

PEDIATRICS: Voice Guidelines for Referral to Speech-Language Pathologists (SLPs)

Most Common Etiologies:

- Structural
 - Cleft palate
 - Laryngitis
 - Vocal nodules
- Movement
 - Hyperfunctional hoarseness or aphonia
 - Sensorineural hearing loss
 - Vocal fold paralysis

Related Terms:

Aphonia, aspiration, breathy, diplophonia, dysphonia, hoarseness, hyperkinetic, intonation, intubation, loudness, monotone, nasality, phonation breaks, pitch, pitch breaks, resonance, silent aspiration, stridor, structural deviations, tracheostomy, velar, velopharyngeal incompetence, vocal abuse, vocal fry, vocalization, voice prosthesis, vocal quality

Potential Consequences:

- With neurogenic origin, risk for illness and/or death due to aspiration, malnutrition, or dehydration
 - With structural origin, risk for illness and/or death due to either aspiration or breathing obstruction
 - Reduced ability to communicate after episode of vocal overuse or through the course of the day
 - Difficulty communicating at level of independence expected for age
- Difficulty expressing feelings and/or engaging successfully in social situations requiring voice
 - Difficulty reaching or maintaining educational or vocational potential (e.g., appropriate loudness to address class)
 - Risk for personal injury because of difficulty vocalizing about a dangerous situation or calling for help

Behaviors¹ That Should Trigger an SLP Referral

Vocal quality

- breathy and/or hoarse voice often accompanied by reduced loudness and/or intermittent loss of voice due to:
 - frequent yelling, screaming, or arguing
 - cheerleading or yelling with laryngeal tension during sports
 - vocalizing odd noises (such as a toy, animal, or mechanical sounds)
 - frequently talking over loud music or noise (such as at an arcade)
 - overuse during allergies or upper respiratory infection
- too little or too much nasality; may exhibit nasal regurgitation of food/liquid
- sounds harsh and strangled; often unpleasant for the listener
- tremulous, jerky vocal quality of emotional origin

Loudness

- complete absence of voice due to congenital, traumatic, neoplastic, or emotional etiology
- inconsistent voicing due to:
 - overuse of voice
 - intubation trauma
 - difficulty using a voice prosthesis
- voice is too soft or weak secondary to:
 - problems with vocal quality
 - poor respiratory support/control for speech
 - poor head, neck, and/or body posture for speech
 - immaturity/self confidence issues
- voice is excessively loud due to:
 - boisterous behavior
 - hearing loss

¹Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

Pitch

- too high or low for age, sex, or physical size
- monotone, often accompanied by reduced loudness, hearing loss, or emotional difficulty
- vocal inefficiencies with pitch breaks as symptom of:
 - inappropriate voice quality (persisting after maturation)
 - diplophonia

Neurologically based voice difficulties

- excessively breathy and/or hoarse quality often accompanied by reduced speech intelligibility and/or swallowing problems
- weak or absent cough and/or wet gurgly vocal quality after eating; indicates increased risk for aspiration
- tremulous, jerky vocal quality
- voice is too soft and/or intermittent; may exhibit poor respiratory control for speech and/or poor head, neck, and/or body posture for speech
- hyperkinetic condition with variable flow, rate of speech, and excessive loudness

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