It is with great pleasure that we introduce this first edition of the UT Southwestern Voice Center Newsletter. This endeavor gives our voice team the opportunity to provide updates and insights in the realm of voice, airway, and swallowing.

Since its inception over eight years ago, our Voice Center has grown into the largest center of its kind in Texas, complete with three fellowship-trained laryngologists and five voice therapists. We most recently welcomed Kathleen Tibbetts, M.D., as well as Se-in Kim, M.A., CCC-SLP, to our team.

At the core of our mission is providing the highest-quality patient care. We are passionate about what we do and the quality of care that we provide. We average 1,000 new laryngology patients per year and are now able to increase our capacity to care for even more in North Texas and beyond.

At UT Southwestern we are privileged to collaborate with physicians in other complementary subspecialties, such as movement disorder neurology, gastroenterology with expertise in pH/impedance and motility testing, and interventional pulmonology.

As part of our mission, we pride ourselves on being accessible to you and your patients. Please feel free to reach out to us anytime via email. We thank you for continuing to entrust the care of your patients to us.

For more information, please sign up for our electronic newsletter by sending your contact information to voicecenter@utsouthwestern.edu.

Sincerely,

Ted Mau, M.D. Ph.D. 
ted.mau@utsouthwestern.edu

Lesley F. Childs, M.D. 
lesley.childs@utsouthwestern.edu

“These efforts as well as other research endeavors at the Voice Center reflect our commitment to advance knowledge and to bring the latest in voice care to patients in North Texas.”

– Ted Mau, M.D., Ph.D.
Many patients with voice problems present with inefficient voice production due to a technique involving too much muscular tension. This excessive tension can exist in many forms and is most likely a strongly ingrained pattern. This is commonly seen in our patients and is referred to as muscle tension dysphonia.

The hyperfunctional pattern can be the primary voice disorder or a secondary maladaptive compensatory pattern that has developed as a result of an underlying voice disorder. Voice therapy with a speech-language pathologist specialized in assessing and treating voice disorders is key to identifying and changing the suboptimal voice technique in these patients.

Less than 5 percent of all ASHA-certified speech-language pathologists have expertise in treating voice disorders. Initial voice therapy sessions frequently focus on increasing the patient’s awareness of tension in speaking technique, as well as addressing vocal hygiene parameters. Follow-up therapy serves to teach patients to...
Clinical Swallow Evaluation vs. Modified Barium Swallow Study: Which Makes the Most Sense?

– Amy Hamilton, M.A., CCC-SLP
Faculty Associate, Otolaryngology
Clinical Center for Voice Care

“Voice therapy with a speech-language pathologist specialized in assessing and treating voice disorders is key in identifying and changing the suboptimal voice technique in these patients.”

– Amy Hamilton, M.A., CCC-SLP

Tract Exercises (Titze). These techniques are all designed to optimize the coordination of the vocal subsystems in order to release the unnecessary muscle tension and sometimes involve seemingly silly tasks, such as blowing air through a straw, breathing in the supine position, bending over from the waist while vocalizing, or whatever it takes to break the typically stubborn maladaptive pattern.

Myofascial release is often recommended in conjunction with voice therapy. This involves a myofascial certified massage or physical therapist to release tension in the fascia of muscles inhibiting free voice production. Voice therapy sessions are usually held once every one to two weeks and can vary from four to 16 total sessions, depending on the patient and their response to therapy.

Our voice therapists will maintain contact with the referring otolaryngologist on the patient’s progress, as a team approach always serves our patients best.

When referring a patient to a speech-language pathologist (SLP) to evaluate swallowing problems, it is helpful to consider whether a clinical swallow evaluation versus an instrumental radiographic assessment (Modified Barium Swallow Study) is of greater efficacy.

A clinical swallow evaluation is a useful screening tool that is used to determine whether signs or symptoms of dysphagia are present and whether they warrant further assessment. The speech-language pathologist accomplishes this by observing and palpating oral-motor function as well as the anterior neck during swallows (with or without oral trials of liquid or food), and observing or assessing for outward clinical signs of aspiration. As the clinical swallow evaluation does not allow visualization of the pharynx in order to define swallow physiology, it also does not provide enough information to determine therapy needs and would not identify silent aspiration.

A Modified Barium Swallow Study or Videofluoroscopic Swallow Study is the gold standard instrumental assessment of oropharyngeal and upper esophageal swallow function. It is the critical assessment in defining the presence and characteristics of dysphagia in the context of patient complaints of swallow difficulty. The MBS differs from a traditional barium swallow or esophagogram in that it evaluates a patient’s swallow during a variety of bolus swallow volumes, food textures, and liquid viscosities, with detailed attention to oral, pharyngeal, and cervical esophageal stages of swallowing.

Performed by an SLP in cooperation with radiology, the MBS allows for three important things: First, it allows us to define abnormalities in anatomy or physiology contributing to a patient’s symptoms of dysphagia. Second, it evaluates the efficacy of treatment strategies that may immediately enable the patient to eat more efficiently or safely. Some of these strategies may include diet modification, swallow postures, swallow maneuvers, or other swallow behavior modification. And third, it allows the care team to determine what further intervention is appropriate. This may include additional referrals or consults and/or SLP dysphagia therapy. If dysphagia therapy is indicated, the MBS is critical to the development of a treatment plan tailored to that patient’s specific swallow disorders.

There currently is not a standardized protocol for SLPs performing an MBS, and skill in interpreting the study can be variable.

– Cory Atkinson, M.A., CCC-SLP

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There currently is not a standardized protocol for SLPs performing an MBS, and skill in interpreting the study can be variable, though referral to an experienced SLP may enhance patient outcome.
The Clinical Center for Voice Care’s Mission:
To advance and promote knowledge in the care of the voice and to provide the best treatment for our patients.

For more information about the Clinical Center for Voice Care, sign up for our electronic newsletter by sending your contact information to voicecenter@utsouthwestern.edu.

Upcoming Events

Singers Symposium
“Voice Through the Ages”
Friday, July 14, 2017
UT Southwestern Medical Center
T. Boone Pickens Auditorium
Dallas, Texas
utswmedicine.org/voice

Referrals
p. 214-645-8300
f. 214-645-7999

UT Southwestern welcomes referrals from providers seeking optimal care for patients with voice, swallowing, and airway disorders.

You also can contact the Clinical Center for Voice Care directly to refer a patient to one of our five voice therapists at 214-645-8898 or 214-645-8894 (fax).