

Osteopathic Considerations in Voice Disorders



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Disclosures

I have no relevant disclosures for this presentation.

Learning Objectives

By the end of this presentation, participants will be able to:

- Understand the influencing factors of voice, including postural and anatomical considerations
- Utilize basic treatment principles in approaching the injured vocalist

Influencing Factors of Voice

- Anatomic considerations
- Vocal fold pathology
- Secondary interference

"[Opera is when] a tenor
and a soprano want to
make love, and are
prevented from doing
so by a baritone."

-George Bernard Shaw



someecards
user card

Anatomical Considerations

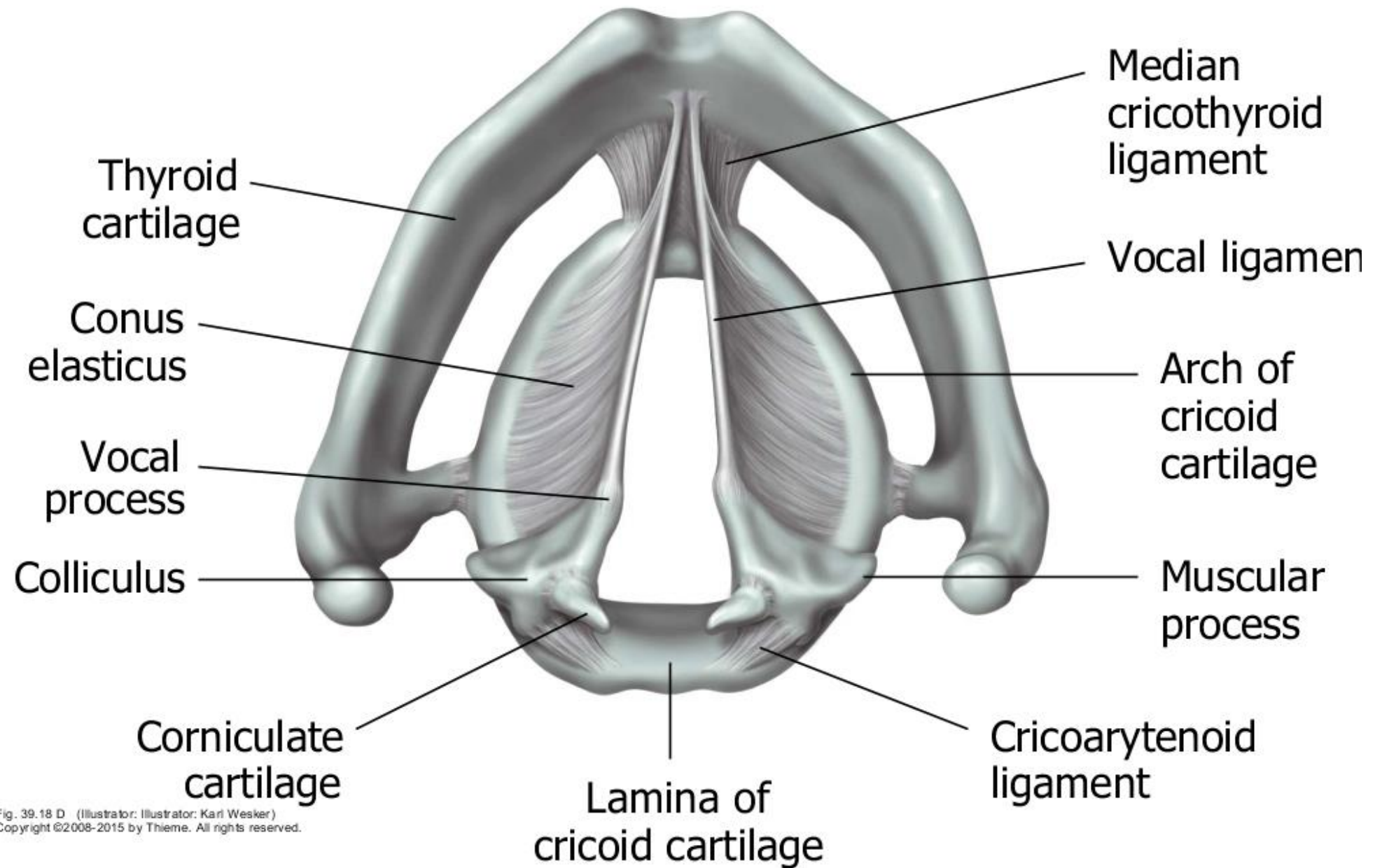


Fig. 39.18 D (Illustrator: Karl Wesker)
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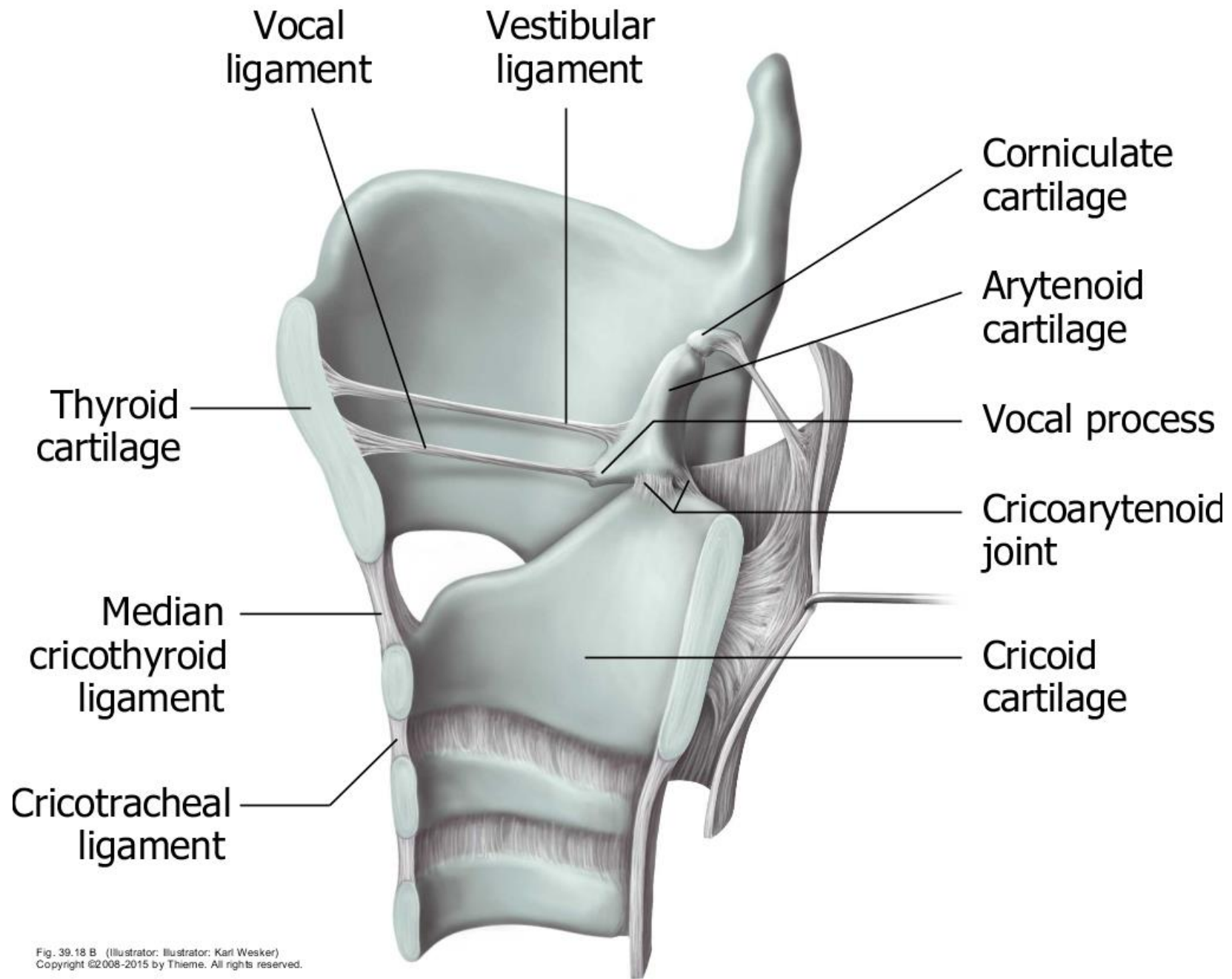
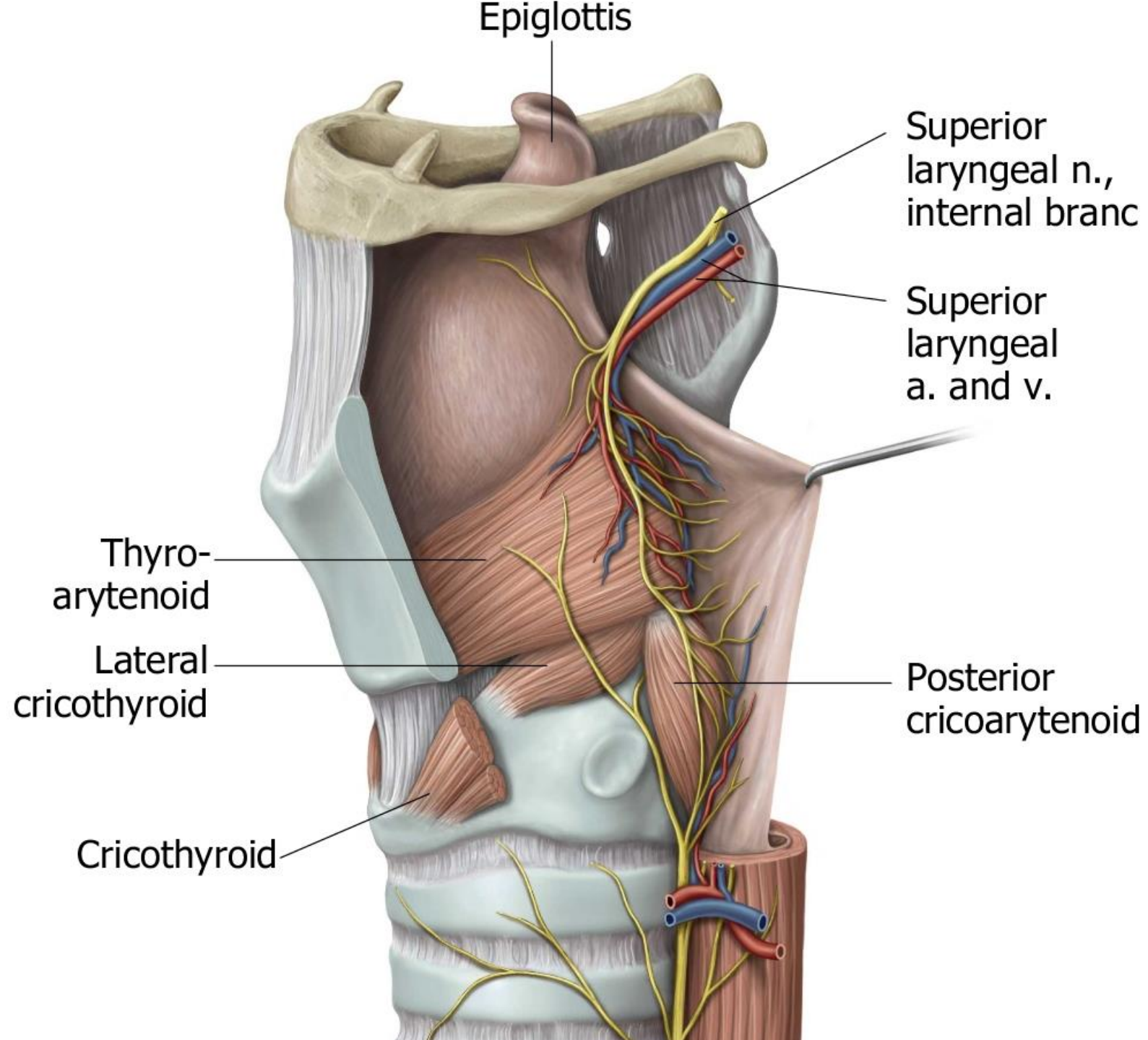
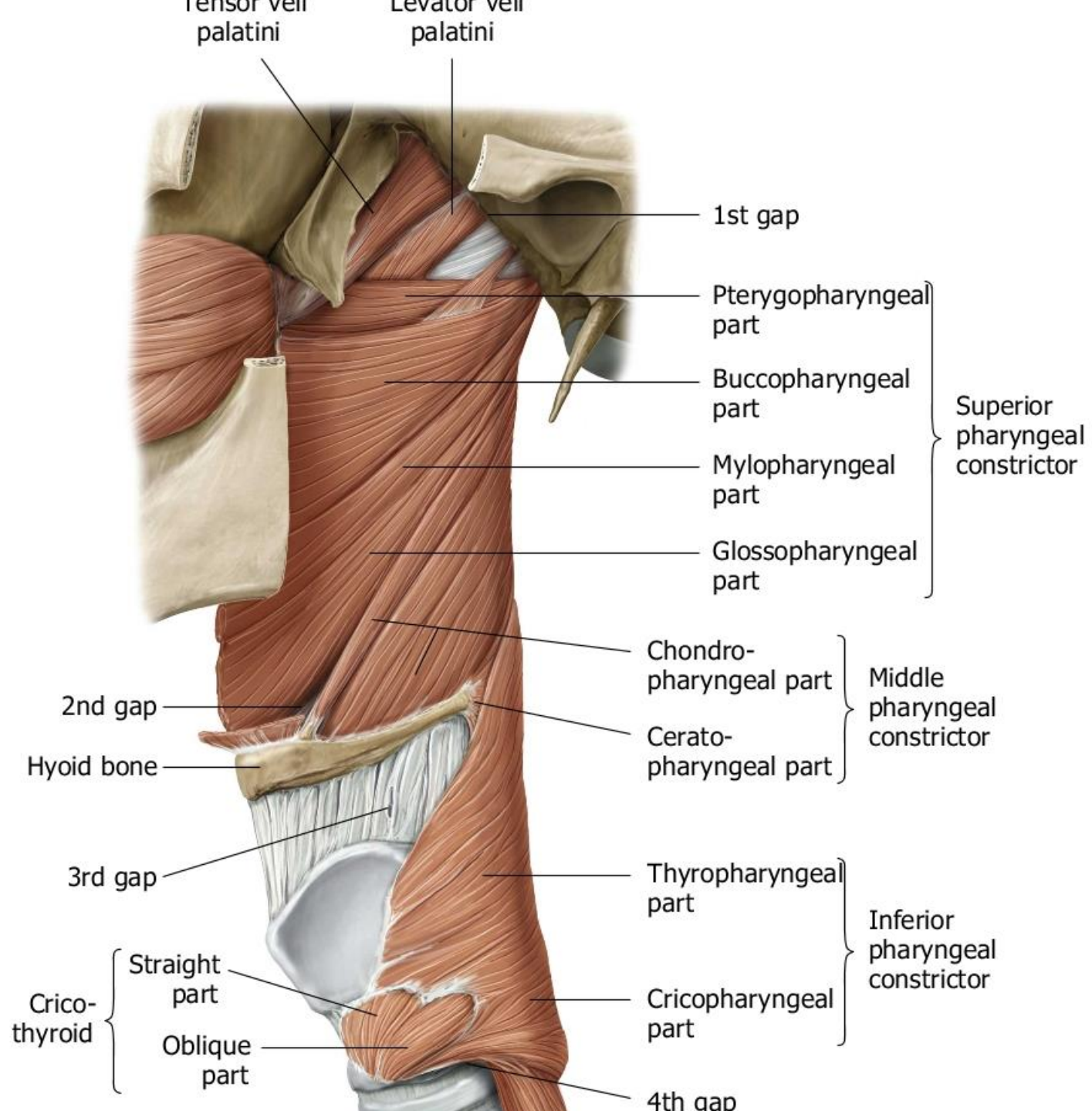
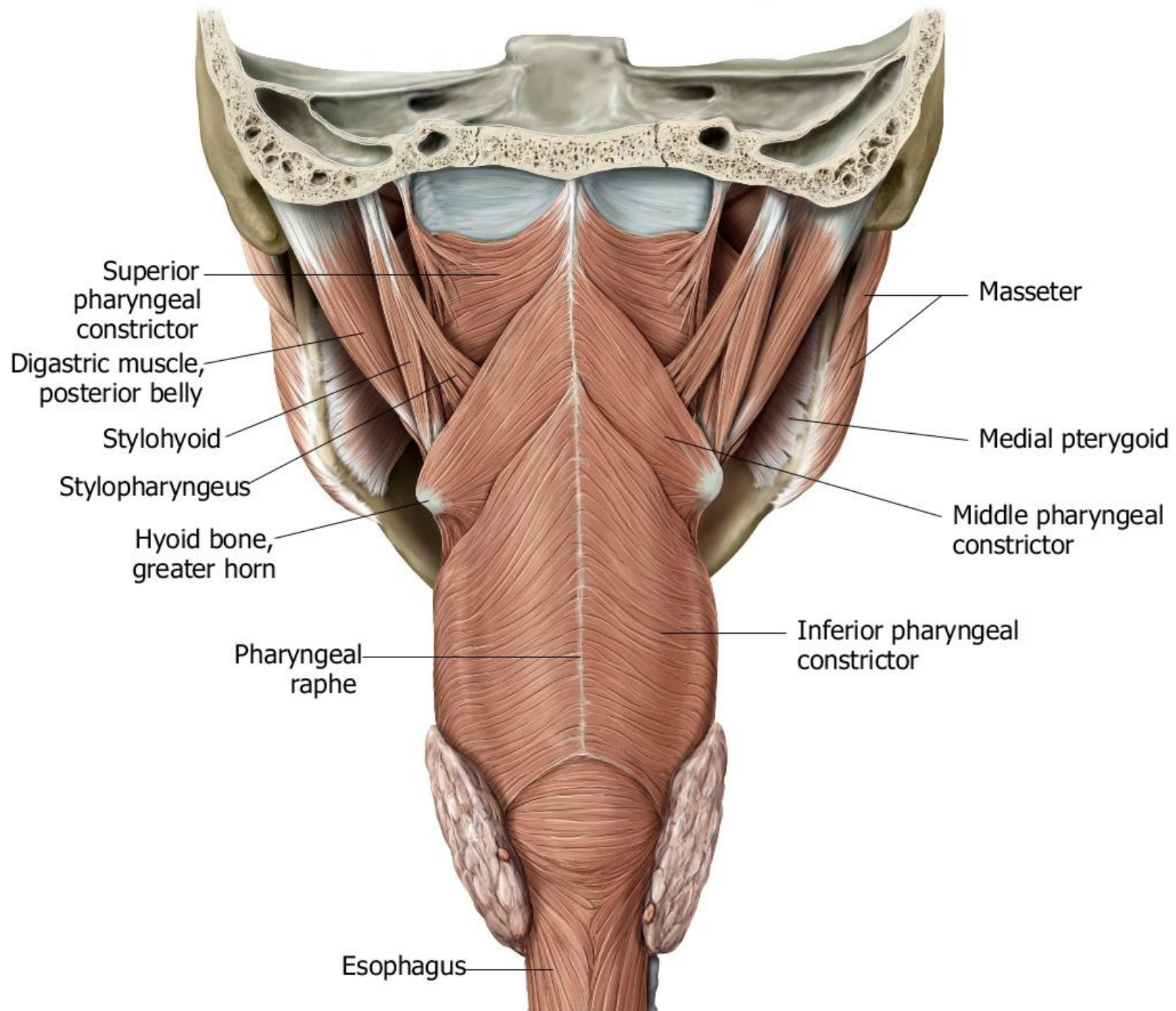


