



**OVERVIEW OF DIAGNOSIS,  
TREATMENT AND PREVENTION**

# **VOICE THERAPY**

# Voice Therapy: Highlights

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## Voice Therapy – An Aspect of Speech and Language Therapy

Voice therapy is one type of a group of treatments known as speech and language therapy, which is directed at treating a broad spectrum of communication disorders. Most types of speech and language therapy (including voice therapy) are provided by speech-language pathologists.

## Voice Rehabilitation

The general goal of voice therapy is to rehabilitate the patient's voice to a level of function that enables the patient to fulfill his or her daily voice and/or speech communication needs.

## Elements of Voice Therapy

Voice therapy can include:

- Learning how the voice works and how it can be injured
- Vocal hygiene (a program of daily voice care)
- Vocal and/or respiratory exercises
- Home practice

## Success Factors

The success of voice therapy is dependent upon:

- Correct medical diagnosis
- Proper functional assessment of voice use
- The therapist's knowledge and skill
- Patient compliance

# Understanding Voice Therapy

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## What is voice therapy?

### A Key Tool in the Treatment of Voice Disorders

Voice therapy is one type of a broader set of speech and language therapies that are administered by speech-language pathologists (SLPs). Voice therapy is one of the three main tools (along with surgical treatments and medications) that physicians use to treat voice disorders.

### Voice Therapy Is Tailored to Each Patient's Needs

The decision to start voice therapy and the timing and design of the voice therapy program depend on both the type and severity of a patient's voice disorder. Voice therapy may be recommended before and/or after surgical treatment, depending on the patient's needs.

## Who provides voice therapy?

### Voice Therapist

A voice therapist provides voice therapy. A voice therapist is a speech-language pathologist (SLP) with voice as an area of concentration.

**Note:** There is no separate set of qualifications for SLPs practicing voice therapy. These professionals are simply speech-language pathologists who have chosen to focus on voice therapy as an area of concentration. They are therefore often known simply as voice therapists (or vocal therapists).

Approximately 500 members of the American Speech-Language-Hearing Association (ASHA) have expressed a particular interest in voice therapy, as evidenced by their membership in ASHA's Special Interest Division (SID-3, Voice and Voice Disorders).

### License Requirements for a Speech-Language Pathologist

Speech-language pathologists must meet very specific requirements to be licensed. These requirements are:

- Minimum of a master's degree in speech therapy including completion of a seminar or class in voice or professional voice care
- Clinical fellowship year which includes:
  - Clinical training under the supervision of a practicing speech-language pathologist who maintains a certificate of clinical competency
  - Practice in a university, hospital, rehabilitation facility, or in a private practice
- Passing grade on a national exam, in order to earn a certificate of clinical competency
- In 38 states, continuing education credits in order to maintain clinical licensure

In addition, speech-language pathologists are required to attend national and regional conferences and seminars to remain knowledgeable about current issues related to voice disorders.

## What is the difference between a voice therapist and a singing teacher?

There are important distinctions between voice therapists and singing teachers.

	Voice Therapist	Singing Teacher
<b>Professional Requirements</b>	Licensed and certified speech language pathologists	Currently no required certification <b>NOTE:</b> Some – but not all – singing teachers join the National Association of

		Teachers of Singing (NATS), which has a code of ethics and professional standards
<b>Physician Referrals</b>	Generally treats patients with voice disorders based on physician referral	Physician referral not usual
<b>Focus</b>	Provides voice rehabilitation needed as a result of a disorder  Works with voice as it relates to communication	Works with voice for improved singing

### **Singing Voice Specialist – A Member of the Voice Care Team**

Increasingly, singing teachers have become members of the voice care team, along with voice specialists such as laryngologists and voice therapists. These individuals are referred to as singing voice specialists. They focus mainly on helping to rehabilitate singers' voices in tandem with the other professional caregivers on the voice care team. *(For more information, see Voice Care Team.)*

In addition, the number of certified speech-language pathologists is growing. These professionals also have professional voice training, making them particularly well suited for treating singers with voice disorders.

