

VOICEPRINT

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Webinars: the future of professional development is here

The AVA supported two professional development webinars recently for speech pathologists, presented by Prof. Katherine (Kittie) Verdolini-Abbott from Pittsburgh. "Adventures in Voice" and "A Voice Therapy Spectrum: Lessac-Madsen Resonant Voice Therapy (LMRVT) and Casper-Stone Confidential Flow Therapy."

But what's a webinar, and how does it work? Alison Winkworth describes how you can be linked up with other webinar participants from around the world, and be part of a live presentation for professional development.

A webinar is web-based. You sit at your computer that is connected to the internet and follow the login or registration instructions that you received in your email confirmation. Usually you need to download a bit of software first, by following the instructions in the confirmation email.

When the day arrives and it's time to start, you click on the event link, and a website opens up for the organisation that is managing the event - usually an online meeting organiser like WebEx, Go-To Meeting or Online Meeting, and you click on something like, "Join Event."

Then you are taken to another website, and when the event begins, you can magically see the presenter via her webcam and streaming video, as well as what's on her computer - live - as she's presenting from the other side of the world.

Effectively, you're online at the same time as everyone else in the seminar, wherever they are.

So this is a live webinar, not a recorded set of presentations. However most of these events allow the whole thing to be recorded, so you may be able to access the entire video-recorded seminar to play back on your computer at a later date. (I needed to do this because during one of the live webinars my internet access went down, so I missed an hour or so of the presentation.) That meant we in Australia were sitting at our computers at 7.00am in the eastern states - 5.00am in the west: winter means fluffy

slippers, a colourful sunrise, steaming cup of tea, perhaps wearing headphones, and logging on, with your laptop on the coffee table and your feet up on the sofa.

At the same time, it's 5.00pm the day before in Pittsburgh, and Prof Kittie Verdolini is at her desk preparing for the presentation. We can see her getting ready: her webcam is on. She's got a hot lemon drink, and she is typing on the computer.

Thank goodness the technology doesn't require video of all the participants to be beamed around the world via webcam. At that hour on a Saturday morning, I was in old pyjamas, ugly woolly socks and enormous ugg boots.....

So Kittie's image is live, streamed, and the "desktop" on her computer is also being streamed live to all of us. That means she can show her Powerpoint slides (that we also have downloaded, separately) on HER computer: we are seeing her moving her mouse and clicking on programs etc.

Very strange to watch a mouse pointer hovering and moving on the screen, and I couldn't control it or move it myself. Even weirder seeing a Windows-based desktop on my MacBook Pro, and I wasn't running emulation software.

We could even hear the computer beeps of Kittie's incoming email. So we had full audio, video and 'desktop-streaming' of Kittie.

Speech pathologist **Jan Potter-Reed**, organiser supreme, took care of logistics. She was at a different location, and piped up from time to time to organise the questions.

Echo on the audio meant that whenever more than one person was talking at a time it hard to understand anything. So we all muted our audio while Kittie was presenting. When we had a question to ask Kittie or Jan, we could type a question in the 'chat box' for instant chat interaction.

So that was the 'how'. What about the "what?" **Jenny Mathews** and **Kath Williams** have both provided reviews of A Voice Therapy Spectrum in this issue.

And what was the feedback? **Sheryl Mailing**, AVA's professional development portfolio leader, collated some of the feedback that participants provided to the organisers, and it's presented in this issue.

Alison Winkworth



A warm welcome to new members and thank you to those members who continue to support the Australian Voice Association. We value your input and work on your behalf. And have you noticed all the exciting changes since I last wrote to you in March 2012?

The Board is excited by the progress being made by the Australian Voice Association, particularly in recent times. Several changes have occurred including revamping the website to bring you a more informative, interactive and up to date AVA, establishment of AVA Facebook news, exciting professional development through modern technology (such as webinars) and collaboration with other likeminded bodies through conferences.

All brought to you by a creative and hardworking team. The AVA board is a great team who work tirelessly in a voluntary capacity on behalf of all members.

Current board members are listed below together with their portfolios. We are sorry to report the resignation of **Thea Peterson** in early June this year. Thea was a valuable member of the AVA board and we thank her most sincerely for her contribution. Speech pathologist and singer **Judy Rough** has been invited to the Board and will take over Thea's Membership Portfolio.

Board members are now:

Jane Mott	President	Speech Pathologist & Voice Consultant
Sharon Moore	Vice President	Speech Pathologist & Voice Consultant
Adele Nisbet	Treasurer	Voice Lecturer (singing), Researcher
Helen Tiller	Secretary	Clinical Voice Consultant
Johanna Flavell	Website Organizer	Speech Pathologist & Voice Consultant
Sheryl Mailing	Professional Development	Speech Pathologist & Voice Consultant
Judy Rough	Membership	Speech Pathologist & Voice Consultant
Julia Moody	Marketing/PR	Voice Lecturer (speech)

AVA supports and encourages ongoing professional development (PD). Through our hard working, creative and ever diligent professional development portfolio leader, **Sheryl Mailing**, we have delivered two well supported "webinars" with **Prof Katherine (Kittie) Verdolini-Abbott**, through MultiVoiceDimensions.

You'll find more about them in this issue. The AVA embraces webinars as part of our professional development options, to make PD more accessible for AVA Members and other Voice Interested People.

We are also excited to be planning the AVA pre-conference satellite seminar (26 October 2012) in conjunction with the Australia Asia Pacific Laryngology and Dysphagia Conference in Melbourne (27-28 October) and are delighted with the collaborative efforts of a number of people interested in voice.

We are thrilled to have been invited to collaborate with this conference, and the **AVA satellite seminar** being held on Friday 26 October will run from 10.00am to 4.00pm at the Royal Victorian Eye and Ear Hospital, in Lucy Jones Hall on Albert Street, East Melbourne. You'll be provided with a stimulating day showcasing the variety and depth of advances and developments in the field of voice currently underway in Australia featuring presentations of papers both from within Australia and overseas. And remember that the registration fee is: Australian Voice Association members - no charge, Non AVA members - \$100.00 including GST.

And note that to register and attend the Australian Voice Association satellite seminar you **MUST** register for the **Australia, Asia Pacific Laryngology and Dysphagia Conference**. To register for this event please go to the AVA seminar link on the AAPLS website at <http://www.voice.consec.com.au/ava-seminar.html> or to find out more about the Australia Asia - Pacific Laryngology and Dysphagia (AAPLS) Conference please go to the website on <http://www.voice.consec.com.au>.

And please feel free to contact our Professional Development Portfolio leader, **Sheryl Mailing** by email to sheryl.mailing@gmail.com with any queries or comments.

We are also pleased to see continued development of the Australasian Voice Summit to be held in Adelaide in September 2012.

(See further information on the AVA website and in this issue.) The AVA supports endeavours to further knowledge and networking in the voice community in Australia and to the broader community and appreciates the efforts **Helen Tiller** and her team have put in to organizing such a conference.

World Voice Day on April 16th this year provided us with

a wonderful opportunity to raise awareness of voice and vocal health with the general public in the regions throughout Australia. Many of you were active in spreading the word throughout the country. In 2012-13 and beyond we will endeavour to continue to distribute the message of care of the human voice even further. In 2012 AVA continues to produce Voiceprint. **Susannah Foulds-Elliott** was again editor for Voiceprint No 42 published in April. Thank you, Susannah, you did a wonderful job. Speech pathologist **Alison Winkworth** is sharing her expertise in editing this issue, No 43, which we have looked forward to with much anticipation. We thank these capable editors for their work and welcome and rely on information and articles from the membership to keep vibrant and current through our newsletter. Remember that Voiceprint is your newsletter and please contribute.

Continued next page

President's message continued

And wow - look at the AVA website now. The AVA thanks **John Waller** once again for managing its technical operation. We thank John for his superhuman efforts in collaborating with **Johanna Flavell**, our website portfolio leader, to bring you the members and the general public a brighter, better and invigorated website.

The AVA remains committed to ongoing upgrading and maintenance of the website to keep it informative, interactive and responsive to members needs.

We welcome your input through notices of impending conferences, workshops and resources. Have a look at the AVA website today and see what's happening, keep up to date and think about what you're able to contribute.

www.australianvoiceassociation.com.au.

The AVA has also become active on **Facebook** through the capable endeavours of tech-savvy member **Liz Savina**. Liz is a speech pathologist from Queensland responsible for the establishment of the AVA Facebook page who has test published our site with positive results, and is planning a note go on the AVA webpage about our Facebook page for members. Please "like" the AVA on Facebook and follow our postings. Thank you, Liz.

In support of the student voice-interested community, the AVA again offered its Student Encouragement Award in 2012. It is our aim that for each of three years we can support five worthy students around Australia whose focus is a voice-related career and encourage future involvement in our Association by our newest professionals. The award comprises AVA membership for the year, complimentary registration to AVA workshops and events, local or national, and a valuable book prize from the leading academic, scientific and clinical publisher, Plural Publishing. We again thank diligent board member, **Adele Nisbet**, (past president, vice president and now treasurer) for her efforts as convenor of this Student Encouragement Award. The winners of the 2012 Australian Voice Association Student

Encouragement Awards were:

Veronica Pulker	Western Australia
Danielle Stone	New South Wales
Jocelyn Hickey	Victoria
Kathryn Williams	Queensland
Natalie Hubbard	South Australia

Our congratulations go to these recipients on their awards and we look forward to welcoming them and other aspiring voice-interested students into the Australian Voice Association. All 8 nominations for the 2012 AVA student encouragement awards receive student membership of the AVA for the year.

As 2012 rolls on we continue to look forward to sharing ideas, professional development, expertise and professional exchange, together with great networking and fellowship.

I'm looking forward to meeting up with you at the AVA satellite seminar on 26th October in Melbourne.

Jane Mott, *President*

Webinar - A Voice Therapy Spectrum

9 & 10 June 2012.

Review 1 *Jenny Matthews*

I originally envisaged that this webinar would be two days of a cherished long weekend filled with difficult theory, unfamiliar acronyms and a sore neck from staring at the computer for five hours. Happily, it turned out to be both engaging and interactive, with clearly explained theoretical and practical information.

The first day was an excellent discussion of the basic principles of choosing appropriate therapy. Items of reflection included balancing evidence based practice, clinical expertise and client concerns. Kattie expressed her concerns about the over-enthusiastic use of packaged programs, including her own, in a cookbook fashion. She emphasised the importance of using intuition and creativity to provide individualised principled therapy in the moment or IPTIM.

Important points for my own learning were:

- To rid my vocabulary of the term 'vocal abuse/misuse' as these words have potentially negative impact
- The most powerful therapy tool is the client's self-efficacy. If we provide feedback too quickly we mask the clients personal processing.
- Attention to the outcome is helpful for performance (as opposed to a focus on biomechanical instruction)
- There is evidence that the use of imagery can harm learning
- The more you ask the client to do and the more often you ask them decreases their compliance.

Several areas requiring my closer review include biology, biomechanics and the semi-occluded vocal tract. The practical discussion of Lessac-Madsen Resonant Voice Therapy (LMRVT) and Casper Stone Confidential Flow Therapy (CSCFT) on day two resulted in my baby imitating many of the sounds I was practising (one of the flexible benefits of the webinar).