Fig. 39.18 B (Illustrator: Illustrator: Karl Wesker)
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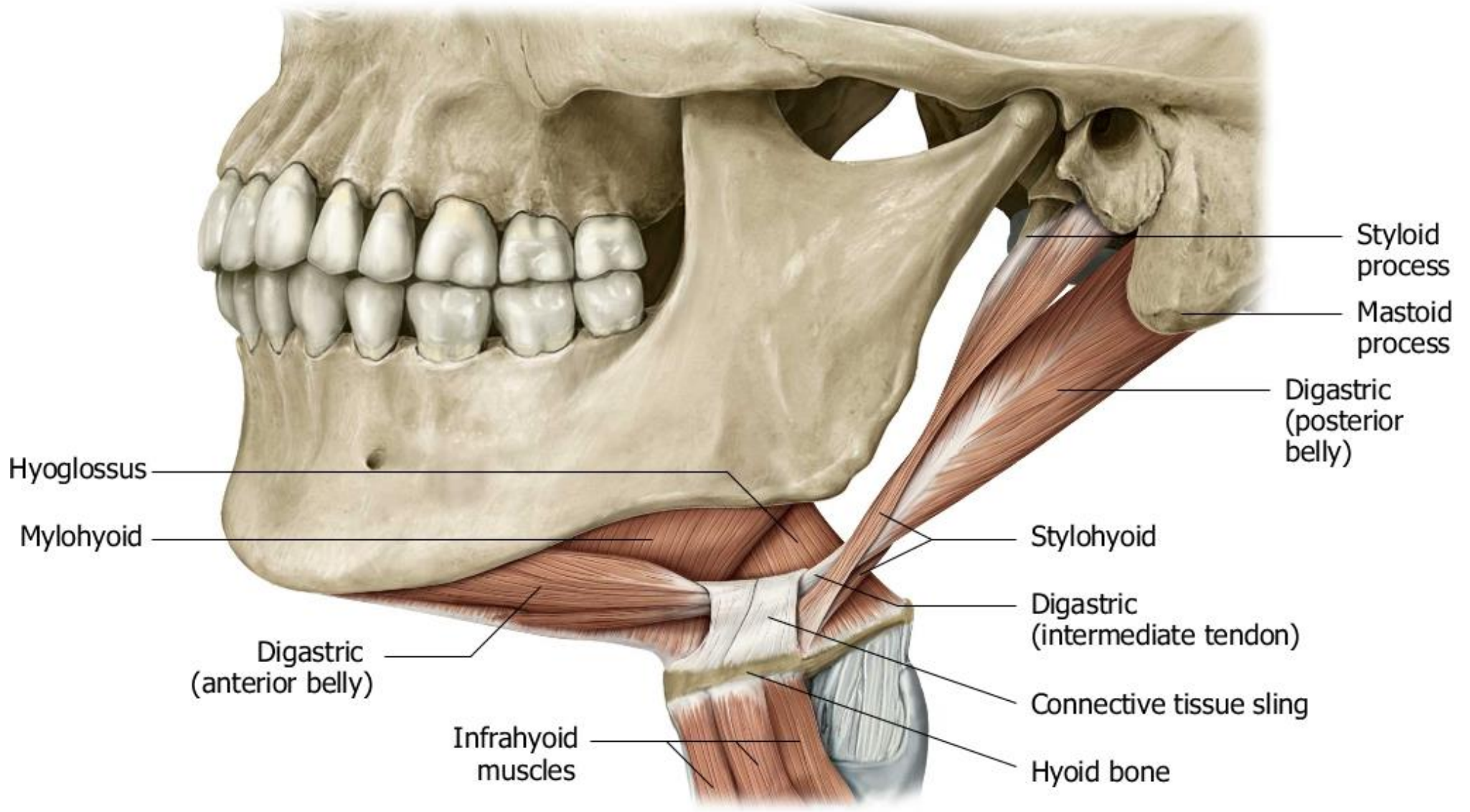


Fig. 38.15 B (Illustrator: Karl Wesker)
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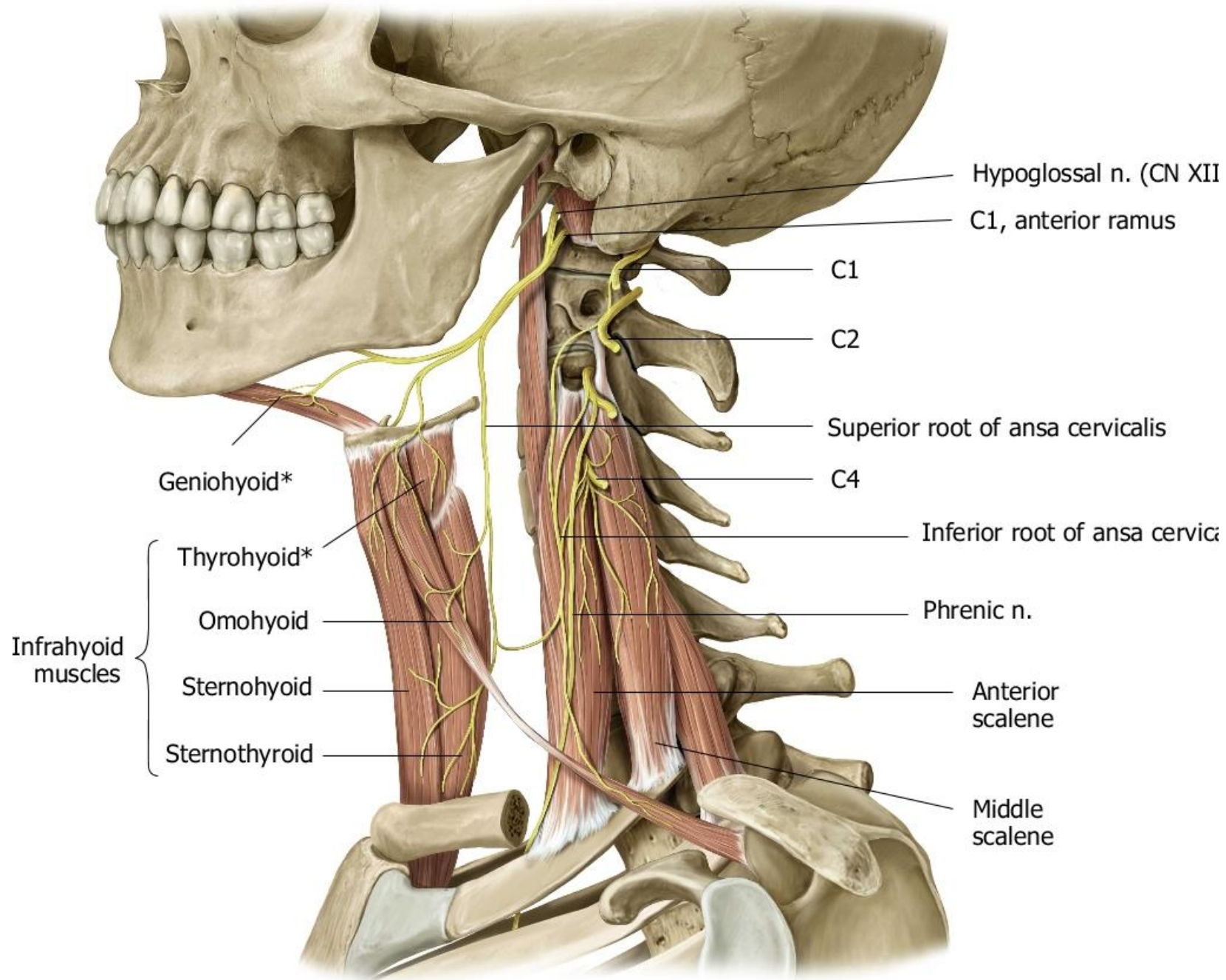


Fig. 39.12 (Illustrator: Karl Wesker)
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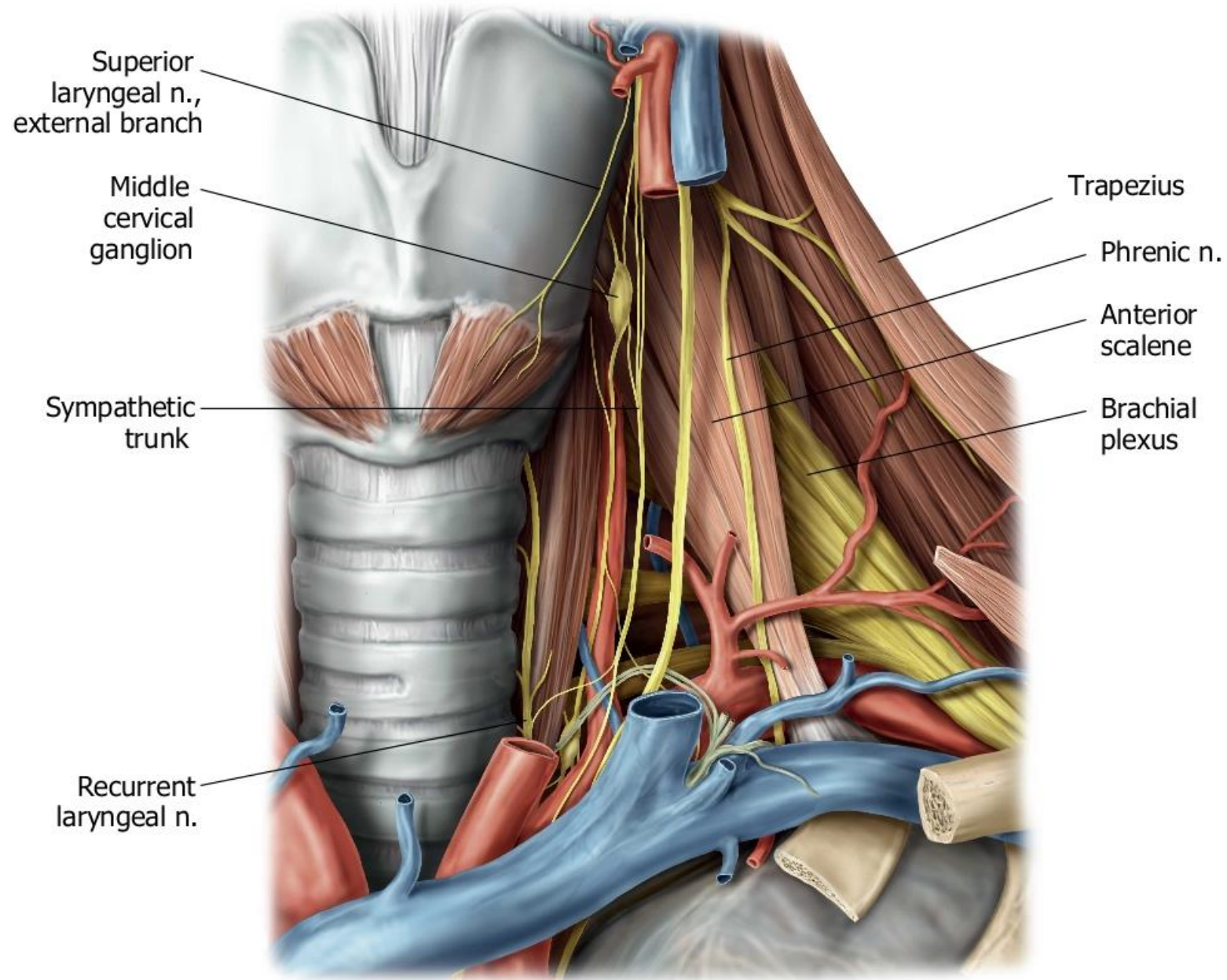


