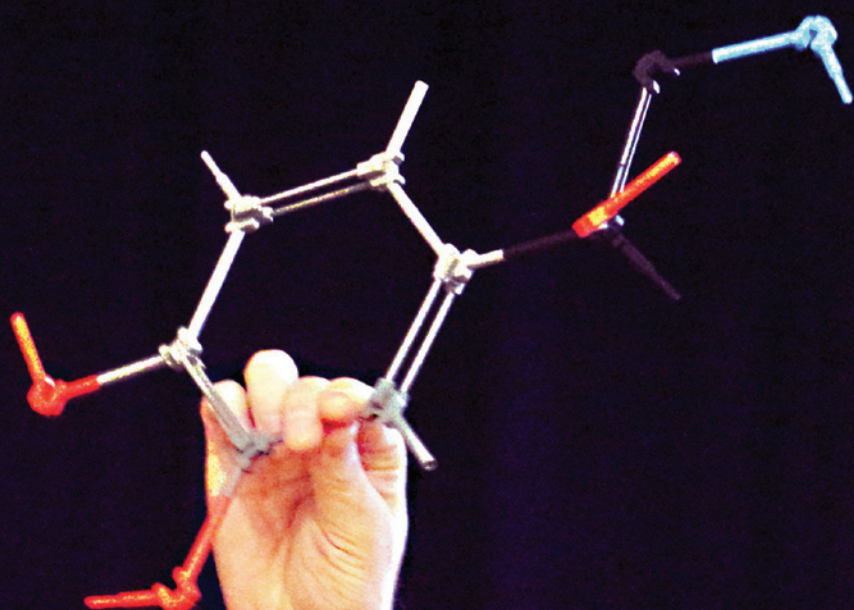


THE BRITISH VOICE ASSOCIATION

COMMUNICATING VOICE

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Cover photo: Gavin Jarvis, 'Irritant Issues' Study Day

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VOICE SCIENCE FOR CHOIRS

6th October 2013 Royal Academy of Music

Impressions of the day by Alyson Chaney

As a member of the teaching faculty of Sweet Adelines International, the world's largest singing organisation for women, I was delighted to be able to attend the study day in October on 'Voice Science For Choirs'.

This hugely successful and enjoyable event left a lasting impression on me and I'm pleased to be able to share some of my favourite moments.

Dr Alan Watson's informative class, 'The Mysteries of Breathing Revealed', provided a clear and practical overview of breathing for singers and I will be using the useful acronym SPLAT (Singers Please Loosen Abdominal Tension – as quoted by Janice Chapman) in my classes in future. Alan's helpful handout is an aide-mémoire of key concepts such as inhalation, exhalation, breathing pattern, lung volumes and chest posture.

I thoroughly enjoyed Stuart Barr's excellent class on 'Emotion in Breathing'. As a member of a chorus that strives to convey emotional involvement in all performances, I found Stuart's thoughts fascinating. Conveying emotion in the breath sets up the phrase, lifts the countenance and the tone, and creates a more satisfying visual and vocal picture. As Sarah Tenant-Flowers remarked in a private correspondence with Stuart: "Since thought alone has such a powerful physical impact on

our singing apparatus and therefore on sound, the effect that such emotional inhalation can have on choral colour can be phenomenal".

I had been looking forward to David Howard's contribution 'The Sound of the Choir Singer' and this was an inspirational and thought-provoking session. The perennial issue of choir blend and balance was explored from an acoustic point of view with David highlighting how important it is to devote time to the positioning and layout of the choir in the space available and to use the natural resonance of the surroundings. His class was punctuated with warmth and humour and he trod a clear path through the often challenging concepts of the physics of sound.

Sue Jones and Carrie Garrett presented an intriguing glimpse down the endoscope – a thoroughly engaging session, which charted the position of the vocal folds ranging from speech quality to opera quality singing.

Dr Jenevora Williams' session on 'Warming Up the Voice' noted the rationale for the choral warm up and the parallels with the world of sport. Interesting though Jenevora's presentation was, I would have preferred some more practical examples. She did mention her blueprint for an ideal warm up at the end of her presentation. More of this would have been even more helpful.

The day ended with a virtuoso performance from the ebullient Ken Burton 'Gestures for Genres'. I liked his comment that a choral director is "not just a metronome in a suit" and that directorial gestures need to create space for music breathe and have life.

"In all, I was inspired and empowered by this well organised and informative day and I would like to thank all who contributed to its success."



Ken Burton



Delegates

VOICE CLINICS FORUM

8th November 2013, Postgraduate Centre,
City Hospital, Birmingham

Report by Alison Mary Sutton

Singing rehabilitation Coach, Voice Clinic,
Cheltenham General Hospital

This was the first time that I had attended a Voice Clinics Forum and it was a fascinating day from my perspective as a singing rehabilitation coach. With an increasing number of clients, I am keen to develop a greater understanding of a wider range of vocal disorders and the medical procedures employed to address them.

