## YOUR VOICE – Avoiding Vocal Landmines for Teachers and Singers Deanna McBroom, MM, author/presenter

Professor of Voice-College of Charleston-Charleston, SC; Singing Voice Specialist-Evelyn Trammell Institute for Voice and Swallowing-Medical University of South Carolina, Charleston, SC

## co-author–Lucinda Halstead, MD

Assoc. Professor of Otolaryngology, Head & Neck Surgery, Med. Dir.-Evelyn Trammell Institute for Voice and Swallowing-Medical University of South Carolina, Charleston, SC

Handout for Pedagogy Saturday presentation - MTNA Convention 2018 – Orlando, FL – 3/17/18

Singing Voice Physiology – a brief review

- The Voice is made up of a 1. Generator-lungs, abdominal muscles, 2. Vibrator-larynx, 3. Resonator-pharynx & mouth, 4. Articulator-lips, teeth, & tongue
- Demonstration of laryngoscopy of the larynx doing single tones, repeated tones, scales, arpeggios

Singing Behaviors & Styles – Classical Broadway, CCM (Contemporary Commercial Music)

- Vocal Registers are areas of the voice with similar sound and sensation caused by specific laryngeal behaviors. A transition between registers is called a <u>Passaggio</u>.
- Chest/Lower Register is Thyro-Arytenoid muscle (T-A) dominant, with muscles surrounding the vocal folds creating thickening and shortening of the vocal folds for more effortful closure, often called "belting."
- Head/Upper Register is Crico-Thyroid muscle (C-T) dominant, with muscles below the thyroid cartilage contracting to lower and tip the vocal mechanism down, stretching the vocal cords with a yawn stretch sensation in the throat, typical of classical singing.
- Children's vocal folds are made of a different type of collagen and don't have the 3 layered structure of the adult larynx. Their vocal cords are shorter and often don't fully close when singing, creating naturally breathy phonation.

When to Refer to the Voice Team – Laryngologist (specialist in ENT, Singing Voice Specialist, Speech-Language Pathologist

- (from *Clinical Assessment of Voice* by Robert Thayer Sataloff, MD) Symptoms for Referral to a Voice Team include: hoarseness-chronic or acute, dysphonia, weakness in the voice, prolonged vocal fatigue, voice breaks, pain while singing/speaking, loss of tone/resonant quality in all or part of the singing range, excessive throat clearing, cough, post-nasal/GERD symptoms, volume disturbance, tickling/choking sensation, prolonged time for warm-up, mismatch of speaking vs singing tone
- The Voice Team includes: 1. Laryngologist-specialist in voice and swallowing, uses specialized instrumentation, 2. Speech-Language Pathologist-assesses and provides therapy for speaking voice (also swallowing & speech issues), 3. Singing Voice Specialist-treats the singing voice, 4. Teacher/Director/Coach of the singer.

Assessing Singing Voice Complaints – bumps and illnesses, hearing loss study results, role of the SVS

- Bumps on the Vocal Folds: nodules, polyps, vascular ectasias, cysts, paresis, Laryngopharyngeal Reflux

- Report on Hearing Loss Study (our article published in Jan. 2017 Journal of Voice). 50% of our overall study population between ages 25 and 75 years, and 51% of all voice teachers screened, had at least one frequency tested with a threshold of 30dB or greater hearing loss, in either or both ears, implying that "A career as a voice teacher leads to both High-Frequency Hearing Loss and Speech Frequency Hearing Loss faster than age alone." We recommend that all voice teachers and student singers get a hearing screen done and implement practices to help preserve their hearing.
- When treating a singer, the Singing Voice Specialist (SVS) must answer many questions to assess the nature of the voice problem, then listens and evaluates the onset of tone, vocal quality, vocal range, duration of phonation, effort to achieve glottal closure, and specific complaints of the singer. Finally, the SVS may recommend SVS sessions, referral to other voice team members, selfhelp remedies, and/or consultation with teachers or directors.

Vocal Medications – Rx, Over-the-Counter, self-help medications and suggestions

- SVS self-help recommendations include: voice rest, speaking/singing restrictions, hydration, Straw Phonation.
- Common Prescriptions for Upper Respiratory Infections include: antibiotics, steroids, inhalers, cough syrups, anti-fungal medications.
- Know the Difference in Over-the-Counter medications to treat Nasal Congestion and voice symptoms: antihistamines, decongestants, mucous liquifiers. Analgesics for pain/fever relief, cough medicines.
- Learn the effects on the Voice of Alcohol, Marijuana, Ecstacy, and other illicit drugs.

-

YOUR ROLE on the Voice Team & Creating a Support System for your Singers

- Be an Advocate for your singers. Learn about the Singing Voice. Know when to refer to a Voice Team.
- Learn about Athletes and the Arts (AATA) a consortium of arts organizations whose mission is "integrating the science of sport and the performing arts for mutual benefit." Athletes and Performers share many issues: travel/jet lag, nutrition/hydration needs, overuse and injury, desire to optimize performance, and mental health issues. AATA offers many resources through its website (www.athletesandthearts.com), one-pagers available for download, joint advocacy and national health/wellness initiatives for artists, guidelines on health/wellness for National Association of Schools of Music, and promoting and sharing research between the arts and sport.

## Contact Information:

Deanna McBroom, MM Professor of Voice-College of Charleston/Singing Voice Specialist-Medical University of South Carolina 3 Casa Bianca Dr. Charleston, SC 29407 Email: mcbroomd@cofc.edu; Cell: 843-270-3505

> Lucinda Halstead, MD Assoc. Professor of Otolaryngology, Head and Neck Surgery Medical Director: Evelyn Trammell Institute for Voice and Swallowing Email: <u>halstead@musc.edu</u>