Psychologist/Psychotherapist
Many voice problems have an emotional component either in response to the voice problem or as the trigger for its onset. The Psychologist/Psychotherapist is unlikely to have any specific training in voice disorders. However, they may have experience working with psychosomatic conditions of a similar nature and their techniques can be very valuable to patients with vocal problems. The Laryngologist can often refer patients for counselling directly or, alternatively, via the GP.

Nurse
A clinic nurse may work as part of the core team or come and go when needed. Their role is to:
- Ensure that the laryngoscopes, or any other instruments used during the voice examination, are clean and sterile
- They may assist the SLT to video the patient’s voice examination or distribute any required questionnaires for completion by the patient before their consultation.

Other Observers
NHS voice clinics have a responsibility to teach the next generation of practitioners so sometimes there may be other observers in clinic. These may include:
- The Junior Doctor (a Registrar): who may either carry out laryngeal examinations under the guidance of the Laryngologist or simply observe.
- Other Trainees: These are usually student SLTs, Singing Teachers or Manual Therapists wanting to learn about voice problems, or work experience students interested in doing medicine/speech and language therapy.

The Volunteer: a hospital volunteer has received special training to work with NHS patients. Their role in the MVC is usually to assist with distributing and collating questionnaires.

Related Specialists
Some voice disorders are symptomatic of more general disease, damage or injury that requires the skills of a different medical specialist. The most common referrals from the MVC are to:
- A Gastroenterologist: who specialises in diseases of the digestive system
- A Neurologist: A specialist in the neurological system who can determine whether the voice problem is related to disorders of the brain or the nerves supplying the muscles of speech and voice
- A Chest Physician: A specialist in lung function and diseases of the respiratory system that affect breathing
- A Nutritionist: a specialist who can advise on dietary/nutritional issues.

It may feel daunting to be faced with a group of people when you attend the Multidisciplinary Voice Clinic, but remember; whoever is present is there for YOU. They genuinely want to help find an answer to your vocal problem. Once the ice is broken, most people adjust to their presence quickly and find the experience well worthwhile.

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the british voice association
email: administrator@britishvoiceassociation.org.uk
Tel: +44 (0)300 123 2773
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Laryngologist
An Ear Nose and Throat (ENT) surgeon who specialises in voice disorders in addition to their general ENT role. Responsible for the patient's medical care, their role is to:

• Take the case history and document it in the patient's medical notes
• Carry out and video a physical examination of the patient's larynx and vocal folds (more commonly known as “vocal cords”). They also check the patient's general ENT health
• Palpate the patient's neck/throat to assess muscle tension and exclude any growths or swollen glands that might indicate infection or disease
• Refer the patient for any necessary investigations (e.g. blood tests, scans, etc)
• Refer the patient to an appropriate medical specialist if the voice disorder is likely to be related to other health problems. (e.g. Gastroenterologist or Neurologist)

Voice Specialist Speech & Language Therapist
An experienced speech and language therapist (SLT), who has undergone specialist training in vocal anatomy, physiology, normal and abnormal vocal function and a wide range of vocal treatment regimes. Their role is to:

• Contribute to gathering the patient's history
• Observe the patient's voice production, identifying any postural, muscle tension or breathing issues that might contribute to the vocal problem
• Frequently involved in videoing the laryngeal examination
• Analyse the patient's internal laryngeal behaviour, trial therapy techniques if appropriate and make a functional diagnosis concerning behavioural factors involved in the voice production
• Explain the functional diagnosis to the patient and outline voice therapy options.

Patient
The patient is a pivotal team member. They know how their voice usually functions and what has changed. As a patient, your wishes should always be respected and you should feel confident to:

• Ask questions about your diagnosis and treatment options
• Tell the Laryngologist if you feel uncomfortable about any procedures or treatment suggested
• Ask that observers leave the room before your consultation if you are uncomfortable with their presence
• Request a chaperone if you wish
• Tell the Laryngologist if you feel queasy or unwell during your examination.

The Multidisciplinary Voice Clinic (MVC) is an NHS assessment and treatment clinic, run by two or more specialists, for people with voice disorders.

Voice problems are complex and may require the expertise of other professionals for a full diagnosis and effective treatment...

Singing Rehabilitation Coach (SRC)
An experienced singing teacher who has received special training in vocal anatomy, physiology, normal vocal function and vocal pathology. They should have experience working in a voice clinic, (ideally a year of observation). The role of a SRC is to:

• Contribute to the case history in terms of singing technique and performance issues
• Observe the patient's posture, muscle tension and breathing patterns
• Assist in interpreting the patient's internal laryngeal behaviour in relation to singing
• Assist with trialling singing exercises during the laryngeal examination and with explaining the functional diagnosis in relation to singing
• Advise on vocal technique and aspects of voice care in performance
• Outline and explain any singing rehabilitation that is recommended. In some clinics they are able to provide one or two sessions of singing rehabilitation work on the NHS.

Manual Therapist (MT)
An experienced osteopath or physiotherapist who has taken specialist post graduate training in laryngeal anatomy, physiology, vocal function and the application of soft tissue techniques appropriate for the laryngeal musculature. Their role is to:

• Assist case history gathering from their perspective
• Assess general musculoskeletal posture and laryngeal muscle tension
• Apply laryngeal manipulation/soft tissue techniques as appropriate.

Some MTs are employed by the NHS to provide short courses of 1-3 sessions of laryngeal manipulation for MVC patients. Where this is unavailable patients may need to seek manual therapy privately.