

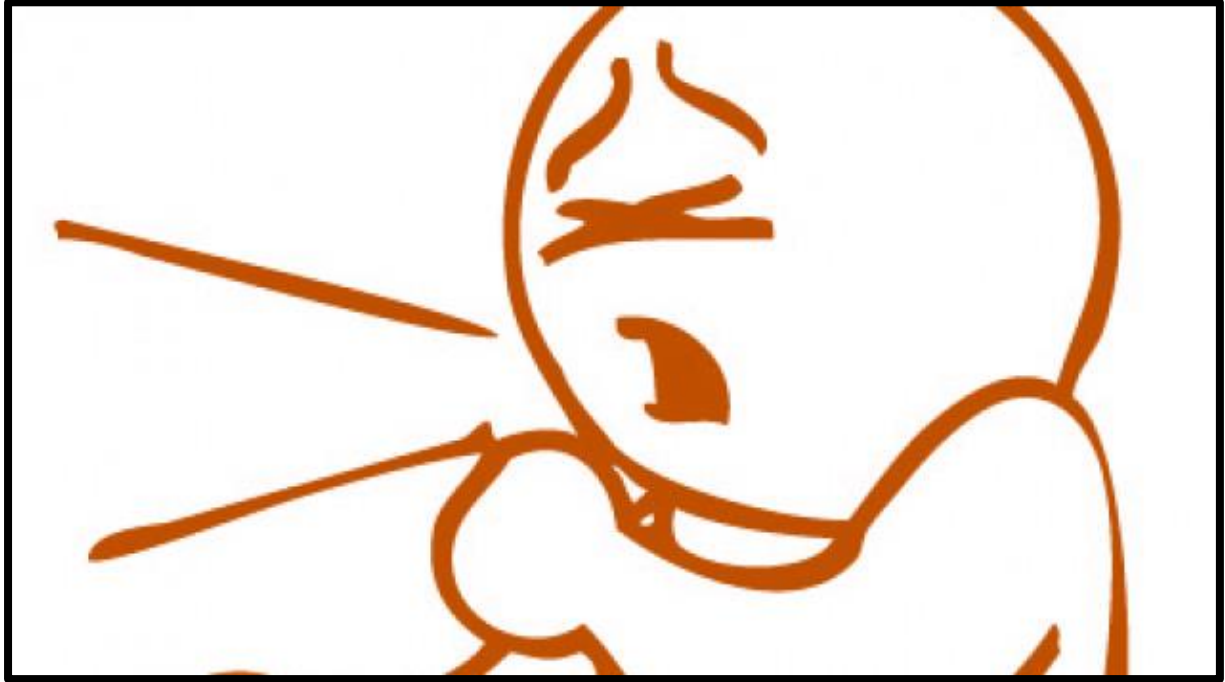


VOICEPRINT

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**AVA's first locally produced webinar series on Chronic
Cough/PVFM, August - October, 2014**



Contents

Contents	2
From the Editor	3
From the President	4
Australian Voice Association Awards and Honorarium Guidelines	6
Student Encouragement Awards.....	6
A patient's perspective.....	12
The Mighty Franklin River: A Real Adventure in Voice	14
Congratulations Cecilia!	18
AVA Webinar Series 2014: Clinical Management of Chronic Cough and Paradoxical Vocal Fold Movement: a multidisciplinary approach	19
Book Review: Body and Voice: Somatic Re-education by Marina Gilman	20
Enhance your voice, enhance first impressions	22
Facebook	24
Conferences.....	26
New Books from Plural Publishing	31
Top 10 tips for a healthy voice	33
Useful Contacts	34
Member Promotions.....	35

From the Editor

Anne Vertigan

Welcome to the second edition of VoicePrint for 2014. This edition arrives amidst a flurry of professional development activity for the AVA board.. It contains exciting news about our Student Encouragement Awards and also news about our upcoming professional development.

