

Book Reviews/ Évaluation de livres

Exercises for Voice Therapy

Edited by Alison Behrman, PhD, CCC-SLP and John Haskell, EdD, CCC-SLP (2008)

Publisher: Plural Publishing Inc., San Diego, California
Reviewer: Glen Nowell, M.Sc., S-LP (C), CASLPO
Affiliation: Voice Laboratory and Treatment Centre of Ontario Associates, Voice Clinic at Hamilton Health Sciences, Hamilton, Ontario

Alison Behrman and John Haskell have taken a bright idea and based a readable and useful book on it. The idea: invite a number of voice therapists to contribute their favourite voice therapy exercises and organize the exercises by disorder area or physiological sub-system. This has produced a voice therapy “masterclass” complete with a CD for demonstrating exercises that are too difficult to convey through text alone. In the preface, the editors state, “voice therapy has been called both an art and a science, and many of the exercises may reflect more art than science.” Indeed, exercises included in the book are credited to, or influenced by, singing vocalises, dramatic arts, Indigenous Australian calls, Alexander Technique, and yoga breathing techniques. The exercises are provided by experienced voice therapists and singing voice specialists. I was pleased to see such a varied and interdisciplinary cross-section, which I feel appropriately represents an eclectic approach to the artistic science of voice therapy.

The book is divided into several chapters, which in turn are comprised of very short sub-chapters, often only one or two pages in length. This makes the book very accessible and helps the reader to get quick inspiration or a speedy overview of other people’s ideas. However, it makes it difficult to summarize and discuss the content of the book for the purposes of a book review! In order to best do the book justice, I will follow the sequence of chapters.

Chapter One is a quick overview of concepts of clinical voice therapy, including ideas for selecting treatment targets, a nice hierarchy of stimuli ranking (“level of difficulty based on sound, linguistic and cognitive loads,” p. 3) and concepts of facilitating generalization of skills outside the clinic. After giving a nod to major influences in the field of voice therapy, the authors challenge the readership to strive for more efficacy data.

Chapter Two, “Before and After,” is brief. It includes exercises intended to diminish post-surgical phonatory trauma (Behrman’s “light and easy talking”) and to cool down the voice after heavy voice use (Carroll’s “vocal cool-down”). The highlight for me was DeJonckere’s “vocal plasticity” approach, which may be known to others as diagnostic therapy or stimulability assessment. In vocal

plasticity, clinicians are encouraged to seek voice quality improvement by modifying variables in a sequence: posture, breathing, laryngeal position, loudness, articulation and resonance, and auditory feedback. This is concise and straightforward, and a valuable guide for a neophyte clinician.

Chapter Three, “Teaching Speech-Breathing Support,” provides examples of breath pacing exercises and ways to increase a patient’s awareness of the relationship between airflow and phonation. Spencer’s “breath sensitivity training” comes from the theatre. It includes elements of body movements paired with breathing exercises, as well as progressive relaxation and visualization components. It might have been better placed in Chapter Six, “Integrating voice production with body movement,” where it would have been among other physical exercises such as Alexander Technique and yoga.

Titze (2006) is quoted in the title of Chapter Four, “Using a Semioccluded Vocal Tract.” “Using the term semioccluded vocal tract, Titze (2006) explains that these maneuvers increase the interaction between the airflow directed by the vibrating vocal folds and the resonance features of the vocal tract” (p. 33). This chapter includes exercises such as lip trills and tongue trills. Brief mention is made of voiced fricatives and use of props (straws), but no specific exercises are suggested.

Chapter Five, “Resonant Voice,” includes a series of exercises designed to optimize forward focus and tune the vocal tract. It is in this chapter where the exercises seem most convincingly derived from vocal pedagogy texts and studios. Chanting and nasal vocalization exercises are classic staples of voice therapy. Silvia Pinho’s “Spaghetti” exercise focuses on lowering the larynx, which may help a patient change from an excessively high laryngeal carriage. Sarah Schneider’s “Hum-Sigh with Chewing” is a very familiar exercise to me, but I found the term “sigh” in the title misleading. I assumed the sigh inferred a breathy, low intensity phonation but the CD example demonstrated the target to be a clear, resonant and energized sound.

