

When is Speech Therapy Needed? The Speech Therapist's Point of View



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When is Cornot Inches

view view



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Prerequisites

The professional relations (PR) are made primarily of interest.



Prerequisites

- PR based :
 - on respect for the skills of each other
 - on listening
 - on the ability of self evaluation









Properly treat and cure

Be comfortable with his voice

fo help quickly and efficiently

Participate and guide the student to develop his voice

Belgium Regulation

- For a pathological diagnosis
 - Dysfunctional dysphonia with professional voice handicap
 - Organic dysphonia
- 1 vocal profile/year, 1 extention
- Reimbursement of the vocal profile IF followed by sessions of rehabilitation
- 144 sessions/year
- 2 consecutive years.

Consequences

For the speech therapist

- « Fidelity»
 - Consumption of the number of sessions given by the agreement without real necessity.
- Respect of the initial prescription
- Fear of not reaching the final goal

For the patient

• With the agreement, the financial patier on of the

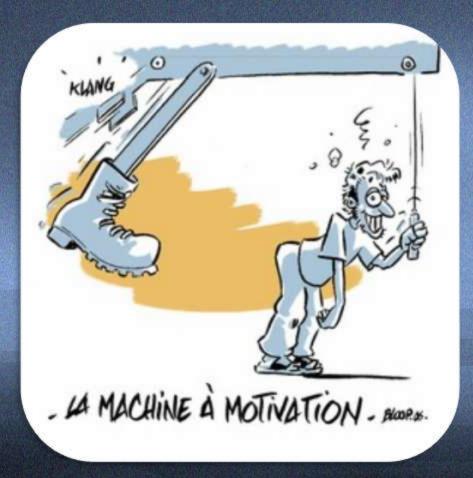
Impre time.

Full control the treatr

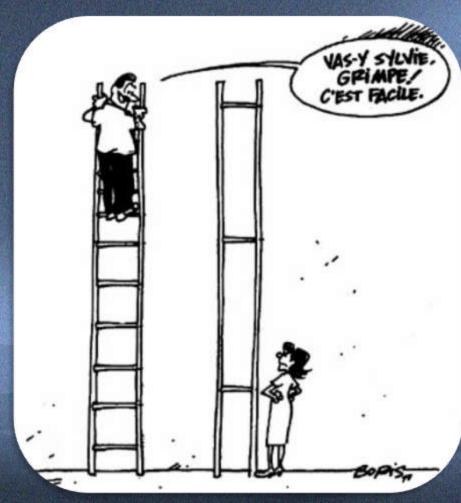
 With the agreement: no self evaluation.

g a lot of

 Dragging patients along two years in rehabilitation and lose all possibility of future insurance reimbursement in case of reentrance...



Rehabilitation can imply other needs:
 psychotherapy for example, ...





CASE 1: Oedema

Anamnesis: Classical singer for 10 years

Family trauma

At each emotional moment, the voice is fading

Psychotherapy:
E.M.D.R.
(Eye Movement
Desensitization
and Repocessing)

Vocal profile	20/07/10		20/00/10	
FO (Hz)	196,757		285,501*	
TMP (sec)	15,6		11,44	
MFR	0,348		0,488	
F Range (Hz)	130,81 – 830,61		123,47 – 622,25	
I Range (dB)	75 - 120		61 - 107	
DSI	-1,141		1,025*	
PSGE (cmH20) C-L-S	5,29; 3,95; 9,98		5,36; 3,92; 13,65	
VHI Singer	G:46 – 13, 20, 13		G: 33 – 12, 13, 8*	

^{*} Improved

CASE 2: Polype LVF

- Anamnesis: Housemaid, 28 Y, Loud intensity
- Surgery: Pr. C. Finck.

S N(11-07-11).avi

Vocal profile	5/09/11
FO (Hz)	228,16
SD F	4,154
TMP (sec)	9,216
MFR	1,28
F Range (Hz)	174,61 – 349,23
I Range (dB)	77 - 102
DSI	-6,279
PSGE (cmH20) conversation	18,4 à 90,8
VHI	32 – 5, 9, 18

CASE 2: Polype LVF

Sound pressure level controlled

S N(24-10-11).avi

Vocal profile	5/09/11	26/10/11
FO (Hz)	228,16	217,15*
SD F	4,154	2,565 *
TMP (sec)	9,216	11,264 *
MFR	1,28	0,776 *
F Range (Hz)	174,61 – 349,23	174,61 – 523,25*
I Range (dB)	77 - 102	66* - 95
DSI	-6,279	-1,256 *
PSGE (cmH20) conversation	18,4 à 90,8	11,2* à 83,4
VHI	32 – 5, 9, 18	0 for all*

* improved

 Rehabilitate a patient with a "wrong" diagnosis can lead to discouragement and abandon.



