Importance of Correct Therapeutic Procedure Selection in Voice Recovery

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ABSTRACT

Psychological and physical patient state as well as the influence of other social factors is of great influence voice rehabilitation. A team of experts in the field of voice and its function are involved in voice therapy. Our research was focused on the success of voice recovery depending on the patient vocal disorder approach. We made a comparison of two methods: RVT and Accent method. We attempted to evaluate clinically relevant voice disorders in relation to certain vocal methods, we propose that a lot can be learned about voice through therapeutic procedures, which can also be used to enhance the practical application of vocal methods and raise the level of success in dealing with people that suffer from voice pathology.

Key words: vocal methods, accent method, RVT method, and brain

Introduction

In order to explain why one vocal method would be more successful than the other in terms of rehabilitation we must start with the way voice is created. There are several theories on how voice is formed: mechanical, mioelastical, aerodynamical, neurohronaxic and biophysical.

All the above-mentioned theories are intertwined and replenish each other. We will consider the biophysical theory that proposes that the central nervous system (CNS) is in control of phonation through nervous impulses coming to the larynx. CNS regulates the starting impulse and further vibrations are controlled through feedback loop – hearing. It is a reflex loop, which is based on proprioceptive analyzers, which has special significance for emissions of certain tones.

The voice is created in the mouth by the position of the tongue, palate, teeth and lips and so speech is formed under the influence of the center in the cortex of the cerebrum. There are several parts of the brain, and centers related to voice and speech: temporal, prefrontal and parietal lobe.

The following functions of each lobe were important in our investigation:

1. Frontal-motor area – enables the preconceived muscle use, detailed performance of fine voluntary movement
2. Parietal – processing and language comprehension
3. Temporal – the center for cortical representation of auditory senses

Basal ganglia, which are of great importance for motor function, release movement.

According to Škarić (1991) there are three main groups of speech organs: Control group (central and peripheral nervous systems), executor group (breathing organs, phonation, articulation) and sensory group (auditory and extra auditory control). There are numerous brain functions important to our investigation.

There are several functions of importance to voice and speech depending on the hemisphere: Left hemisphere is responsible for speech rhythm, making sense of...
facts and lecture accents while the right hemisphere holds the importance on integration, emotion and prosody.

We must also emphasize the importance of working memory, which is a short-term memory that involves voluntary attention unlike watchfulness. Working memory capacity is responsible for all the individual differences in the cognitive processes and task completion. The central executor coordinates and controls the transfer of information between different parts of this system, therefore forwarding data to phonological and articulation loops and at the same time recalls information from long-term memory.

Materials and Methods

Testing was conducted on 30 phoniatry patients. They were divided into two groups, a group with organ damage and one with functional impairments. To test our settings, groups were treated with various therapeutic procedures. Selection of therapeutic procedures was carried out according to ability, not age. Patients were of different ages and sexes. The goals of therapy are determined by the communication and personal profile. The therapy was carried out systematically, with the removal of auditory and visual distracters. The performance of two vocal methods was examined: RVT methods and methods of accent. The first group came once a week for 45 minutes on an exercise with the speech therapist (15 patients), the second group carried out the exercises independently at home. Rehabilitation lasted 6 weeks. We divide methods of vocal therapy into specific and non-specific. We will review the nonspecific because that is the group methods used in our investigation are in. We divide the nonspecific vocal methods into integral (Accent method) and directed (RVT method). Integral methods of voice and speech disorders view the voice as a result of unique whole of all parts of voice and speech as well as all of their qualities. Directed methods come from each characteristic of voice individually. The importance is given to volume, intensity, resonance, rhythm, tempo and intonation. These voice qualities should be treated individually. RVT method is characterized by a strong and clear voice that uses less tension in order to avoid vocal cord damage. Also it uses the air pressure in combination with cheek and nasal bone vibrations that are practiced through different exercises. It lasts for 8 weeks and utilizes changes in voice tone trough a three step vocalization, emphasizes the importance of sensory input and uses feeling, listening and seeing in learning new skills. The accent method is characterized by diaphragm breathing with contractions and releases, clearing of the throat and vocal cords, rhythmic whole body movements, creating new «motor programs» in the brain, adjusting phonation, respiration and articulation and making accent changes to words and syllables in different rhythms. Several aims, in which we attempted to cover the success rate issues of therapeutic procedures in voice recovery, have been set. Confirmation of which therapy, RVT or accent, was more successful in rehabilitation of voice disorders. To ascertain why one was better than the other and what it means to voice disorders. To determine whether the success rate of therapy is important to build «motor maps» in the brain. To establish if there is a difference in regard to gender and to the way exercises were conducted (individually or with a speech therapist). Regular speakers and voice professionals, aware of their vocal abilities and restrictions were involved in our study. At first, the patients are warned about voice hygiene and preservation. It is necessary to use our voice in an appropriate manner in noise conditions, through telephone conversations and group talks. Special attention should be given to hydration of the air inhaled as well as the entire body. Lack of moisture between vocal cords can lead to swelling due to friction. The accent should be on easy and soft vocalization with soft start to phonation.