While I am eager to apply my learning of LMRVT, the need to continually reflect and consider the basic principles of the therapy 'spectrum' is the greatest message I gained from this webinar.

Jenny Matthews

Speech Pathologist
Queensland

Webinar - A Voice Therapy Spectrum Review 2

Kath Williams

Here on the Sunshine Coast in Queensland, the weekend of Saturday 9th and Sunday 10th June 2012 was cold, wet and rainy. So it was a perfect weekend to be indoors with the fire burning, participating in the first opportunity from my **AVA Encouragement Award**, the webinar course sponsored by the AVA, **A Voice Therapy Spectrum**, presented by **Professor Katherine (Kittie) Verdolini-Abbott**.

Bright and early at 7.00am on the Saturday morning we of the Aussie contingent were ready to go into two 5 or 6 hour sessions over the weekend, to acquire "fundamental building blocks in how to construct personalized voice therapy."

If you've never participated in a webinar, it's surreal being connected in real time via the internet to a group of like minded people from all over the world. The technology was simple to use and it felt quite personal, as you can ask both direct questions of the presenter and post questions for other participants to comment on.

The Saturday - Day One - commenced with a theoretical introduction: an outline to voice training, history, research and evidence based medicine. We looked at ways to "reclaim intuition and creativity," and construct therapies that are "in the moment," to take cues from the patient – or client or student.

The development of **Lessac-Madsen Resonant Voice Therapy (LMRVT)** and **Casper-Stone Confidential Flow Therapy (CSCFT)** were outlined and the relevance and impact of motor learning included, emphasising how to mould and tailor a program to suit an individual. (Practical application of these therapies using the manuals provided followed on Day Two.)

Following was the "what" of voice training: biomechanics and biology, vocal fold function, configuration, closure, efficiency, research into impact stress and aspects of phonotrauma. We also covered healing via direct therapy using resonant voice – "the new black in voice science and therapy," facilitated by use of semi-occluded vocal tract exercises. Indirect voice therapy such as targeted and individual voice hygiene, exogenous causes of problems such as hydration, laryngopharyngeal reflux and client compliance issues were discussed.

The "how" of voice training included theory of perceptual, declarative and procedural memory and motor learning models. How instruction is given, attention and repetition, metaphoric images vs perceptual processing, intention, consciousness and structure of practice all impact client compliance and the effectiveness of therapy, as does the relationship between the client and therapist.

On day two we started with practical applications of LMRVT: direct therapy utilising barely adducted/abducted vocal folds and a semi occluded vocal tract. This requires a perception of anterior oral vibrations in the context of easy phonation, as a perception of both vibration and ease are required to

some degree for a voice to be resonant. This is combined with an indirect therapy program of targeted voice hygiene based on the work and research of **Arthur Lessac and Mark Madsen**, to create training and therapy programs that optimise effective, healthy voice for all individuals. The emphasis in the program is in basic science informed by the performing arts.

We also learned about CSCFT. Originally developed as a comparative therapy in a clinical trial for teachers with vocal problems, to be more traditional than LMRVT, CSCFT utilised quiet, breathy, confidential voice (widely abducted vocal folds). The work of **Janina Casper, Ed Stone and Jackie Gartner-Schmidt**, the program used these voice qualities only in the initial stages of direct therapy and then progressed to use resonant voice. Again the emphasis is on a subjective continuum of easy voice, but with "air all gone" at the end of a phrase.

Towards the end of the webinar we covered practical application of the therapeutic exercises, assessment procedures and discussion about client suitability and selection. The manuals (one each for clinician and client) were a valuable resource supplied with the course.

But I have really only reviewed the bare outline of the huge amount of information covered. As a teacher of singing and a post graduate student of vocal pedagogy I have a lot of creative and intuitive thinking to do, to adapt all of this material. In the weeks since the course I have found it to be very beneficial to my teaching practice, especially with students who have issues with vocal health.

Kath Williams

*This year I was thrilled to be chosen as a recipient of the 2012 AVA Student Encouragement Award. It has been a fantastic opportunity for me as it means I can participate in a number of academic and professional development opportunities offered by the AVA throughout the year, and the prize included AVA membership and a book from **Plural Publishing**. I am very grateful to have amazing teachers and mentors in **Irene Bartlett** and **Adele Nisbet** at Queensland Conservatorium, so being nominated by them and then receiving this prize from the AVA has really empowered me to continue with my love of studying voice pedagogy. I am now making plans to progress to a Masters degree next year.*

About Kath:

Kath is a musician, teacher and educator based on the Sunshine Coast in Queensland.

She performs regularly and plays sax and guitar, and has been performing for over 25 years as both a lead and backing vocalist in bands and currently in Blues Martini. She teaches privately in her studio in Doonan, near Eumundi in the hinterland, and covers contemporary voice, guitar, musicianship, performance and songwriting.

She also facilitates InsingC, a successful "rock-out" contemporary gospel/blues community choir on the Sunshine Coast, and is the founder and facilitator of Museday Music and Drama Program for young adults with diverse abilities.

Below: Kath Williams (with guitar) performing with Museday Theatre



Feedback from the webinars

Sheryl Mailing collated feedback from the webinars. We transcribed it, and here is a composite of the main points of the feedback – both the positive and the constructive. In the ratings, most participants rated all points about the seminar as 4 or 5 out of 5: an outstanding result.

*We divided the feedback topics into two main themes: the webinar **process** and organisation (being online), and the webinar **content** and presentation: the topic and manner of presentation.*

A. Best thing: participants loved the webinar because:

Webinar process (being online, issues) and organisation

Being able to do the course online was great – we didn't have to travel. It allowed people from around the country to attend, rather than fly. So the convenience was excellent. It all worked well for me: it was interactive (Kittie was live, not recorded), time-efficient, and doing it on the weekend meant no time lost from work. Materials supplied beforehand were well organised.

Kittie and the content of the webinar

Kittie's depth of knowledge and research background was fantastic. She was passionate and inspiring, and presented clearly. All the material was evidence-based.

The whole webinar was very informative. It was practical: I can immediately apply this on the job. We learnt the nuts and bolts of Casper-Stone Confidential Flow Therapy / Resonant Voice Therapy, in a step-by-step manner, and the presentations addressed emotions and voice explicitly as well.

B. Things to improve. What were people's beefs – some things that could be improved?

Webinar process (being online, issues) and organisation – technical issues

Many comments were made about the audio of the webinar: on one day a participant could get sound without any problems, but on Day 2 it took her 55 minutes to troubleshoot the issue.

The other audio issue was hearing the difference between some of the different voice qualities Kittie was presenting. Even with good quality audio on the web, it was hard to hear subtle resonance differences.

The reason we needed to use a "chat box" to type in questions was because of the echo on everyone's audio whenever more than one person was speaking. Nevertheless, the chat system worked to make it all very interactive.

The question asking process could have been better streamlined: need to make sure all participants post their questions to all participants in the pull-down menu so we can see them. When this didn't happen, and Kittie was the only one to see the question, sometimes she didn't repeat the question so we didn't know what she was responding to.

Kittie and the content of the webinar

Kittie is a bundle of energy and a powerhouse presenter. She knows her material so well – it must all seem self-obvious to her. But she presented so quickly it was sometimes hard to keep up. Several commenters recommended that she slow down to allow for cogitation and formulation of questions.

And despite all the wonderfully positive comments about how practical the seminar was, still people wanted more: some video examples of therapy in action, more case studies, more time spent on practical things and time to practise voice examples.

Alison Winkworth

And what if YOU want to run a live webinar for your event?

If you want to run a live webinar, you need a specialist online meeting or web conference organiser that can host the event, if you plan to "share" your desktop and show things on the screen live, along with a webcam-streamed image of you. See the links below for some options.

On the other hand, you could run a cut-down version of a webinar if you don't need that live desktop and webcam streaming: you could simply run a beefed-up teleconference.

You could email or provide a link for your Powerpoint slides, and then hold a teleconference. It's still a live event, so people call in to a central number, or they can use Skype or other VOIP connection – so everyone is live on the call, and you as presenter go through the slides, but you take people through the material as they are reading the offline slides on their computer screen or printout. (Make sure the slides are numbered.)

You can record the teleconference using widely available software, and then you can provide a link to streaming audio such as Realplayer on your webpage. I did a 6 month course in 2008 that was based in the US, and we held twice weekly teleconferences using this method, and it was a great way to learn and interact.

With both live online webinars and teleconferences though you still have the issue of what time to hold the event. Someone is going to have to either get up really early or stay up really late....

Links to explore for holding webinars

Go-To Meeting <http://www.gotomeeting.com.au>

WebConference <http://www.webconference.com/>

Web-Ex <http://www.webex.com/>

On-Sync <http://www.digitalsamba.com/en-AU/what-is-onsync>

See also: <http://www.lifehacker.com.au/2012/01/five-best-online-meeting-services/>

Alison Winkworth

Tips for being a webinar participant



Above: Frost and -2°C. The view from my study, during the webinar. Stanley, near Beechworth, Vic. AW

Following the successful webinars presented by Prof. Kittie Verdolini-Abbott in May and June 2012, you can bet there will be more of these. So what tips do organisers and participants have for making a better webinar experience?

Before the event

Have you registered online? To do this, look for the email sent to you from the event organizer – in this case Web-Ex “messenger.” Do this well in advance of the event.

Have you received your “invitation?” Once you register you will receive a confirmation email with an invitation link to click on, to log on with on the day, and an event number and password. Be sure to click on the proper link for each day. Also, some time in advance of the course, click on one of the links to be sure your computer will accept WebEx (or whichever organization is providing the platform). You may need to download software to do so.

Check you have a reliable internet connection and enough “download” capacity. Remember that the webinar uses live streaming video, for up to 6 hours each day. That’s quite megabyte-hungry. If you are on a capped plan for downloading, email the organiser to get an idea of the requirement for the webinar.

Be familiar with the materials. Powerpoint slides and the manual are made available either by email or sent in the mail on a USB memory stick. If you want to follow along with these during the webinar, but you’re watching the presenter’s computer screen showing the slides, it’s a good idea to print out the slides beforehand so you can flick through the paper version and make notes, while still watching the presenter’s computer desktop on the screen.

Decide how you’re going to listen to the webinar: just with audio from your computer speakers, or via a headset headphones? I find the audio quality is better through headphones, and this time I used wireless headphones so that I didn’t have to be “tied” to the computer: I could get up and stretch my legs and still listen in. Other participants hooked up a decent set of speakers to their computer so they could also listen without being ‘tied,’ and still get great audio quality.

Be early. On the day of the event, log on early to be sure you are successful. During the recent webinars, organiser Jan Potter-Reed was online an hour beforehand, to welcome participants and help sort out any technical issues. If you have difficulty logging on, you could email the organiser to ask for help.

Comfort

Find out how long the webinar will go for, and how long the breaks will be. If there aren’t frequent breaks, don’t drink too much liquid before the webinar or you’ll be “busting” in no time and there may not be a loo break soon. The duration of the recent webinars was about five and a half hours in total.

Have a cup of tea, coffee, water, and snacks at hand. Having someone else at home to bring you cups of coffee is even better than lining them up.

If it’s a weekend webinar, try to arrange things so you can have the Monday off. Six hours concentration at the computer each webinar day takes a lot of mental effort, especially on top of a regular working week. You’ll need a break.

