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HANDOUT-ABLE: Rationale for an Ear-Nose-Throat Consult/Clearance Prior to Formal Voice Treatment

Formal voice treatment that is conducted by a speech pathologist can result in a significant impact for patients that require this treatment. Vocal exercises that are repetitive, intensive and variable can strengthen patients who have difficulty with adequate vocal volume, vocal quality issues, articulation/intelligibility due to voice issues, pitch issues and other possible needs for voice treatment.

Best practice requires that speech pathologists only proceed with formal voice treatments once an ENT or similar clinician has performed instrumental testing to rule-out any structural abnormalities that could worsen -- if formal voice treatment is conducted with the presence of certain conditions. Such conditions could include; vocal nodules, vocal swelling, tumors, vocal polyps and other conditions. Speech pathologists that have in place the training, equipment and supervision may perform this testing before the treating speech pathologist can initiate formal voice treatment.

There are several formal programs on the market that speech pathologists have available (Lee Silverman Voice Treatment, Speak Out, Voice Aerobics, or there are informal programs).

Regardless of the program that is decided upon and available, an Ear-Nose-Throat or similar consult is indicated prior to starting such a program for the safety of the patient.

Instrumental testing that may be indicated at the ENT office could involve different procedures. Typically, flexible naso-endoscopy is conducted. For this procedure, a fiber optic cable that is flexible has a camera, and it is inserted to the back of the throat through the nose with the patient sitting up and awake.

This way, the vocal folds can be observed in various contexts — at rest/breathing, vocalizing, coughing, etc. The video of the testing can be stored digitally for comparing to future results. This is the current typical instrumental procedure that is utilized.

There are possible types of testing, utilized less frequently --such as:

- direct laryngoscopy (conducted under general anesthesia),
- stroboscopy (the full phonation cycle is matched with strobe lights to be able to see the pattern and structures for vocalizations),
- rigid endoscopy (access through the mouth with an endoscope); and,
- mirror laryngoscopy (an endoscope is not utilized for pictures, but a mirror is angled against the patient's soft palate so to view the vocal folds).

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