It is also necessary to watch the diet, overwhelming consummation of fatty and spicy foods, sweet and sparkling can lead to redness, swelling and other vocal problems. Special care should be taken not to consume alcohol and caffeine, to avoid antihistamines (dry larynx) as well as aspirin as it increases capillary sensitivity and has a anticoagulation properties and can lead to vocal cords hemorrhage. Voice hygiene and preservation were followed by exercise, respirations and performance of vocal methods.

Results and Discussion

Patients using the accent method have had a more successful rehabilitation than the patients using the RVT vocal method (Table 1). The reason for that is the level of consciousness or the activation of specific speech functions in the brain. Tactile and kinesthetic reverse feedback loop are responsible for voice realization, tempo, volume, quality, articulation. In performing the exercises of the RVT vocal method, the patient is focused on experiencing voice through the mentioned feedback loops, which happens on a less conscious, level with the delay of crating «motor maps» in the brain. Accent method stresses the importance of breathing and its connection to movement and phonation. Movements release tension and use the human body as a great resonator and an input

### Table 1

<table>
<thead>
<tr>
<th>Success rate of vocal methods</th>
<th>RVT method</th>
<th>Accent method</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Satisfactory voice</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Very satisfactory voice</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Excellent voice</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><em>New</em> voice</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

*voice of sufficient quality with a new way of phonation established
instrument for voice creation. During the conductance of these "useless" exercises there is an instantaneous creation of "motor maps" in the brain. This utilizes a higher level of speech functions of the brain. There was no significant difference in the success rate based on gender bias in proportion to the number of female and male patients (Table 2). If we ignore the disproportion in gender size, male patients were less successful in the therapeutic procedures (Table 2 and 3). By comparing the success rate, depending on the method used, we come to the conclusion that females performed better (Table 4). There are several differences in the function of the male and female brain that can also be the reason for the differences in success rate in therapy. Research shows that the Brock and Wernicke areas are larger in female brains. The female brain processes spoken language in frontal lobes of both hemispheres simultaneously while men do the same using primarily the left hemisphere. Due to this difference females are generally better at verbal skills. Due to advanced neuroscientific methods and instruments an area in the inferior parietal lobe, significantly larger in males, has been discovered. The inferior parietal lobe enables the brain to process information that it received from sensory input, which aids in selective attention and perception. Studies connect this lobe to the manipulation of spatial relations and the ability to sense differences between body parts (accent method). Patients practicing with speech therapists have not achieved better results than informed patients doing the exercises individually at home. As necessary they could contact a speech therapist personally or over the phone in regard to exercise details (Table 5). The success rate of the exercise was recorder according to the scale form 1 to 5 respectively meaning no change, satisfactory voice, very satisfactory voice, excellent voice and "new" voice.

Conclusion

We all have "optimal" voices at birth and they change through various physical ad psychological limitations. Methods of voice disorder therapy are very complex and demand multidisciplinary approach to its application. The appropriate use of phonation demands a higher level of event consciousness and the activation of higher speech functions. This study indicates to the fact that treating voice as a whole is of great importance to voice therapy, which activates higher level of brain functions.
VAŽNOST U ODABIRU TERAPIJSKIH POSTUPAKA OPORAVKA GLASA

S A Ž E T A K