During the webinar

Asking questions: Find out from the host or presenter when the event begins how they will handle questions from the participants. In this event we used online chat to pose questions – to the presenter and to each other. I had originally expected to be able to use audio to ask questions viva voce, but there seemed to be too much echo on the system, so it was agreed that all questions would be typed in the chat box.

Remember to mute your microphone so there is less chance of an echo on the audio, and so that the other participants don’t hear you calling your cat, or swearing when you spill your coffee.

If your connection or access “drops out” on the day, it is more likely to be your connection than the platform the organiser uses. If this happens, don’t worry, it will likely reconnect to the webinar automatically once the connection re-establishes.

After the event

Please do complete and return the course feedback as the AVA is sent copies and it will help us for future event planning. We also welcome emails with your feedback after the event.

Listen to the recordings later if these are made available, as you pick up a lot you missed the first time round.

Try and set up a discussion with another participant soon after to help the process of implementing any changes you want to make to your practice. AW

Below: Mystery webinar participant with a perfect setup



Debbie Phyland wins Green Room Award



Above: Debbie Phyland accepting her Green Room Award from Will Conyers

The Green Room Awards are peer awards that recognise excellence in performing arts in Melbourne – in cabaret, dance, drama, fringe theatre, musical theatre and opera.

The 2011 Green Room Awards were announced in March this year, and the **Special Award for Outstanding Contribution to the Melbourne Stage** was awarded to Melbourne **speech pathologist Debbie Phyland**.

Deb's award was presented by Green Room Awards acting panel head, **Will Conyers**. Will has more than 40 years industry experience as a performer, singer, vocal coach, director, artistic director and lecturer.

In his presentation, Will said, "About 13 years ago a very excited and bandana-ed speech pathologist expressed a desire to penetrate the world of the performing arts in the area of vocal health."

Reports are that the awards audience roared with laughter at this point. Will continued, "In music theatre, writers do not necessarily write roles that are easily singable in an eight-show-a week scenario anymore.

"With the help of her voice team, this amazing crazy lady who talks very fast has kept many a voice on Melbourne stages and we are ever so grateful.

"Her name appears in many programmes, but hers is often a thankless task.

"The Green Room Awards Association sees it as time to acknowledge this lady. Yes, her name is **Debbie Phyland**, and I am thrilled to present her with an award for her **Outstanding Contribution to The Melbourne Stage**."

Will later said that it was very funny on the night, as Debbie ran down from her seat way upstairs in the dress circle, while he ad-libbed to fill the time. Debbie finally arrived on stage and gave her acceptance speech rather breathlessly.

About Debbie:

Debbie Phyland is a singer and speech pathologist with over 25 years' experience. She completed her Master's Degree researching voice problems of professional singers, and in 2002 was awarded a Churchill Fellowship to investigate voice management in the US and Europe.

Her own private practice is Voice Medicine Australia, and she is a co-founder and partner at the Melbourne Voice Analysis Centre which is a specialist clinic for the evaluation and treatment planning for voice disorders.

She was also a lecturer in motor speech disorders at La Trobe University for 10 years and is now the voice lecturer for James Cook University in Townsville.

Debbie works for a variety of dramatic, music theatre and opera companies as a speech pathologist and voice consultant, and is dedicated to the optimisation of vocal health among performers.

Although Debbie works with professional voice users, she also provides assessment and therapy for many others, particularly those with voice disorders of neurological origin. Her clinical approach to voice is strongly underpinned by vocal physiology and scientific principles. She is currently undertaking her doctoral studies researching the impact of heavy vocal load on the vocal folds of performers.

Debbie is also currently involved in several collaborative research projects at Monash Medical Centre including 'vocal fold dysfunction and asthma' and 'vocal biomarkers of Parkinson's Disease'.

For more details of the Green Room Awards, see www.greenroom.org.au.

Alison Winkworth

A change to departmental or group AVA membership Will this change benefit you?

The Australian Voice Association has announced a bonus to the membership category for AVA Department/Group memberships.

Previously, for *department members* of the AVA, up to two individual department or group members were able to attend each professional development event or conference at the AVA member rate.

If more than 2 individual department members attended an event, the additional members were required to pay the full (non-member) registration cost.

Now the AVA has added value to the *Department AVA Member* category to include **up to three members** of each department to be eligible to attend each PD event at the AVA member rate. Any department members in addition to the three attending would pay the full (non member) registration fee.

We aim to facilitate members' participation in events wherever possible and hope this will assist.

We also hope that it will assist departments to participate as a group of up to three as part of the AVA Department/Group membership category in future PD events to enhance the discussion of key topics in voice.

Please let us know if you have any other suggestions to enhance the value of your membership. We value your input.

Jane Mott, AVA president

A frog in your throat or in your ear? Searching for the causes of poor singing.

Journal article by Sean Hutchins and Isabelle Peretz
International Laboratory for Brain, Music and Sound
Research (BRAMS), affiliated with the University of Montreal,
McGill University and the Montreal Neurological Institute.

Full text article can be downloaded here:

<http://www.brams.umontreal.ca/plab/publications/article/161>

ABSTRACT

Singing is a cultural universal and an important part of modern society, yet many people fail to sing in tune. Many possible causes have been posited to explain poor singing abilities; foremost among these are poor perceptual ability, poor motor control, and sensorimotor mapping errors.

To help discriminate between these causes of poor singing, we conducted 5 experiments testing musicians and nonmusicians in pitch matching and judgment tasks.

Experiment 1 introduces a new instrument called a slider, on which participants can match pitches without using their voice. Pitch matching on the slider can be directly compared with vocal pitch matching, and results showed that both musicians and nonmusicians were more accurate using the slider than their voices to match target pitches, arguing against a perceptual explanation of singing deficits.

Experiment 2 added a self-matching condition and showed that nonmusicians were better at matching their own voice than a synthesized voice timbre, but were still not as accurate as on the slider. This suggests a timbral translation type of mapping error.

Experiments 3 and 4 demonstrated that singers do not improve over multiple sung responses, or with the aid of a visual representation of pitch.

Experiment 5 showed that listeners were more accurate at perceiving the pitch of the synthesized tones than actual voice tones.

The pattern of results across experiments demonstrates multiple possible causes of poor singing, and attributes most of the problem to poor motor control and timbral-translation errors, rather than a purely perceptual deficit, as other studies have suggested.

Ref:

Hutchins, S. & Peretz, I. (2012) A Frog in Your Throat or in Your Ear? Searching for the Causes of Poor Singing. *Journal of Experimental Psychology: General*, vol. 141, pp. 76-97

Voiceprint Advertising rates:

	AVA Member Prices	Non-member
Quarter Page	\$50	\$75
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Full Page	\$130	\$175
Back Cover	\$150	\$200
Insertions: Minimum	\$150	\$200

Welcome to our first PDF-only edition of Voiceprint

Voiceprint No. 43

Message from the Editor, Alison Winkworth

As you've seen, the focus this issue is on the two successful professional development webinars for speech pathologists conducted by **Prof. Kittie Verdolini** in May and June this year: **Adventures in Voice** (focusing on paediatric voice therapy) and **A Voice Therapy Spectrum** (focusing on resonant voice therapy).

We have a further focus on technology in this issue, with a pile of iPad apps for voice too.

And to cap it off, this is the first issue of Voiceprint to go totally electronic: **the first pdf-only version of Voiceprint**, saving all that paper.

You get to see photos in full colour instead of grainy printed black and white.

It's been great getting my hands 'dirty' doing Voiceprint again, after a long layoff (10 years), and it's fantastic to connect with colleagues to bring you a feature-packed issue, No. 43.

Material for Voiceprint No. 44 should be sent to awinkworth@bigpond.com by 30th September, 2012, and I'll pass material on to the editor for that issue.

COPY DEADLINE

Deadline for material for next issue of Voiceprint (no. 44) is 30th September 2012, to Alison Winkworth at awinkworth@bigpond.com

e-book chapter on laryngeal anatomy and physiology

If you ever need to explain laryngeal anatomy and physiology to a student, this is a great place to start, and it's only 7 pages.

Chapter 1 from Rosen and Simpson's (2008) book, **Operative Techniques in Laryngology** is available as a sample chapter from the publisher's website.

Titled "**Anatomy and Physiology of the Larynx**," it has clearly labelled diagrams and concise explanations.

You can download the entire chapter from the book website:
<http://www.springer.com/medicine/otorhinolaryngology/book/978-3-540-25806-3>

Scroll down and click on the pdf icon called "**Download Sample Pages 1 (pdf 365kB)**"

The reference is Rosen, C.A. & Simpson, C. B. (2008). *Anatomy and physiology of the larynx*. Chapter 1, in *Operative Techniques in Laryngology*. Heidelberg: Springer.

Alison Winkworth



AUSTRALIA • ASIA-PACIFIC LARYNGOLOGY & DYSPHAGIA CONFERENCE 2012

www.voice.consec.com.au

27-28 OCTOBER 2012
HILTON ON THE PARK HOTEL
MELBOURNE, AUSTRALIA



CONFERENCE KEYNOTE SPEAKERS



Dr Thomas Murry Ph.D.

Professor Speech Pathology in Otolaryngology,
Weill Cornell Medical College, New York City



Associate Professor Lucian Sulica

Associate Professor and Director of Laryngology/Voice
Disorders, Weill Cornell Medical College, New York City



Dr Gregory Postma

President of the American Broncho-Esophagological Society
(ABEA), Past President of the Dysphagia Research Society,
Professor Department of Otolaryngology-Head and Neck
Surgery, Georgia Health Sciences University, Director of the
Center for Voice, Airway and Swallowing Disorders, Augusta

SATELLITE SEMINAR



AUSTRALIAN VOICE ASSOCIATION

The Australian Voice Association (AVA) is hosting a satellite seminar at the Royal Victorian Eye and Ear Hospital, East Melbourne, in collaboration with the **Australia Asia-Pacific Laryngology and Dysphagia Conference** on Friday 26 October from 10am to 4pm

The focus of the seminar is voice research. You will be provided with a stimulating day showcasing the variety and depth of advances and developments in the field of voice currently underway in Australia and the Asia Pacific region.

REGISTRATION FEE

Australian Voice Association members	no charge
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Non Australian Voice Association members	\$100.00 inc GST
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NOTE – to register and attend the Australian Voice Association satellite seminar you MUST register for the Australia, Asia Pacific Laryngology and Dysphagia Conference

The program for the day will shortly be available on the conference website.

Please refer to the website for more details:
www.voice.consec.com.au/ava-seminar.html

Festival of Voices Hobart 2012

The Festival of Voices was held in Hobart from 6 – 15 July 2012, incorporating both a performance program and workshop series, from choral to cabaret, from story-telling to hip hop.

It's billed as Tasmania's largest winter cultural event, and Australia's premier celebration of the human voice, with scores of events, hundreds of singers and thousands of participants. <http://www.festivalofvoices.com/>.

Elizabeth Savina reported her experiences while the festival was happening.

I first saw an ad for the Festival of Voices on Acapella Central (www.acapellacentral.com.au) late last year. I've always enjoyed singing in harmony, so I was very excited to read about a festival that covered a variety of ensembles and styles - from four-piece contemporary acapella group, **The Idea of North**, to mass gospel and classical choirs.

