Epilogue

Childhood Voice Disorders: A Glance Back and Charge Ahead

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Eight years ago, this journal published a clinical forum on voice disorders (Stemple, 1996). Like the current forum, there was an emphasis on evaluation and treatment techniques for the more common vocal disorders on a school practitioner’s caseload. The authors used a case study format to provide practical applications of the knowledge presented. The current forum continues this tradition by focusing on clinical applications. However, this time, there is a greater emphasis on younger children and the educational issues facing speech-language pathologists (SLPs) practicing in the school. This is especially important because much of the information available on voice disorders focuses on adults.

I feel that the information provided in this forum has advanced the clinical practice in voice disorders in three major ways. First, the authors stressed the importance of considering the anatomical and physiological aspects of voice production in the development of management programs. Second, the breadth of clinical practice in voice has increased, moving beyond an emphasis on vocal hyperfunction. Finally, the need for a team approach in the evaluation and management of children with voice disorders was discussed. Each of these areas will be described below.

ANATOMICAL AND PHYSIOLOGICAL ASPECTS OF VOICE PRODUCTION

No one would deny that an understanding of the respiratory, phonatory, resonatory, articulatory, and nervous systems is essential in the assessment and treatment of voice disorders; however, to date, little data describing the pediatric larynx have been readily available. To this end, Sapienza, Ruddy, and Baker (2004) described the uniqueness of the pediatric larynx and helped the reader apply this information clinically. Recognizing the differences in the pediatric larynx when compared to the adult larynx helps the SLP look beyond the traditional hyperfunctional “causes” of voice disorders and consider other etiologies, like allergies and gastroesophageal reflux, in the development of laryngeal pathologies.

An increased appreciation for the anatomical and physiological characteristics of the pediatric larynx also impacts how evaluations are conducted and the types of clients who are seen. The cases described in this forum clearly demonstrate the need for a comprehensive evaluation of the voice, including instrumental analysis of voice production. Greater knowledge also allows SLPs to work with more specialized cases with greater confidence. For example, Dworkin, Marunick, and Krouse (2004) clearly outlined the need for considering the anatomical and physiological limitations of the speech/voice mechanism in the assessment and treatment of velopharyngeal dysfunction. In a different article, Sandage and Zelazny (2004) illustrated the importance of respiratory support in voice production and how physiological reactions can interact with psychological responses. All in all, the readers are reminded that the voice is a complex mechanism that is best understood when the workings of its individual components are evaluated as they contribute to the whole of voice production.

BREADTH OF CLINICAL PRACTICE

With greater knowledge of the role of anatomy and physiology in voice production and the increased availabili-
ity of instrumentation to guide assessment and treatment, clinicians who work with voice clients have seen the nature of their practice change. No longer is a discussion of vocal hyperfunction considered to be sufficient in the description of voice therapy. Instead, SLPs are working with more challenging types of voice cases. For instance, the incidence of paradoxical vocal fold motion (PVFM) appears to be increasing, especially among teenagers engaged in sports. Sandage and Zelazny (2004) provided an excellent case illustration of this disorder and the role of the SLP in its treatment. In addition, Woodnorth (2004) described the voice treatment options for medically fragile children who have undergone a tracheostomy or are in need of ventilatory support. Again, the need to understand the anatomy and physiology underlying these conditions becomes apparent and the options for voice treatment are clarified. Although these more unusual types of voice disorders are becoming more commonly seen in public schools, there is still a tremendous need to identify and treat the more common voice disorders of childhood, like vocal nodules and vocal hyperfunction. Hooper (2004) reminds the reader that traditional voice therapy has not changed that much. Many of the treatment techniques are still the same, and the “tried and true” methods still work. Nevertheless, she issues a challenge to the practicing clinician to provide data that support our clinical practices and continue to advance our understanding of voice.

A TEAM APPROACH

Probably the most important message to take away from this forum is the need to work as a team. Hooper (2004) acknowledged the difficulties that many practitioners in the public schools face in coordinating their treatment plans with an otolaryngologist. However, she also stressed the importance of having the otolaryngologist involved with all voice patients. There is a need to obtain videostroboscopic images of the larynx so that the clinician can visualize vocal function. In addition, acoustic, aerodynamic, and other physiologic information can be useful in the assessment and treatment of voice disorders in children. With all of the advances in these areas, it would be helpful for clinicians who are less experienced with the evaluation of voice disorders to team up with an SLP who specializes in voice. The latter clinician most likely has good contacts with an otolaryngologist, which would complete the team. Although the more medically based personnel may have expertise in the evaluation of voice disorders, the school-based clinician knows how to demonstrate the educational need for voice treatment (Ruddy & Sapienza, 2004). It is often the school-based SLP who is charged with the management and follow-up of children who have been diagnosed with voice disorders. Having access to a more complete voice evaluation, one that includes visual imaging and instrumental analysis, can only enhance the child’s management program.

Another illustration of the importance of the team approach is working with other educators. SLPs working in school settings know the importance of good relationships with other professionals, especially the classroom teacher. Hooper (2004) reported data that support the use of teachers to refer children with voice disorders. In addition, these educators can be quite useful in assisting the SLP in establishing the educational need for voice treatment (Ruddy & Sapienza, 2004). Finally, there is a need to incorporate school personnel in the identification and screening of voice disorders (Lee, Stemple, Glaze, & Kelchner, 2004). Teacher involvement also has the benefit of assisting with transfer of good vocal habits into the classroom. Working on a team, the school-based clinician can play a vital role in the evaluation and management of children with vocal disorders.

CONCLUSION

Although the structure of this clinical forum is quite similar to the previous one, it is easy to see that the study of the voice and its disorders is moving forward. It is hoped that the information gained from reading the articles in this forum has strengthened your knowledge base in voice disorders and has provided practical solutions as to how to include these types of children in your already busy practice.

REFERENCES


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