Fig. 39.28 D (Illustrator: Karl Wesker)
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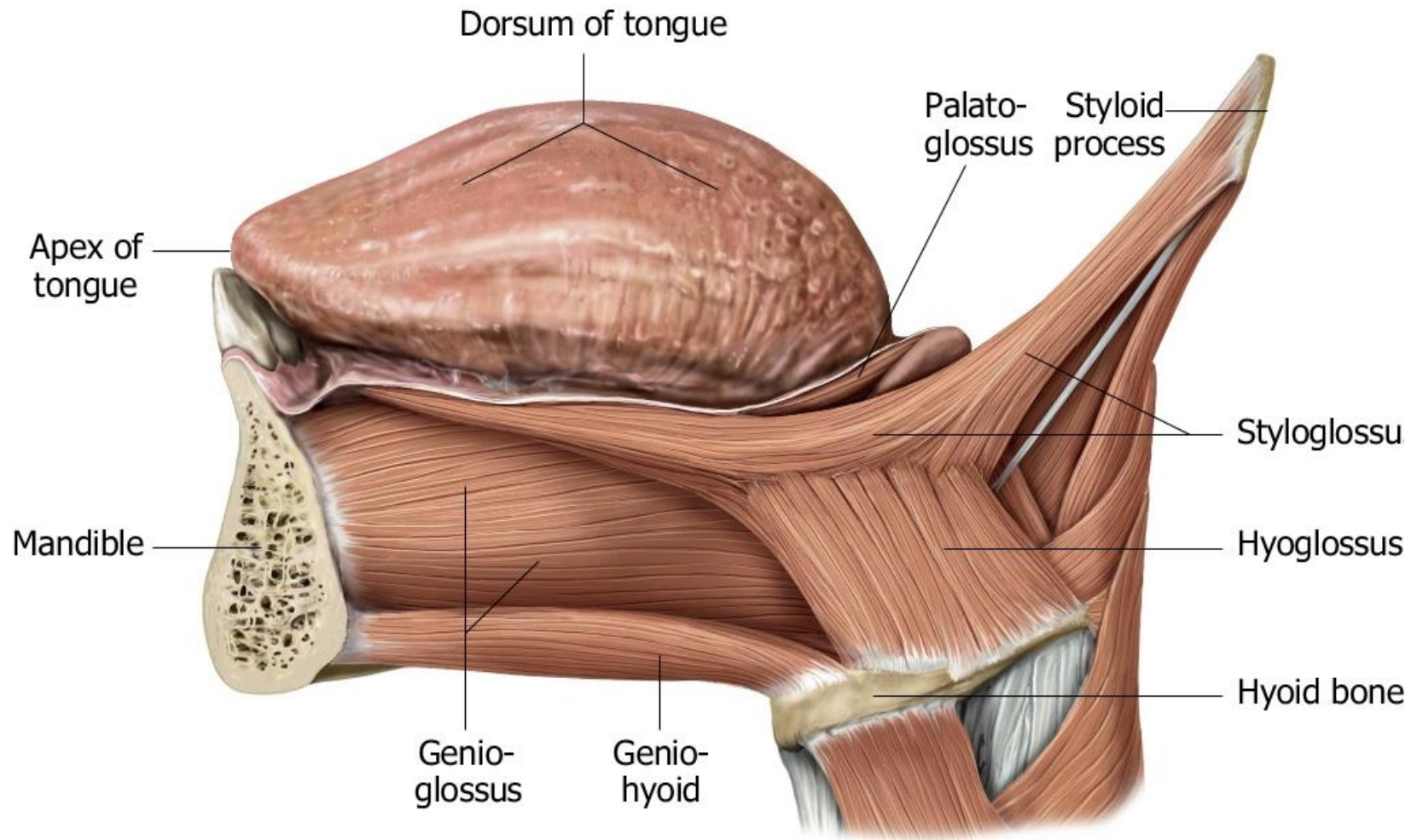


Fig. 38.21 A (Illustrator: Karl Wesker)
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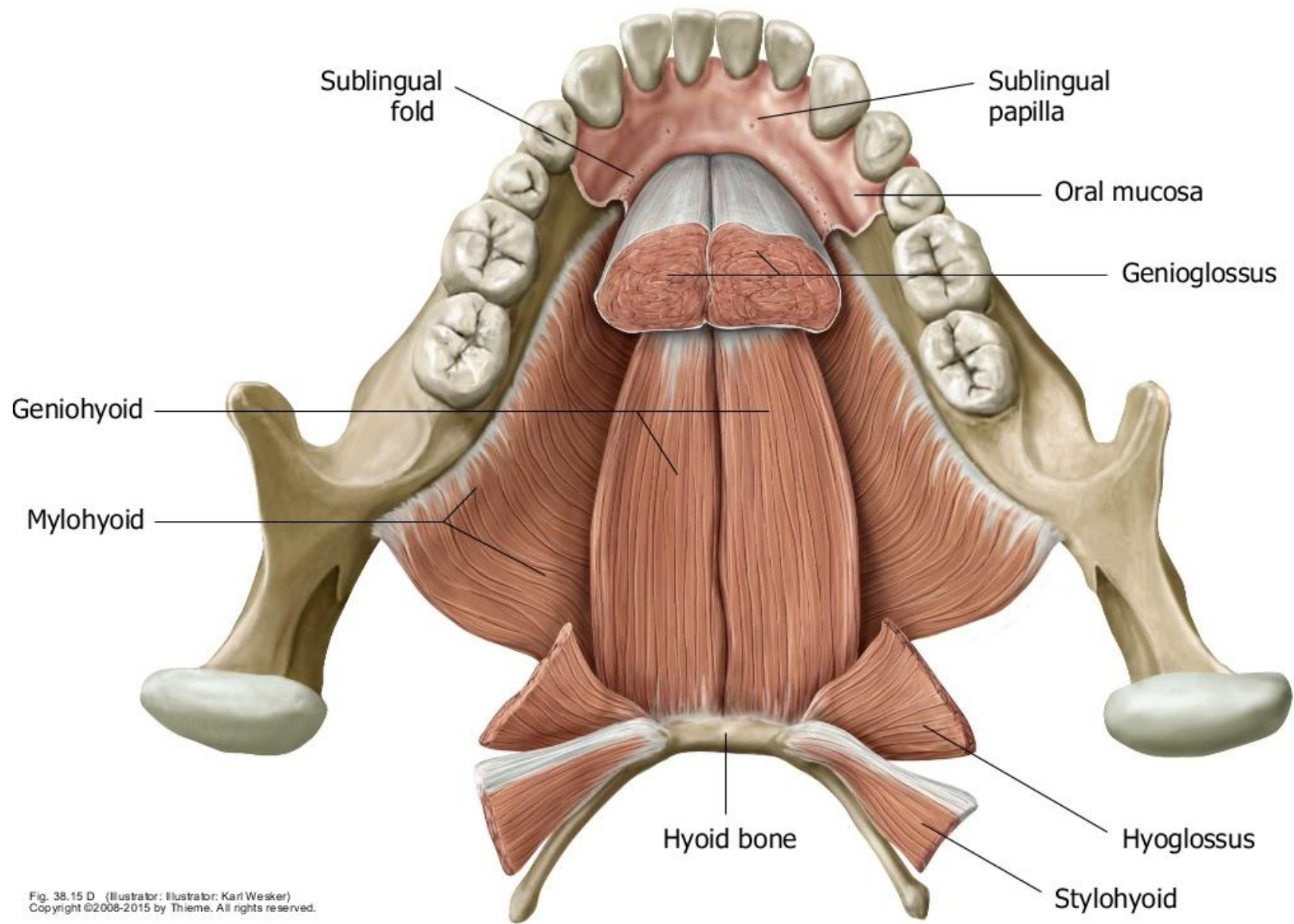


