

VOICE EVALUATION REPORT

Name:

Date of Evaluation:

Birth Date / Age:

MEDICAL DIAGNOSIS, REFERRAL, AND HISTORY RELATED TO VOICE

DISORDER: Otolaryngologist, Doctors Name, M.D., referred Patient Name with Large small bilateral true vocal cord nodules, vocal cord polyps. ICD10 - 478.5. Patient has a/no history of asthma, allergies, hay fever, hyperthyroidism, hypothyroidism (on synthroid), chronic colds, sinus infection, bronchitis, chronic laryngitis, smoking, alcohol, medication, sinus drainage, second-hand smoke, exposure to airborne pollutants.

PATIENT SYMPTOMS: NON-PRODUCTIVE THROAT CLEARING; COUGHING; PROGRESSIVE VOCAL FATIGUE FOLLOWING BRIEF OR EXTENDED VOCAL USAGE; ACUTE OR CHRONIC IRRITATION OR PAIN IN OR ABOUT LARYNX OR PHARYNX; STERNUM PRESSURE AND/OR PAIN; NECK MUSCLE CORDING; SWELLING OF VEINS AND/OR ARTERIES IN THE NECK; THROAT STIFFNESS; RAPID VOCAL FATIGUE; A FEELING OF A FOREIGN SUBSTANCE OR "LUMP" IN THROAT; EAR IRRITATION OR TICKLING OR EARACHE; REPEATED SORE THROATS; A TICKLING, TEARING, SORENESS OR BURNING SENSATION IN THE THROAT; SCRATCHY OR DRY THROAT; TENDERNESS OF ANTERIOR AND/OR POSTERIOR STRAP MUSCLES; RUMBLE IN CHEST; STINGING SENSATION IN SOFT PALATE; A FEELING THAT TALKING IS AN EFFORT; A CHOKING FEELING; TENSION AND/OR TIGHTNESS IN THE THROAT; CHRONIC TOOTHACHE WITHOUT APPARENT CAUSE; BACK NECK TENSION; HEADACHE; MUCUS FORMATION; ARYTENOID TENDERNESS; TRACHEAL PRESSURE; ANTERIOR OR POSTERIOR CERVICAL PAIN; PAIN AT BASE OF TONGUE; ACUTE OR CHRONIC HOARSENESS; REDUCED VOCAL RANGE; INABILITY TO TALK AT WILL AND AT LENGTH IN VARIABLE SITUATIONS; TONE CHANGE FROM A CLEAR VOICE TO A BREATHY, RASPY, SQUEAKY, FOGGY, OR ROUGH VOICE; REPEATED LOSS OF VOICE; LARYNGITIS; PITCH TOO HIGH; PITCH TOO LOW; VOICE TOO NASAL; VOICE TOO THROATY; VOICE COMES AND GOES DURING THE DAY OR OVER A PERIOD OF MONTHS; CLEAR VOICE IN MORNING, TIRED/FOGGY VOICE LATER IN DAY; MISSED SPEECH SOUNDS.

ONSET: Patient reports developing problems with her voice after

EVALUATION RESULTS:

PATIENT EXHIBITS THE FOLLOWING ABNORMAL VOCAL PARAMETERS:

<input type="checkbox"/> LIP MOBILITY	<input checked="" type="checkbox"/> PHONATION FOCUS
<input type="checkbox"/> TONGUE MOBILITY	<input type="checkbox"/> PITCH RANGE
<input type="checkbox"/> PALATAL-PHARYNGEAL CLOSURE	<input checked="" type="checkbox"/> HABITUAL PITCH
<input type="checkbox"/> RESPIRATORY EFFICIENCY	<input type="checkbox"/> SINGING TECHNIQUE
<input checked="" type="checkbox"/> RESPIRATION DURING SPEECH	<input type="checkbox"/> LOUDNESS LEVEL
<input checked="" type="checkbox"/> PHONATION EFFICIENCY	<input type="checkbox"/> LOUDNESS VARIATION
<input checked="" type="checkbox"/> GLOTTAL CLOSURE DURING PHONATION	<input type="checkbox"/> RESONANCE

VOICE QUALITY: HOARSE HARSH BREATHY STRIDENT. MAJOR FEATURES INCLUDE GLOTTAL FRY, HARD GLOTTAL ATTACK, PHONATION BREAKS, STRIDENCY, PITCH BREAKS, DIPLOPHONIA, TREMOR.

SPECIFIC VOCAL ABUSES: YELLING; SCREAMING; STRAINED VOCALIZATIONS; EXCESSIVE TALKING; FREQUENT USE OF HARD GLOTTAL ATTACK; EXCESSIVE THROAT CLEARING AND COUGHING; TALKING IN NOISY ENVIRONMENTS, SINGING WITH INAPPROPRIATE VOCAL TECHNIQUE; TALKING WHEN VOCAL FOLDS ARE IN A WEAKENED CONDITION; FOCUSING VOICE IN THE LOWER THROAT; EXCESSIVE ALCOHOL USAGE; INHALATION OF CIGARETTE SMOKE, DUST AND NOXIOUS GASSES.

TYPE OF DYSPHONIA

DIAGNOSIS: In summary, this 41-year-old patient has a mild moderate severe dysphonia in the form of vocal hoarseness. This patient's voice disorder is associated with a severe laryngeal imbalance resulting from hypercontraction of the intrinsic and extrinsic laryngeal musculature which has resulted in vocal cord nodules/polyps/ hoarseness. This disorder is interfering with her ability to communicate. Her motivation is judged to be good.

FUNCTIONAL GOALS AND TREATMENT PLAN: Establish normal vocal parameters by a) decreasing hard glottal attack and glottal fry, b) increasing diaphragmatic breathing, c) establishing optimum pitch, d) focusing voice in the facial mask, and e) incorporating these into conversational speech.

FREQUENCY AND ESTIMATED DURATION OF TREATMENT: It is recommended that she receive speech therapy for an initial duration of six, one-hour treatment sessions.

PROGNOSIS: The prognosis for moderate significant improvement is poor fair good based on some trial therapy during the evaluation.

Thank you Dr. NAME for referring this patient.
Respectfully,

Kit Roberts, MA, CCC-SLP
Speech-Language Pathologist