### **What is the voice therapist's role in treating voice disorders?**

Voice therapy plays a major role in the treatment for voice disorders.

- Key role in rehabilitation after surgery
- Key role in preventing the recurrence of voice disorder
- Often used in combination with medications, surgery, and/or psychiatric intervention
- For certain conditions, can sometimes be the only treatment that can successfully rehabilitate the voice
- For certain conditions, can be the first-line intervention – if voice therapy yields adequate improvement of voice and/or resolution of the voice disorder, surgery may no longer be required.

#### **Key Information**

##### **Voice Therapy – Still Growing as a Discipline**

Despite the acceptance of voice therapy among voice professionals and its increasingly widespread use, there is no specific agreement among therapists about the effectiveness of specific treatment techniques, the exact timing of when they should be applied, or when voice therapy should be started or stopped.

##### **Limitations of Voice Therapy**

It is important to point out that voice therapy alone may not return the voice to normal in all cases.

# Guidelines for Voice Therapy

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As with any treatment, voice therapy is only successful when the cause of a patient's voice disorder is correctly identified. All factors must be carefully weighed to determine whether voice therapy should serve as a primary or an additional form of treatment.

There are three basic goals of voice therapy:

1. Reduce or eliminate the voice disorder
2. Prevent recurrence of the voice disorder
3. Rehabilitate and improve vocal function to reduce or eliminate the symptoms of the voice disorder

To reach these goals speech-language pathologists have developed several general guidelines for voice therapy, as well as a number of specific treatment techniques/regimens.

## Guideline #1: Adequate Patient Education

The first guideline for voice therapy is to ensure that patients understand how normal voice is produced, how their specific disorders disrupt the ability to vocalize and/or speak, and what behaviors promote good vocal health as opposed to those that can harm voice.

**Rationale:** Properly educating patients about the issues involved in their voice disorder establishes patient confidence in the caregiver's ability to provide successful treatment. It also arms patients with important knowledge about their disorder, which helps dispel any misconceptions they may have and defines how they can help facilitate successful treatment.

## Guideline #2: Establishing the Expectations of Therapy

The second guideline is to ensure that patients set goals for voice therapy that are realistic given the nature and severity of their voice disorder. In general, voice therapy is aimed at:

- Returning vocal function to a level at which patients can consistently fulfill their daily voice and/or speech communication needs
- Minimize or eliminate interference due to vocal dysfunction (e.g., inappropriate pitch, loudness, fatigue, quality problems, etc.)

**Rationale:** Setting unrealistic goals leads to patient perception of failure. Patients can become discouraged and/or disenchanted with the therapy process, negatively impacting the ultimate results that are achieved. For example, patients who mistakenly believe that voice therapy will transform their voice into that of a professional singer are disappointed when months of treatment do not result in this outcome.

**Note:** Not all voice patients will achieve "normal" voices as a result of therapy.

## Guideline #3: Patient Compliance and Dedication

The third guideline is to promote motivation and dedication on the part of patients to adhere to the demands of voice therapy (e.g., home practice) and work diligently to successfully use newly learned behaviors and techniques in the real world.

**Rationale:** The most common reason cited for the failure of voice therapy is patient non-compliance. Simply put, without the strictest adherence to voice therapy regimes and the instructions of the voice therapist, treatment will fail.