The day opened with Julian McGlashan presenting a comprehensive review of "Hot Topics in Voice". He focused mainly on three areas, the first being spasmodic dysphonia and the question as to why botulinum toxin injections are not uniformly beneficial. He then moved onto the benefits of High Speed Digital Imaging vs Videolaryngostroboscopy. Mr McGlashan pointed out that although techniques and software are improving, the significant issues about this equipment are that only short bursts of phonation (2–4 seconds) can be recorded at one time and that big files are generated. In his opinion, it should not be viewed as a replacement for stroboscopy for routine clinical practice at present, but rather as providing additional information and understanding in difficult cases. He also talked about the work of Markus Hess on a potential laser of the future – a picosecond infrared laser, which could prevent charring effects to the vocal folds. The session ended with a review of PROMS (Patient Reported Outcome Measures), which are becoming increasingly important as clinicians are expected to evaluate the efficacy of treatments. Comment was included on VOISS (Voice Symptom Scale) and a re-evaluation of the grouping of questions in the VHI (Voice Handicap Index), to better reflect the severity and impact of the voice problem on the patient's quality of life. This ranged from voice orientated difficulties, through practical problems, to

disturbances of social relationships and mood. ENT-UK and the British Laryngological Association are currently developing a laryngeal audit in which these (or a variant of) PROMS will have pre-eminence.

Nick Gibbins, from University Hospital Lewisham, then reviewed the status of "Recurrent Laryngeal Nerve Reinnervation" for vocal fold paralysis. He elegantly recapitulated the history, starting with Galen, going forward to the airway problems of thorough-bred racehorses and then to 20th century ground breaking work by Harvey Tucker and Roger Crumley. He took us into the 21st century with the work of Jean-Paul Marie, after which he posited a paradigm-shift in the approach to unilateral nerve paralysis, with reinnervation replacing arytenoid adduction. Having worked with clients with vocal fold paralysis, I was most interested to hear more about the anatomy of the RLN and how synkinesis (the result of miswiring of nerves after trauma) plays a major role in reinnervation. The current surgical technique is to innervate the abductors and adductors separately. It was helpful to hear in greater depth the differences between BVCP and UVCP (bilateral and unilateral vocal cord palsy). With surgical treatment of BVCP, it is a case of the dilemma between good airway vs good voice, and how a compromise between the two can be achieved, which often results in tracheostomy or arytenoidectomy. Selective reinnervation offers both good airway and good voice, but it is a large operation that takes nine months for results to show i.e. the length of time that the nerve takes to regrow.

With UVCP, patients rarely have airway difficulty and voicing is often reasonable, so reinnervation as an option is not as crucial as for BVCP. However, with non-selective reinnervation, the normal arytenoid position and mucosal waveform are maintained, with good TA muscle bulk. More patients are presenting with poor voice quality, so the demands for this type of treatment are increasing. There was some lively discussion at the end of this session.

The final session of the morning was three short presentations and discussion on "Surgery for Difficult Lesions" e.g. sulcus vergeture and mucosal bridge. Tony Aymat pointed out that good surgical outcomes do not always result in equally good outcomes in vocal function. Cysts can re-occur if not totally removed in surgery. He played us a fascinating video of the debulking of laryngeal papillomas with amazing results on vocal function, i.e. terrible voice to functional voice, with even the return in time of a mucosal wave. Declan Costello talked about whether a medialization injection would help with atrophonic or thyroidectomy patients, saying that he would also consider injecting Botox in a patient with laryngeal tremor. He presented several case studies, and the following discussion between consultants covered their favoured surgical techniques. Julian McGlashan presented a case study of a 33 year old woman with a haemorrhagic polypoid lesion, explaining that in 30% of such cases some lesion occurs on the vocal fold opposite the polyp e.g. a sulcus. The discussion focused on the potential benefit of removing the polyp only, but it was pointed out that the sulcus could be its original cause.

In his review, after lunch, of the history of the BLA (British Laryngological Association), Yakubu Karagama, from Manchester Royal Infirmary, spoke about its origins in the 1860's and how it eventually led to the amalgamation with the laryngological section of the RSM (The Royal Society of Medicine) and the development of the new BLA in 2011. He talked about the BLA's aims to achieve advancement in laryngology, for the benefit of the public, through research,



Mark Watson (left) and Julian McGlashan

education and training. Further aims are the promotion of medical, surgical and rehabilitative aspects of laryngology as well as training and laryngology fellowship in various areas. The BLA also aims to provide advice on laryngology to ENT-UK, the Department of Health and other organisations, both in the UK and abroad. The next national meeting will be on 26th June 2014.

Mr Karagama then spoke about "Surgery for Functional Dysphonia", noting that there is a 7:3 ratio in the current incidence of hyper to hypofunction. He pointed out that surgery has a role to play in selected cases when there has not been significant progress made with speech and language therapy. Botox injection can help in the treatment of spastic contractions of the vocal folds in spasmodic dysphonia. There is also a recent trend in laser thyroarytenoid myoneurectomy as a surgical option for some of these patients. Mr Karagama showed us an interesting video of him performing this operation on one of his patients, as well as an equally interesting film of an injection to correct a glottal gap. Singers often present with a hypofunctional glottal gap, and it is this condition that makes up the majority of my rehabilitation clients. In most cases, the optimising of subglottic pressure, along with onset work, result in greater vocal stability and stamina. In the discussion section, the importance of psychological evaluation was underlined.