As always we welcome your contributions to VoicePrint. Anything of interest in voice whether it be medical, scientific, therapy or creative is very welcome.

As mentioned in our last edition we are still looking for someone to take over the role of guest editor for VoicePrint. It is not a difficult job (I am proof of that) is a great experience and you would be well supported by the board.

I would particularly like to thank Judy Rough for coordinating the articles from the Student Encouragement Awards.

Read on to find out about our webinar series – find out what white water rafting has to do with voice and exciting overseas conference locations.

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Copy deadline for Issue 49

Material for the **December** issue of Voiceprint should be sent to vp@australianvoiceassociation.com.au by 20th November 2014

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Quarter Page	\$50	\$75
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Back Cover	\$150	\$200

From the President

Helen Sjardin

President, Australian Voice Association



While Hobart has been celebrating the darkness and winter solstice with searchlights in the sky, tantalising food fests, fabulous entertainment and nude swims, exciting ideas have been germinating for all professionals involved in working with the voice.

On Thursday, November 6th, the AVA is presenting a scintillating satellite Seminar to complement the Second Conference of the Laryngology Society of Australasia from 7-10 August.

The LSA event will be at the Grand Chancellor Hotel overlooking the famous Constitution Dock and the AVA's venue will be the nearby environmentally sensitive designed building of the Baha'i Centre of Learning for Tasmania. Both events have a remarkable networking opportunity with inclusive receptions at Government House and the famous MONA respectively.

Details of these programs and instructions for registration can be found on both websites and will be circulated by e-News to members.

www.australianvoiceassociation.com.au

www.lsanx.org.au

The PD committee has been incredibly busy in this past quarter, not only in preparation for the annual Seminar, but also in launching a webinar, three part series on Chronic Cough and PVFM (Paradoxical Vocal Fold Movement)—a multidisciplinary approach. Laura Moroney has excelled in organising our platform to be able to reach more than a hundred members at low user cost with world class experts from the comfort of our own homes. (More details of this are in the following pages).

It has been exciting to see membership flourish (in fact a five-fold increase since the end of January) and this positions us better to provide more events, all of which are guided by member-identified needs.

A very special acknowledgement needs to go to our current editor, Anne Vertigan, who apart from filling the role of Treasurer, has remained editor of VoicePrint for the last four editions. On top of that, she has just delivered our first local segment of the Webinar on a topic for which she has received high acclaim for her research, publications and overseas presentations. (Anne has an article in this edition encouraging others to become involved in the Newsletter. Please consider this in a coordinating or assistant role as we need to maintain a print media that reflects the vitality of the organisation).

We are proud to see that the BVA, with whom we are affiliated, has recognised Cecilia Pemberton of Voice Care Australia with the prestigious Van Lawrence prize for her paper on the Wollongong Catholic Education Voice Care Programme.

Congratulations to Cecilia for this justified acclaim. A photo appears in this edition and those attending the AVA Seminar in November will have an opportunity to have further discussion with Cecilia on implementing this well-evidenced strategy more widely.

Another well-known AVA member and past president, Dr. Jan Baker also attended this BVA meeting and was most impressed with the three research presentations for the Van Lawrence Prize. She reported that Cecilia Pemberton excelled herself in giving a most poised, powerful and amusing presentation, and that it was most exciting to be there as she received her well-deserved accolade.

Jan also spent time with a number of BVA members, including Christina Shewell, Annie Elias and past president, Sara Harris. Jan noted that, like us, they are experiencing a boost to their PD activities, but not without the enormous efforts of practitioners such as Sara Harris and her PD committee who have facilitated numerous educational and experiential activities for their BVA members over the last 12 months. At their annual general meeting it was reported that their many activities had raised considerable funds to help sustain their ongoing functions and services to the community.