The solo singing voice was also celebrated, with a weekend workshop focusing on musical theatre and performances by artists such as **Katie Noonan** and **June Caravel**.

When I read about **Moira Smiley and Voco's Stomp, Holler & Sing** workshop (contemporary folk and body percussion), I was hooked. Looking them up on YouTube, I found a stunning version of **Sylvie** that we sang at the joint **ASPA-AVA** conference in 2011. I can't say that I was one of the people who mastered the body percussion at this event, so I was hoping to have a chance to redeem myself.

With a long term interest in conducting a choir, I also decided to do the conductor's professional development workshop with one of the stars of festival, the Canadian conductor, **Lydia Adams**.

The Festival opened on a Friday night with **Firesong**: over 6000 people gathered around bonfires, singing together. My personal favourite was "**Rainbow Connection**," led by a children's choir with introduction and musical interlude by a ukelele orchestra.

Conductor's professional development weekend

This weekend promised to cater for conductors from beginners to experienced and was a first for the Festival of Voices. The 58 participants came predominantly from Tasmania and Victoria. In the opening session Lydia Adams reminded us, "every second is important in a choir and every second is of use to be of inspiration." She promoted the importance of choirs in facilitating community. We were asked to write

down words describing the sound we wanted to create in our choirs and shared these around the circle. Some of my personal favourites offered by other participants included: freedom of voice, emotional conviction, authentic, warm, joyful, flexible, passionate, able to convey a wide palette, generous, connected.

I was struck many times by the similarities between a good voice therapist (e.g. as articulated by **Kittie Verdolini** in her webinar, **A Voice Therapy Spectrum**) and a good conductor, as discussed by the workshop leaders. All noted that more experienced voice therapists and conductors talk as little as possible.

For Lydia, the most efficient way to communicate with the choir was through her gesture and body language.

Rather than give explicit verbal instructions to her choir, she influences their vocal tracts through her own bodily movement. I was first introduced to this concept in a conducting workshop with **Brian Martin**. I resolved to attend as many of the choral performances as possible - there was at least one per night for 5 nights in a row - to absorb as much of the language of conducting as I could.

Cross pollination

A true festival experience was the registration process on the Tuesday night. The festival organisers were surprised by the promptness of such a large majority of the workshop participants, therefore the queue was rather slow moving.

In fact, this facilitated wonderful conversations, much in the spirit of the AVA. My good friend and fellow choir member is a registered nurse, specialising in inpatient child and youth mental health.

We were standing in the line next to a contemporary singing teacher from Melbourne. As we listened to my friend talk about the girls with eating disorders that she worked with, the singing teacher and I were curious to know about the vocal qualities of these girls. My friend reported that they rarely speak above a whisper. This led us to discuss possibilities of therapy for these girls. After the night ended, the singing teacher and I walked back into the city centre, and spent at least 3/4 of an hour on a frosty street corner tossing back and forth our questions and theories about all things voice.

Workin' it:

I'm writing this after 2 days of the workshop with **Moira Smiley, April Guthrie and Laura Cortese**. On the first day Moira stated that an aim was to explore multiple vocal colours. She gave us a whirlwind tour of the human voice across centuries and cultures in our very first warm-up. All songs were touched on in the first day, as was the body percussion piece.

Festival of Voices – Review - continued

Some of us were a little despondent as we trekked home: it seemed that the majority of the group around us had nailed the body percussion, but we fumbled about clumsily. But I suspect most went home and practised. In reality we all noticed the next day that there was only a small minority who had it down perfectly.

It is such a liberating experience to do something (really) badly amongst others, and be given the chance to practise and refine it slowly until that magical moment when it flows and becomes a seamless dance. Okay, that moment was fleeting for me, but I am looking forward to it lasting longer....

What's to come:

We will be performing 3 or 4 of our songs in just 3 more days in the final concert, which features the fruits of all the workshops. This will be followed by a street festival called, "**If music be the food of love.**"

The **Festival of Voices** is in its 8th year, doubling in duration to ten days between last year and this year. I will certainly return to be further inspired, learn more skills, make more friends, and celebrate the magnificent instrument that is the human voice.

Elizabeth Savina

***Elizabeth Savina** is a speech pathologist at Redcliffe Hospital in Queensland. She has been a core member of the Ember's Community Women's choir, and shares vocal backup and lead in a cafe-playing trio called Doris (+ guitar and mandolin).*

She has long been interested in the power of choirs in developing community and the emotional, psychological and physiological benefits of singing. She plans to start her first choir later this year as part of a research project on neurological disorders. She is currently fascinated by the role of mirror neurons in therapy, choirs and the teaching of singing.

Notice of the Annual General Meeting of the Australian Voice Association Friday 26 October 2012

4.15pm

Lucy Jones Hall
Royal Victorian Eye & Ear Hospital
Albert St, East Melbourne

The AGM will be held immediately after the AVA/AAPLS satellite seminar, at the same venue.

See Events listings and advertisement in this issue for more information on the AVA satellite seminar.

Newest AVA Board Member

Judy Rough



*Speech pathologist and singer **Judy Rough** is our newest board member, taking on portfolio leadership for membership. Here is her background.*

Judy has many years of experience as a speech pathologist, with a particular interest and expertise in the area of the voice and its disorders.

She has pursued this interest in both the public and private sectors during her career, most recently as senior speech pathologist (voice) at **St Vincent's Hospital in Sydney** where she runs a diagnostic voice clinic with an ENT, and works with patients with a variety of voice disorders. Judy also works at **Macquarie University Speech Clinic**.

During her career, Judy has lectured to singers and teachers on how to care for the voice, as well as providing assessment and treatment for a wide variety of complex voice disorders in both adults and children.

She has training in acting from the Ensemble Acting School, training and experience as a freelance classical singer, and continues to perform in oratorio and concert/recital work.

Recognising the close connection between voice and the emotions, and the need to take a holistic approach to therapy, Judy has completed a Graduate Diploma in Counselling and Communication.

She has experience in clinical education, having worked as a clinical educator for four years at the **University of Sydney** and prior to that having established and supervised a speech pathology student unit in a school in the Sutherland Shire in Sydney.

*Judith Rough: **Speech Pathologist (Adult Voice Specialist)**. B.Sp.Thy, LMus.A (singing performance), Grad Dip Counselling and Communication. Contact Judy by email: judyrough@yahoo.com.au or phone (02) 9817 5515 / 0412 559 825.*

Research update

Voice outcomes following carbon dioxide laser resection for early laryngeal carcinoma

Speech pathologist **Danielle Stone** is completing a masters degree at The University of Sydney supervised by **Dr Cate Madill** in collaboration with ENT surgeon **Dr Carsten Palme**.

Danielle is a senior speech pathologist at **Westmead Hospital**, specialising in head and neck cancer and voice disorders.

She was a recipient this year of the **AVA Student Encouragement Award**, and here summarises her research proposal into early stage laryngeal cancer.

The primary objective of head and neck cancer treatment is maximizing survival.

When considering which treatment is most effective, measuring post-treatment function and quality of life is also critical (List & Bilir, 2004).

Carbon Dioxide Endoscopic Laser surgery is widely accepted as a safe and effective treatment for early glottic carcinoma and has a number of documented advantages over traditional treatments such as radiotherapy (Burns, 2009; Genden, et al., 2007; Goor, et al., 2007; Sjögren, Langeveld, & Jong, 2008; Yan, et al., 2010).

With established oncologic control equal to that of more traditional approaches such as radiotherapy and open surgery (Genden, et al., 2007), the importance of investigating functional outcomes such as voice and voice-related quality of life is well accepted (Peretti, Piazza, Balzanelli, Cantarella, & Nicolai, 2003).

Voice preservation is an important consideration in the treatment of early glottic carcinoma however it has been the source of much debate over the last three decades (Núñez Batalla, et al., 2008).

Despite the number of papers addressing the voice following laser resection, outcomes are highly variable and no typical postoperative voice profile has been clearly established (van Loon, et al., 2011).

With such a paucity of high quality evidence, it is difficult for clinicians to provide patients with specific and accurate preoperative information and make appropriate, evidence-based decisions regarding postoperative management.

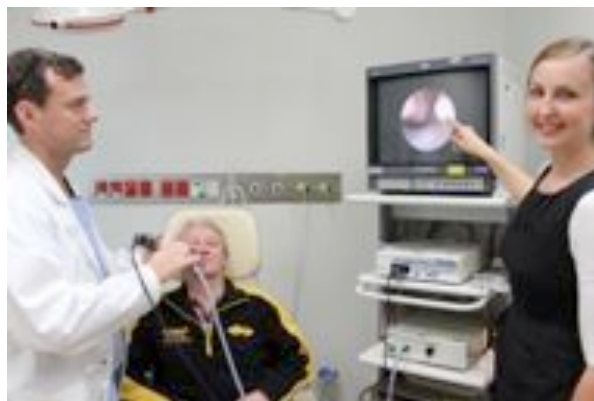
This study will investigate voice outcomes following laser resection for early glottic carcinoma. The study will utilize a range of assessment tools. High-speed videolaryngoscopy and well-researched perceptual, acoustic and

patient-report tools will be applied together for the first time with this population to establish a postoperative voice profile and suggest a clinically efficient assessment protocol.

A review of all potential patients having undergone transoral laser resection for early glottic cancer will be carried out in order to report on the demographic, clinical and disease specific outcome data as well as investigate current voice therapy practices.

Danielle Stone

For a complete list of references, please contact Danielle through the editor.



Above: Danielle Stone (right) working with ENT surgeon Dr Carsten Palme

MEDIA RELEASE

This media release, below, from Westmead Hospital highlights Danielle's achievement and the importance of the AVA's student encouragement awards.

Management and staff at Western Sydney Local Health District (WSLHD) and Westmead Hospital, congratulate speech pathologist **Danielle Stone** for being awarded an Australian Voice Association Student Encouragement award.

Westmead Hospital General Manager, **Brad Astill**, said this award is a demonstration of the fantastic and dedicated work our speech pathologists like Danielle perform at Westmead Hospital.

"Danielle is passionate and committed to educating people about the importance of maintaining voice health," said Mr Astill.

The Australian Voice Association is a multidisciplinary group which supports high quality research into all aspects of professional voice-use.

The Association has supported five worthy students Australia-wide, including Danielle, who are seeking careers or working in voice-related fields.

Danielle was nominated for this award by Dr Catherine Madill, a lecturer and researcher at The University of Sydney.

continued next page.....

Research update continued: voice effects of laser resection – Danielle Stone

from previous page

Danielle is currently researching voice outcomes following carbon dioxide laser surgery for early laryngeal cancer as part of a masters program at The University of Sydney, in collaboration with Dr Carsten Palme, ear nose & throat surgeon, Westmead Hospital.

Danielle said, “The novelty of my research is that we are assessing the voices of our patients using high speed video, enabling us to capture a very high quality image of the vocal folds and assess features we could not assess before.

“The award has provided me with the motivation to continue my hard work at Westmead Hospital, as well as assistance to attend conferences and workshops,” she said.

Westmead Hospital’s speech pathology manager, **Clare Lorenzen**, said, “We are proud to recognize the achievements of our staff who display clinical excellence in the field of speech pathology.

“Danielle is passionate about improving the quality of care for her patients through clinical research and has been a strong role model for her colleagues within the speech pathology department,” she said.

