

FOREWORD

Most American speech-language pathologists (SLPs) live in a world of treatment for aphasia that is limited to brief encounters in the very earliest periods following stroke. This being the case, this issue of *Seminars in Speech and Language* offers a rare glimpse into the world of chronic aphasia from the viewpoint of clinicians and clinical scientists who have taken advantage of opportunities to treat aphasic individuals who are living well beyond the period of acute aphasia (however that may be determined). They may well be surprised by what they find, as exemplified by the work reported here. These articles attest to the fact that far from being static once the initial period is over, the impairment of aphasia continues to evolve and change, as do the people who experience it.

These articles (and many other studies, as Guest Editor Chris Code suggests in his preface comments) specifically undermine the belief that after the period of so-called “spontaneous recovery,” little can be done by clinicians to

effect positive language change, or that the end of formal rehabilitation marks the end of what can be expected as the most positive outcome of aphasia resulting from stroke. In fact, these articles fit well with two converging sources of evidence. One is a growing neuroscientific research base expanding the limits of neural plasticity. The second is a similarly growing literature base attesting to long-term psychosocial change poststroke. Ultimately, both should convince rehabilitationists that the limitations imposed by spontaneous recovery are a myth. Once that occurs, aphasia will join other impairments and disorders that demand long term-care and vigilance, and begin to change healthcare policy. It is hoped that interested and involved clinicians will use this issue of *Seminars in Speech and Language* to see beyond the edges of formal rehabilitation and glimpse an exciting new landscape of recovery.

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