These had included many brochures and pamphlets related to health vocal function, issues such as acid reflux and its effects on the voice, information about problems such as vocal fold paresis and current approaches to treatment etc. They reported too that they were looking forward to promoting more activities in association with other groups, such as the British Laryngology Society, and this is a timely reminder for us to maintain our links with like-minded associations. Watch this space for further developments of Jan's book 'Psychosocial Perspectives on the Management of Voice Disorders' - with plans for launching by Compton Publishing at PEVOC in Florence, 2015.

One of the most satisfying tasks of being on the AVA Board is the judging for the Student Encouragement Awards, organised by Judy Rough, Vice President. As you read the stories of the successful applicants in this issue I'm sure you too will be enthused. I had the pleasure of meeting and presenting to two of the winners on my travels through Melbourne and Perth which, for me reinforced the two way value of recognition and encouragement by an association such as ours. It has also been interesting to note that many of these students have kept in touch with us—currently two involved in assisting with tasks on portfolios... Michaela Brown with PD and Natalie Hubbard with the Website.

Inspired by the feature on the home page for the BVA website, Natalie, as our content developer is underway with a new project in which a number of professionals (initially from South Australia), will be filmed and interviewed about their skills, involvement and passion for the human voice. Once edited, this video will feature on the AVA website to further promote interest in the field of voice. We look forward to its development and will keep you updated.

Soon you will receive notice of the AGM which will immediately follow the Hobart Seminar on Thursday 6th November. It would be great to have a good representation there to contribute ideas to our forward planning. Also please give consideration to nominating yourself or a colleague to a position on the board or a working committee. Following the AGM, Registrants (and partners) at the Seminar will be invited to a special reception at Government House, where we plan to have a soiree featuring AVA talent (yet to be announced and not to be missed).

There is much to celebrate and much to learn. We can appreciate the ease of distance learning and technology but I must say I really look forward to an opportunity to *meet face-to-face* and share ideas at the events in Hobart.

Australian Voice Association Awards and Honorarium Guidelines

NOMINATIONS ARE NOW CLOSED FOR THE 2014 AVA AWARDS

To be eligible or to make a nomination, you need to be an AVA member. Awards are available for outstanding service to the AVA and/or outstanding contribution to the field of voice. Successful nominations for 2014 will be announced at the AGM in November 2014.

We have fantastic ‘home-grown’ talent in Australia and this provides a way to acknowledge their contribution to ‘Voice’ in Australia, to the AVA and further afield.

Student Encouragement Awards

Judy Rough

Again this year, academic staff from voice teaching institutions around Australia were offered the opportunity to nominate current students for an AVA Student Encouragement Award. Of these nominations 5 are selected as winners. It was a difficult choice as the nominees were from diverse fields of study and all were of a very high standard. We hope that this Award encourages continued endeavour in the field of voice, and future involvement in our Association by young professionals.

The award prize comprises AVA membership for one year - 2014 – with related benefits including complementary registration to any AVA workshop and event either local or national during that year and a book prize, chosen by the student, from the leading academic, scientific and clinical publisher, Plural Publishing.

This year’s AVA Student Encouragement Award winners were selected by AVA Board members, based on the following selection criteria:

- Exemplary attitude and commitment to their program of study
- Sound academic achievement
- A genuine interest in learning about voice
- Leadership in some manner with reference to vocal issues
- Research achievement in voice
- Vocal performance worthy of support

We proudly announce the 2014 winners:

Katherine Dallaston *University of Queensland*

Jessica Wynne *University of Melbourne*

Tina Alcorace *Macquarie University*

Shern Jia Clarisse Look *Sydney University*

Du Toit Bredenkamp *WAAPA*

Each of the students was asked to write a short piece on what voice means to them. We hope you enjoy their responses.

