

LARYNGEAL EXAMINATION: CONSIDERATIONS FOR THE PERFORMER'S VOICE

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The performer's voice is a challenge. Vocal demands, stability and reliability are important factors the clinician needs to understand. The identity of a singer is defined by his/her voice quality. This implies that any small change in the voice may cause a disaster in the singer's mind. In professional singers and actors who depend on their voice for a living and consequently for their well-being, the importance of previously mentioned factors needs to be multiplied. Any small change in the voice could potentially create important financial consequences. Therefore a guided approach is recommended.

Following parts of the exam will be discussed during this workshop:

1. Specific history taking is important prior to the laryngeal exam. Understanding the singer's language is helpful.
2. Listening to the voice is the next important step. A short set of vocal tasks gives direction to the physical exam.
3. Palpation of neck and larynx can reveal sites of excessive tension.
4. Endoscopic examination.
 - a. Flexible or rigid videolaryngoscopy to assess mucosal health and movement abnormalities of the vocal folds.
 - b. Flexible videolaryngoscopy to evaluate the biomechanics of the singing voice and to evaluate base of tongue, and pharyngeal and laryngeal adjustments during a set of vocal tasks. If the complaint or difficulty is said to occur during a specific vocalization (i.e., in the passaggio, in a certain range, or on a certain note), that vocalization should be elicited to document the complaint/problem.
 - c. Videostroboscopy to assess vocal edge abnormality, mucosal wave irregularities and glottal insufficiency.
 - d. High-speed videolaryngoscopy and digital videokymography if further assessment of mucosal wave propagation or voice onset is required and in patients with irregular vibration pattern or aperiodic voices.

All parts of the examination will be illustrated with audio and/or video material.