The final part of Mr Karagama's presentation was "Laryngopharyngeal Reflux in Singers: incidental findings or real?" He noted that up to 15% of ENT visits involved LPR and that half of voice disorders may be related to LPR, costing the NHS millions of £s per year. The dilemma is between patient presentation of non-specific signs and symptoms, a 25% spontaneous resolution and a 50% chronic course. LPR associations can be varied, including muscle tension dysphonia, Reinke's oedema, laryngospasm, laryngitis and granuloma. Pathophysiology can be from direct injury - acid reflux, direct exposure to pepsin (pepsin at PH4 depletes carbonic anhydrous which is protective of the larynx) - and secondary mechanism of constant cough-trauma to the larynx, as a result of irritation to the vagus nerve. Mr Karagama spoke about the controversies of LPR - how it is distinct from GORD and how to confirm diagnosis and appropriate medical treatment. Questionnaires were also reviewed. The question raised was whether being in an occupation with high vocal load is a risk factor for this condition. Manifestations in singers can result in decreased vocal range, voice breaks, muscle tension and throat clearing. Current investigations include PH study plus/minus impedance and pepsin tests, which are likely to become important. A trial of PPI/antacids is considered proof of the initial diagnosis, and LPR cannot be excluded with a non-response to this treatment. After stating his own current treatment of LPR, Mr Karagama concluded that LPR is still controversial but real, and that further clinical studies are needed to improve understanding of this common and well-recognised condition. There were very clear hand-outs to accompany his presentations. In the discussion that followed, Alison Mary Sutton spoke about having been diagnosed with LPR some time ago, following a prolonged chronic cough and decreased vocal stamina. Respiratory tests had been negative. She had consequently reduced her intake of specific acidic foods, having heard that pepsin could be a factor. Subsequent examination at ENT showed a considerable lessening of laryngeal irritation and her cough also decreased significantly.

The next session was on the new acoustic analysis developed as an App that is compatible with iPhones and Apple devices,



(left to right) Sara Harris, Jacob Lieberman, Nick Gibbins, Tony Aymat, Linda Hutchison, Rehab Awad

named OperaVOX (On Person Rapid Voice Examiner for the Mobile Assessment of Voice). It was chaired by Declan Costello, who 'set the scene'. Owain Rhys Hughes, one of its developers, presented some insights into its origins as a user friendly hand-held device that could be used on a regular basis to analyse certain aspects of voice. These include fundamental frequency, formants, maximal phonation time, certain perturbation features such as jitter, shimmer, harmonic to noise ratio, vocal range and VHI 10. Marina Mat Baki then presented original research, looking at inter and intra individual reliability with OperaVOX and comparing it with the MDVP (Multidimensional Voice Program) software. It compared favourably in most of its analyses. John Rubin then presented illustrations of its use in a few clinical scenarios, emphasising its ease of use. He spoke about the efficiency of OperaVOX, pointing out that it can be used as a pre-operative analysis and giving an example of its use before and two weeks after surgery, when the fundamental frequency (fo) and jitter/shimmer levels had lowered. A quiet room is required for OperaVOX to be fully effective, and it is not yet available on Android. A lively discussion followed, which focused on the reliability and role of perturbation analyses of voice. A very informative handout accompanied this presentation.

The final session of the day was the presentation of Research/Audit papers. The use of the 'chin-lift', to improve the viewing of the vocal folds with flexible nasendoscopy, was the audit presented by core surgical trainee Rachel Edmiston. She found that supporting the chin increased the anterior/posterior distance between the epiglottis and the posterior pharyngeal wall, enabling the scope to avoid contact with the epiglottis and, therefore, to be a more comfortable experience for the patient. Sitting forward, rather than in the traditional upright position, elevates the patient's chin and extends the neck, allowing the scope to enter the nasal cavity at an angle of 45 degrees compared to the traditional 90 degrees. This gives a clearer view of the larynx, with the added ability to detect the finer detail of the vocal folds.

As up to 65% of speech therapy patients fail to adhere to therapy, specialist SLT Fiona Gillies presented her audit on the use of DVD instructions as a potential way to improve this situation and effect better voice outcomes. The rationale for this research is that patients practise twice as much with video instructions as they do with written exercises, it is hoped that adherence will improve by giving patients confidence in their ability to practise.

Specific joint and muscle work in laryngeal manipulation was the topic of the research paper presented by Voice Specialist Osteopath, Jacob Lieberman. His interest, from the manual

physiotherapist's point of view, is how to access the very specific muscles or joints to be manipulated. He focused in particular on the thyrohyoid muscle, pointing out that it is very big in relation to other laryngeal muscles, and that it is capable of being manipulated in several different directions. An interesting manoeuvre is the effect of a thyrohyoid twist on the aryepiglottal fold, which is difficult to access from outside the body. Referring to the mobilisation of the cricothyroid joint, it has not previously been thought possible to affect this manoeuvre. Mr Lieberman pointed out that once there is an understanding of the movement of the joint, it is possible to develop techniques to stretch and shorten the vocal folds. In general, when certain parts of the laryngeal mechanism are targeted, their movement influences the rest of the mechanism. This was demonstrated in fascinating filmed animations of the manipulation of the joints and structures of both the cricothyroid and thyrohyoid mechanisms. Mr Lieberman also showed a film of a singer with depleted voice, both before and after manipulation. By working with the arytenoids, he was able to effect greater efficiency in bringing the vocal folds to the mid-line. This was achieved by manipulation under nasendoscope with the chip on the tip. In that manoeuvring, the active arytenoid was inhibited in its abduction direction while the weak side was encouraged to cross the mid-line medially.