Du Toit Bredenkamp

"Do not bother to be better than your contemporaries or predecessors. Try to be better than yourself". Those are the words of great American author William Faulkner, and in my opinion they cannot ring more true than when it comes to the study and practice of the voice. As a singer I always wanted to sound like the men who, in my opinion, have the most beautiful voices in the music theatre industry. To sound like Gavin Creel, Matt Cavenaugh or John Barrowman would be to have the perfect voice. And whenever anyone said I had a unique singing voice I'd secretly be furious, because surely a 'unique voice' was just another way of saying a 'strange voice'. And so I practiced and practiced. But I could not achieve the beautiful tone that these men had. It was only when I started my Bachelor of Music Theatre at the West Australian Academy of Performing Arts (WAAPA) that the real results happened. I had two incredible voice teachers, Donald Woodburn and Julia Moody, who discovered quickly that there is an asymmetry to my neck and shoulders that mere release work cannot fix. After many tests I found out that I was born with a shortened sternocleidomastoid muscle in the right side of my neck which, over the years, raised my right shoulder upwards and forwards as well as tilted my head to the right. Hardly ideal if one wants an open throat and no tension. So started a long process of weekly soft tissue manipulation and lots of stretching and general awareness of my alignment.

Along with the physical improvement I was undergoing, I was also under the tuition of the amazing singing teacher, Aaron Hales, and together we used the new-found awareness of the tension inherent in my upper body and found other ways to release breath and find that beauty of voice I was striving for. On any given Saturday you would find me in his studio in the most strange positions: sprawled on the floor, one leg up on a chair, balancing against the wall with just the centre of my rib cage, anything to break old habits and allow the voice to by-pass my neck.

It took about two years for the work I was doing in his studio and the work I was doing on my alignment to meet and fully come to fruition. And it was then that I realized something: I could never become those men with their great voices. But in the process of trying to sound like them and falling short I actually found my voice. And it's a voice filled with my experiences, my dedication and my perseverance. It is my voice. And it is enough. I am excited to see what my voice turns into, because it will keep on changing and improving, and I will never stop learning and exploring. And I feel so blessed to even have

the ability to sing. To be able to express with mere air and vibrations that which a writer has imagined; to use the blending of music and song to unlock the emotions that resonate with all people, that is so special. It is what makes singers want to sing. It is what makes me want to keep improving on previous versions of myself. It is what my voice means to me.



Du Toit Bredenkamp

Jessica Wynne

To me, voice is a medium for communication, and is useful in creating and maintaining relationships. Having a voice creates opportunities for interaction between people, who may have memorable experiences and form connections with others through the use of their voices. The voice facilitates social interaction, and is thus an important tool for participation within society.

The use of the voice to me means opinions have the opportunity to be expressed effectively. By varying the use of the tone of voice when speaking, people can convey meaning by demonstrating how they feel. Voicing an opinion is often accompanied by an implicit or explicit emotion, which may be neutral, negative or positive. Therefore the voice allows the expression of emotion, which can be expressed through speech and song.

To me, the voice can be used to give life to seemingly meaningless dots on a page, and transform them into something magical. When singing, a singer can create a world with their narration of a story through song. This relation to the story within the text is best conveyed when the singer connects to emotions evoked by the text.

To me, singing is primarily a means for expressing emotion. The spoken word forms the basis for most songs, with a poem often used as the sung text. The poems which form the basis for songs have usually inspired a composer in some way. This may be due to an expression of emotion within the prose, or perhaps descriptions of memories which evoke an emotion. Thus singing often enables the voice to demonstrate emotion, which may be strongly expressed, or perhaps implied through the description of a remembered occasion.

Using the voice for singing can create intensely depressing, or more commonly, joyous emotions. When singing, the singer may experience feelings of elation through expression of the pure beauty of a melodic phrase or a meaningful line of text. Deep feelings of grief may

also be experienced, or perhaps extreme emotions may be contrasted within a song. Thus the voice also means the singer may experience strong emotions, which they need to understand to portray whilst singing.

Singing may give the singer a feeling of accomplishment when a particularly difficult passage has been mastered. To me, the voice can thus provide a platform for feelings of personal accomplishment, where the motivation to achieve goals can be realised.

