VOICE

The vocal mechanism is comprised of three subsystems: the respiratory system, the phonatory system, and the resonatory system. Any impairment within these systems will directly affect the production of voice. A voice disorder consists of any abnormality within these systems that impairs the: coordination of breathing with voice, voice quality, and/or resonance of the vocal output, resulting in a change in the voice that is unsatisfactory to the patient. A voice disorder can be the result of a pathology (usually identified via endoscopy), misuse (poor vocal hygiene and/or the addition of muscular tension/strain), and/or other related issues/disorders (esophageal reflux, degenerative diseases, overall weakness/atrophy, or sickness/allergies). Signs or symptoms of a voice disorder may include any of the following: voice changes lasting longer than two weeks (especially if you smoke), pain in the throat when talking that is not from a cold or the flu, a severe change in the voice (or complete loss of voice) lasting longer than a few days that is not associated with a cold or the flu, persistent voice changes that inhibit your ability to do your normal activities, vocal fatigue, change in the pitch or timbre or quality of your voice, increased tension in the neck/upper shoulders or jaw/throat, tightness/discomfort or burning sensation in the throat, a loss in a portion of your speaking or singing range, difficulty making your voice adequately loud or soft, sensation of something stuck in your throat, breathlessness when you speak, a feeling of the need to cough or clear your throat frequently, and/or a tremor quality or abrupt start/stop of the voice that is difficult to control. The symptoms may be persistent or intermittent. Any change in voice may signify a voice disorder so it is best to recognize this change and seek help. There are several different reasons voice disorders occur, and they rarely appear overnight. They are usually the result of lifestyle choices, vocal demands in the occupational or social settings, and unknowingly abusive use of voice in daily life—and can sometimes be combined with other personal factors or health problems.

Speech pathologists are responsible for the vocal health and management of patients in order to prevent the occurrence/recurrence of a voice disorder, reduce or eliminate the voice disorder (if present), help the patient produce a voice of the best possible pitch, loudness, and quality in relation to the individual’s age and gender, and rehabilitate the voice to a level of function that enables the patient to fulfill his/her daily voice and/or speech communication needs. Likely a stroboscopic exam (either via a flexible endoscope through the nose or a rigid scope through the mouth) will be performed to instrumentally assess all parameters of the vocal mechanism and obtain baseline pictures to compare after therapy. Vocal function testing may also be performed, which might include asking you to produce a variety of words and sounds to gather measurements about your vocal productions and perceptually assess the sound of your voice and test its different aspects. The findings and recommendations will be discussed with the patient, and then any questions will be answered and discussed. A comprehensive therapy plan will be developed by the speech pathologist and the patient to improve his/her voice and quality of life overall. Depending on the cause of the voice problem, the patient may or may not need surgery. Voice problems may also be treated with various medicines, and also are more commonly treated with voice therapy. Voice therapy is sometimes used as the only treatment, and sometimes it is utilized pre and post surgery treatments as well. It is an approach to treating voice disorders that involves behavioral changes paired with vocal and physical exercises. The purpose of voice therapy is to assist the patient in achieving the best possible voice and simultaneously the most relief from the vocal symptoms that are irritating him/her. The goals of a voice therapy program are targeted at addressing those symptoms that brought the patient into the clinic in the first place, and tailored to his/her personal needs (social, occupational, daily communicative, etc.). Again, depending on the cause of the voice disorder (if one is identified), the appropriate goals will be established. These might include: helping you achieve the voice you used to have (and you want to have back), helping you attain the voice you always wanted to have but do not, or helping you achieve the best possible voice while compensating in the most effective ways possible for the underlying disorder/disease that may not be “curable”.

Individuals that may benefit from voice therapy services are: professional & vocational voice users, presenters/lecturers, TV/radio broadcasters, teachers, lawyers, actors/singers, telemarketers, receptionists, ministers, police/military personnel, fitness instructors/cheerleaders, anyone diagnosed with a voice disorder/pathology, anyone with a diagnosis of esophageal reflux, and/or anyone who smokes. Our goal as speech pathologists is to assist the patient in communicating more clearly, easily, safely, effectively, and confidently—therefore improving quality of life.