Finally, Kate Heathcote, ENT Consultant, presented two research proposals, one investigating long-term intubation complications following thyroplasty type 1 procedures, and the other the development of a National Laryngeal Cancer database focused on functional voice and swallow outcomes. There was considerable discussion on these ideas, and the nascent BLA Head and Neck ENT-UK sponsored audit, looking at microlaryngoscopy, was also discussed. It is likely that all surgeons performing microlaryngoscopy will be required to submit data to this latter audit.

In conclusion, this was a most stimulating and enjoyable day, enhanced by meeting friends and colleagues. Through the material presented, it gave delegates the opportunity to discuss ground breaking work and research.

With grateful thanks to John Rubin for his input into this report, and to other speakers at the forum for verification of medical detail.



(left to right) Philippa Moll, Tori Burnay and John Rubin

Past President, Linda Hutchison adds...

I have to admit there were times as I drove through the deserted streets at 05.40 on the morning of 8th November that I wondered why on earth I was doing this. Tony Aymat had been in charge of booking the train tickets. He had chosen the 07.23 from Euston. In order to get there, I was making my way to Ebbsfleet International to park the car and catch the HiSpeed to St Pancras. Once there it was a short hop to Euston where I met most of the team already ordering early morning coffees. It was Voice Clinic Forum Day and we were on our way to Birmingham. The Friday morning Voice Clinic in Lewisham, which has morphed from the Sidcup Voice Clinic, is led by laryngologist, Tony Aymat, a consultant who knows the restorative value of the croissant and the pain au chocolat. And the clinical lead speech and language therapist Rehab Awad's understanding of the voice is strongly underpinned by the knowledge that morning mocha is a necessity of life. So Friday mornings in Lewisham are always a pleasure. But this early in Euston? This year we were going in force. Our osteopath, Jacob Lieberman, was on board as was Nick Gibbins, the lead laryngologist in the Friday afternoon Voice Clinic. Sara Harris, who works with Nick, was already in Birmingham. So, once we arrived, we had the full complement of Lewisham's Voice Clinics. Tony, Nick and Jacob were all speaking at the Forum.

Nick Gibbins gave a presentation on a very exciting development in laryngeal surgery; that of Recurrent Laryngeal Nerve Reinnervation. His talk covered the research and development through the centuries that brought us to where we are now, the complex issues involved and the particularly encouraging and successful work being done in Rouen. It seems to be proving a viable option for both unilateral and bilateral vocal fold palsy. I took particular pleasure listening to Nick's highly informative and entertaining presentation as I first met him when he was training. I was in the Medway Voice Clinic the day he had to sit in for the consultant who had been called to an emergency. He was extremely good with the patients and he asked for both the speech therapist's and my input – so naturally we realized he was a winner! And so I am delighted that he has centred his interest in voice and that he is now at Lewisham.

Tony Aymat showed us film of him operating to remove papillomas using coblation. He was talking in the section about surgery for difficult lesions. The technology, which is used more commonly for tonsillectomy, works at low temperature, unlike lasers, and so there is not the risk of burning and there is minimal damage to surrounding tissue. We watched as the papillomas seemed to be dissolved and then 'hoovered' up. The results are very positive and so this is another exciting development in laryngeal surgery.

We hope, particularly as singers, that we will not have to face surgery. But the Forum gave us plenty of positive news about the developments in surgery that make the prospect less daunting. It was also good to spend a day in the company of like-minded colleagues who all contribute to the health and well-being of voice users, be they professional or not. The BVA is to be cherished and supported in its continuing work to promote, share and encourage research, development and knowledge in the field of voice.

BVA STUDY DAY

WEAK, WOBBLY OR WORKING?

Saturday 26 October 2013, The Brighthelm Centre,
North Road, Brighton BN1 1YD

Report by Lucy Legg

The topic of the study day in Brighton on October 26th 2013 was relevant to all professional voice users and the general population. For, as human beings, we are all living lives of constant development and change. The process of ageing, as John Rubin, Consultant ENT Surgeon at the Royal National Throat, Nose and Ear Hospital/UCLH, so eloquently pointed out in his opening presentation, begins from the moment of conception and continues until we die.

The exact timing of specific events, such as calcification of cartilaginous structures and the extent to which any such physical changes alter the sound of the voice, varies from person to person. It depends on factors such as the individual's own physiology, the level of technique that has been acquired to get optimal use out of these gradually changing physical structures, and the extent to which the professional or social environment supports and facilitates optimal voice use.

In some people, a slower rate of change occurs in the structures of the voice than in their chronological peers, resulting in a more youthful sounding voice. This is a genetic predisposition in the same way as some lucky people have a genetic make-up that causes their skin to remain elastic for longer than their peers, resulting in fewer wrinkles and a younger looking face.

Professional voice users have the potential to sound younger for longer, despite heavier voice use, than the average member of the population because they hopefully know how to protect their voices from damage. Liz McNaughton, a singing and speaking voice specialist, gave us the chance to hear some wonderful audio clips of professional singers singing well into their 80s and sounding at least 20 years younger. Many of these clips are available to listen to on YouTube and are well worth hearing. However, professional training is not a prerequisite for a person over 60 to be able to develop a comfortable and free singing voice, or a resonant, communicative speaking voice.

Rebecca Moseley-Morgan and Lucinda Houghton are both professional singing teachers and they talked us through their differing approaches to working with older amateur singers and how they provide them with strategies to get optimal use from their singing voices. With the demographic of the British population shifting towards those of 60 and above, there are more and more people with free time, looking for outlets for their energy. Amateur dramatics and amateur choirs are becoming very popular and it is wise for all concerned to consider how older voices can be protected in these more demanding vocal activities, when the natural robustness of young muscles and flexibility in other structures are starting to reduce.

