

Treatment Techniques for Common Voice
Disorders from Leading Speech Language
Pathologists in the St. Louis Area

A decorative horizontal bar consisting of a series of vertical rectangular segments in various colors including black, blue, teal, light blue, and yellow, arranged in a slightly wavy pattern across the width of the slide.

MACDG 11-2-11



Brief Anatomy of the larynx

- View from videostroboscopy



Treatment of Voice Disorders

- Medical Treatments:
 - Anti-reflux meds, botulinum toxin (i.e. botox), monitoring hypothyroidism, steroids, etc.
- Surgical Treatments:
 - Main ones are phonosurgery, laryngeal framework surgery, and injection augmentation



Treatment of Voice Disorders

(continued)

Voice Therapy:

- Designed to treat the most common underlying cause for voice disorders, misuse and abuse. Tissue changes associated with misuse and abuse include:
 - Vocal nodules
 - Polyps
 - Cysts
 - Edema
 - Laryngitis
 - Sulcus vocalis



Treatment of Voice Disorders

(continued)

Abusive behaviors include:

- Excessive coughing and throat clearing
- Yelling
- Shouting
- Cheer leading
- Prolonged talking

Misuses include:

- Hard glottal attacks
- Elevated laryngeal posture
- Anteroposterior compression
- Inappropriate pitch level

Treatment of Voice Disorders

(continued)

- Also voice therapy can be used to guide recovery and rehabilitation of voice function following surgery to remove a vocal fold growth.



Visualization is imperative

- Although there are subtle differences, hoarseness sounds the same, from MTD to CA, the only way to truly distinguish is to VISUALIZE



Reflux and the Voice

- Current treatment protocol is BID PPI
- Behavioral changes are a must
- Include H2blocker at night if indicated
- Minimum 4 month trial

-Swoger, J, et al, Follow-up of patients with Acid Suppressive therapy for Suspected Reflux Related Laryngeal Signs and Symptoms.
Gastroenterology 126:A326,2004



Irritable Larynx Syndrome

C/O

- Increased phlegm
- PND
- SOB
- Dysphagia
- Globus
- Dysphonia



Hyper-reactive Airway Syndrome

- Quick trigger cough
- Usually absent of voice complaints
- Triggered by changes in temp, smells, changes in humidity, etc...



Treatment includes

- Reflux therapy
- Behavioral changes
- Laryngeal desensitizing
- Introduction of alternative behaviors
 - Hard swallow
 - Breathing techniques
 - Sipping H₂O



Vocal hygiene

Adapted from Doug Hicks, SLP, PhD

■ Cognitive loading

- Providing the pt with information about the vocal abuse, misuse and overuse
- Describe vocal trauma and tissue changes
- Describe tissue thresholds
- Teach Wellness

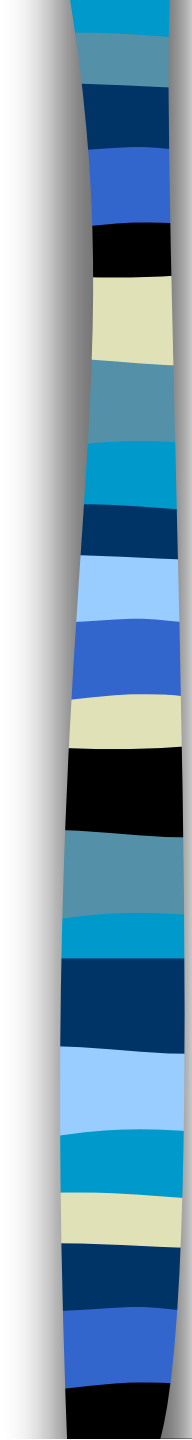


- Increase consciousness

- You will have to think about your voice more

- Increase conscientiousness

- This requires hard work
- Accountability

- 
- Allow the pt to begin to make multi daily decisions that are either pro or anti larynx.
 - Manage a vocal budget
 - Author their own solutions
 - Move towards normalcy



Allow tissue to heal

- Provide rest and healthy tissue will return
- 5-6 sessions within 8 wks.
- Each session begins with question “how is your voice since I last saw you?”
- Field questions and exploit teaching points
- Repeat strobe 6-8wks after d/c

Tension Checklist:

For Breathing:

- Abdominal muscles
- Chest
- Shoulders
- Neck
- Posture in general

Tension Checklist:

For phonation

- Extrinsic laryngeal muscles
- Listen for tension in intrinsic laryngeal muscles (pressed vs. flow phonation; tight, breathy MTD)
- Tongue tension

Tension Checklist:

For resonance:

- Facial and lip muscles
- Jaw tension
- Tongue tension
- Inability to yawn with low tongue, lifted soft palate



Therapy techniques

- NO SINGLE APPROACH WORKS FOR EVERYONE
- Best to apply an educated eclectic mix of techniques that make sense symptomatically and work for your particular patient

Resonance approaches to laryngeal tension as well as improved efficiency of phonation:

- Playing with resonance can be the key to releasing and relaxing the hyperfunctional voice. Think of nasal resonance (ring) and oral/pharyngeal resonance (loft) as the spices to get just the right combination to make the recipe a success.
- yawn-sigh
- Lessac's y-buzz
- Rammage "hm"
- Verdolini's Resonant Voice Therapy syllable "molm"
 - Start with "mmm" then put two fingers worth of space between back molars and "mmm" again
- Owl hoot
- Twang exercises
 - Wicked witch "yeh heh heh"
 - Gniaow (cat)
 - "Baaaa"-ing like a sheep
 - "Neigh"-ing like a horse
 - "Nyuk-nyuk-nyuk"-ing like The Three Stooges
 - "MBeep-beep" like Road-Runner



Voice therapy always includes

- EDUCATION
- Increased awareness
- Self monitoring (vocal hygiene and conservation)



Common Voice Therapy Techniques

- Resonant Voice
 - LMRVT
 - Flow Phonation
- Laryngeal Massage
- Yawn-Sigh
- Loud-Safe voice
- Emotional/psychological support



Resonant Voice

- Easy vibration
- Techniques for adults and children include
 - Humming
 - Kazoo
 - Phonating through a straw
 - Chanting



Kitti Verdolini

- LMRVT
- Adventures in Voice
- Common theme- easy vibrations



Philosophies same for adults and peds

- Modify language and activities to meet the age of your client
- Involve parent and siblings
- Educate teachers
- Motivate child