

ADULTS: Voice

Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

Structural:

- Head and neck cancer
- Laryngitis
- Vocal nodules

Movement:

- Hyperfunctional hoarseness or aphonia
- Parkinson's disease
- Vocal fold paralysis

Related Terms:

Aphonia, aspiration, breathy, diplophonia, dysarthria, esophageal speech, hoarseness, hyperkinetic intonation, intubation, loudness, monotone, nasality, pitch, pitch breaks, resonance, silent aspiration, stridor, structural deviation, tracheostomy, velar, velopharyngeal incompetence, vocal abuse vocal fry, voice prosthesis, vocalization, vocal quality.

Potential Consequences:

- With neurogenic origin, at risk for illness and/or death due to aspiration, malnutrition, or dehydration.
- With structural origin, at risk for illness and/or death either due to forenoted aspiration or obstruction of breathing.
- With etiology of vocal overuse, communication effectiveness decreases after episode of overuse or through the course of the day.
- Isolation from communication with family members and social contacts: at risk for depression, reduced self-confidence.
- Disruption of ability to fulfill educational and/or vocational roles including potential loss of employment.
- At risk for personal injury due to difficulty communicating about a dangerous situation, or calling for help.

Behaviors that Should Trigger an SLP Referral:

Vocal Quality

- Breathily and/or hoarse voice often accompanied by reduced loudness and/or intermittent loss of voice due to overuse of voice from:
 - Frequent yelling, screaming, arguing.
 - Singing in vocally abusive manner.
 - Vocalizing excessively.
 - Routinely talking over noise.

- Overuse in environment with laryngeal irritants (i.e., excessive dust or cigarette smoke with chronic allergies, sinusitis, or episodes of upper respiratory infections).
- Voice has too little/too much nasality; may exhibit nasal regurgitation of food/liquid.
- Sounds harsh, strangled, and/or strident, often unpleasant for the listener.
- Tremulous, jerky vocal quality of emotional or unknown etiology.

Loudness

- Complete loss of voice due to structural, physiologic, or emotional etiology.
- Partial loss or intermittent loss of voice due to:
 - Overuse of voice.
 - Intubation trauma.
 - Stress and/or laryngeal tension.
 - Difficulty using vocal mechanism effectively and consistently.
 - Reduced vocal control endurance.
 - Voice prosthesis.
 - Esophageal speech.
- Voice is too soft/weak secondary to:
 - Problems with vocal quality.
 - Poor respiratory support/control for speech
 - Poor head, neck and/or body posture for speech.
 - Overcompensating for other more vocally taxing activities.
- Voice is excessively loud due to:
 - Routinely speaking over loud environmental noise.
 - Hearing loss.
 - Forcing the voice in the presence of vocal fold pathology such as growths/edema.

Pitch

- Too high or low for age, sex, physical size.
- Monotone, often accompanied by reduced loudness, hearing loss, or emotional difficulty.
- Vocal inefficiencies with pitch breaks as symptom of:
 - Vocal quality difficulties.
 - Diplophonia (production of two pitches simultaneously).

Neurologically based voice difficulties including:

- Excessively breathy and/or hoarse quality often accompanied by reduced speech intelligibility and/or swallowing problems; with weak or absent cough and weak or absent cough and wet gurgly voice after eating, indicates increased risk for aspiration.
- Tremulous, jerky vocal quality.
- Voice is too soft and/or intermittent loss of voice; may exhibit poor respiratory control for speech and/or poor head, neck and/or body posture for speech.
- Hyperkinetic condition with variable rate and flow of speech, and excessive loudness.