority for reducing the burden of stroke-related disabilities.