

Balancing Art and Medicine: Voice Therapy for Professional Voices

REBECCA MILES RISSER, M.M., M.A., CCC-SLP
THE VOICE CLINIC OF INDIANA
1185 W CARMEL DR, SUITE D1-A, CARMEL IN 46032
317.450.4180
WWW.VOICEINDY.COM

Come see us at
The Voice Clinic of Indiana!



The Voice Clinic of Indiana



The Science – the wound

- ▶ Vocal fold wound healing occurs in three overlapping phases (Clark, 1998; Verdolini Abbott, K., et al 2005; Branski, RW et al 2006 and Branski, RW, 2013).
 - ▶ (a) inflammation (0-48 hours)
 - ▶ (b) tissue formation (~48 hours -- 21 days)
 - ▶ (c) tissue remodeling (21 days -- 12 months)

The Science – wound disruption

- ▶ Disruption to wound healing may vary, depending on the stage of wound healing it occurs.
 - ▶ Inflammatory phase: Wound could erupt at surgical line (wound dehiscence)
 - ▶ Tissue Formation: Epithelial disruption – nodules, polyps, cysts, hemorrhages.
 - ▶ Tissue remodeling: If epithelial disruption occurs, this will be marked by either exophytic scarring (fibrotic nodular scars) or endophytic scarring (sulcus vocalis)

The Science – role of voice therapy

- ▶ Our job: A rapid, smooth transition from inflammatory to tissue formation.
 - ▶ Voice rest (1-4 weeks, depending on the physician and the patient involved)
 - ▶ Voice therapy beginning around day 5-7 typically at our clinic
 - ▶ No loud voicing, but typically, “loud enough to be clear”

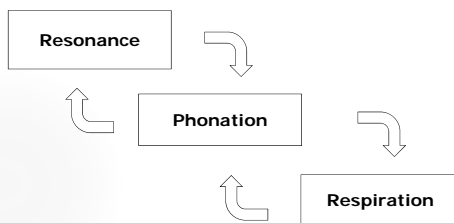
The Art of Voice Therapy



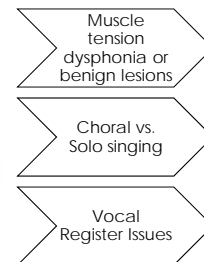
The Art

- ▶ CASE HISTORY – establish rapport, and employ “directional listening” – i.e. don’t lose control of the conversation or your time.
- ▶ Therapeutic techniques
 - ▶ Vocal Function Exercises
 - ▶ LMRVT
 - ▶ Conversational voice therapy
 - ▶ Laryngeal massage
 - ▶ Confidential Voice
 - ▶ Stretch and Flow
 - ▶ IMST/EMST

Balance: Three Subsystems of Voice

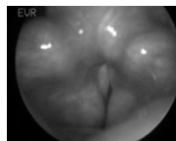


Three top issues professional voices face at our clinic:



Muscle Tension Dysphonia

- ▶ Consistently poor vocal quality, with no difference noted across phonemic contrasts of voiced/unvoiced phonemes
- ▶ Often a sense of vocal strain
- ▶ Monotone
- ▶ Upper and/or lower register compression.
- ▶ “Mickey Mouse”
- ▶ Discomfort/pain with auscultation of hyoid or CT joint.



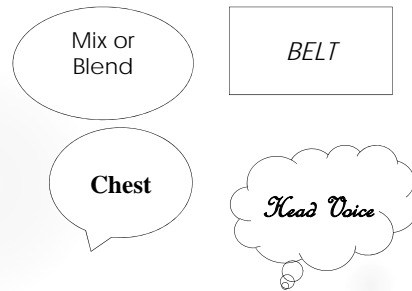
Choral vs. Solo Singing

- ▶ A matter of redistributing weight of voice with resonance training.
- ▶ Generally, this also flows into registration, as choral singers are often trained out of their chest register and only sing in a heady blend or head register only.

Vocal Register complaints

- ▶ Big "holes" in range
 - ▶ Difficulty moving up or moving down in the vocal pitch range
 - ▶ Difficult transition between registers
 - ▶ Pain with singing
 - ▶ Breathiness in upper range
- ▶ GOAL OF THERAPY:
- ▶ even voice throughout the vocal range, moving between registers easily and smoothly, and resonantly
 - ▶ Increased volume engages lower register (chest voice), decreased volume engages upper register (head voice)

Vocal register issues



Thank you for listening!