Of course, some people are less fortunate as they age and, in addition to the general process of maturation, they face an overlying medical condition that impacts on voice use. For some, this

condition will be neurological in origin. Parkinson's Disease, Motor Neurone Disease, Stroke and Dementia are a few examples, and on the whole these conditions are more common in the over 50s, and all can have very significant, but different, impacts on the way that sufferers can use their voices. Emma Fitzpatrick is a Speech and Language Therapist specialising in neurological conditions. She described how individuals, their families or friends often spot vocal changes before any formal medical diagnosis has been made, and how these changes are often a major reason that people seek medical help.

Emma went on to discuss how specific voice exercise treatment programmes often form one part of the medical support for people with Parkinson's Disease, a condition in which speech and swallowing are gradually affected as voluntary control of the muscles becomes more difficult. Unfortunately, these can be boring and hard to stick to. However, regular singing opportunities can provide similar benefits in a more fun environment. Lou Beckerman is a community musician and nurse, who uses her skills as a jazz vocalist to run this type of class, for people with a variety of conditions. She talked in particular about her dementia-friendly community jazz choir. The importance of this approach cannot be stressed enough.

For many people suffering from dementia, not only do they lose touch with their internal world, as their ability to recall information about themselves decreases, but they lose touch with their external world too. People around them start to find their behaviour strange and stop inviting them to take part in events, people start to feel embarrassed and unsure of how to have a conversation with them and so avoid doing so, or feel so upset at the loss of the characteristics of the person that they knew, that they stay away in self protection.

Lou reminded us that people suffering from dementia are still emotional beings, even though their intellectual capacities have been greatly reduced by disease. Music provides direct access to the emotions and can provide a temporary route to self-expression, when the former route, voluntary use of language connected to thought, has been removed by disease. With careful song selection specifically tailored to the personal histories of group members, the old connections, via well-established musical pathways in the brain, can sometimes be strong enough for whole songs to be remembered. This chance for full personal expression is a true gift to anyone, but particularly to anyone living a life locked into such awful circumstances.

The final presentation of the day was by Stephen Clift, on the outcomes of the research project they have just completed at the Sidney De Haan Research Centre for Music, Arts and Health. The study looked at how it might be possible to influence the progression of the degenerative lung disease Chronic Obstructive Pulmonary Disease (COPD), which is common in older members of the population, by providing regular singing opportunities.

This study was undertaken in the knowledge that COPD is a progressive condition. Therefore any signs that singing was having a positive effect on the lung function of participants were expected to show themselves in a slowing of the rate of degeneration, in comparison to a medically matched control group who were not taking part in regular singing. As it turned out, results were better than anyone could have hoped for. Overall, the lung function scores of participants in the singing group, at the end of the trial, were better than they had been at the start showing, not just slower deterioration, but actual improvement. Hospital admissions were down and there is now a good chance of persuading the National Institute for Health and Care Excellence (NICE) to put access to singing on the list of approved treatments for COPD.

BVA STUDY DAY

IRRITANT ISSUES: Reflux, Allergy and the Voice

12th January 2014, Baden Powell House, London

A personal perspective by
Geraldine McElearney

I have a confession to make. When I was a music student, I used to feel a little bit embarrassed and irritated by my fellow singers. All those lozenges, scarves worn around throats like talismans, warbling in corridors, compulsive liquid consumption and so on seemed a bit self-obsessed and precious.

Perhaps I shouldn't have been so judgmental. 'Irritant Issues', this year's BVA January conference, has shamed me somewhat, with its detailed and varied exposition of a range of physical and psychological barriers that can impede vocal health and performance. Actually, I'm newly awed by – and frankly envious of – singers that have the physical and mental strength to establish and sustain careers based on a pair of vulnerable little muscles. My own hopes of a performance career were abruptly terminated by a persistent, vocally disabling problem of dryness, cause unknown. I still long for an explanation of why my singing voice stopped cooperating at such a crucial stage of its development.



John Rubin



Rehab Awad

The conference addressed a series of health issues, any one of which can play havoc with the voice. I guess a certain amount of self-selection may have determined the makeup of the audience but even so, it was striking how many of us seemed to have a particularly personal experience of asthma, allergy or reflux, whether as teachers or performers – as well as a more general professional interest. Are heavy voice users particularly susceptible to such complaints, or is it simply that these conditions are so common?

John Rubin opened the day's programme with an exploration of sources of stress for voice performers. The first in a line-up of expert and highly engaging presenters, Professor Rubin spoke of a complex network of physical and emotional variables, an uncomfortable number of which rang loud bells for me. It seems as though there isn't a single area of my history that doesn't flag a potential vocal difficulty – from my personal/domestic circumstances in the early months of college, through thyroid problems, musculoskeletal idiosyncrasies, considerable lifestyle shortcomings (coffee, wine, medications, sleep, diet...), possible reflux etc etc. Crikey – how to unpick all that? But on balance, I feel much better for hearing it – I may still have no direct explanation for what went wrong, but I now see the immense vulnerabilities not only of the voice, but also the singer. Indeed, as recent renewed medical investigations into my own vocal meltdown draw a series of predictable blanks, and with no obvious technical cause, the potential for a psychological or lifestyle basis seems all the greater.

“...I'm newly awed by – and
frankly envious of – singers that
have the physical and mental
strength to establish and sustain
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vulnerable little muscles.”



