

What do I need to know having spasmodic dysphonia or a related voice condition during the COVID-19 pandemic?

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You may be in one (or all) of the following situations: Your botulinum toxin (Botox) injection has been cancelled or indefinitely postponed and symptoms are getting more significant; you are being forced to work remotely which means more phone calls and virtual meetings leading to vocal fatigue, a strained voice, and difficulty being heard, having a smooth voice or projecting effectively; you are dealing with more stress and anxiety during this time which is making your voice symptoms worse; you are worried that having spasmodic dysphonia makes you more at risk if you were to develop COVID-19. Let's hopefully tackle some of these issues with some pertinent information.

1. You are worried that having spasmodic dysphonia makes you more at risk if you were to develop COVID-19

COVID-19 does NOT make you more susceptible to developing COVID-19. Further, if you are to develop COVID-19, having spasmodic dysphonia does not put you at greater risk. Spasmodic dysphonia, tremor and muscle tension dysphonia are not disorders that compromise your airway or respiratory system. Some with spasmodic dysphonia (particularly those with AB, those with AD up to 3 weeks after a botulinum toxin injection) or essential tremor of the voice may experience shortness of breath when speaking. However, this related to the valving of air at the level of your vocal folds and not related to a respiratory disorder. Having spasmodic dysphonia does not mean that you have an affected airway and does not put you at greater risk for COVID-19.

2. Your botulinum toxin (Botox) injection has been cancelled or indefinitely postponed and symptoms are getting more significant. What do you do?

Although an extremely difficult decision, most voice centers are generally cancelling all non-urgent outpatient procedures for the unforeseen future. This will typically include botulinum toxin (Botox) injections. Although these injections are a necessity for some to be able to speak and to carry out job duties and normal day to day activities it is still considered a non-urgent procedure and the injection poses an inherent health and safety risk for both the patient and otolaryngologist at this time. If injections are not an option for you please consider the options discussed below that could help guide you in management of symptoms during this challenging time.

You can do voice therapy to cope with symptoms in the meantime. Some voice centers will have speech language pathologists that offer voice therapy through teletherapy but some will not. You can check with your physician who provides your injections to see if this is an option or you can check the NSDA website [here](https://www.dysphonia.org) (dysphonia.org).

If you cannot find a speech language pathologist (specialized voice therapist) who provides these services or cannot get access to teletherapy right you may [contact me](#) and I'd be happy to help you find a provider who offers services in your local area.

- 3. You are being forced to work remotely which means more phone calls and virtual meetings and you are dealing with more stress and anxiety during this time which is all making your voice symptoms worse. How do you adjust and cope more efficiently with these symptoms to still be able to manage your day to day duties?**

I'd recommend voice therapy and use of compensatory strategies (described below). Below are some examples of voice techniques that you can try. Please keep in mind that if you are doing any sort of voice work you really want to make sure to be working with a speech language pathologist/voice therapist to make sure that you are doing the techniques in the correct way, to be able to troubleshoot difficulties and challenges and to tweak techniques to specifically target functional speaking tasks you want to be able to complete more efficiently. Please also note that while voice therapy can eliminate muscle tension dysphonia (MTD) it is not designed to cure a neurological voice disorder such as spasmodic dysphonia and vocal tremor. For these disorders voice therapy will be compensatory.

a. Resonant Voice Techniques:

The concept here is to bring your voice to a more efficient manner of production when you are using your voice. You can start with what is called a resonant hum (holding out a hum "hmmmm") where you try to bring the voice forward towards the tip of your lips and you attempt to feel strong energy and vibration at your lips and in the front of your face. The key here is to not feel anything in your throat when you do this. You want to make sure you are feeling relaxed in your throat. If you feel tension in your throat or any effort when producing the hum, try using more airflow by doing a sigh with the hum moving from a high pitch to low pitch ("hmmmm") while releasing airflow in an easy passive manner. You may try to get the same pattern of vibration with other resonant sounds such as "n", "v", and "z". You should feel strong vibration in the front of your mouth (i.e. lips, tongue, roof of your mouth, nose) with these sounds with no effort in your throat and these sounds should carry and be easy. Once you establish a solid foundation of resonance with these sustained sounds you can move into some syllable chants maintaining the same forward vibration throughout (i.e. "me-me-me", "no-no-no" "molm-molm-molm", vo-vo-vo") and then move into single words with those sounds ("move", "moon", "none", "mention" etc), again maintaining ease and forward vibration with zero effort in the throat. If you notice vibration in your throat, a tight/squeezed sensation, effort, or rough sound you should stop and attempt to shift the vibrations more forward or increase your use of air flow.