Book review: Handbook of Voice Assessments

Editors: Estella Ma and Edwin Yiu

2011 Plural Publishing 362pp

ISBN13: 978-1-59756-364-2 US\$125

This is billed as a book where you can find descriptions of the practical issues and procedural aspects of voice assessments – from types of testing stimuli, precautions to be taken, to how to analyse the data collected. **Estella Ma and Edwin Yiu** are based in the Division of Speech and Hearing Sciences at the **University of Hong Kong’s Voice Research Laboratory**, and they have compiled in one book a comprehensive description of all things to do with assessing voice.

As the editors state, “This handbook is designed to have a dual feature of being a textbook and a sourcebook. It aims to maximise students’ and clinicians’ competence, knowledge and effectiveness in voice assessments.” (Preface, xi)

It’s an edited book, with contributions from internationally respected voice scientists and clinicians. You’ll recognise names such as **Jody Kreiman, Bruce Gerratt, Barbara Jacobson, Per-Ake Lindestad, John Rubin, Nancy Pearl Solomon, Joseph Stemple, Clark Rosen, Jan Svec and Richard Zraick**, to name a few.

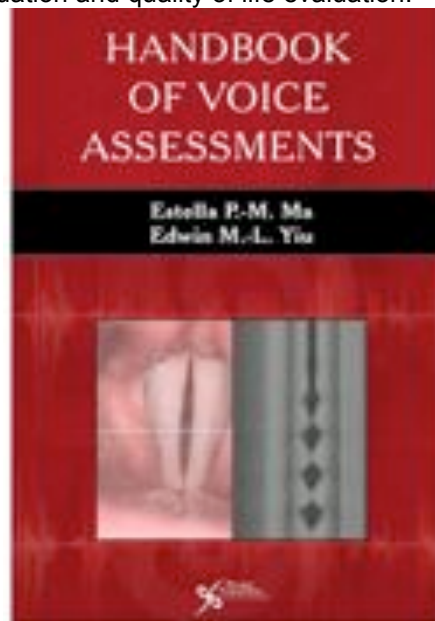
page 13

Book review continued...

Ma and Yiu have also recruited key Australian contributors, whose names will be familiar to many AVA members: **Patricia McCabe and Cate Madill** (University of Sydney); **Petrea Cornwell** (University of Queensland), and **Adam Vogel** (University of Melbourne).

With a foreword by eminent speech scientist **Ray Kent**, there are seven major sections that contain a total of 24 chapters.

The sections are: aerodynamics, vocal fold movements, laryngeal muscle activities, acoustics, resonance, auditory-perceptual evaluation and quality of life evaluation.



There are five chapters in the section on aerodynamics, and a whopping seven chapters covering vocal fold movement, reducing to one chapter each for resonance and quality of life evaluation, respectively.

If you have a lot of ‘gear’ in your voice clinic or laboratory, or are considering getting some, then this handbook will be useful.

On the other hand if you don’t have any specialised equipment, you may not need the more technical chapters, but there are excellent discussions of auditory-perceptual evaluation and patient-reported outcomes.

Chapter 21 by **Jody Kreiman and Bruce Gerratt** is an important synthesis of the issues in perceptual evaluation, titled, “Perceptual assessment of voice quality: past, present, and future.”

I’m pleased to see a chapter on maximum phonation performance (**Edwin Yiu**) that summarises in one place some key norms, issues and references.

Some of the measures and technology discussed include laryngeal airway resistance, phonation threshold pressure, kinematic respiratory analysis, laryngeal videostroboscopy, videokymography, high-speed laryngoscopic

continued next page.....

Book review continued: Handbook of Voice Assessments

from previous page

images, electroglottography, surface electromyography, laryngeal electromyography, and nasometry, among others.

If you are considering developing your clinic, lab or studio to conduct airflow measurement during voicing, for example, the chapters on aerodynamics will provide important background as well as detailed procedural and analytical instructions.

Most chapters have a fairly uniform format. There is a summary of the *purpose* of the chapter, a concise section on theoretical background, a description of the equipment, materials and procedures. Then there is information on data analysis, which is extraordinarily helpful.

For example, electroglottography is not frequently found in hospital speech pathology departments in Australia these days. However it can be a useful addition in a voice assessment. But if you are just starting out with your brand new electroglottograph (EGG), how do you know what you're looking at, if indeed you have successfully set it up and recorded some signals? The section on data analysis in this particular chapter by **Ruth Epstein** describes characteristics of the EGG waveform.

Most chapters also helpfully include a case study illustrating the application of the particular technology or procedure in that chapter.

Regular students may not find a single "how to" approach that answers all their questions about voice assessment. However syntheses of a great deal of material have been successfully compiled by the editors in this single volume, that provide considerable background as well as procedural information in good detail.

Gripes? Well I'm not sure many clinicians will take the trouble to read 3 chapters on videostroboscopy. The 3 chapters on stroboscopy alone focus on individual countries' experiences – Sweden, UK and the US.

And no reviewer is ever happy with the length of a book are they? Some chapters seem short: five or so pages on the practical approach to auditory perceptual judgement or maximum phonation time do not seem to do the topics justice. But overall in this volume, the compilation of such comprehensive coverage makes up for these deficiencies.

Comprehensive photos, diagrams and other illustrations magnify the usefulness of the procedural details, and there is a helpful subject index.

continued across the column....

Doctoral research:

The effects of Accent Method Breathing on the development of young classical singers.

*Singer and speech pathologist/audiologist Ron Morris is about to submit his PhD thesis presenting his research into **The Accent Method** and the effect of training in young singers. Here he presents a summary of his research.*

Breathing and support are considered cornerstones of a secure vocal technique for classical singing. No area of vocal pedagogy has been more controversial, and despite recent advances in our understanding of how the respiratory system functions both in speech and song, some breath management strategies for singing continue to be at odds with scientific fact.

Furthermore, many students find the development of these skills a challenge. Accent Method Breathing is a technique well grounded in science as it is based on the structure and function of the respiratory system. Accent Method was developed for the remediation of speech and voice difficulties but in the past 20 years it has also been used to help develop breathing and support in singers. The method has been used in both private singing studios and in institutions such as the Queensland Conservatorium Griffith University.

This study aimed to evaluate the efficacy of Accent Method Breathing with students of classical singing in the early years of their training.

A group of students underwent 10 weeks of group instruction in Accent Method with a matched group of students acting as controls who did not receive the specific training. Measures were taken before and after the Accent Method instruction, consisting of maximum phonation time, mean airflow rate through steady state vowels and a phonetogram.

continued next page.....

Book review continued from previous column.....

Universities and big hospital departments will value having this book to support both their clinicians' and students' professional development in the technical aspects of voice assessment, especially in laryngeal examination and physiological aspects of vocal functioning.

Details of the book are provided on the publishers' website, along with the table of contents:

http://www.pluralpublishing.com/publication_hva.htm

*Alison Winkworth
Speech pathologist*

Doctoral research continued: Accent Method

from previous page

No significant differences were identified between the two groups initially, ie, before the Accent Method instruction.

The students were also recorded singing a standard passage that was later judged by an expert panel.

After the training, although neither maximum phonation time or mean flow rate showed significant changes for either group, the experimental group who received Accent Method training did demonstrate highly significant changes to their phonetograms.

In this group of singers who had received the 10-week instruction, both average dynamic range and the maximum number of semitones sung showed an increase. Although the airflow measures did not show any significant differences, a qualitative analysis of the airflow tracing did indicate a positive effect that appeared to be due to the Accent Method training. The panel of judges examining the singers also showed a greater preference for the trained group's singing samples than they did for the control group's post-training recordings.

Based on these findings Accent Method Breathing appears to be effective in bringing about change in the voices of young classical singers. Improvements in average dynamic range, total pitch range and airflow tracing morphology were identified, and the expert judges also expressed a preference for the singing samples of the students who had undergone Accent Method training.

The findings of this project have been submitted in fulfilment of a Doctor of Philosophy degree and hopefully the results will be available for view from the Griffith University website when the dissertation is finally accepted. The findings will also be presented at the **2013 ICVT congress** to be held in Brisbane so please come to hear about them.

Ron Morris

About Ron

Ron Morris initially trained as a speech pathologist and audiologist at the

University of Queensland, and then commenced classical singing studies. He was awarded a Performer's Certificate from Trinity College London and later went on to graduate with a Masters of Music (Vocal Performance) from the Queensland Conservatorium Griffith University.

Ron has had a long varied career as both a speech pathologist and audiologist working extensively in voice, aural rehabilitation, and in the treatment of speech and language disorders in deaf and hearing-impaired children.

continued.....

Ron also works as a professional singer, singing in the chorus of Opera Queensland, St John's Cathedral Choir Brisbane and as a soloist in oratorio and cantatas.

He has recently submitted his doctoral dissertation on Accent Method Breathing using data collected during his annual trip to the Guildhall School of Music and Drama (London) where he works as a visiting research fellow.

Further reading

The Accent Method of Breathing was developed by Danish professor Svend Smith (1907-1985) from the Danish Institute for Speech and Hearing.

Smith, S., & Thyme, K. (1976). Statistic research on changes in speech due to pedagogic treatment (the Accent Method). *Folia Phoniatrica*, 28, 98–103

Thyme-Frøkjær, K. & Frøkjær-Jensen, B. (2001). *The Accent Method: A rational voice therapy in theory and practice*. Oxon, UK: Speechmark.

VIEWPOINT

Voice – fostering a multidisciplinary approach

Daniel Novakovic

Dr Daniel Novakovic is a Sydney based Ear, Nose and Throat surgeon with a special interest in laryngology and care of the professional voice.

He is medical director of **Sydney Voice and Swallowing**, providing multidisciplinary care in conjunction with speech pathologists to voice users from all walks of life. Whilst his own vocal abilities are limited to singing in the shower, he has a great appreciation and passion for the abilities of the human voice.

In this article he shares the development of his clinical interest in voice and discusses the evolution of laryngology and a broader interest in professional voice in our society's contemporary context.

My interest in voice as a subspecialty began during my otolaryngology training, where I gained an understanding of the anatomy and physiology of voice production as well as the organic pathological processes which could lead to dysphonia. At this time I also met my wife who was receiving training in classical singing, which gave me greater appreciation of some aspects of the performing voice.

I decided to learn more about this exciting field and spent two further post-graduate years gaining subspecialty training in the field of

continued next page.....

Viewpoint continued: A Multidisciplinary Approach

from previous page

laryngology and care of the professional voice. My first fellowship was local - at St Vincent's Hospital Sydney, under the guidance of **Dr Ian Cole**.

During this year I learnt about organic voice disorders and voice rehabilitation surgery, as well as the importance of a multidisciplinary approach to assessment and rehabilitation.

For my second year of training in laryngology I was fortunate to be able to spend a year at the **New York Centre for Voice and Swallowing Disorders** on the upper west side of Manhattan. Working with many different health professionals, this was truly a multi-faceted learning experience.

My fellowship director **Dr Andrew Blitzer** was one of the pioneers in the field of neurolaryngology. A great deal of our exposure was to neurological disorders of the larynx, including vocal fold paresis / paralysis and spasmodic dysphonia. I learned to use laryngeal EMG as a tool for diagnosis/prognosis and also for guiding treatment with Botulinum toxin.