Fig. 38.15 D (Illustrator: Illustrator: Karl Wesker)
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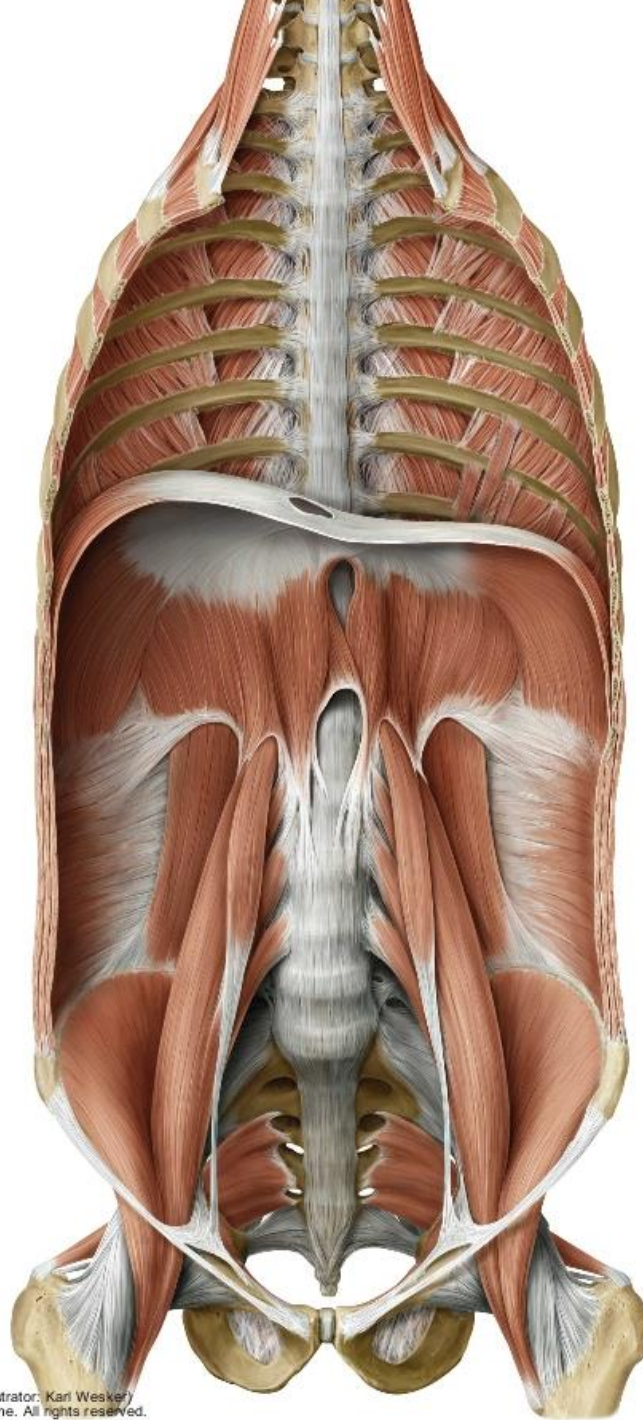
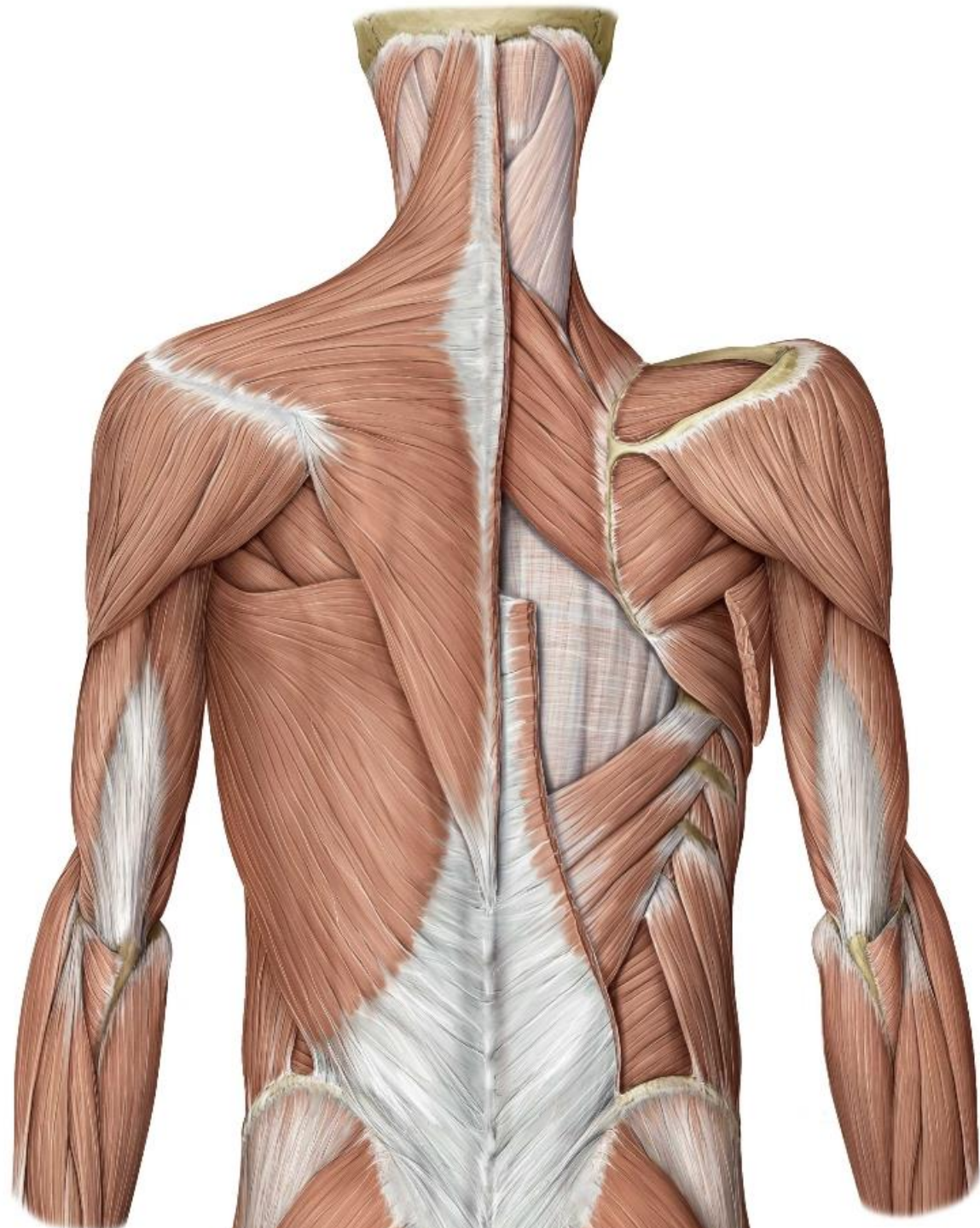


Fig. 11.175 Da (Illustrator: Illustrator: Karl Wesker)
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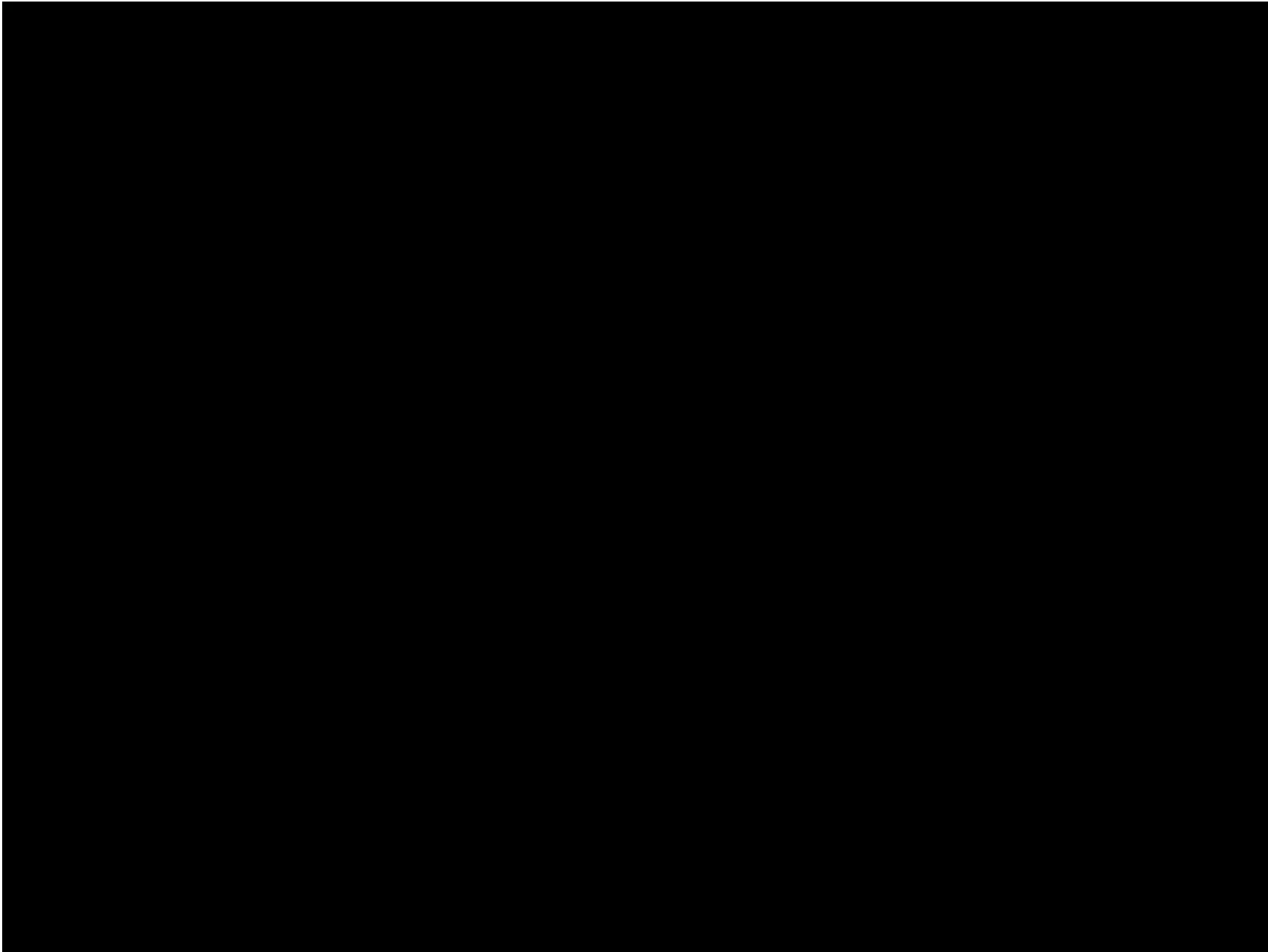
HOW CAN YOU TELL IF A SINGER'S
AT YOUR DOOR?

THEY CAN'T FIND THE KEY, AND
THEY NEVER KNOW WHEN TO COME IN.



