



Voice Team –

Laryngologist and Speech Language Pathologist

The Voice Team

The voice team is a multidisciplinary group that works together to care for patients with dysphonia (hoarseness). This team may consist of a variety of voice professionals but most typically includes a laryngologist (ENT physician/otolaryngologist specializing in voice disorders) and a speech language pathologist (SLP).

Laryngologist

A laryngologist is a subspecialist in the diagnosis and management of diseases of the larynx (or voice-box). This includes voice disorders as well as swallowing and airway disorders. The laryngologist can evaluate the larynx using videostroboscopy, which is an essential tool in the evaluation of dysphonia. Depending upon the etiology of the voice disorder, the laryngologist may perform surgery and/or offer medical treatment and recommend voice therapy.

Speech Language Pathologist

A Speech Language Pathologist (SLP) with training in voice and upper airway disorders is an important part of the voice care team. These clinicians work closely with otolaryngologists (ENT physicians) and/or laryngologists (ENT physicians specialized in voice) to evaluate and treat laryngeal issues ranging from voice changes to chronic cough.

Each clinic operates differently, but patients may see an SLP clinician on the same day or even at the same time as their appointment with the physician. The evaluation begins with members of the care team talking with patients about the problem that brought them to the clinic as well as how much and in what ways they use their voice during their daily lives. This evaluation can also include seeing how well the vocal folds vibrate with stroboscopy, analyzing the sounds of patients' voices, and measuring how they are using their airflow to support them. Throughout these assessments the SLP also observes *how* patients are using their voices, to see if this could be causing or contributing to the problem.

If it is recommended that a patient work with an SLP for treatment, the information learned during the evaluation is developed into an individualized treatment plan. Each plan is specific to the patient, and therapy techniques can be thought of in two big categories. First, there are *indirect* things patients learn to do to set themselves up for success, such as drinking more water, avoiding smoking, or coping strategies. The majority of time is spent in the second category, *direct* therapy. This can take many forms, from techniques to reduce muscle tension, to tasks which help the vocal folds to function better, to exercises to help patients recognize what it feels and sounds like to use their voice in the best way. Patients learn these techniques during the sessions, and then practice on their own between sessions. Even if other treatments such as surgery or medications are needed, techniques learned in therapy help patients reach their best possible voice treatment outcomes.