VOICE DISORDERS & LARYNGEAL DYSFUNCTION ASSESSMENT COMPONENTS

REFERRAL QUESTIONS

- Include those from client, physician or significant others

BACKGROUND

Review of Case History Form (if available)/Client Interview/Relevant Case History: Information gathered or information provided in the following areas:

- Onset and course of current Voice/Laryngeal/Respiratory difficulties
- Medical diagnoses: results of past laryngeal or pulmonary examinations
- Pharmacological factors/medications: current and immediate past
  - Check out NCVS website for medication list & effects on voice and/or larynx
    - http://www.ncvs.org/e-learning/rx2.html
- Past surgeries or head/neck injuries, especially those requiring intubation
- History of other or related diagnoses: e.g. LPR, asthma, psychiatric, etc.
- Review of triggers or events that elicit vocal or respiratory difficulties
- Review of a typical ‘vocal’ day and the impact of current communication or respiratory problems on daily life including work, athletic activities, home activities
  - Use of a Quality of Life Indicator (e.g. VHI-10, VRQOL or other)
- Educational background and premorbid intellectual levels (as appropriate)
- Degree of motivation for improvement
- Motivational interviewing techniques

ASSESSMENT FINDINGS

Hearing screening: Used to examine hearing adequacy overall and for purposes of ascertaining likely effects on the day’s results; follow ASHA guidelines.

Voice Samples: Perceptual assessment of quality, pitch, resonance & focus of resonance, intensity, rate, and respiratory patterns

- Informal conversational sample during client interview
- Structured reading passage (e.g. Rainbow Passage, My Grandfather or other)
- Perceptual assessment will continue throughout session in all vocal environments

Oral-peripheral Examination of the Articulators: Used to determine adequacy & function of structures and how they support voice, laryngeal function, and/or related functions.

- Symmetry: face, lips, tongue, hard & soft palates, faucial pillars
- Functional adequacy: speech, non-speech, strength & coordination, symmetry of function, range of motion
- Tension observed or reported: face, neck, mandible, body
- Laryngeal Sensations reported: pain, discomfort
- Swallowing difficulties: reported & observed
- Motor Speech exam, as needed: may be assessed if neurological deficits are suspected and to support recommendations for further neurological work-up
Objective Information: This will provide baseline information and can be used to compare with post-treatment or post-surgical data.

- **Respiration:** Observe how respiration supports or interferes with voice production
  - Observe Patterns: clavicular, thoracic, diagphragmatic, mixed
  - Measure support & coordination:
    - s: z ratio task
    - Maximum Phonation Time task (MPT)

- **Frequency (Pitch) Measurements:** Have normative data available to compare with results & to support summary, interpretation & recommendations provided at the session wrap-up; allows for a clear explanation to client and/or parent
  - Use of Voice analysis equipment as available; E.g. Visipitch, CSL, PRAAT, etc.
  - Habitual Pitch
  - Phonational Range
  - Singing range, as appropriate to the client

- **Intensity (loudness)**
  - Dynamic Range:
    - Measure minimum and maximum; Observe coordination & respiratory support during crescendo and decrescendo (increasing and decreasing intensity)
  - Functional intensity: Observe at 3 and 10 feet

- **Endurance**
  - Counting from 1-100: May provide ‘soft’ information on neurologic conditions (e.g. Parkinson Disease, Myasthenia Gravis, Shy Dragers, etc.)

Facilitating Techniques:
- Use of patient information, obtained data, etc. to determine appropriate techniques
- Success in any particular technique may provide a starting point for future therapy

Behavioral Observations: Obtained throughout session in a variety of vocal environments
- May be different depending on communication partners

**SUMMARY and INTERPRETATION:**
- Restate client name and age and address referral questions
- Provide summary of the type and severity of the voice, laryngeal or respiratory dysfunction as compared to what is typically expected by age and gender
- Provide supporting information about related conditions (e.g., medical diagnoses or psychiatric history; suspected etiologic or exacerbating factors)
- Include the functional impact for that client; e.g. vocational or avocational impacts
  - May include Quality of Life indicators
- Include positive or negative prognosticators
- May include Vermont eligibility requirements for services in the schools. A separate paragraph or subheading may be useful when addressing this issue. Medically related issues may fall under a different standard when attempted to insure eligibility for ages 0-21 years.
RECOMMENDATIONS
Recommendations may include statements about:

- Need for further assessment, follow-up or referral; e.g. MD, specialist, tests (MBS or LVS) etc.
- Intervention:
  o Include information concerning frequency, estimated duration, and type of service delivery.
  o In addition, state potential Long Term Goals and Short Term Objectives, specific treatment approaches (if recommended), degree of family involvement, and other supporting information.

PROGNOSIS: This statement will provide support for client’s ability to make changes in voice production or respiratory coordination.

- Provide strong rationales for why above recommendations are made.
  o Use of physiological, medical, psychological reasoning, if available.

PLAN: Include the next steps for the client, parent or Center; e.g. when report is expected, who will be contacted & when (client, parent, school, M.D., insurance carrier).

REPORT DISTRIBUTION (CC LIST)

Adapted from 2010 ASHA Preferred Practice Patterns / GBelin