Emma Winscom

Focusing on the problem of reflux, Voice Specialist Speech and Language Therapist Dr Rehab Awad gave a superbly informative yet totally accessible presentation. Cause, effect and relief were explained with great clarity and wit, and again, made me realise how much I flirt with triggers of the condition. And I'm definitely not alone – plenty of Gaviscon drinkers were amongst the audience. I think we all took away some positive direction on how to minimise or avoid.

The bulk of presentation airtime – arguably too much – was

given to Dr Gavin Jarvis, pharmacologist and singer. A speaker of half his ability would guarantee a near-universal uptake of chemistry study in school, I for one learned more science in a couple of hours than in five years of curriculum science. Give this man the Royal Society Christmas TV lectures gig! True, the applicability of all this to voice wasn't always as explicit as some of us would have liked (despite the promising title), but no question, I came away with a much, much better understanding of how drugs work.

Stephen O'Hickey, Consultant in Respiratory Medicine, gave the last presentation of the day, focusing on allergies. I'm not the only parent to be struck by the prevalence of allergy medication being used in schools compared with my own school days – there are more inhalers held per class in my children's primary school than were in the whole of mine. And extreme food allergies to nuts and so on seemed vanishingly rare when I was a student – not so nowadays. This isn't just anecdotal – Professor O'Hickey reports a worldwide increase in atopic-type allergy and asthma. A disproportionate number of young people are affected, and there is a correlation between social and environmental conditions and the rise, with the prevalence being especially noted in urbanised societies. So the impact of allergy and allergy medication is of direct relevance to all of us as voice professionals; even if we don't suffer ourselves, chances are we'll have a student, client or colleague who does.

Professor O'Hickey's talk developed some of the themes introduced by Dr Jarvis, as he looked in more depth at the incidence and treatment of common respiratory problems like rhinitis, hay fever and asthma. These are all conditions close to my heart (or should I say, nose and lungs...), and it was great to get some real expert insight as to what triggers symptoms, and how to use medication to optimum effect. I confess to being someone who makes pretty liberal use of various tablets and inhalers, so I'm very grateful for this opportunity to gain a better understanding of what they can and can't do, and therefore how to deploy them to better effect



Stephen O'Hickey



Gavin Jarvis



Katharine Lewis gives Jane Rigby raffle prize

in future. Furthermore, I hadn't really considered the interplay between conditions before, so was interested to learn that poorly controlled rhinitis, for instance, can trigger asthma symptoms. Again, this underlines the importance of thinking holistically about one's health and its impact on voice.

The presenters and other assembled experts were very generous in engaging with individual delegates, many of whom brought their own experience, or that of a pupil, to interrogate an issue from first hand, whether on treating reflux, managing medication, or whatever. Throughout the day, opportunities were available to derive specific, personal help from the conference. Allowing space within the programme for such direct interaction made it even more interesting and relevant,

and is to be commended – especially with a panel of such pedigree.

Clearly, there's a lot I need to look at more deeply and thoroughly in my own life if I'm going to develop a voice I can work with again. But I do feel a bit less hopeless, and a lot more respectful of the potential fragility of this amazing, hidden part of my body. Of course, I knew in theory that the greatest singers are elite athletes, as well as artists and musicians. Now though, I think I understand much more keenly how every aspect of a singer's physiological, psychological and behavioural being impinge on their chances of making a career using this beautiful, incredible instrument. Who can blame them if they don't want to catch a cold?



Delegates

World Voice Day

April 16th every year

This year, the BVA will be producing two leaflets to draw attention to the importance of voice in our lives and to celebrate healthy voices. The first is a new leaflet in our series on voice problems and their management. This time we are focussing on Muscle Tension Dysphonia, a common diagnosis among patients attending UK Voice Clinics. We hope the leaflet will be a useful downloadable resource for voice clinics, speech therapy clinics, patients and the general public. BVA members should receive a copy sometime in March 2014.

Our second contribution centres on Singing and Wellbeing. There is increasing scientific evidence to support the long held clinical impression that singing has positive effects both physically and emotionally on everyone. Recently, it has been shown to help people with severe breathing difficulties as well as people with Parkinson's disease, Alzheimer's or other forms of dementia. Over the last few years, Gareth Malone has demonstrated the benefits of singing for everyone in his TV series on work place choirs and, of course, the Military Wives. So, to celebrate the work of all those who have helped gather this evidence we are producing a second leaflet outlining the benefits of singing for all.

As always, we are hoping our members will also want to celebrate World Voice Day by organising their own local



activities and events. We hope they will share these events with us by sending short reports or photographs for the website. This year we have a downloadable feedback form available on the World Voice Day section of the website to make reporting your activities easier. The completed forms can then be emailed to: administrator@britishvoiceassociation.org.uk

The website also has some written guidelines to help you with ideas and you can also look at the reports of activities sent in from previous years in our World Voice Day archives at: www.britishvoiceassociation.org.uk/events_world-voice-day-2012.htm

BVA SPEECH AND LANGUAGE STUDY DAY FAIR EXCHANGE SUNDAY 11th MAY 2014

Following on from the hugely useful workshop at University College London in 2011, the BVA are offering another chance for Speech and Language Therapists and Voice Teachers (Spoken Voice) to learn together. This practical day aims to increase your ability to help clients by sharing and demonstrating techniques and by the use of interactive group work using case studies.