The hospital where we worked was only two blocks from the **Lincoln Centre for the Performing Arts**, so frequent visits to the opera, philharmonic and theatre naturally occurred as part of my wider exposure to professional voice. I was fortunate enough to have **Dr Anthony Jahn** as one of my mentors and teachers. He was medical director for the New York Metropolitan Opera and adjunct professor of Voice Pedagogy at **Westminster Choir College** in Princeton. We regularly treated voice professionals of all levels from student to diva and it was here that an understanding of voice difficulties without "organic" pathology was fostered.

Part of the fellowship program was regular sessions at Cornell University under the guidance of **Dr Lucian Sulica** (*who will be a keynote speaker at this year's Australia Asia Pacific Laryngology and Dysphagia Conference – Ed.*)

His expertise in stroboscopy and care of pop-rock and musical theatre performers further rounded out my knowledge in these fields. I also had the good fortune of spending some time with **Dr Tom Murry**, (*also a keynote speaker at AAPLS later this year*) a well-recognised speech pathologist.

Perhaps the most desirable part of being in North America was the ongoing opportunities for education and learning.

On a weekly basis we had educational rounds in the department. On a monthly basis we would have the opportunity to hear experts in the field speak locally. On a bimonthly basis the laryngologists and speech therapists of New York City would convene for laryngology rounds in

Viewpoint continued...

which open 'case discussions' would take place over a light supper. Bi-annual meetings of the American Laryngological Association and the American Broncho-Esophagological Association were the platform for presenting the latest scientific research.

These meetings also provided an opportunity to touch base with colleagues from around the country and gain practical tips.

From a learning perspective this multi-dimensional exposure to clinical cases, surgery, education and collaborative interaction was invaluable in developing a broad understanding of all dimensions of voice care.

The importance of voice

The voice is an expression of humanity and a huge part of one's identity; it often determines how people are perceived by others. A person's voice is the expressive component of their thoughts and feelings and the primary mode of interaction and communication with the outside world. The concept of post-surgical voice rest illustrates this point well, with patients often reporting the challenges of not being able to speak. These include other people raising their voices at them and speaking to them in a condescending fashion.

Dysphonia, or altered voice production, can have a profound effect on a person's life. People are greatly disturbed by the inability to do things which should be natural.

Quality of life studies demonstrate the impact of dysphonia upon the social functioning, mental health and general health dimensions. To put this into perspective, people with dysphonia have worse physical function than people suffering from chronic rhinosinusitis and worse social function than those being treated for angina pectoris (chest pain) or sciatica (nerve pain from the back down the legs).

The global impact of voice disorders cannot be underestimated. In a USA study of 2500 people, 6% reported a current voice disorder and 28% reported a voice problem at some stage in their life. These figures were almost double in teachers. Furthermore the incidence of dysphonia is much higher in the elderly, which has significant implications for our aging population.

Voice in Society

The past 10 years have seen an increased appreciation of the performing voice across all levels of society. Reality TV shows such as Australian Idol and The Voice have captured our attention and put the dream of stardom within the reach of everyone. The singing voice today is much better appreciated and understood by the general public.

Viewpoint continued: A Multidisciplinary Approach

from previous page

From a health perspective we have a better understanding of high-level singers as elite vocal athletes akin to sporting Olympians in their vocal abilities.

As the importance and awareness of voice and vocal dysfunction increases in society so too will our level of understanding and ability to deliver appropriate voice care.

The rise of laryngology

Laryngology is the most rapidly expanding sub-specialty of otolaryngology. The first formal laryngology fellowship program in the United States began in 1992 and now there are over 20 training positions available there. Most academic ENT departments employ at least one doctor whose focus is laryngology.

Modern laryngology evolved out of an interest in caring for professional voice users. Technological advances and scientific research have driven the development of modern techniques and knowledge in this field. Better laryngeal imaging modalities including videostroboscopy and high speed video recording have opened a new level of understanding of laryngeal physiology and pathology.

Our improved understanding of vocal fold ultrastructure and wound healing has led to modification of surgical techniques, becoming less invasive and more function-preserving. The development of laser technology and micro instrumentation has had an important role in this process.

Perhaps the most overlooked development has been an increased awareness of the importance of behavioural modification and the patient's awareness in the treatment of voice disorders. Medical and surgical voice treatments rely on the valuable input of the speech pathology discipline to optimise outcomes.

Multidisciplinary care for voice disorders including both otolaryngologist and speech pathologist is now the standard of care for all groups of patients. For the professional voice user this team extends to vocal pedagogy, vocal coaches and also other health professionals with an interest in performing arts medicine.

The future of voice care

Care of the voice is truly a multifaceted field. Our knowledge is rapidly developing and evolving, and as this occurs so should our approach to treatment. Continuing research and education along with critical evaluation of outcomes are essential for all practitioners involved in voice care.

continued across the column....

AUSTRALIAN EVENT

September 21-23, 2012



Australasian Voice Summit Adelaide

“Symmetry or Surgery”

Adelaide Convention Centre

21-23 September 2012

Keynote speaker: **Mary Klimek**, speech pathologist, voice teacher and professional musician, from the Voice and Speech Laboratory of the Massachusetts Eye and Ear Infirmary, Boston.

Helen Tiller – specialist clinical voice consultant

Jon Tomich - otorhinolaryngologist

With guest artists **The Idea of North**

<http://www.voicesummit.org/>

Viewpoint continued from previous column.....

Opportunities for cross collaboration and teaching between the different disciplines are important to increase the breadth of our knowledge and should be fostered wherever possible. Raising the level of awareness about voice disorders amongst the general public and health professionals is also important from a public health perspective. Multidisciplinary societies such as the AVA have a key role to play in these respects, now and in the future.

The future of voice care is a system where communication between voice experts from many fields will ultimately lead to better vocal health and voice outcomes for everyone.

Daniel Novakovic

Rationale for the role of myofascial techniques

Annie Strauch

All voice practitioners recognise the importance of good vocal hygiene in the recovery or maintenance of a healthy voice. But what happens if a patient or professional voice user is plateauing with their progress in therapy or training?

There is growing interest and evidence that myofascial techniques can play a role in the treatment of voice disorders.

*In this article, physiotherapist **Annie Strauch** outlines the rationale for **myofascial treatment techniques** in working with the human voice.*

Vocal unloading or vocal physiotherapy is an approach that aims to alleviate muscle tension and promote laryngeal mobility via muscular release and cricothyroid joint and hyoid mobilisation. Manual approaches in the treatment of dysphonia have received recent research attention, such as laryngeal manual therapy (LMT) and circumlaryngeal manual therapy (CMT or MT), and there is positive evidence that these manual approaches assist in improving vocal quality in patients with muscle tension dysphonia (MTD; van Houtte et al., 2011; Mathieson et al., 2009; Van Lierde, De Bodt, Dhaeseleer, Wuyts, & Claeys, 2010).

The laryngeal mechanism is a complex structure with its cartilaginous and intralaryngeal mucosal and muscular components. It rests in the pharyngeal fascial sleeve in the anterior neck via its muscular suspensory mechanism that attaches it superiorly to the mastoid processes, upper cervical spine and soft palate and inferiorly via the infrahyoid muscles to the sternum and scapulae.

The description of the larynx attachments highlights not only the local structures that may require assessment and treatment but also the possible implications of the relationship of the larynx to more proximal and distal regions.

Local structures of the larynx including the cricothyroid joint, intralaryngeal muscles, supra- and infrahyoid muscles, can be assessed and treated manually.

Vocal range and quality may be affected by dysfunction or increased activity of the supra- and infrahyoid muscles with a relative shortening of the suprahyoid and glossus groups resulting in an elevated laryngeal position (De Mayo et al., 2005; Hong et al., 1997), and the potential of a decreased capability of the vocal folds to adduct (Vilkman & Karma, 1989).

Myofascial techniques continued

Pitch difficulties may arise from the dysfunction of the cricothyroid joint and cricothyroid muscles to alter the length of the vocal folds (Vilkman & Karma, 1989). Both of these dysfunctions may be addressed manually.

In treatment it is important to consider the implications of how the larynx relates to other structures.

Relationships of the larynx:

- To the temporomandibular joint (TMJ; via the suprahyoid musculature). Dysfunction or bruxism (teeth grinding) may increase muscular activity (namely posterior digastric) and thus elevate laryngeal position (Gupta, Reddy & Canilang, 1996).

- To the upper cervical spine (via constrictor muscles and deep neck stabilising muscles). Poor control or movement disorders may affect pharyngeal space and resonance (Jull, 2000; Muto et al. 2002).

- To the shoulder girdle (via the omohyoid muscles directly and fascia indirectly) and associated shoulder postures that impact laryngeal position.

- To the diaphragm, thoracic cage and abdominal contents (via the deep front fascial line (Myers, 2009).

- To breathing mechanics and lung volumes (*tracheal pull*) that may affect laryngeal position (Iwarsson, Thomasson & Sundberg, 1995). Lack of mobility/control in breathing mechanics may decrease breath potentially resulting in vocal quality issues (Rubin, MacDonald & Blake, 2011).

Patients experiencing dysphonia often unconsciously compensate for their altered voice, by producing a more effortful voice, pushing to achieve voice and thereby creating increased laryngeal and extralaryngeal muscular tone. This may be typical in a patient diagnosed with muscle tension dysphonia (MTD). **Figure 1** on the next page describes a simplistic diagram of a possible cycle.

Myofascial techniques or vocal unloading can help the patient to break the cycle to alleviate muscle tension and promote better laryngeal mobility, providing them with a different rehabilitative approach.

Patients can therefore complete their speech therapy exercises with greater ease.

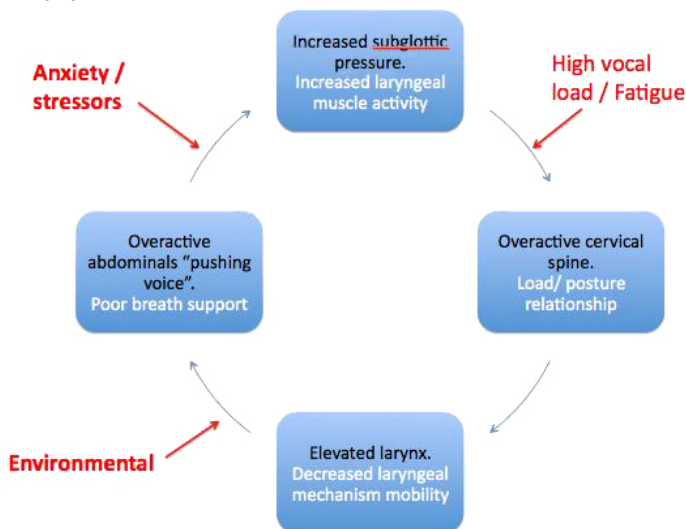
The types of treatment involved may include laryngeal and extralaryngeal muscular release, laryngeal joint mobilisation, tongue musculature release, upper cervical spine mobilisation and postural retraining, TMJ manual treatment, diaphragmatic release and thoracic cage mobilisation, scapular control, postural re-education and breathing re-education.

continued next page.....

Myofascial techniques continued

from previous page

Figure 1, below. Simplistic cycle of muscle tension dysphonia



The aim of all manual therapy combined with speech therapy is to increase the ease of voice production, decrease associated throat and perilaryngeal discomfort and improve the quality of voice.