Make sure you are not holding your breath when producing these sounds! Use these resonant techniques as a vocal "warm-up", as a "reset" for your voice through the day, and as a technique to entrain more efficient patterns of voicing.

Semi-Occluded Vocal Tract techniques:

One technique to get the vocal folds to be vibrating with less needed pressure and to work in a more efficient pattern is called a semi-occluded vocal tract technique. This is also a great technique to reset the voice or to warm up the voice. One popular example is performed with a straw. Put a straw in your mouth and try humming through the straw. When producing the hum through the straw you should feel vibration at your lips and consistent air moving through the straw, like a kazoo. If you put your hand on the other end of the straw you should feel consistent air coming out. Keep the hum at your natural speaking pitch and a normal volume and keep sound consistent and even. You should feel a lot of vibratory sensation at your lips and absolutely no push, tightness, or effort in your throat. This should feel easy and perhaps like it reduces tension.

You can also try doing this same thing in a cup of water which can increase coordination of airflow with voicing and can reduce some tension in the throat when phonating. Put the straw about an inch under a cup filled halfway with water. Starting with a hum at your lips through the straw, keeping vibration and energy feedback at your lips, again without tension in your throat. You will see bubbles form in the water if you are doing correctly. These should be consistent and even. You should not force any air out or push from your throat to make the bubbles. If you do not feel that this is easy or do not see any bubbles in the water try making the sound “who” through the straw. As long as you know you are doing this correctly (typically confirmed by a speech language pathologist that you work with) you may do as frequently as you want! Use as a “warm-up” for your voice or as a “reset” technique to get back to a better quality or easier voice.

See the [webinar](#) for details on how to produce. Here is also an example from the creator of the technique: <https://www.youtube.com/watch?v=0xYDvwvmBIM>

b. Flow Phonation

The concept of this technique is to use more airflow when speaking. You can try this by holding a tissue or your hand in front of your mouth while just blowing airflow out of your lips (envision blowing out birthday candles with pursed lips). You want to make sure the breath is flowing consistently against your hand or moving out the tissue evenly without any effort. It should feel easy, consistent, even. Then you can add a little voice to that breath flow by doing a very whispery, breathy “whooooo” sound with rounded lips, again feeling consistent airflow on your hand or watching the tissue in front of your mouth blow out evenly. Sound or airflow should not be choppy, you should not feel anything in your throat and this sound should feel consistent and even. The goal is to move through and avoid voice breaks by keeping consistent airflow. Once that feels good, you can move into sentences like “who are youuu”, “who is sueee”, keeping that same excess breathiness (think “Marilyn Monroe voice to get breathiness). Once you feel what excess breathiness does to keep your voice easy you can try to do a more natural production of “who are you?”, while still maintaining that easy airflow.

See this [webinar](#) for details or view here for additional context in an example conducted by Sarah Schneider, CCC-SLP | <https://www.youtube.com/watch?v=nesCr0YZ6JI>

c. Tension reduction

It's no secret that everyone is dealing with much higher levels of stress and anxiety right now given the significant changes to life and stressors in this time period. It's also no secret that those with spasmodic dysphonia, essential tremor of the voice, and muscle tension dysphonia have voices that are highly affected by anxiety and stress. Essentially the perfect storm of ingredients to lead to a voice quality that is far less than ideal right now. One way to decrease vocal symptoms is to reduce muscle tension in the upper body and in the throat/larynx. You can practice stress reduction techniques and engage in some upper body stretches and laryngeal massage. It is difficult to describe exactly how to do this with correct form and placement but view the [webinar](#) Part II to see a demonstration. If you have previously worked with a speech language pathologist on these techniques now would be a great time to employ laryngeal massage and your neck/upper body stretches! If you are in need of speech language pathologist who can help you with these techniques visit the NSDA healthcare provider list [here](#) or [contact me](#) for assistance in finding a qualified professional near you.

d. Other helpful tricks

It is well known that sensory tricks help temporarily relieve symptoms of spasmodic dysphonia. These sensory "tricks" can include singing, speaking in a higher pitch, whispering or emotional speech. Some individuals may note that when doing these activities voice symptoms are decreased. While none of these are recommended patterns to consistently speak in, you can carry aspects of them into speech to make speaking slightly easier. For example, using exaggerated intonation (like a more sing-song voice) can help relieve tension/strain and practicing more intonation like if you were to read a children's book or children's rhyme can help establish a "smoother" voice quality. You can utilize a breathier manner of speech like mentioned above with the "Flow Phonation".