The voice can be used to provide comfort through song, or by soothing words spoken to a friend at a time of need. When singing about a particular emotion, a member of the audience may find comfort through their resonance with the emotion or story expressed. Thus by using our voices, people can be provided with an opportunity to benefit from connection with others and the expression of emotion.



Jessica Wynne

Katherine Dallaston

The phenomenon of *voice* is not one I can easily isolate. After all, it is true that the voices around me shape all aspects of my life, and it is also true that all aspects of my life shape my voice. I think I always knew this, but it was a Bachelor of Speech Pathology that has allowed my instinctive appreciation of voice to shift toward a conscious and deliberate exploration of its profound role in human connection.

As I progress toward my final semester of study, I am motivated to work professionally within the field of voice for a number of reasons. The scope of speech pathology encompasses all components of communication, but it is voice that continues to inspire me most, both intellectually and spiritually. As a child, I can remember being filled with shock and wonder upon discovering I couldn't hum whilst blocking my nose – a world-first discovery!... or so I thought at the time. Now, as I grapple with the more complex sciences of voice, I regularly find myself basking in that same sense of awe-inspiring discovery.

I am lucky to have the opportunity this year to be involved in a research project investigating the risk of voice problems for group fitness instructors. The need to perform speech and vigorous exercise simultaneously appears to alter respiratory and laryngeal function in such a way that places group fitness instructors at high risk of short- and long-term voice problems. This has proven to be a fantastic way to broaden my understanding of voice physiology, and having something interesting to think about during my weekly gym class is a bonus!

Knowledge of vocal physiology is the initial focus of a speech pathologist's vocal training, but this alone is not enough to provide holistic, meaningful services to those experiencing vocal pathology. After all, it is not often that we see a larynx without a person attached. When I consider my interest in the broader impact of voice, I am reminded of a young boy I met last year who, though otherwise confident (and only 10 years old!), couldn't bear to hear a recording of his own voice. What a shame it is that we live in a culture in which most people, except for the few labeled as *gifted* (or *brave* – think karaoke), are ashamed, embarrassed, or at best unfamiliar with the sound of their own voice. What if the same boy couldn't bear to look in the mirror for fear of seeing (what he deemed to be) an ugly, unworthy reflection? If Australia is concerned about negative body image, perhaps a poor voice-image is worthy of equal attention.

Thank you to the AVA for this Student Encouragement Award, and many thanks to the teaching staff at the University of Queensland – and to my supervisor Anna Rumbach – without whom my professional and personal journey with voice would be a much bumpier road.



Katherine Dallaston

Clarisse Look

When I chose to study speech pathology, I thought that my degree would be all about speech sounds, the use of language and stuttering. I never expected to learn so much about voice, much less develop a great interest in this field! During my study, I realized that having

healthy voices is something that most of us take for granted. I now have a much greater awareness of voice, as well as its significant role in communicating and expressing personal identity. In particular, I am fascinated by the use of voice therapy in optimizing vocal use. The idea that various techniques can change specific dimensions of the larynx and influence voice production makes a lot of sense to me. Attending a student Voicecraft workshop earlier this year further fuelled my interest. During my clinical placements, I enjoyed trialing different techniques and problem solving with clients. It is very satisfying when I can help others produce clearer voices and play a role in their rehabilitation.

However, in my studies and clinical experiences, I found that there was limited research evidence in voice. I felt that there were many exciting discoveries to be made in this area, and chose to pursue an honours project in this field. My project focuses on the use of modeling and instruction in teaching a vocal task in the pre-practice phase. Planning and executing this project has been an enriching experience, and I can't wait to analyse my results and find some answers! I can definitely see myself continuing to contribute to voice both clinically and through research in the future.



