

(SAMPLE REPORT: VIDEOSTROBOSCOPY)  
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July 10, 2002

VIDEOSTROBOSCOPY

NAME:	Cynthia C	D.O.B.:	7/13/6
ADDRESS:	4789 Sun Street	AGE:	40
	Mobile, AL 36608	D.O.E.:	07/10/02
PHONE:	567-0000	REFERRAL:	Dr. John Keebler
PATIENT #:	CXXXX0000	COMPLAINT:	Chronic Laryngitis

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HISTORY

This patient is a 40 year-old female, referred to this clinic by Dr. Keebler for an evaluation of the laryngeal mechanism. Mrs. C reported that her voice problems developed suddenly four years ago and have occurred intermittently ever since. She stated that her current symptoms began approximately one month ago. Mrs. C reported that her voice fades in and out and that she does occasionally experience vertigo due to losing her breath when she tries to speak.

Previous voice problems (e.g., laryngitis/hoarseness) have been treated with voice rest, but results were only temporary. Two years ago Mrs. C developed a sinus infection that led to voice problems (e.g., hoarseness). Dr. Crocker prescribed Prilosec for the infection and recommended voice rest (one month) for the hoarseness. Her voice improved after that time. She stated that her hoarseness reappeared in April of this year. Voice rest was recommended for one and a half weeks, which temporarily helped her voice. Mrs. C's current voice problems began again a couple of months later in June.

Mrs. C reported that she has a history of sinus/allergy and reflux problems. She is currently under the following medications: Prevacid, Allegra, Hyzaan, Cenestin, and Flonase. Mrs. C stated that she does not smoke or drink alcoholic beverages. Her liquid intake consists of approximately one soda a week and 48-52 ounces of water a day. Mrs. C reported that her vocal demands each day were excessive, but that she was not experiencing any unusual stress. She stated that her voice problems are interfering with her job as a travel agent and with her involvement in her church choir.

EVALUATION RESULTS

Perceptually, the patient's voice quality was moderately hoarse, rough, and weak. The patient exhibited a fluctuating moderate degree of strain when speaking and her breathiness was observed to be of a mild degree. Her fundamental frequency was measured at 315Hz, which is quite high for a female her age. The Reflux Symptom Index (RSI) and the Voice Handicap Index were also used for this evaluation. Both indexes are based on the client's perspective. The RSI score of 36 strongly indicated problems with reflux. The Voice Handicap Score of 90 indicated a severe/serious voice problem.

Viewed under constant halogen light, the vocal folds appeared to be irritated and mildly inflamed. No other abnormalities in the laryngeal tissue or movement disorders were noted. There were no signs of ventricular fold compression observed.

Under stroboscopic light, the following were noted:

Symmetry =	Periods of asymmetry
Amplitude =	Reduced bilaterally
Periodicity =	Sometimes aperiodic
Mucosal Wave =	Reduced bilaterally
Closure =	Complete

## CONCLUSIONS

Results of the evaluation revealed inflammation of the vocal folds. Based on history information, part of this problem may be due to chronic irritation from sinus drainage and/or throat clearing. While the inflamed state of the vocal folds no doubt affected vibratory dynamics, it is also apparent that functional causes, specifically excessive laryngeal muscular tension, are affecting the patient's voice. She was stimuable for improved voice using vocal relaxation techniques, and the severity of her hoarseness was quite variable throughout the evaluation.

## RECOMMENDATIONS

1. Continued monitoring and management of sinus and reflux problems by ENT physician.
2. Voice therapy to address vocal abuse issues and excessive laryngeal muscle tension.

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cc: Dr. John Keebler