### Key Information

#### **A Note on Vocal Hygiene**

Though not a specific guideline of voice therapy, proper vocal hygiene is an important aspect of any voice therapy regimen

that is vital for a successful outcome. In general, vocal hygiene refers to a variety of actions that help patients care for their voice and the physical structures that help produce voice. (*For more information, see Prevention.*)

Specifically, vocal hygiene includes the following types of activities:

- Limiting misuse (or abuse) of the voice
- Proper hydration (to keep the vocal folds healthy)
- Avoiding chemicals or other substances that may irritate the voice (e.g., alcohol, cigarette smoke, highly acidic foods, and extremely fatty foods)

# Components of Voice Therapy

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In addition to vocal hygiene, voice therapy for non-professional voice users (e.g., non-singers) with voice problems includes the following key components:

- Vocal exercises
- Breathing exercises
- Vocal techniques
- Coordination of voice with other speech processes, such as **respiration**, **articulation**, and **resonance**

*(For more information, see Prevention.)*

## Vocal Exercises

Vocal exercises help patients:

- Elicit or facilitate less effortful voice production by reducing excess levels of voice box muscle activity, as occurs in patients who overcompensate for their voice disorder (**vocal hyperfunction**)
- Relax the voice box muscles
- Strengthen and improve the coordination of voice box muscles

## Breathing Exercises

Breathing exercises help patients:

- Facilitate breathing during voice and speech production, free of extraneous effort
- Identify and eliminate behaviors that reflect poor management of the air supply for voice and speech production (e.g., talking too long on one breath, shallow inhalations, etc.)

## Vocal Techniques

Vocal techniques help patients:

- Improve their ability to project the voice without unnecessary strain
- Position and utilize vocal structures to optimize vocal output, thus maximizing the efficiency of voice production

## Coordination of Voice With Other Speech Processes

Patients may need to work on the rate, **intonation**, and **prosody** of conversational speech while maintaining new and/or target vocal behaviors. Coordination techniques help patients incorporate newly learned vocal behaviors with the entire process of speech production, including:

- Respiration (breathing in and out)
- Articulation (turning sound into spoken words)
- Resonance (amplifying sound in the **vocal tract**)

## Perspective – A Painter's Palette

In general, the components of voice therapy are like colored paints on a palette; a vocal therapist combines these different

methods to paint a picture of a customized therapeutic plan geared precisely to each patient's needs. Over the past 20 years, a variety of formal voice therapy techniques and regimens have been published, and in some cases supported by research studies. The selection of a particular regimen for a patient will depend upon that patient's voice disorder as well as the patient's personal preferences.

# Main Regimens/Techniques

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## Perspective on Voice Therapy Regimens

As the practice of voice therapy has advanced, a number of voice therapy regimens (or techniques) have been published which utilize various combinations of the therapy components described in the previous section. The extent to which compelling research evidence supports these different approaches varies.

### Different Regimens May Overlap

Each of the regimens described below involves some degree of overlap, and many were actually designed as improvements on past efforts. Furthermore, these regimens may be used by voice therapists in different combinations to achieve optimal results.

### Voice Care Consultation a Must

A patient's voice therapy program is best designed by a vocal therapist and otolaryngologist working in tandem or with a voice care team. Together, caregivers will help determine which regimens/techniques are best for a patient's voice disorder and specific needs.

## Mainstream Voice Therapy Regimens

### Resonant Voice Therapy

**In brief:** Resonant voice (or voice with forward focus) refers to a voice that resonates or echoes within the face or facial bones. Resonant voice therapy is a tool that voice therapists use to help patients feel the vibrations of their voices along the lips, tongue, and nose, and then use those sensations to help better project their voices. Arthur Lessac, a famous theater coach, first described the resonant voice therapy approach.

**Intended endpoint:** This approach aims to produce voice with the vocal folds lightly touching rather than closed tightly – achieving sound volume through resonance.

**Application group:** Resonant voice therapy is now used by vocal therapists to treat a number of voice disorders, such as muscular tension dysphonia and vocal fold lesions.

### "Confidential" Voice

**In brief:** In confidential voice therapy, patients are trained to produce a soft, breathy voice without full vocal fold closure.

**Intended endpoint:** By encouraging this gentle sound, forceful collisions by the vocal folds are prevented and lesions or scarring affecting this structure are not worsened. Some types of lesions may begin to reduce in size as a result of lessened trauma to vocal fold tissues.

**Application group:** Confidential voice therapy is used in patients who have developed serious vocal symptoms due to vocal fold lesions or muscle tension.