In Chapter Six, “Integrating Voice Production with Body Movement,” the integration is presented across a continuum from the intense self-awareness and guided elimination of habituated patterns in the Alexander Technique, through the gentle arm swings and shallow knee bends of Horman’s “arm swing warm-up,” to the vigorous marching and punching to accent the energetic connection between breath and voice in Paseman’s “I like to move it! Move it! Kinesthetically speaking.” In this chapter, I had expected that some of the Alexander techniques would be distilled and packaged into a format that could be applied by readers in their voice therapy practice. However, the authors caution that Alexander techniques should be performed in conjunction with an Alexander teacher (p. 70); they then suggest how to locate such a person. It is unclear why the authors felt such a cautionary “Don’t try this at home, kids” was needed. I am also unsure why Susan Miller’s yoga-inspired “relaxed heart-mind

breathing” was included in Chapter Six, as the exercise involves no body movement and focuses exclusively on awareness of respiration. It might have made more sense to put Miller’s exercise in Chapter Three because the focus is on breathing.

Chapter Seven, “Articulatory Freedom,” involves variations on the chewing technique as well as tongue protrusion to diminish habituated jaw and tongue tension or posterior tongue carriage. Haskell’s exercise draws attention to sounds produced at the front of the mouth using anterior consonants.

In Chapter Eight, “Teaching Loud Voice Production,” the authors argue that “many of our clients need to use a loud voice on a daily basis. Rather than admonishing the client to avoid loud voice use, it is more practical to teach the client how to achieve a loud voice in a healthy manner” (p. 89). Naturally, they encourage mastery of speech-level techniques before exploring techniques to increase intensity. The highlight of the chapter is the editors’ brief but concise explanation of the acoustics and biomechanics of twang and its close relationship to the singer’s formant. I was also glad to see *messa di voce* (crescendo-diminuendo) appear as part of the exercise in Ostrowski’s “vocal intensity play.” Phylant’s “Cooee (the Aussie Bushman’s Call)” may be a little too unconventional for many patients, particularly those who are self-conscious practicing.

Chapter Nine, “Facilitating Efficient Vocal Fold Closure,” brings forth several exercises focused on hard glottal attacks, glottal fry, and resistance to subglottic pressure.

Chapter Ten, “Pediatric Voice Therapy,” would have deserved its own book. The exercises are so different in approach and intent that they would have been more at home in separate chapters with more exercises of their own kind.

Chapter Eleven, “Special Cases,” has a pair of exercises for vocal fold dysfunction, one for transgender voice and one for puberphonia.

The CD is purported to include 21 examples, but in fact it consists of 19 examples, most of which are recorded by the clinician writing the exercise referenced on the CD. The recording quality is good and most of the samples are introduced before the exercises are demonstrated. Some of the tracks are confusing when one tries to follow along with the book, such as Lader’s “Chant Talk” where the spoken steps and written steps are numbered differently. The CD definitely enhances the book. It takes some of the exercises off the page and demonstrates the target vocal qualities and maneuvers.

Most of the illustrations convey the gist of the exercise. That being said, they are very unflattering, and most of the characters look upset or ill. Lader and Wolf’s “Alexander-based vocal therapy: with a little help from Carl Stough” is nicely illustrated in a format very different from the rest of the book, with very clear pen-and-ink illustrations contrasting strongly from the shaded sketches found in the rest of the book. I wish the whole book had been illustrated the same way that it was for this exercise.

Overall, the book is well conceived and the editors’ comments are on the mark. As promised, the book does indeed contain voice therapy exercises that can be applied as written or modified to suit the purpose. They provide fodder for creativity in tailoring exercises for voice therapy. At the same time, the authors and editors acknowledge that many of the exercises are not based on research evidence but reflect the oral tradition of passing on knowledge in vocal pedagogy. I have come across variations of many of the exercises found in this book while observing fellow voice therapists, voice teachers, and singing voice specialists working with their patients. Overall, I recommend the book as supplemental reading for both beginners and experienced voice therapists.

