Classification of Velopharyngeal Dysfunction

Figure adapted with permission from Trost-Cardamone (1989) and Peterson-Falzone, Trost-Cardamone, Karnell, and Hardin-Jones (2006).

Velopharyngeal Dysfunction/VPD
(Velopharyngeal Inadequacy/VPI)

- Cleft VPD
  - Velopharyngeal Insufficiency (Structural)
    - Unrepaired cleft palate (overt or submucous)
    - Postsurgical insufficiencies (e.g., palatal length too short post palate repair; VPI postadenoidectomy)

- Non-Cleft VPD
  - Velopharyngeal Insufficiency (Structural)
    - Mechanical interference (e.g., excessive tonsils or posterior pillar webbing)
    - Palatopharyngeal disproportion (deep pharynx)
    - Ablative palatal lesions (e.g., cancer, traumatic injury)
  - Velopharyngeal Incompetency (Neurogenic)
    - Congenital or acquired primary motor/neuromotor control (dysarthria)
    - Motor association/motor programming (apraxia)
  - Velopharyngeal Mislearning
    - Phoneme-specific nasal emission
    - Persisting postoperative nasal emission (with adequate closure ability)
    - Compensatory misarticulations
    - Deafness/hearing impairment