#### Key Information

##### **"Confidential Voice" Technique Is Not Whispering**

It is important to realize that though the confidential voice is soft and breathy, it is not a whisper.

##### **First-Line Voice Therapy Regimen During Early Recovery Period**

Confidential voice therapy is often one of the first regimens used for patients whose voice strength is nearly imperceptible. The main goal, in fact, of this technique is to allow patients to speak while vocal fold health improves. Then, when the vocal folds have healed, other regimens can be used to bring the voice back to its full strength, tone, and color. Patients typically use the confidential voice for about two to three weeks; after this period of time, symptoms such as pain, fatigue, and substantial hoarseness should improve, allowing more intense therapeutic regimens to be started.

## Circumlaryngeal Massage

**In brief:** Circumlaryngeal massage is a "hands-on" approach in which patients are trained to massage their neck area while observing different changes in their voice quality.

**Intended endpoint:** The purpose of this technique is to eliminate pain while speaking, relax muscles in the laryngeal area, and reduce tension in the upper body – all helping to decrease pain and allowing the larynx to relax into a more comfortable position.

**Application group:** This technique is used in patients who report neck tension, upper body tension, stiffness, or tenderness along with vocal symptoms. It is also used for muscle tension dysphonia (functional dysphonia) and in symptomatic patients who sit or stand with rigid postures, regardless of whether any tightness or pain is present in the neck.

### Key Information

No patient should attempt to perform circumlaryngeal massage without first being educated on the technique by a voice therapist. It is only after this type of training that patients will know the proper location at which to begin the massage (the hyoid bone – located right above the Adam's Apple) and which muscles to focus on.

## Lee Silverman Voice Treatment

**In brief:** Specifically designed for patients with Parkinson's disease, the Lee Silverman voice treatment advocates increasing the effort with which patients speak – thereby "pushing" the voice and making it stronger.

**Intended endpoint:** In essence, patients are trained to exhale higher volumes of air out of their lungs, more forcefully – while simultaneously closing their vocal folds more completely. The result is a louder, stronger voice.

**Application group:** This regimen was specifically designed to treat voice disorders caused by Parkinson's disease, but is also being increasingly used to treat vocal symptoms in other types of neurological disorders.

### Key Information

#### **An Extremely Intense Program**

The Lee Silverman regimen is extremely intense, even by voice therapy standards. Patients must attend four sessions per week for four weeks with the clear goal of making their voices louder.

#### **Wider Acceptance for Some Patients**

Clinical studies have shown that Lee Silverman voice treatment has proven successful in some patients. Given the inability of more traditional vocal therapies to improve the voice in sufferers of Parkinson's disease, Lee Silverman treatment has become more widely accepted.

#### **Requires Specialized Training for Professionals**

Only clinicians who have attended training programs specifically designed to teach the Lee Silverman Voice Treatment Program (and have received a certificate of completion) should use this approach.

### Red Flag

Due to its emphasis on force and effortful speaking, the Lee Silverman voice treatment is now regarded by some physicians as potentially quite harmful for patients with vocal fold disorders and abnormalities that are caused by vocal misuse, such as vocal fold nodules, polyps, or cysts and vocal fold scarring.

## The Accent Method

**In brief:** The accent method of voice therapy focuses on improving breathing technique to increase voice clarity. Specifically, patients are taught to use accentuated and rhythmic movements in both their pronunciations and in related body movements.

**Intended endpoint:** Proponents of the therapy suggest that it helps relax the vocal muscles while also helping to synchronize voice production with a recognizable rhythm produced by another part of the body.

**Application group:** The accent method was developed in Europe to treat many types of voice disorders. Although some voice therapists in the United States favor its use, the accent method is more commonly employed in Europe.

### Key Information

#### **"Follow-the-Leader"**

While vocal therapists practice the accent method with some degree of variation, in general treatment takes the form of a therapist asking questions to a patient in a particular rhythm – and the patient responding in that same pattern.