Clarisse Look

Tina Alcorace

The voice to me is an instrument that is used to express untold stories through melody. Singing has the ability to connect with people, communicate, and entertain an audience. The voice gives me the power to speak up, to change the world, aspire and inspire others to chase their own goals. The voice is my weapon and I intend to use it to create great music and live out my purpose as an individual - like you!



Tina Alcorace

An update from last year's winner – Grace Smibert

As a young actor at the beginning of my career I have a lot to be thankful for. The last 18 months have certainly been an action-packed and exciting time for me!

2013 was my third and final year at WAAPA. That year I won a national student voice awards from the AVA, and the Sally Burton Shakespeare Award at WAAPA in 2013. But perhaps the biggest surprise of all in 2013 was being invited to London to appear in a small role in Solzhenitsyn's 'The Love-girl and the Innocent', directed by Matthew Dunster. Matthew was a guest director at WAAPA earlier in the year, and in him I found a great friend and mentor. So I flew off to London for eight weeks to tread the boards at the Southwark Playhouse! After London I came back to WAAPA, graduated and showcased in Perth, Melbourne and Sydney with my wonderful class. I've now relocated to Sydney, but have just completed a contract with Black Swan Theatre Company in WA. I played Celia in Roger Hodgman's 'As You Like It'. It was a joy to be part of a professional Shakespeare production.

Now as I sit in a café in Sydney, I am contemplating the rest of 2014. I do not know what the rest of the year holds! It is both liberating and terrifying not knowing what is in store for me! I hope it holds as much as the last 18 months has provided me!

A patient's perspective

Good afternoon,

I am writing at the recommendation of my speech pathologist, who suggested that my story was one worth sharing with voice professionals.

I am a counsellor by profession and an amateur singer, both of which mean I use my voice

constantly. When I developed singer's nodules in 2012, I was motivated to get the condition treated. I tried a few initial treatments suggested by my ENT, including nasal rinses and simple lifestyle changes, all without result. I then embarked upon speech therapy and was assured that it would produce results if I was compliant with the homework, and if I abstained completely from singing.

I did the speech exercises religiously, three times a day, for several months without improvement. I remember the day when I walked into my speech therapist's office and broke down in tears. I wasn't coping with not being able to sing - one of my great passions - and I couldn't understand why there was absolutely no change in my voice when I was stolidly doing the homework. My speech therapist had guaranteed that I would see a difference each day, but I had seen nothing change. I thought I was to blame, that I was missing something in my technique, and possibly doing further damage to my voice.

My speech therapist did the best thing in the world. She didn't blame me. She didn't dismiss how I was feeling. She didn't tell me to be patient. Instead she sat and thought hard for several minutes. She told me that she could hear, in my voice, the fact that I had indeed been practicing the exercises. She said she believed me. Then she said, "I wonder if we've missed something." She made a significant suggestion: get more testing done, specifically, a stroboscopy. She suspected I had something other than run-of-the-mill singer's nodules, possibly cysts, and that we should find out for sure.

So I had the stroboscopy and it turns out I had bamboo nodules. The ENT who ran the test told me what bamboo nodules were. No specialists, GPs or anyone else since has known what bamboo nodules are when I have asked. Apparently it is not very common - the ENT said that in his 20 years of practice, he had seen bamboo nodules 4 or 5 times.

Bamboo nodules behave exactly like singer's nodules, so it is very difficult to tell them apart with normal testing. You can't hear any difference at all. Under stroboscopy, normal nodules show up looking exactly the same or symmetrical. Bamboo nodules, however, look different under stroboscopy: they look like a couple of nodules, one on top of the other, with rounded bits that stick out like nodes on a stick of bamboo. During my stroboscopy, I could see a single nodule on the right vocal fold, and two nodules on the left, one sitting on top of the other.