It is imperative that any manual therapy is completed by a practitioner who understands the voice disorder and the bio-psycho-social implications for the patient.

Annie Strauch

Physiotherapist **Annie Strauch** is principal of Performance Medicine, based in Melbourne. Annie has specialised training in the use of manual techniques in voice disorders and the professional voice user including singers and performers.

Annie works in conjunction with ENT surgeons, speech pathologists and vocal coaches.

<http://www.performancemedphysio.com.au/>

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What are myofascial techniques?

Myofascial release and trigger point therapy are specific **deep tissue massage techniques** that act on restrictions within muscles, tendons and ligaments of the body.

Trigger point therapy is a specific form of deep tissue work, in which the therapist identifies sore, painful, or tender spots.

These areas in the muscles are shortened muscle fibres that tend to be taut, fibrous-like bands or may feel like lumps or other hardened adhesions. They may hurt by themselves (active), or only when the therapist presses on them (latent). Trigger points typically refer pain to other areas of the body. For example, a trigger point in your upper trapezius (shoulder) may refer pain to your head causing headaches.

Travell and Simons (1992) identified many common trigger point patterns, including referred pain. Trauma, overwork, stress, and fatigue can cause trigger points, as can recurrent postural distortions or muscle usage.

Trigger points are sensitive or painful areas of the muscle and/or fascia (hence 'myofascial').

Davies (2004) said that many of our common pains and puzzling physical complaints are actually caused by trigger points, or small contraction knots in the muscles of the body.

continued next page.....

What are myofascial techniques? continued *from previous page*

(Trigger points are not the same as acupressure points.)

A trigger point affects the muscle by keeping it both tight and weak, and at the same time, maintains a shortened contraction of the muscle fibres, keeping constant tension on the muscle attachments, often producing symptoms in adjacent joints.

Trigger points can affect movement by keeping muscles short and stiff, which reduces range of motion. They can maintain spasms in other muscles, and prevent muscles from relaxing, causing them to tire quickly, recover slowly from exertion and contract excessively when they work.

In direct myofascial release (or deep tissue work) the tissue is loaded with a constant manual force until tissue release occurs. Mobilisation, elongation, stretching or pressure on the muscles and fascia can all be used until the release is achieved and deeper fibres may be accessed.

Muscle function and range of motion are normalized, along with fluid flow and improved proprioceptive function.

Myofascial techniques such as trigger point therapy can be performed by a practitioner, or the individual herself can learn to self-treat.

Davies (2004) said that trigger point massage works by accomplishing three things: it breaks into the chemical and neurological feedback loop that maintains the muscle contraction; it increases circulation that has been restricted by the contracted tissue, and it directly stretches the trigger point's knotted muscle fibres.

Although I am not a bodywork practitioner, I have benefited greatly from myofascial techniques performed by a massage therapist for postural adjustments and overly tight muscles.

Alison Winkworth

Davies, C. (2004). The trigger point therapy workbook – your self-treatment guide for pain relief. Oakland, CA: New Harbinger Publications.

Travell, J. & Simons, D. (1992). Myofascial pain and dysfunction: The Trigger Point Manual (2nd ed). Baltimore: Lippincott, Williams & Wilkins

Useful websites

http://en.wikipedia.org/wiki/Trigger_point

http://en.wikipedia.org/wiki/Myofascial_release

http://www.myofascialrelease.com/fascia_massage/public/default.asp

<http://www.nopain.com/myofascial.html>

http://www.karenpeckmassage.com/index.php?option=com_content&view=article&id=10&Itemid=6

TECH UPDATE

Using an iPad in Voice work

I've had my iPad for about a year. If you haven't got an iPad, you might wonder what you'd want apps to actually do. Here are some examples of apps (short for applications) and how I use them.

My iPad has transformed how I work, in my voice practice in speech pathology and in my academic work.

Alison Winkworth

When I'm at home or work, my **iPad** is never far away. I use it all the time. That's A LOT.

In fact, I've even been pretty slack about getting all the great apps that are out there, that I *should* use. And I still use it all the time.

I've had my **iPad** for 12 months, and I have quickly learned not to be without it. Not just for the apps.

I use it for searching and surfing the net and reading online – newspapers, magazines, e-books, journal articles.

I'm a speech pathologist and academic at **Charles Sturt University** in Albury-Wodonga on the NSW-Victorian border. So I use my **iPad** in my private practice which specialises in voice, as well as for my university teaching, especially for anatomy, and for my own professional development and learning.

You've got to ask the question: why would I want to use that app? What do I use my iPad *for*, in my work?

There are different types of apps - like plain old "productivity" apps, that make all those admin tasks easier, and make getting things done easier.

Then there are the specific professional apps that you use because you're a speechie, singing teacher, performer, ENT, voice coach, or other voice-related professional.

What sort of purposes do I use apps for? What do the apps actually do? Here are a few purposes of the kinds of apps I use, and there's a summary with examples at the end of this piece.

I use a web browser, a "cloud" computing back-up app, a piano keyboard, a pitch detector, a sound level meter, a program for acoustic analysis of voice quality, a spectrogram and power spectrum (acoustics), anatomy apps, a photo magazine app (as a stimulus for conversation in therapy), a hearing test app, note-taking and annotating apps, a drawing app, word processing app, and apps for delayed auditory feedback (surprisingly good for getting a client's mind off the sound of their voice, revealing a truer, freer voice), babble soundtrack for audio masking, calm breathing and relaxation/hypnosis apps.

continued next page.....

Tech Update continued: iPads and Voice

from previous page

And I'm still not finished getting all the apps I want.

So what am I going to get next?

Possibly more respiratory anatomy and physiology apps.

I think medical students have driven the development of some of the best health-oriented apps, because they need anatomy and medical information to be accurate and specific, and they need information instantly that can be easily tabulated, used or summarised. I've found websites compiled by groups of medical students, who rate various apps, so I'll be taking their reviews seriously. I might also go looking for physiotherapy apps. I find my current clients are needing a fair bit of specific information about head and neck posture and movement, so I'll go digging around for apps.

I'd like to get some more work-related photos, divided into themes for language therapy and conversation stimuli.

And there are lots and lots of apps to support **musicians**, so I have barely scratched the surface for them. For example, in iTunes, if you enter "**sound spectrum**" into the search box, and look at the apps, there are nearly 30 of them.

Don't discard the importance of having **internet capability** at your fingertips wherever you are – in a session with a student or client, or at a meeting, or anywhere.

Sometimes you just need to know the answer to a question when you're working with someone, or when your team is working on a project. So having the net handy is invaluable. If a client has brought a list of medications for me to note, and I'm wondering about the effects on voice, I can look up the type of medication on the web and check it.

For example, it is well known that a type of blood pressure (anti-hypertensive) medication called an ACE-inhibitor is often associated with a dry, frequent cough. If the client has been referred to me for help with a chronic cough that is refractory to medical treatment, this is one of the first things I check.

So with surfing and searching the web, I am constantly looking things up – especially when I'm not at my desk with laptop at hand - things that come to mind or that arise in the context of whatever I'm doing. Having the internet so close and convenient means that I learn much more in the course of a day than I otherwise would: so in that sense, my **iPad** has contributed to my professional development enormously.

At university I do some lecturing and tutoring in head and neck anatomy and physiology, so for a small group of speech pathology students, having my **iPad** is useful for demystifying potentially confusing anatomical details and terms.

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You can buy a VGA adaptor so that you project what's on your iPad through a data projector to a screen.

There are literally hundreds of apps for anatomy: medical students seem to have latched onto iPads like leeches, so the app developers have followed them closely.

One app I use for anatomy teaching (and sometimes for showing clients aspects of anatomy related to voice, such as laryngeal and neck muscles) is **Visible Body**.

In this \$30 app you can rotate full body or body part diagrams, and view only skeleton, muscles or other parts, and select which parts to show or hide. All anatomical details are labelled. (However the app takes a few seconds to load on start up because of all this incredible information.)

Because you can use your finger gestures on the screen to rotate and zoom the view of the head, torso or particular body part, it's good for showing students the particular muscle or body part from different viewpoints: much better than a simple two dimensional colour drawing in a textbook, for example.

For showing clients relevant anatomy details, I really like **Upper Respiratory Virtual Lab**: it's like you're diving in through the nose, to travel through and down to view the vocal cords. Along the way you can point out relevant anatomy like the soft palate and back of the tongue.

I also like **DrawMD ENT**, which has pre-loaded anatomy pictures of head and neck structures (or you can import your own), and then you can draw on top of them, to indicate various things. You can use a stylus or just your finger to draw, and there are various "stamps" of pathology that you can overlay onto the drawings, such as nodules and granuloma, to name just two. This app is very popular, with good reviews from a number of otolaryngology websites.

A sound level meter app (like **Decibel Meter Pro**) is great for doing **LSVT-Loud** therapy with clients who have Parkinson's disease, and a piano keyboard that plays notes and chords (like **Virtuoso Piano**, on my iPhone) is useful for providing a musical model for testing phonational range and for checking by ear the note you're singing.

The real-time spectrogram in **Voice Analyzer** is good for showing clients various harmonics, or for providing visual feedback about articulatory timing or precision (particularly good for sibilants).

And the power spectrum in **Voice Analyzer** provides instant visual confirmation to a client that they're getting twang or singer's formant: I tell the client to ensure they maintain the "highest green mountains" moving on the screen between 3000 and 5000Hz. It's real time biofeedback that's fun.

continued next page.....

Tech Update continued: iPads and Voice

from previous page

And these are just apps for iPad. I haven't even considered apps for tablets and smartphones that use other operating systems.

There is one app that contributes the most to my own general health: it's called **Pzizz Energizer**, and it helps me take a nap during the day.

Taking a powernap during the day – even just for 20 minutes after lunch – dramatically improves my energy levels and ability to get things done.

I recommend it for students especially, who often get such patchy sleep.

How does **Pzizz** work? It's an audio track of relaxing sounds and music, like so many other apps, but the secret in Pzizz is in the **binaural beat technology** that entrains your brainwaves to go into successively deeper stages of sleep. All within 20 minutes, even if you're not feeling sleepy to begin with. It is proven technology, and for \$6.49, Pzizz Energizer has been consistently voted the best app by many authoritative sites.

App Summary

Apps for what purpose?	Example I have
Piano keyboard	Virtuoso Piano
Head and Neck Anatomy	drawMD ENT, Laryngeal Anatomy, LUMA ENT, Upper Respiratory Virtual Lab, Anatomy: Head and Neck
Anatomy	Visible Body, Gray's Anatomy, modalityBODY, 3D Brain
Delayed Auditory Feedback	DAF-Pro
Annotating and note-taking	iAnnotate, Evernote
Sound level meter	Decibel Meter Pro
Hearing screening	Hearing Test, Siemens Hearing Test
Spectrogram (real time) and power spectrum	Voice Analyser
Acoustic analysis of voice quality	Voice Test
Pitch detector	Pitch To Note
Auditory masking with babble noise	BabelBabble
Photos to stimulate conversation	LIFE for iPad
Fun sound playback	Singing Fingers, Talking Tom Cat
Relaxation, calm breathing, hypnosis, napping	MyCalmBeat, Free Your Mind, Pzizz

WRITE IN

Do you use a tablet such as **iPad** in your voice work? Which apps do you find the most useful?