#### **Accent Words – Accent Phrases – Accent Sentences**

Accent voice therapy helps patients adjust the timing and rhythm with which they breathe and accent words.

Some form of additional stimulus may be used, such as a body movement or a drum or tambourine, to help patients form a series of exaggerated syllables or words.

These exercises progress to longer phrases and eventually sentences. Throughout the exercises, the accentuated rhythm used during speaking is maintained, while the body movements and other external stimulus that were used initially are reduced or eliminated.

## **Vocal Function Exercises**

**In brief:** This is a program of systematic exercises that strengthen and rebalance the subsystems involved in voice production (respiration, phonation, and resonance). Exercises include maximum vowel prolongations and pitch glides using specific pitch and phonetic contexts.

**Intended endpoint:** Exercises aim to improve the voice through maximizing the different functions that contribute to voice production, including speaking and singing.

**Application group:** Vocal function exercises have been used to treat a wide variety of voice disorders, including use-related vocal fold lesions, **muscle tension dysphonia**, and hypophonia (weak voice).

## **Additional Miscellaneous Techniques for Voice Therapy**

A number of other regimens/techniques are used intermittently by vocal therapists. These are usually tried only after more mainstream techniques have proven to be unsuccessful. However, they may be used immediately in cases where a patient's voice is completely or almost completely absent. These techniques are briefly described below.

### **Singing Therapy**

Singing therapy focuses on relaxing the muscles of the stomach, chest, and neck, while producing simple song-like phrases or chat-like expressions. The goal of these exercises is to help patients develop confidence in producing a voice that is not "protected" or "forced," but free. While the therapist does not attempt to teach patients how to sing, the therapy emphasizes flexible pitch and loudness. In particular, voice therapists will often encourage patients to use trills (much like a "raspberry") during therapy; these sounds, which are produced through exaggerated movements of the lips or tongue, help relax patients and improve voice clarity.

### **Phonation on Inhalation**

Phonation on inhalation requires patients to speak while breathing in. The technique has been used to eliminate excessive squeezing of the vocal folds in some patients and as a means of initiating voice in a patient where little or no voice is present. After a patient masters speaking on inhalation, the vocal therapist will ask for vocalization during exhalation as well. Gradually, vocalization while breathing in is curtailed, and the patient begins speaking in a normal pattern.

### **Reflexive and Vegetative Behaviors**

This therapy is especially effective in patients with complete voice loss (**aphonia**). The technique attempts to initiate voice production as patients perform other sound-producing activities such as throat-clearing, grunting, coughing, laughing, humming, chewing, or gargling. Vocal therapists then help patients transform any sound elicited through these tasks into words or speech.

### **Voice Therapy After Sex Change**

The change of sex from female to male does not present concerns about voice, as drugs are available to affect the larynx and cause a permanent lower pitch. Male-to-female sex changes, however, require a voice therapist to attend to softness of the voice, pitch, intonation patterns, length of utterance, linguistic differences, and differences in body language and gestures accompanying speaking. Feminine characteristics in these aspects of voice production are often absent directly after male-to-female sex change operations, and require dedication and many months or years to acquire.

## **Summary Perspectives**

### **Additional Therapies Not Covered Here**

Though this section has described several different approaches to voice therapy, there are many others not represented here. In fact, many voice therapists and otolaryngologists have developed their own versions that build upon the common principles of mainstream voice therapies.

### **Voice Therapy Should Be Individualized**

In essence, voice therapy is highly individualized and never completed in a "cookbook" manner. A patient's voice therapy may differ from that described here, as well as in the length and intensity of the voice therapy program.

### **Good Chance of Success**

Fortunately, when supervised and administered by a qualified voice therapist – one who has a thorough understanding of how the voice works – many of the techniques described in this section can successfully restore the normal voice. This is especially true when proper diagnosis is made, and voice therapy can be specified to the exact disorder affecting a patient. A patient's commitment also plays a key role in the success of voice therapy.

 **Advisory Note**

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