We will be welcoming leading representatives from both disciplines:

Amanda Carr (University Hospitals Bristol NHS Foundation Trust), **Carol Fairlamb** (Bristol Old Vic Theatre School), **Nicola Gorb** (specialist in Stammering and Voice) and **Jenny Nemko** (specialising in lecturing skills).

The location will be the Lecture Theatre of the Birmingham Conservatoire. The day starts at 10.30 a.m. for 11 a.m. giving delegates from further afield the opportunity to travel to Birmingham and back on the day.

Early bird rates (until 11th April): £80 members, £110 non-members, £40 students
Standard rates: £90 members, £120 non-members, £50 students.

Full details and application forms on our website: www.britishvoiceassociation.org.uk



EXERCISES FOR VOICE THERAPY

2nd Edition (includes CD)

Alison Behrman and John Haskell

Plural Publishing,
ISBN 978-1-59756-530-1

Review by Janet Munro

'Exercises for Voice Therapy' aims to expand our offering of treatment options by providing practical exercises to inspire Speech and Language Therapists (SLTs) working with a wide range of voice patients (clients) - encouraging creativity through evidence-based practice.

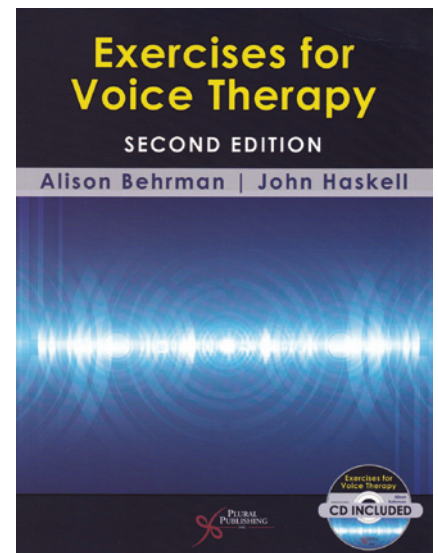
Content includes material suitable for novice to highly experienced voice practitioners and is useful in assisting the development of treatment plans and session materials. In this second edition, fresh perspective has been brought to the therapeutic process with the inclusion of 24 new exercises.

Forty five experienced voice therapists from across the world have contributed 72 exercises for 'consideration and exploration' by those working in the field of voice. It is intended for therapists to be creative and to use the exercises in their own way, depending upon their personal approach and the needs of their clients. An accompanying CD is included to provide an aural model for those exercises that may be difficult to interpret

from the written text alone.

Chapters are arranged topically and are loosely collated under parameters of the voice production system being addressed. This takes into account the very nature of voice work, in that techniques focusing upon one subsystem of voice production often have beneficial effects upon several other aspects of voice production, and that commonalities across voice therapy patients are greater than the differences. Content includes material suitable for treatment of a wide variety of voice disorders such as muscle tension dysphonia, nodules and vocal fold palsy, through to working with paediatric voices, transgender clients, aphonics, clients with vocal tremor, puberphonia and those with paradoxical vocal fold dysfunction. 'Exercises for Voice Therapy' offers genuine insight into the range of methods currently used in voice therapy from a variety of viewpoints. For this reason, written style and description of application of each technique, and the level to which the evidence base is described, varies between each exercise. It is not a recipe book for treating specific diagnoses and the difficulty level of the exercises are varied. Therefore, to be used most effectively in clinical practice, SLTs seeking to apply its techniques will have good theoretical and a basic practical knowledge of the application of therapy techniques already currently in use to treat specific voice disorders.

Non-SLT voice practitioners (singing teachers/voice tutors) may also find



much of this resource useful as an insight into up-to-date, effective methods of working with the voice to achieve specific outcomes for the non-disordered voice. It includes exercises which focus upon improving parameters of voice production such as volume, pitch range and resonance, plus it offers original ideas for the delivery of topics such as maintenance of the voice, speaking to larger audiences and developing vocal expression.

Due to client individuality, we all know the more tools SLTs have in their toolkit to deliver effective therapy, the increased potential for positive therapy outcomes. This publication encourages sharing of effective practice to improve the discipline overall, so we may all become better voice practitioners.

WHAT EVERY SINGER NEEDS TO KNOW ABOUT THE BODY

2nd Edition

Melissa Malde, Mary Jean Allen & Kurt-Alexander Zeller

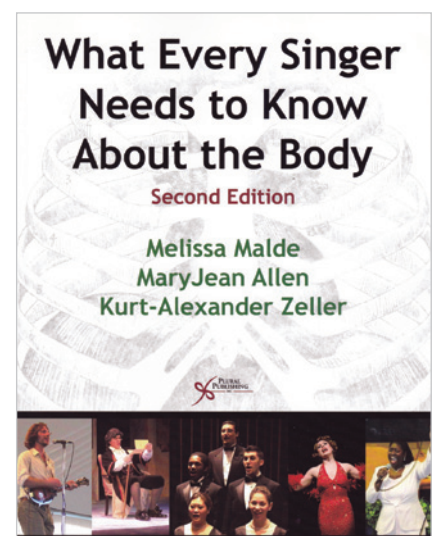
Plural Publishing 2013,
ISBN 978-59756-494-6

Review by Carrie Garrett

This is the second edition of this popular resource for singers and singing teachers. The book is designed to help singers learn the correct physiology and function of the body through the process of Body Mapping, a technique first developed by the Alexander teacher, Barbara Conable. Through a variety of techniques,

particularly the use of inclusive awareness, singers learn to create an accurate mental representation of their body's structure and function. This in turn leads to improvements in movement, tone production, breathing, and expression.