The ENT told me that bamboo nodules are not caused by vocal abuse or overuse, and as such, were no obstacle to my returning to singing. The ENT also reassured me that my vocal technique was excellent. That was the good news. The bad news was that speech therapy is useless for bamboo nodules, as they are not caused by bad technique, so there is no bad technique to correct with therapy. There is no treatment for bamboo nodules. The ENT said that sometimes they go away of their own accord, but if they don't, the only option is injecting steroids directly into the nodules. Clearly, this was an option I wanted to avoid.

Then came the really fascinating part of the story. The ENT said that the cause of bamboo nodules is autoimmune disease. What followed was a 12-month journey of tests, specialist consultations and research in an attempt to discover if I had an autoimmune disease. I had a bunch of crazy symptoms going on, all seemingly unrelated - fatigue, muscle pain, weight gain, dizziness, split nails - so it took a long time to figure out what, if anything, was really going on with my body. I was ultimately diagnosed with Systemic Lupus Erythematosus, commonly known as Lupus. There are no medications that can treat my particular symptoms,

but at least now I have a name for the crazy stuff my body is doing to me.

The best part about getting diagnosed with Lupus is that now I know what to do - and what not to do - if I get flare-ups in the future. If I develop vocal problems again down the track, I can get checked straight away for bamboo nodules because of my history, rather than wasting months and money on therapy that is never going to help.

My story has a happy ending: my bamboo nodules are spontaneously resolving, with no effort whatsoever on my part.

I wanted to write this story so that voice professionals might be able to help those who may present with a vocal problem that does not improve with treatment. There is a possibility that the problem is not normal nodules. I wanted professionals to know that there is such a thing called bamboo nodules, and that the underlying problem is autoimmune in nature.

The Mighty Franklin River: A Real Adventure in Voice

Sharon Moore

Speech Pathologist Voice Therapist Orofacial Myologist, Canberra

Does the idea of rafting Tasmania's most iconic river in a world-class wilderness tour through Tasmania's South West World Heritage area appeal to you? Does that sound like an adventure? Adventure was what we were looking for, that's for sure, and that's what we got. So what does a 100km-rafting trip down the entire length of the Franklin River have to do with voice? Firstly, if rafting down a noisy raging river, one has to hear voiced instructions from the River Guide VERY WELL, including when: the raft is perched precariously on a rock, filling fast with aqueous torrents, or when: the rapids are too dangerous to traverse by water, and one has to scale slippery rocks on high ravines instead. There is on the other hand, the gentle voicing of "oohs and ahs" in serene waters, in awe of the pristine wilderness, all its flora and fauna. Then there is the ethereal voice of nature itself, the river, the wildlife the creaking of the trees in the wind, the river's majestic natural beauty.

The Laryngological Society of Australasia, has deftly chosen our beautiful Tassie capital as host city for this year's annual conference, [2nd Australasian and Asia Pacific Laryngology Conference, 7-9 November, 2014](#). The AVA is to hold their AVA day on November 6th, before LSA kicks off. Anyone with a few days or a week up their sleeve, and a fair amount of gumption, should consider a trip on the Franklin River, either before or after the conference.

This is a true wilderness expedition whitewater rafting experience in large comfortable self-bailing rafts, which keep rafters relatively dry. No technology no mod cons, apart from the emergency radio. River water levels and hence the speed of travel, are dependant on rain and if higher than average, you are in for a speedy ride. There is lots of bird-life in this pristine temperate rainforest. It is a World Class trip rated in the TOP 2 rafting trips in the world, a World Heritage Listed Franklin River Wilderness escape. However, Wilderness does not equate with ordinary camp food fare. The rafts carry large barrels of fresh gourmet Tasmanian produce, meaning meals whipped up at riverside camps on the banks, are nothing short of exotic.

