



Frequently Asked Questions About Voice Therapy

Why is voice therapy recommended for hoarseness?

Voice therapy has been demonstrated to be effective for hoarseness across the lifespan from children to older adults (Ramig & Verdolini, 1998; Thomas & Stemple, 2007). Voice therapy is the first line of treatment for vocal fold lesions like vocal nodules, polyps, or cysts (Anderson & Sataloff, 2002; Johns, 2003). These lesions often occur in people with vocally intense occupations like teachers, attorneys, or clergymen (Roy et al., 2001). Another possible cause of these lesions is vocal overdoing often seen in sports enthusiasts; in socially active, aggressive, or loud children; or in high-energy adults who often speak loudly (Boone et al., 2005; Rubin et al., 2006; Stemple et al., 2000; Trani et al., 2007).

Voice therapy, specifically the Lee Silverman Voice Treatment method, has been demonstrated to be the most effective method of treating the lower volume, lower energy, and rapid rate of speech in persons with Parkinson's disease (Dromey et al., 1995; Fox et al., 2006).

Voice therapy has been used to treat hoarseness concurrently with other medical therapies like botulinum toxin injections for spasmodic dysphonia and/or tremor (American Academy of Otolaryngology-Head and Neck Surgery, 2005; Murry & Woodson, 1995; Pearson & Sapienza, 2003). Voice therapy has been used alone in the treatment of unilateral vocal fold paralysis (Miller, 2004; Schindler et al., 2008) and has been used to improve the outcome of surgical procedures as in vocal fold augmentation (Rosen, 2000) or thyroplasty (Billiante et al., 2002). Voice therapy is an important component of any comprehensive surgical treatment for hoarseness (Branski & Murray, 2008).

What happens in voice therapy?

Voice therapy is a program designed to reduce hoarseness through guided change in vocal behaviors and lifestyle changes. Voice therapy consists of a variety of tasks designed to eliminate harmful vocal behavior, shape healthy vocal behavior, and assist in vocal fold wound healing after surgery or injury. Voice therapy for hoarseness generally consists of one to two therapy sessions each week for 4–8 weeks (Hapner et al., 2009). The duration of therapy is determined by the origin of the hoarseness and severity of the problem, co-occurring medical therapy, and, importantly, patient commitment to the practice and generalization of new vocal behaviors outside the therapy session (Behrman, 2006).

Who provides voice therapy?

Certified and licensed speech-language pathologists are the health care professionals with the expertise needed to provide effective behavioral treatment for hoarseness (American Speech-Language-Hearing Association, 2005).

How do I find a qualified speech-language pathologist who has experience in voice?

The [American Speech-Language-Hearing Association](#) (ASHA) is an excellent resource for information. You can find a speech-language pathologist in your area using [ProSearch](#). You can also contact ASHA Monday through Friday by phone (800-638-8255) or [e-mail](#).

Does insurance cover voice therapy?

Generally, Medicare will cover voice therapy provided by a certified and licensed speech-language pathologist if referred by a physician and based on a medical diagnosis. Medicaid coverage varies from state to state; it is best to contact your local Medicaid office.

Private insurance companies vary. Consumers should contact their insurance company for specific guidelines about their purchased policies.

Are speech therapy and voice therapy the same?

Speech therapy is a term that encompasses a variety of therapies including voice therapy. Most insurance companies refer to voice therapy as speech therapy, but they are the same if provided by a certified and licensed speech-language pathologist.

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