CASE 3: Nodules – Cysts

- Anamnesis: Young wife (25 Y) waitress.
 1 year of Voice therapy: no effect.
- Surgery for bilateral cysts in october



Consultation of Prof. C. Finck

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Vocal profile	May 2010	April 2011	Nov. 2011 post op
F0 (Hz)	258	245	262
TMP (sec)	13	9	11
MFR	0,344	1,232	0,552
F Range (Hz)	165 - 659	196 - 440	185 - 466
I Range (dB)	78 - 102	83 - 99	78 - 991
DSI	-4,474	-9,3	-7,4
PSGE (conv) cmH20	7 à 77 dB	13,55 à 86	10,59 à 83
VHI	50 – 10, 19, 21	71 – 17, 25, 29	60 – 9, 25, 26

American Regulation



Many thanks to Edie Hapner

In average, the number of sessions with a reimbursement varies between 6 to 8.

ROY&al 1997	BASSIOUNY 1998	CARDING&al 1999	McCRORY 2001	ROY&al 2001	SPEYER&al 2002
Shrt & Lg Term eff. Manual Circum. Th.	Accent Method Efficacy	Effect. Voice Th.	Evaluate Direct and Ind. Th	Effect of 2 treatmnt Approaches	Effect of Voice Th.
N: 25	N: 42 2 Grpes: - Hygiene Th - Accent Method	N: 45 3 Grpes: - Direct TH - Indirect TH - Without Treat.	N: 26 1992 - 1998	N: 58 3 Grpes: 1.Hygiene 2.Fonct. V. 3. Without Treat.	N: 40
Non organic Dysphonia.	Variety of path.	Non organic Dysphonia	Nodules	Nodules	Chronic Dysphonia
2X/day 6 weeks	2X/week (20') 20 sessions	1X/week 8 weeks	1X/week 45 à 60'	2/days 6 weeks	2X/weeks 3 mois
Perceptive, Acoustic	VLS, Perceptive, Acoustic, Aerodynam.	VLS, Perceptive, Acoustique, Aerodynam.	VLS, Perceptive, Acoustique, Aérodynam.	Pre et post VHI 6 months	VLS, Perceptive, Acoust
useful and effective short-term	significant improvement for G2	G3 (93% improve) >G2 (46% improve) > G1 (86% no improvement.)	70% improve Nodules disapear, 90% 2-12 sessions effective.	significant improvement for G2	■ 50% lesion size Glottal closure improvement

About the timing

- Studies which focused on short-term efficiency demonstrate greater effectiveness than those which studied the long-term effects.
- The longer the treatment is, the higher the vocal handicap*

^{*}Morsomme D & al. (2010). Subjective evaluation of the long term efficiency of speech therapy on dysfunctional dysphonia. *J.Voice*, 24(2), 178-182.

About the therapy

MISUSE

- Vocal misuse is using the voice in a way* that causes it to be injured.
- These behaviors can lead to vocal fold lesions, and in some cases can cause permanent damage to the voice.

*Yelling, screaming, loud talking, throat clearing, coughing,

OVERUSE

 Vocal overuse is using the voice too much, so that it gets overly tired. This can lead to an increased risk of vocal fold injury.

Remacle A & al. Vocal Impact of a Prolonged Reading Task at Two Intensity Levels: Objective Measurements and Subjective Self-Ratings. *J. Voice. (in press)*

Other alternatives

- Not sufficiently exploited:
 - Headset to reduce the intensity
 - Behavioral therapies
- Promising tools:
 - Vox log
 - APM
 - Prototype (Labo Traitement des Signaux, J Schoentgen)







What do we expect?

- A new regulation based on a number of sessions specified but not defined in time.
- Refund any vocal profiles
 - participates fully in the decision of the treatment plan.
- Think short term efficiency
- Other alternatives to treat the voice



THANK YOU FOR YOUR ATTENTION.