Send your suggestions and articles to the editor via awinkworth@bigpond.com by 30 September 2012.

Keep up to date with the AVA website

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Our website coordinator is

Johanna Flavell.

To include material on the website, contact Johanna at jaflavell2@bigpond.com

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▲ **ANATS:** Australian National Association of Teachers of Singing. ANATS newsletter is *The Voice of ANATS*, published in March, July and November.
anats@apcaust.com.au, www.anats.org.au

▲ **Australian National Choral Association**
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▲ **Australian Voice** is a refereed journal published annually by ANATS. The good news is that if you are a full member of the AVA, you already receive *Australian Voice*. Use the ANATS contact details if you would like more information about *Australian Voice*, or see the publications section at
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▲ **Australian Voice Association** – our very own
<http://www.australianvoiceassociation.com.au/>

▲ **Australian Website for Estill Voice Training**
www.voicewell.com.au
Information about Estill courses and workshops including a list of Certified Estill Instructors.

▲ **British Voice Association:** Highly recommended for book reviews and much more. Contact them at The Royal College of Surgeons, 35/43 Lincoln's Inn Fields, London WC2A3PN. Tel/fax UK 44 (0) 20 7831 1060
www.britishvoiceassociation.org.uk

▲ **Community Music Victoria**
<http://cmv.customer.netspace.net.au/>

▲ **Gastric Reflux Tips**
<http://cantbreatheandsuspectvcd.com/page10.html>

▲ **International Centre for Voice** (London). Central School of Speech and Drama, hosting email discussion list about voice, jiscmail. Free subscription, www.cssd.ac.uk/icv/index.html Current discussions between speech-language therapists on voice and other issues can be viewed at www.slt-list-uk@jiscmail.ac.uk

▲ **Journal of Voice** is the official journal of **The Voice Foundation** (www.voicefoundation.org) and the International Association of Phonosurgeons. Published quarterly, see www.jvoice.org.

▲ **National Center for Voice and Speech (NCVS)**
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sid3voice (Voiceserve) continued:

To subscribe to this interesting speech pathology forum on voice, go to

http://list.healthcare.uiowa.edu/read/vtable.tml?f=all_forums::index&d=read&secx=c000f376&nsn=viewallforumstable&sm=1

Scroll down to "voiceserve" and click on "Subscribe."

The actual address to send emails to, that will be read by the entire membership, is

Voiceserve@list.healthcare.uiowa.edu

▲ **University of California (Santa Barbara Library)**, providing a fantastic list of websites for all things musical. www.library.ucsb.edu/subj/music.html

▲ **University of Pittsburgh Voice Centre**
Excellent site with plenty of voice information (articles, images, including downloadable Voice Handicap Index with scoring instructions).
<http://www.upmc.com/Services/ear-nose-throat/services/voice/Pages/default.aspx>

▲ **VASTA** (Voice and Speech Trainers Association)
Voice and speech trainers in professional theatre, radio, TV, business and academia, as well as singing teachers, speech pathologists, acting/directing teachers, otolaryngologists and dialecticians. They have an email discussion group called vastavox.
www.vasta.org

▲ **Vocalist** – international discussion list for singers and singing teachers
<http://www.vocalist.org/>

▲ **Vocalist Online**
Voice training videos from everyone: video sharing site
<http://www.vocalistonline.com>

▲ **Voice Academy**: A no-cost self-directed virtual school built for the vocal health of teachers
<http://www.uiowa.edu/~shcvoice/>

▲ **Voicecraft International**
<http://www.voicecraft.com.au/>

▲ **VOICESERVE** – see sid3voice above.

VOICE EVENTS

2012 AUSTRALIA

August 29 – 31, 2012, Adelaide

Voicecraft for the generalist speech pathologist
3-day workshop

Registrations close - 30th July 2012

Held at The Voicecraft Centre, North Adelaide

More information:

<http://www.voicecraft.com.au/UpcomingWorkshops.html>

VOICE EVENTS continued

September 1, 2012, Melbourne

Voice Therapy Techniques: Body and Mind

A one-day workshop for speech pathologists who are novice voice clinicians

Presented by **Mary Buttifant**

Held at Alphington Grammar School, Alphington

To book: <http://www.trybooking.com/BRDS>

September 21-23, 2012, Adelaide

Australasian Voice Summit

Adelaide Convention Centre

Keynote speaker: Mary Klimek, speech pathologist, voice teacher and professional musician

Helen Tiller – specialist clinical voice consultant

Jon Tomich - otorhinolaryngologist

With guest artists The Idea of North

<http://www.voicesummit.org/>

October 5-6, 2012, Sydney

LSVT-Loud – for speech pathologists

2-day workshop, North Sydney Leagues Club, Cammeray

Brochure at

<http://www.lsvtglobal.com/admin/uploads/loud/LSVT%20LOUD%20Sydney%202012%20Registration%20Final.pdf>

You can also do the full certification LSVT training online. It's the same price as a live workshop, but you can study in your own time, with 3 months to complete the course:

<https://onlinelearning.lsvtglobal.com/> or see www.lsvtglobal.com

October 24-26, Brisbane

Annual Scientific Meeting, Australian and New Zealand Head and Neck Cancer Society and the International Federation of Head and Neck Oncological Societies 2012 World Tour
Brisbane Convention and Exhibition Centre

<http://www.anzhncs.org/node/24>

October 26, 2012, Melbourne

AVA/AAPLS Satellite Seminar – 1 day

Royal Victorian Eye and Ear Hospital East Melbourne.

In conjunction with the Australia Asia Pacific Laryngological Society (AAPLS) conference (below)

Free for AVA members who also register for the AAPLS conference (below).

<http://www.voice.consec.com.au/ava-seminar.html>

In conjunction with

October 27-28, 2012, Melbourne

Australia Asia Pacific Laryngology and Dysphagia Conference. Australia Asia Pacific Laryngological Society (AAPLS)

continued next page

VOICE EVENTS continued

from previous page

Australia Asia Pacific Laryngology and Dysphagia conference continued

Hilton on the Park Hotel, 192 Wellington Pde, Melbourne

Keynote speakers: Dr Susan Thibeault, Dr Tom Murry, Assoc. Prof Lucian Sulica and Dr Gregory Postma
www.voice.consec.com.au

November 19 - 24 2012 , Adelaide

The Extensive 6 Day Voicecraft Workshop

9.00 a.m. - 6.00 p.m. daily

Early Bird Fee ends - 24th September 2012.

Registrations close - 22nd October 2012

Held at The Voicecraft® Centre, North Adelaide SA

More information:

<http://www.voicecraft.com.au/UpcomingWorkshops.html>

December 1-2, 2012, Sydney

ASPAH Annual Conference and AGM

Australian Society for Performing Arts Healthcare

The University of Sydney, Camperdown

Abstracts close 3 August 2012.

www.aspah.org.au

2012 INTERNATIONAL

October 17-20, 2012, Las Vegas

6th International Conference on the Physiology and Acoustics of Singing (PAS 6)

University of Nevada, Las Vegas.

http://2012pas.com/PAS_6/Home.html

October 27-31, 2012. Egypt

World Voice Consortium

5th International Congress - World Voice Consortium (Vocology and Laryngology)

www.voiceluxor2012.com

2013 AUSTRALIA

March 16-20, 2013 Perth

ASOHNS 2013, Perth Convention Centre.

Australian Society of Otolaryngology Head and Neck Surgery

<http://www.asohns.consec.com.au/>

June 23-26 2013, Gold Coast

Speech Pathology Australia National Conference
Gold Coast Convention and Exhibition Centre,
Broadbeach Qld

SEA Change: Synthesise, Evaluate, Act!

Abstract submissions close 25 September 2012

Info:

<http://www.speechpathologyaustralia.org.au/all-latest-news/1292-2013-national-conference>

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July 10-14, 2013, Brisbane

ICVT: 8th International Congress of Voice

Teachers

Queensland Conservatorium Griffith University

Hosted by the Australian National Association of Teachers of Singing, (ANATS)

www.icvt2013.com

2013 INTERNATIONAL

May 29 –June 2, 2013. Philadelphia

42nd Annual Symposium: Care of the Professional Voice

Voice Foundation - Voice Foundation:

www.voicefoundation.org

June 1-5, 2013, Seoul

IFOS International Federation of Oto-Rhino-

Laryngological Societies

20th World Congress

<http://www.ifosseoul2013.com/>

August 21-24, 2013, Prague

PEVOC 2013 – 10th Pan-European Voice Conference

"Celebration of interdisciplinary collaboration"

<http://pevoc.cz/en/>

August 25-28, 2013, Turin

IALP: 29th World Congress of the International Association of Logopedics and Phoniatrics

"Where Practice Meets Science"

<http://www.ialp.info/29th-World-Congress-2013-pg16436.html>

NOTICE OF THE Annual General Meeting of the Australian Voice Association to be held

Friday 26 October 2012

4.15pm

Lucy Jones Hall

Royal Victorian Eye & Ear Hospital

Albert St, East Melbourne

The AGM will be held immediately after the AVA/AAPLS satellite seminar, at the same venue.
See Events listings and advertisement in this issue for more information on the AVA satellite seminar.



THE AUSTRALIAN VOICE ASSOCIATION MEMBERSHIP 2012

AUSTRALIAN VOICE ASSOCIATION

Inaugurated in 1991

GENERAL SECRETARIAT

2nd Floor, 11 – 19 Bank Place, Melbourne VIC 3000 Phone: 03 9642 4899 Fax: 03 9642 4922

The objectives of the AVA are to promote the field of voice in Australia; to encourage links between artistic, clinical and scientific disciplines related to voice; to promote education and training in the clinical care of voice, as well as vocal performance and voice science; to promote research into voice. Membership is open to individuals with an artistic, clinical or scientific interest in voice. Membership entitles you to copies of the regular newsletter Voiceprint, the opportunity to access the refereed journal Australian Voice via the AVA Website as well as concessional attendance at all events.

MEMBERSHIP RATES FOR 2012

Full Membership for 2012	\$120.00
Student Membership for 2012 (full-time undergraduate or postgraduate students, in any voice related field; proof of full time enrolment must be enclosed)	\$50.00
Institution Membership for 2012 (THREE delegates may attend AVA events at the members' concessional rate)	\$200.00

Name: _____

Postal Address: _____

Phone / Mobile: _____ Fax: _____

Email: _____

I **will/will not** allow my contact details to be circulated by email among the other members of the AVA .

I **will/will not** allow my name and email address to be included in the AVA Website membership list

Profession* _____

**If Voice Teacher or Lecturer in Voice, please specify whether singing or speaking voice, or speech pathology*

Workplace Details

Workplace: _____

Postal Address: _____

Phone / Mobile: _____ Fax: _____

Email: _____

Student Details (If you are a full-time student, please indicate the institution and course of enrolment)

To be eligible for Student Membership Rate you must enclose a copy of your student card with photograph, that indicates full time enrolment

Payment can be made by cheque or by credit card: cheque Visa Mastercard for amount \$ _____

Card No: _____ Expiry date: ____/____/____

Name on card: _____ Signature: _____

**Please forward this form with payment to: Australian Voice Association
General Secretariat, 2nd Floor, 11–19 Bank Place, Melbourne Vic 3000**