The three principal authors have all studied Body Mapping with its founder and make their own individual contributions. Mary Jean Allen is the author of the first two chapters, which present an over-view of the method including kinesthesia and inclusive awareness. Melissa Malde contributes three chapters on Body Mapping from a singer's perspective while Kurt-Alexander Zeller wrote the final two chapters on the use of Body Mapping to enhance a singer's power of communication and physical expression. While each chapter follows the same format with detailed descriptions and illustrations of the body's function and structure along



with practical exercises, the individual writing style of each author gives the book a slightly disjointed feel with some repetition between chapters. Perhaps, because they concentrate on areas which

are fundamental to a singer's technique, I found the chapters written by Melissa Malde the easiest to understand on first reading. However, she makes the point that the book is not to be read as a standard textbook, but is intended to be used as a guide for experimentation and discovery. It is certainly a book which requires the reader to engage with it on a number of different levels, and deserves to be revisited whenever a singer struggles with physical understanding of how their body functions.

Each chapter has a wealth of detail, which takes some time to work through. The illustrations will appeal to those who prefer a visual learning style, while the exploratory exercises offer a practical way of embodying the knowledge described in the book. From a teacher's viewpoint, some of the most interesting and helpful insights I received from the book were details about popular misconceptions that singers may have about how their bodies function.

I explored a number of exercises from the chapter entitled 'The Singer's Breath' with one of my adult students.

My student certainly benefited from the information and illustrations about the movement of the ribs, a subject that she has struggled with in the past and there was a noticeable improvement in her breathing after going through the practical exercises. However, when teaching children, I feel care needs to be taken with the choice of exercises as some of them cross into territory which might be considered "off limits" particularly in the light of present concerns about safeguarding and child protection.

The second edition of this book has been updated with the addition of a glossary of key terms used throughout the book and updated references to websites for further information. The number of topics remains the same but there are now extended chapters on breathing and physical expression with a number of new exercises and illustrations. It is a book that I would recommend to singers and singing teachers as being essential reading. However, it is relatively costly and while I welcome the new information included in the second edition, I am not sure that it is worth buying this new edition if you already own a copy.

BECOME A DIRECTOR OF THE BVA

HAVE YOU THOUGHT OF BECOMING A DIRECTOR OF THE BVA?

The BVA's Annual General Meeting will take place on Sunday 6th July 2014 at Baden Powell House Conference Centre, London. At that meeting, some new directors will be elected to serve on the Council and to act as Trustees. A Call for Nominations will be mailed to all BVA members in early May.

Do you know someone who might make a good director/trustee of the BVA? Are you such a person? If so, look out for the Call for Nominations paperwork to be sent to you in May and submit a name.

A director and trustee must be a member of the BVA and must have:

- enthusiasm for the multidisciplinary work of the BVA
- a commitment to devote time and effort to the BVA as there are some 6 Council meetings each year and director/trustees are expected to attend all of them unless there is a sudden and urgent reason they cannot attend
- a willingness to speak up
- acceptance of the responsibilities of trusteeship
- an ability to work effectively as a member of a team

Reasonable expenses for attending Council and Working Party meetings are reimbursed for directors who live outside London.

OBITUARY – PAM PARRY

It is a great sadness to report that Pam Parry passed away peacefully on Christmas Day. She was a serving director of the BVA for two terms and her work reached far and wide. If you have any memories you would like to share of Pam, a couple of lines, for inclusion in the summer Newsletter please send them to me – lynnewayman.voicecentre@virgin.net

diary dates

FAIR EXCHANGE

Sun 11th May 2014. Birmingham Conservatoire, Paradise Place, Birmingham, B3 3HG

A practical study day where leading representatives from Speech and Language Therapy and Voice Teaching share and demonstrate the techniques they use to train and/or rehabilitate the spoken voice.

THE ACCENT METHOD

Wed 28th & Thurs 29th May 2014 plus Wed 17th September 2014. The Assembly Hall, Baden-Powell House Conference Centre, 65-67 Queen's Gate, London SW7 5JS

Course Tutors: Sara Harris (Speech & Language Therapist), Dinah Harris (Singing Teacher)

RECOVERING VOICES: The Transition from 'injured' to 'well'

BVA AGM Study Day July 6th 2014. This study day will address what is meant by vocal injury, and how this affects professional voice users physically, professionally and emotionally. Leading representatives from the fields of Laryngology, Speech and Language Therapy, Singing Teaching/Voice Coaching and Performance Psychology will talk about their different roles in the rehabilitation process, how they determine and measure 'injury' and 'recovery' and how they communicate and work with clients to achieve a successful outcome.

VOICE CLINICS FORUM 2014

Fri 21st November, 2014. The Governor's Hall, St Thomas's Hospital, Westminster Bridge Road. London SE1 7EH

Topics under discussion include: the multidisciplinary management of post operative patients (including voice rest/post operative voice therapy), the multidisciplinary management of chronic cough, Speech Therapy led voice services: the pros and the pitfalls and current trends in phonosurgery. Please note: these topics may be subject to change. We are also planning a session for recent audit/research papers. If you have anything you would like to present please let us know at: administrator@britishvoiceassociation.org.uk.

See our website for more information and application forms (when available)

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