References:

Titze, I. (2006). Voice training and therapy with a semi-occluded vocal tract: Rationale and scientific underpinnings. *Journal of Speech, Language and Hearing Research, 49*, 448–459.

Dysphagia Following Stroke

Stephanie K. Daniels & Maggie-Lee Huckabee

Publisher: Plural Publishing Inc., San Diego, CA
Reviewer: Stacey A. Skoretz, M.Sc., CCC-SLP,
 PhD Candidate
Affiliation: Department of Speech Language Pathology,
 University of Toronto

At last, a practical and comprehensive book focusing on the assessment and management of swallowing disorders following stroke has graced the shelves. With its clinically relevant content and well-written text, this book provides information both for the junior and the senior dysphagia clinician. The authors provide balanced and objective information which is well-grounded in research. The book's up-to-date discussions of challenging issues provide the readers with insights and methods by which to approach their roles and responsibilities.

This 362-page book has 22 sections, the first of which commences with introductory information regarding stroke. The introductory sections provide a foundation for the reader to more fully understand the etiology of dysphagia. Right at the outset, tables and charts provide summaries of neurological examinations for patients following stroke. There is also a review of the current literature regarding the epidemiology of neurogenic dysphagia. This useful method of summarizing information and organizing it into forms and tables continues throughout the book.

Section two provides a summary of the neural control of swallowing. In addition, the authors provide a brief overview regarding the imaging methods by which neural control has been investigated. Section three covers the anatomy and physiology of normal swallowing. It includes tabularized summaries of the literature investigating the variability of swallowing in normal populations.

Sections four through eight focus on the clinical swallowing examination. These clinical examination sections are excellent and among the most informative of this book. Section four details history gathering and the conduct of patient and family interviews. The authors also cover evaluation methods for cognitive and communication impairments. Although this overview is not exhaustive, it does provide practical information regarding the assessment of these impairments and how they would relate to and affect dysphagia assessment and management. Section six reviews the oral mechanism examination and closes with a case study. The cranial nerve examination findings from the case are summarized in a chart. The authors walk the reader through clinical problem solving and possible positive and negative predictors for swallowing impairment, based on this cranial nerve exam. Section seven focuses on the assessment of oral intake while section eight reviews the literature supporting the prediction of dysphagia and aspiration following stroke. Section nine reviews adjuncts to the clinical examination such as pulse

oximetry, cervical auscultation and cough reflex testing. Daniels and Huckabee provide a balanced discussion by also describing the limitations of the clinical swallowing exam and its adjuncts.

Sections 10 through 13 are devoted to instrumental swallowing examinations. The authors include videofluoroscopy, aerodynamic measurements, videoendoscopy, and manometry. These sections provide information regarding the history, the advantages and disadvantages, the procedures, and the interpretation of these instrumental assessment methods. Examples are provided on the utility of each instrumental examination. The authors also discuss compensatory strategies and treatment plans that can be derived from the examination results.

Sections 14 and 15 focus on the diagnosis of dysphagia following stroke. Section 14 reviews the professional responsibilities surrounding this diagnosis. The authors review short-term and long-term goals based on the practitioner's available resources. They discuss the restrictions many clinicians face with regards to their access to resources such as instrumental methods of assessment. Section 15 delves into the differential diagnosis of dysphagia following stroke. Again, the authors provide an extensive summary of research focusing on the diagnosis of dysphagia in stroke.

The remaining seven sections focus on dysphagia management. They cover diet considerations, compensatory strategies, rehabilitative techniques, and finally, emerging management modalities. The authors provide practical explanations of the techniques and offer accessible descriptions of their implementation.

This book is not detailed enough to be considered a stand-alone resource for dysphagia courses. However, it contains sections that would be valuable and applicable for clinicians, or students, of all levels of expertise. As a clinician in this area, I know this will become a well-used book in my own library. As a clinical educator, I will be strongly recommending this book to my future students. Although this book focuses on dysphagia following stroke, portions would also be of use to clinicians working with other patient populations across the continuum of care. The authors have married the clinical applications and research worlds well by delivering a concise, practical, and well-balanced book that is a pleasure to read.