Easy onsets are also a technique that can help those with ADSD. Think about easing into a word that starts with a vowel rather than starting it from strain in your throat. You can think about adding a silent or imaginary "h" sound at the start of these words (i.e. apple will be "nhapple", and then you can gradually decrease the "h" sound and air in the beginning to make it sound more natural).

For ABSD, you can think about changing voiceless (silent) sounds to voiced sounds (i.e. think about replacing "p" with something that sounds more like "b", replace "k" with "g", "t" with "d"). All of these sound pairs are produced in the same articulatory manner but just differ in being "voiced" or "voiceless" sounds. By switching from the voiceless to voiced production you can compensate for the breathy break you'd normally have if you produce the voiceless version of the phoneme. You may also think about making consonants very crisp, shifting to forward focus/vibration at your lips, and using clearly articulated sounds which can increase speech clarity.

e. Tips for the phone:

Speaking on the phone tends to be more difficult for anyone with a voice disorder and particularly for those with spasmodic dysphonia. When on the phone there is background noise, less clear acoustic transmission, there is no face to face interaction, no feedback of facial cues, and most people tend to project louder when on the phone. Forget about when people ask you to repeat or when there is a voice automated system! The phone and any virtual communication can be much more difficult for these reasons. Not to mention that the stress and anxiety in anticipation of having to speak on the phone can also have a great impact in making the voice more strained. Here are some helpful tips for the phone:

1. “Warm up” your voice before the phone

Use techniques described above like resonant hums and straw phonation to “warm up” your voice and establish a more efficient pattern of your voice before getting on the phone. You will also be more confident going into the phone call and will feel more in control of your voice.

2. If you know some things that you will say, practice those phrases in an easier voice

Practice your greeting like “hello” with the strategies above. Increased airflow (flow phonation), relaxing the throat, and easy onsets (above) can be particularly helpful for starting out with “hello” or “hi”. If “h” is a particularly difficult sound for you try answering with a different phrase (i.e. “[your name] speaking”).

3. Use headphones or a good headset

This will allow yourself to have better feedback to monitor your own voice. You also may feel less of a need to push your voice or shout with strain with a headset. A headset with a microphone that can go in front of your mouth is even better. You can even try only keeping one ear bud in to get a better feedback for your volume of voice.

4. Use speaker phone or put the input microphone directly in front of your mouth

Using speaker phone allows for a more direct transmission of your voice into the phone rather than holding it up to your ear. So will a microphone attached to Apple headphones or a headset with an attached mouth piece.

5. Try an easier manner of voicing rather than pushing & use clear articulation

It may be tempting to push more from your throat or to work harder to be heard over the phone or in virtual meetings. Instead, try to increase your airflow and relax the throat (as counterintuitive as that sounds). Try to bring the energy and sound to the front of your lips and to the tip of your tongue (think clear and crisp articulation of the sounds).

6. **Get projection/volume in a healthier way without strain**

The key to projection without more effort in the throat is resonance (forward focus and energy/vibration, think what you feel with a resonant hum) and increased airflow (take a breath of air before you speak and USE that air). You can also think of extra clear articulation at your lips and tongue (avoiding effort in the throat). This can often help cut through background noise with clearer sounds rather than you having to be much louder. Overall think, less physical effort is more here!

Helpful tip & reminders:

- Less is more! Avoid straining your throat when speaking in conversation or projecting by using more airflow/breathiness, increased forward focus of the voice to lips and tongue, clear articulation of sounds
- Use speaker phone and headphones to help with phones and virtual calls
- Try voice techniques above to warm up the voice, to “reset” your voice throughout the day, and to teach your voice to get into a more efficient way of functioning for conversation
- Try hums and straw phonation as ways to “reset” your voice between phone calls or conversations
- If you can, organize your speaking duties throughout the day to give yourself mini “breaks” between conversations
- Always work with a speech language pathologist who is a specialized voice therapist (not all speech language pathologists are specialized voice therapists) who is familiar with your voice disorder in order to make sure you are doing techniques in the right way and in best way for you
- Practice voice techniques to make them more automatic
- Keep in mind, the techniques described here are meant to help compensate for voice symptoms, not to cure the spasmodic dysphonia
- Be easy with yourself! This is a very tough time for anyone and increased voice symptoms can make it that much harder. Recognize that your feelings during this time are completely valid
- Engage in relaxation techniques and exercises for destressing and calming not only the mind, but decreasing tension in the body
- See the [webinars](#) for demonstration of all of these techniques
- Visit the National Spasmodic Dysphonia Association [website](#) for more helpful resources

Questions? Need help finding a provider in your area or interested in learning more about strategies for coping with symptoms? Visit the NSDA [website](#) or contact me at Christiejdeluca@gmail.com