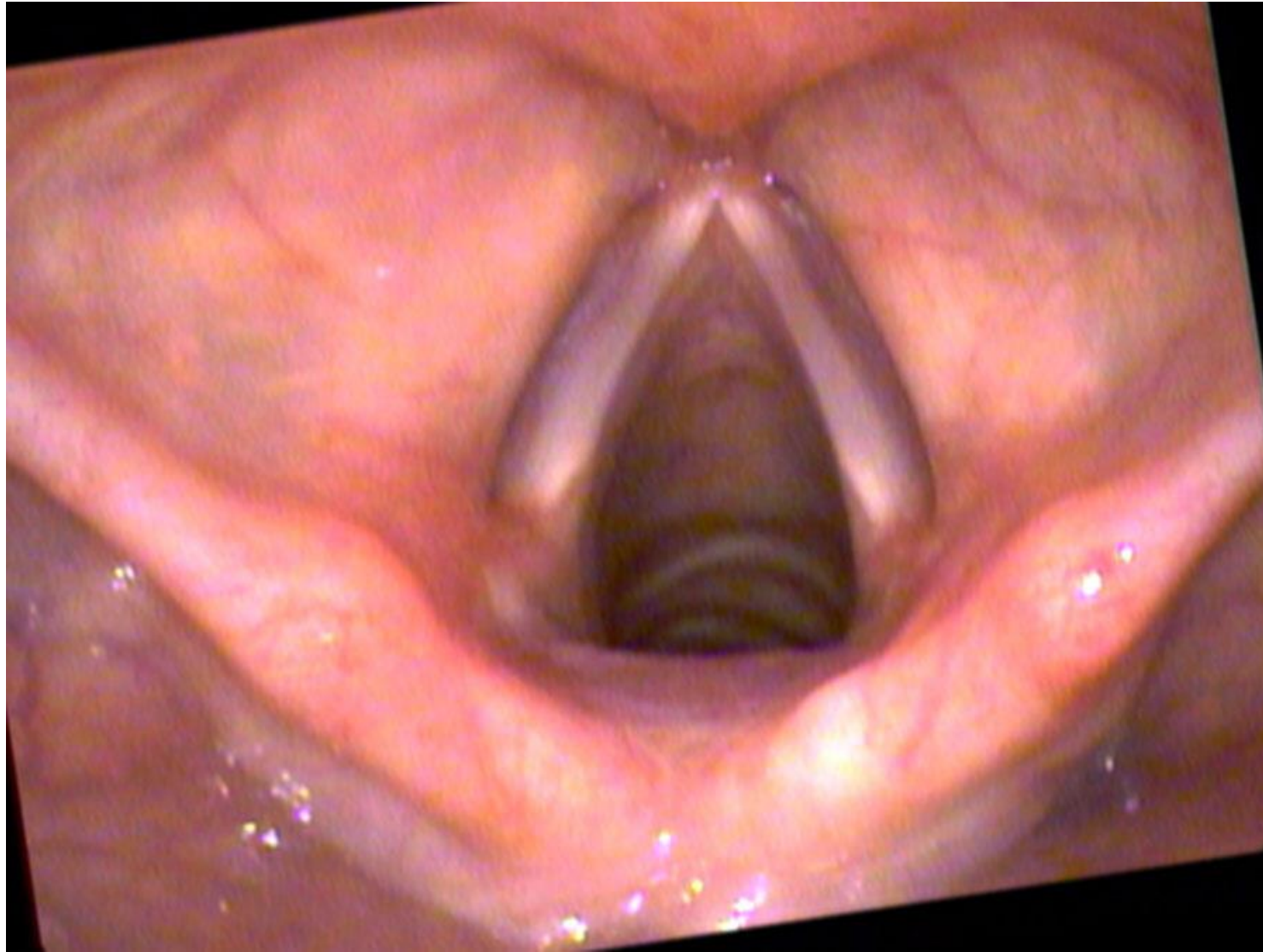
CLASSIC *f*M

Vocal Fold Pathology

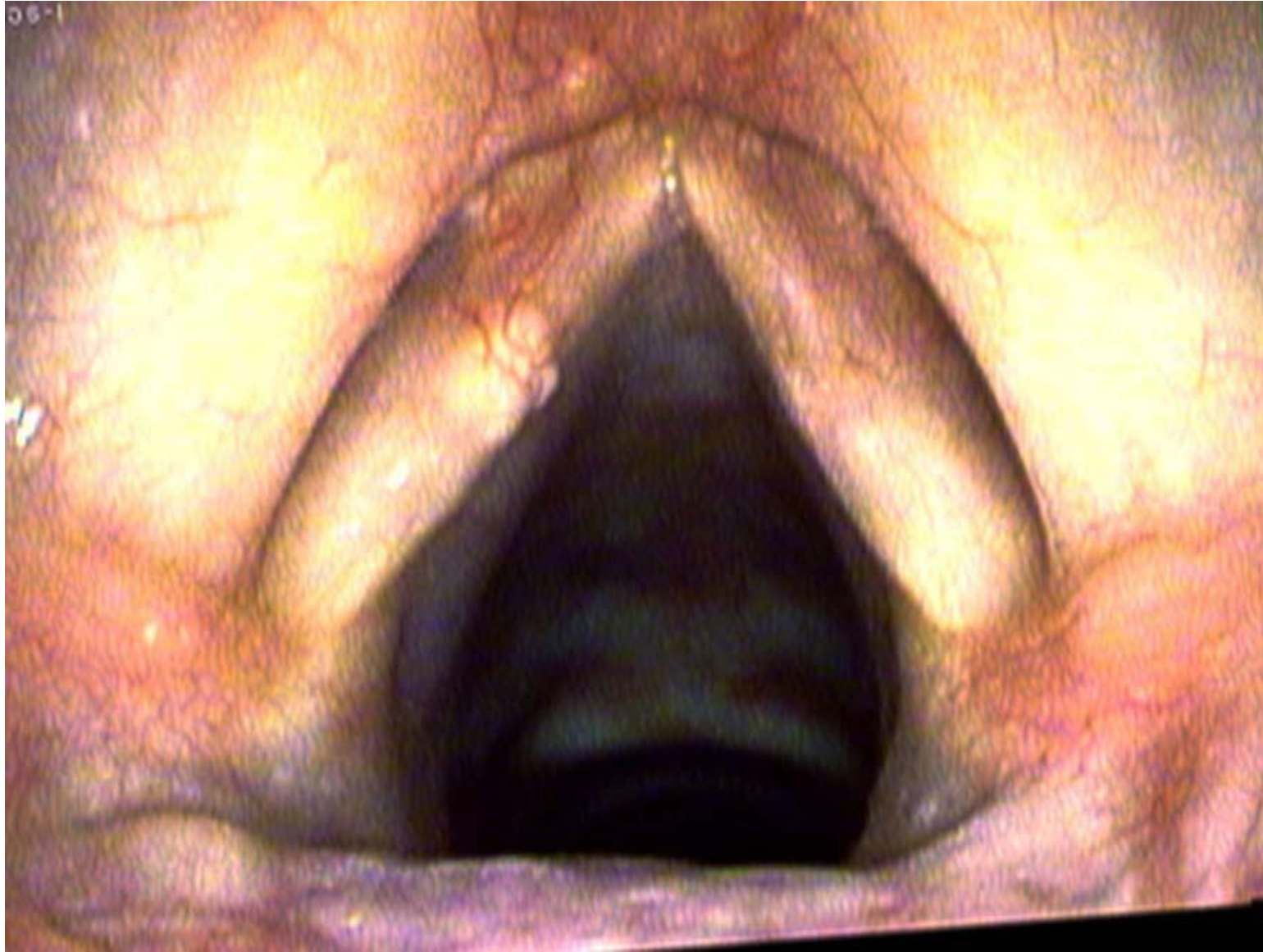


<https://m.youtube.com/watch?v=-XGds2GAvGQ>

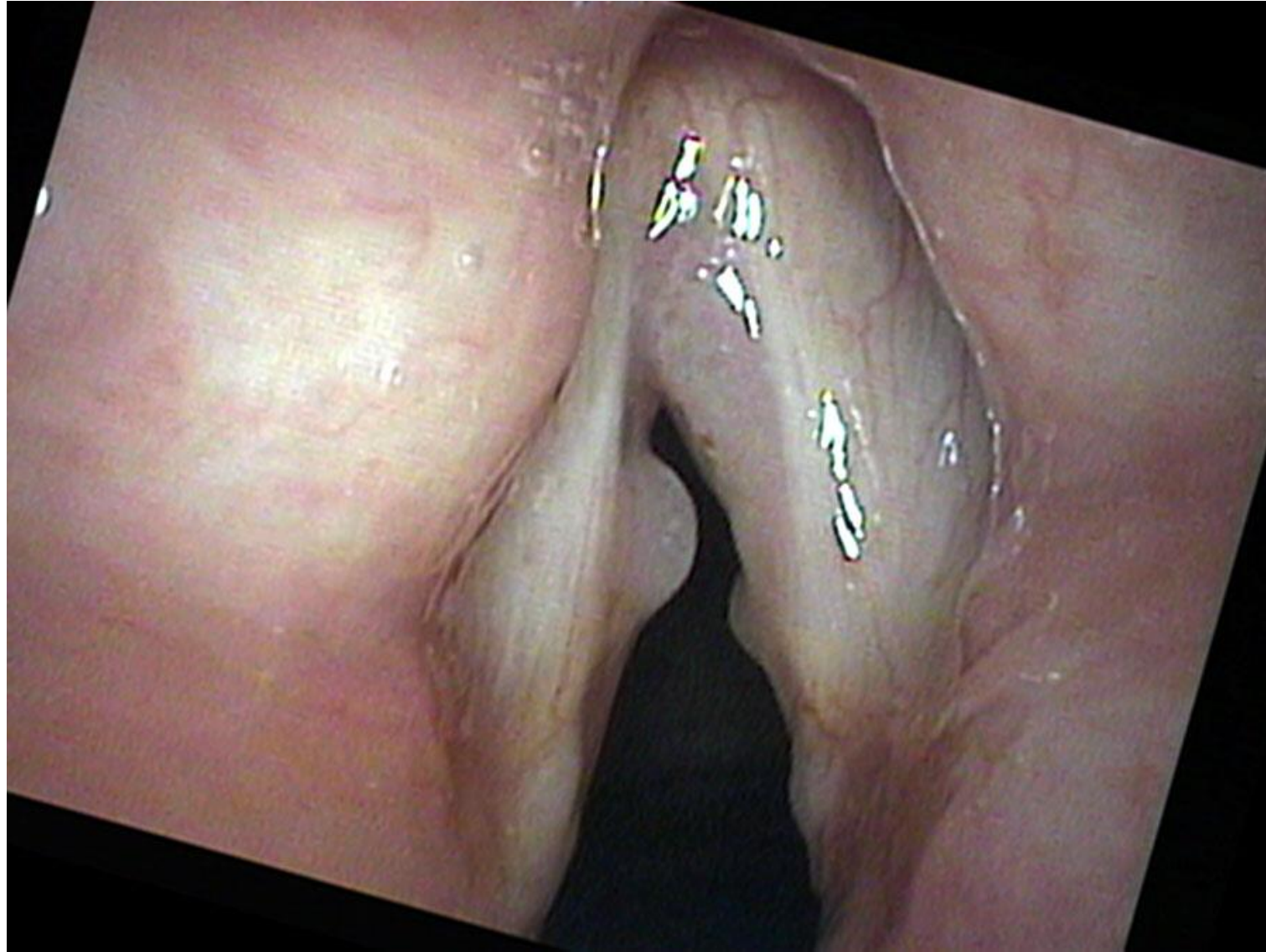
Healthy Vocal Folds



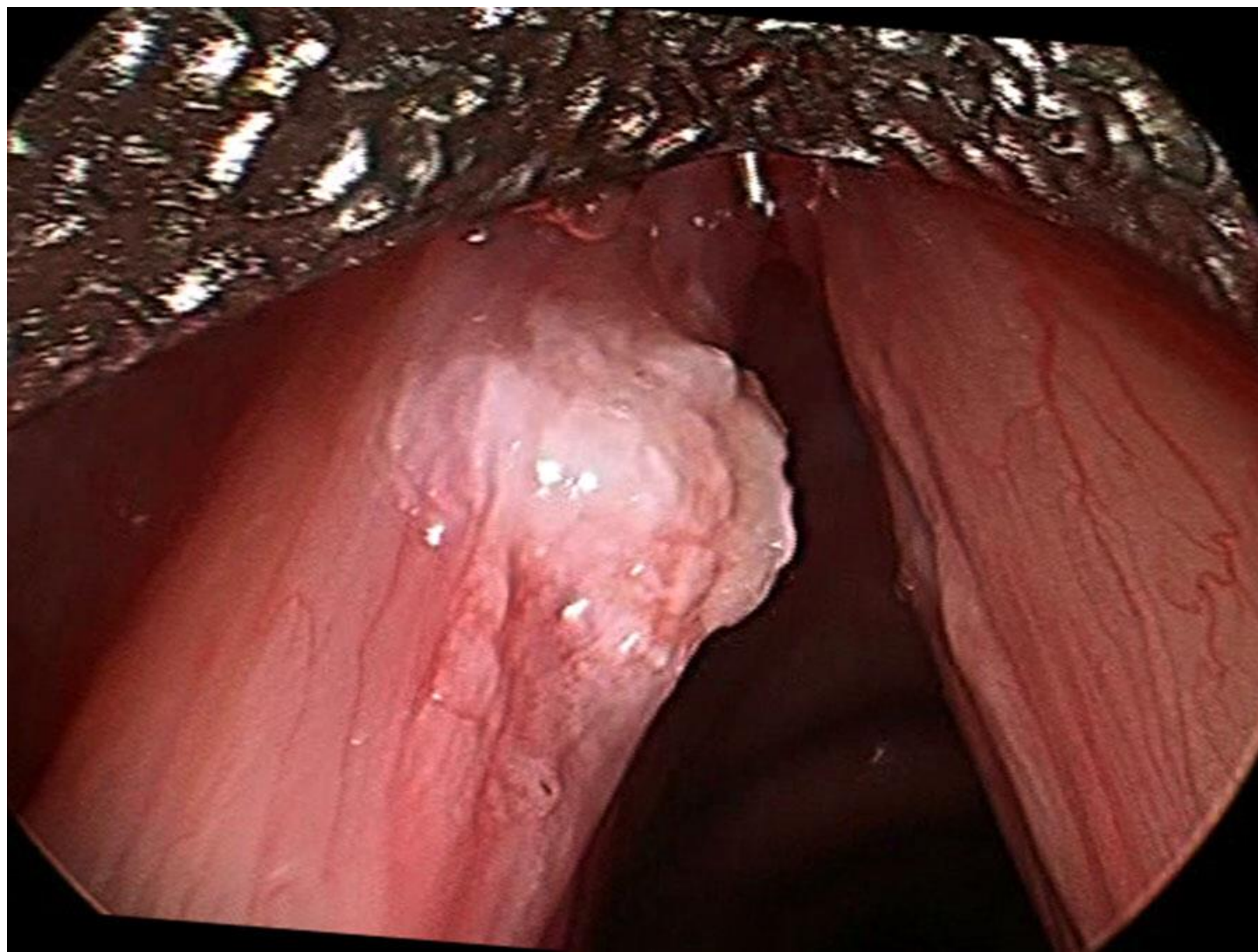
Vocal Fold Cyst



Vocal Cord Polyp/Node



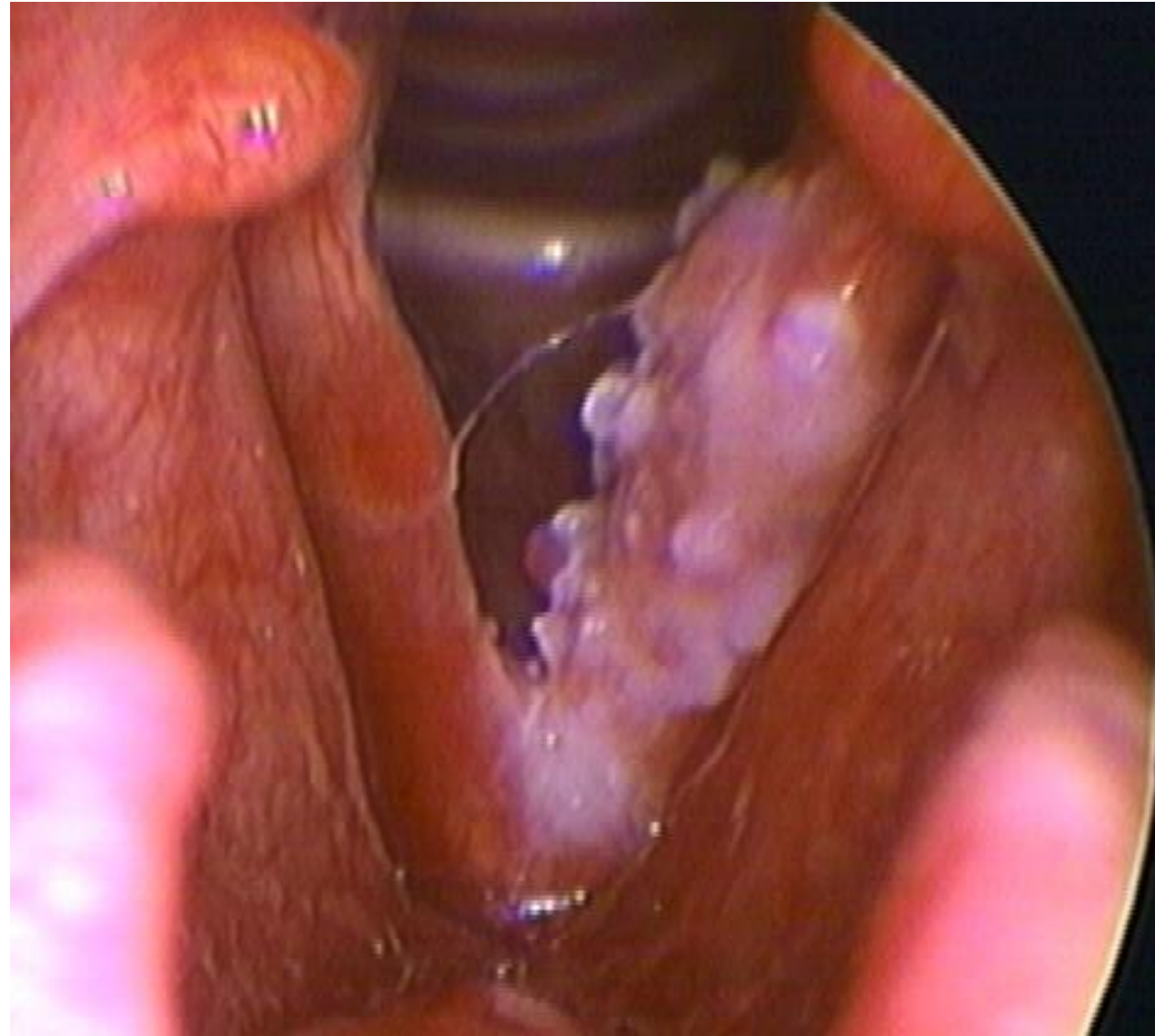
Leukoplakia



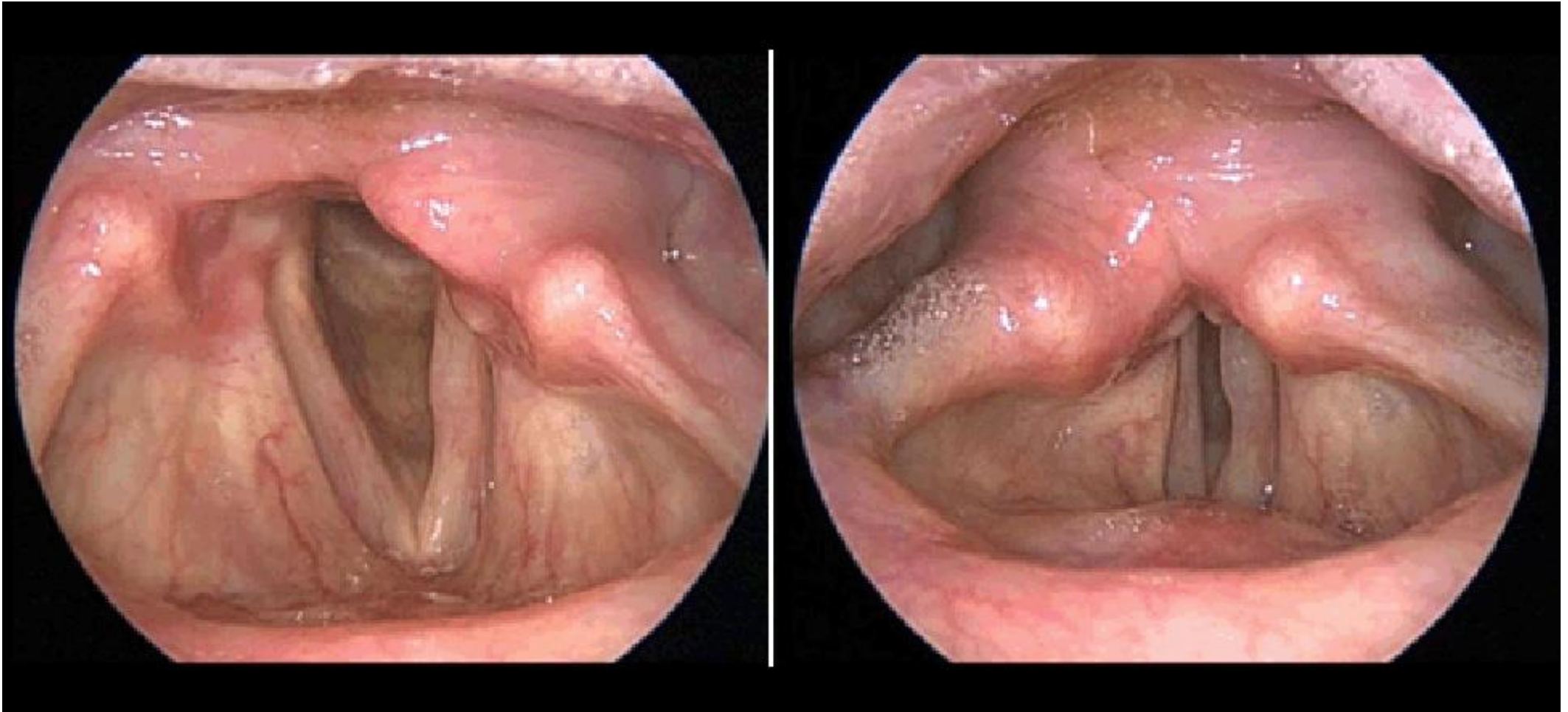
Vocal Fold Hemorrhage



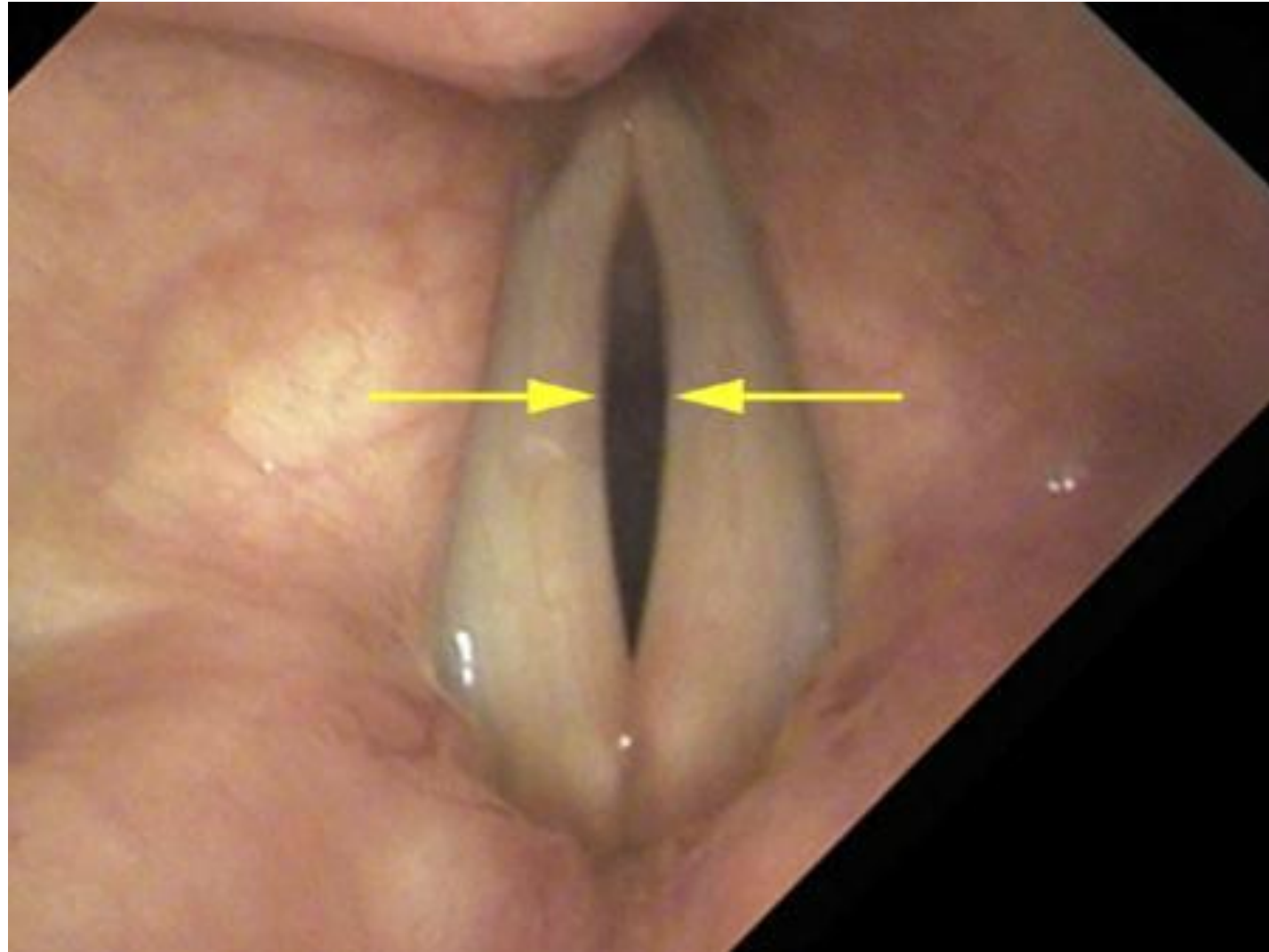
Laryngeal Cancer



Vocal Fold Paralysis

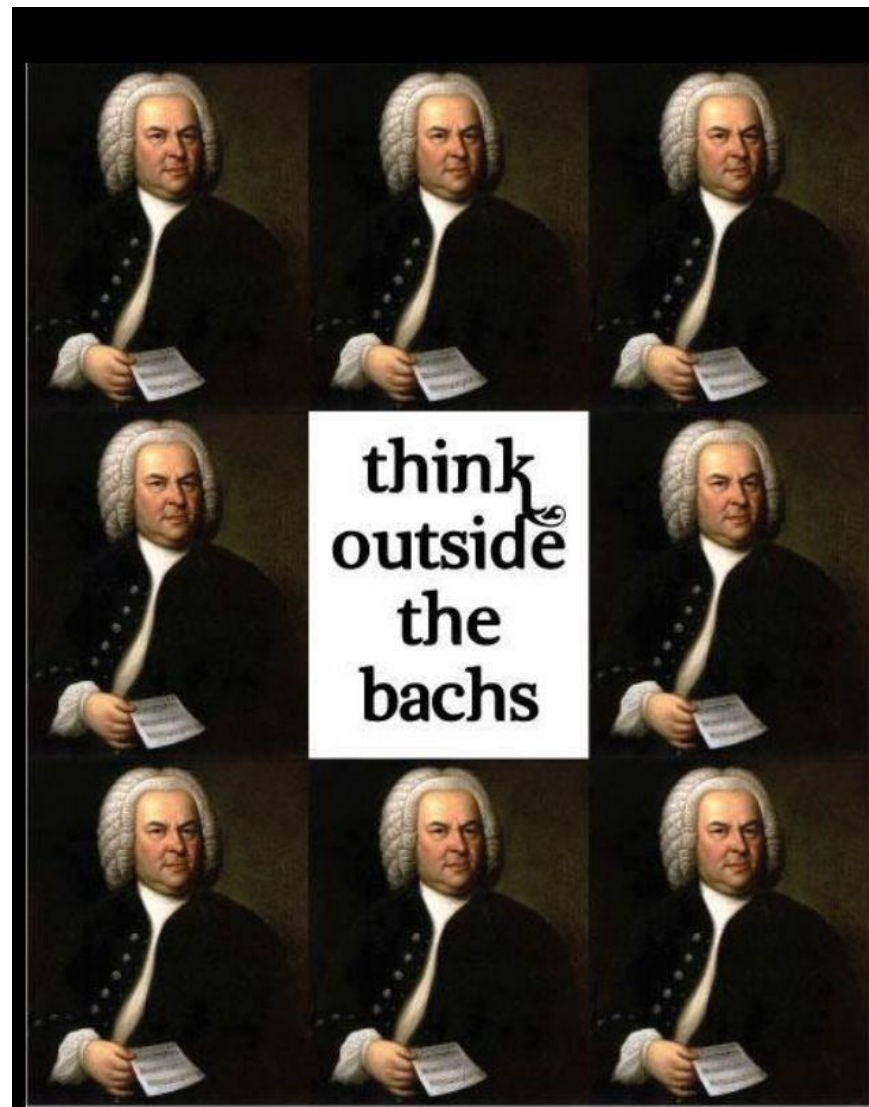


Vocal Fold Bowing



Secondary Interference

- GERD
- Allergies
- Sinusitis
- Neurologic Disease (i.e. Parkinson's Disease, ALS, essential tremor)



Basic Treatment Principles

Basic Principles

- Have a very low threshold for laryngoscopy referral
- Find an ENT that does scopes and has Speech and Language Pathology in house
- Most vocal problems can be prevented and/or managed with good vocal hygiene

