The Voice Evaluation

(You Got This!)

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Disclosures

- **Financial**
  - Salary from Ochsner

- **Non-financial**
  - LSHA Board member
Don’t Panic!
Considerations for voice therapy

Components of a thorough voice evaluation

Stimulability testing

Therapy recommendations

Billing/coding
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Billing/coding
Normal (ish)
Considerations: ENT referral

- Audience?
Considerations: ENT referral

- ASHA position statement
  - All patients/clients with voice disorders are examined by a physician, preferably in a discipline appropriate to the presenting complaint. The physician’s examination may occur before or after the voice evaluation by the speech-language pathologist.
  - Does not specify laryngoscopy/videostroboscopy

- Consider insurance requirements

- Personal protocol
Voice samples
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Voice evaluation: components

- Case/medical history
- Perceptual assessment
- Stimulability testing
- Readiness for change
- Recommendations and plan
Case history

- Voice history
  - What bothers you about your voice?
  - Financial and non-financial needs for voice
  - Onset of voice change
  - Persistent vs. intermittent change
  - Vocal hygiene
  - Smoking status
Case history

- Medical/surgical history
  - Relevant surgeries
    - Head, neck, chest, spine
    - Intubations
  - Relevant medications
  - Relevant diagnoses
    - ENT diagnosis?
    - Broad vs. general
Acoustic/aerodynamic assessment

- **Acoustic:** CSL, VisiPitch, Praat
  - f0
  - Pitch range
  - Jitter/shimmer

- **Aerodynamic:** PAS
  - Expiratory airflow
  - Peak air pressure
  - Expiratory volume
  - Mean airflow during voicing
Perceptual assessment

- Description of voice qualities which are variable from person to person, or contribute to the patient’s reported dysphonia
  - Quality
    - Breathy
    - Strained
    - Rough/gravelly
    - Resonance
  - Loudness
  - Pitch
  - Flexibility
  - Stability
hoarse
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- Is the patient able to achieve a better/different voice?

- Consider the diagnosis!
  - Hierarchy: sound, CV sound, CVCV sound, word, short rote phrase, longer phrase, … → connected speech
    - Speech activities
    - Projection
    - Overarticulation
    - Imitation / “Twang”
  - Non-speech activities
    - Semi-occluded vocal tract exercises
    - Resonant voice exercises
    - Throat clearing, laughing, humming
Stimulability testing

- What does it mean if the patient is able to achieve a better (or different) voice?
- It probably means that they are a good candidate for voice therapy.
- (…but what if they’re not?)
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Is the patient stimulable for improvement?

How would you rate the patient’s readiness for change?

4-8 sessions, every 1-2 weeks
- Refer (back) to ENT
Recommendations and plan

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Billing/coding
Billing/coding considerations

- Videostroboscopy: 31579
- Behavioral & qualitative evaluation of voice and resonance: 92524
- Laryngeal function studies: 92520
  - Must include both aero & acoustic measurements
  - Add -59 modified for “distinct services” if also strobing

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Questions? Thank you!

Ochsner
Voice Center