Advocate Vocal Hygiene

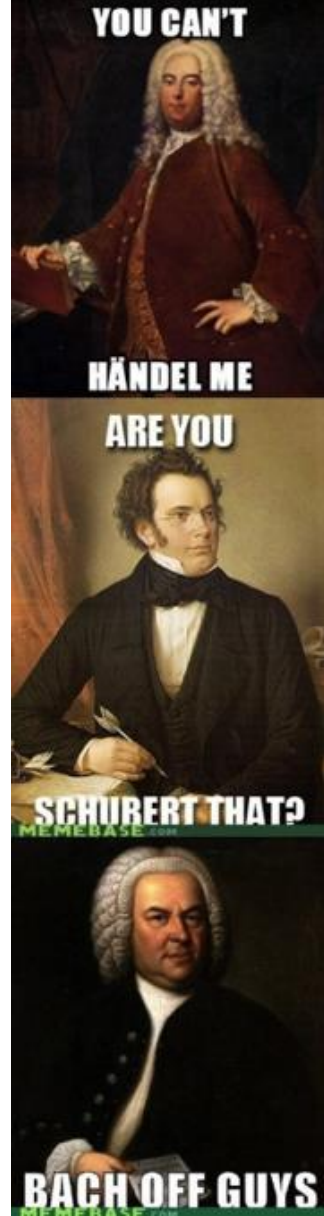
- Avoid any type of vocal misuse/abuse
- Stay hydrated
- Be careful of environmental factors
- Stress management

Advocate Vocal Hygiene

- Fix the posture/breathing
- Avoid excess salty, fatty foods and caffeine
- Aerobic exercise
- Work with a voice coach

Medications to Avoid

- Antihistamines
- NSAIDs (acetaminophen is OK)
- Oral anesthetic sprays
- Inhaled corticosteroids



Management of Common Problems in Vocalists

Upper Respiratory Infections

- Modified Vocal Rest
- Adequate hydration
- Antibiotics if indicated
- Nasal decongestants (without antihistamines)
- Expectorants
- Vaporizer
- Dose of oral or IM corticosteroid if symptoms are not severe and performance is imminent and unavoidable

Allergies

- Nasal decongestants
- Nasal corticosteroids
- Nasal antihistamines
- Ophthalmic antihistamines
- Ophthalmic corticosteroids
- Mast cell stabilizers
- Leukotriene esterase inhibitors

Gastroesophageal Reflux

- Proton pump inhibitors preferred over H2 blockers
- Be aggressive in diagnosis and management
- High index of suspicion if having hoarseness or vocal changes even while not singing

Muscle Tension Dysphonia

- Must work closely with vocal coach and advocate vocal hygiene
- Careful evaluation of voice and structural exam
- Osteopathic manipulative treatment

Come to this afternoon's workshop to learn more!

References

Koufman, Jamie. *Medicine in the Vocal Arts, The Visible Voice*, Wake Forest University. Accessed from http://www.thesingersresource.com/vocal_health_1.htm#MVA

Sataloff, Robert. *Vocal Health and Pedagogy: Science and Assessment*. Plural Publishing, May 2006.

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Anatomy images were obtained from Thieme Teaching Assistant 2.0, Thieme Medical Publishers, Germany. <http://www.thiemeteachingassistant.com>

Laryngoscopy photographs were obtained from <http://voicedoctor.net/media>, James Thomas, MD