The Moore Family trip started after a conversation with a well-travelled friend, who in his youth, had been a River Guide himself, and who counted his Franklin River experiences at

the top of his own adventure list. He loved it so much, that he and his son came too. We booked this high adventure family trip, mum, dad and 2-teenage boys, 16 and 17 years of age and 2 friends. Don't think this was a slow paddle on a quiet river, this trip spanned 7 days, entering the Upper Franklin via the Collins River and making our way down multiple rapids, through Upper then Middle and Lower Franklin, over 100km before we reached the quiet and calm of the lower Franklin meets Gordon junction. Sleep? Yes on the banks of the river. Paddle? yes. For hours and hours and hours. Walk and carry? Yes, there were 'portages', to be done, rapids that were too dangerous to traverse in the rafts had to be skirted on foot, including carrying all the gear. Eat? Quality to satisfy the fussiest gourmet.



Yes, we really did go DOWN THERE

According to Brett, our River Guide, he was leading us along his 301st river expedition. "Every trip is different," he said. He literally knew every rock every bend every bird every platypus every echidna every budding huon pine. Had he seen it all? Well he says that whilst the river is so familiar on the one hand, on the other, "every expedition brings a new experience". He goes on to explain, "We've never lost anyone on our trips". That is a nerve wracking concept to take on board, but the river and it's history has a dark side. Perhaps the dark side, the dangerous history is part of the thrill. Whatever you do, don't read Richard Flanagan's "Death of a River Guide" before you go, or you may lose your nerve. No criticism of Richard Flanagan's penmanship, whose works of historical fiction, should be on the must-read list for every Australian. His works tackle many aspects of Tassie's early history. He is the internationally acclaimed author of six novels. His first novel, Death of a River Guide, was published in 1994. His latest novel, The Narrow Road to the Deep North, was published in September 2013. It would be remiss not to include Richard Flanagan's own ramblings on his personal experience of the Franklin River. He gives voice to his connection and relationship with the Mighty Franklin, strong impervious ties, that have developed into a generational legacy. The following elucidations are from Richard's own writing.

He is 52 now, and was 17 when he first kayaked the Franklin River. At that time perhaps less than a hundred people had ever been down the river. It was so little known that a local newspaper ran a double-page spread on the trip. They had never seen anything like the Franklin. Fifty or 60 trips later he still hasn't seen anything like it anywhere. The very toughness of the trip – and when the weather turns, it can still be very tough and dangerous – means the Franklin remains a pristine and wild world.

When he was young, Richard played on the Franklin with mates. It was in the backyard, and cost nothing more than the food and cheap drink they took on their outings. They knew without knowing anything, that to be young and free in such a world was something they would never find again.

The serenity of sleeping on its rainforest beaches, the grandeur of its gorges, the savage joy of getting to the bottom of one of its flooding rapids, the bewildering beauty of a sprig of myrtle growing out of a moss clump in limestone stained glistening bronze, its innumerable and frequently transcendent wonders, lingers in their memories. As young men tend to be, they were wild and arrogant with youth and strength. But all strangely moved by that river, coming to love it very powerfully.

The river came not just to inform and shape Richard's life, but his first book. Death of a River Guide, a history of the Franklin, was written when he was 21 and published in 1994. He nearly drowned on the river, trapped in a rapid and was saved after several hours by a mate in an extraordinary act. Richard explained "I learnt what I had never learnt from the modern novel: that even in the darkest hour we are not alone". After that most things became unimportant, even trivial to him. His first novel relives that experience, though he never said so publicly at the time.

The lure of the River is powerful. Later, Richard worked on the river as a guide. Strangely, the river always seemed like a new place, and familiar as its reaches became, there were always new sights and sensations. There are places in the world – and the Franklin is one – where the only appropriate emotion is a grateful astonishment. He recalls the inexhaustible wonder of his twin daughters on their first trip, camped beneath the vast limestone overhang at Newlands Cascades and, as the river ran a mighty flood, they watched for three days the extraordinary tableaux just beyond as that rapid grew huge, its noise that of a continual bombardment as it kicked up great gouts of spray and spume, as wild storms lashed through the gorge and sky above, as the rainforest writhed and ran.

He always found the Franklin a strangely disorienting world – those rank rainforest odours of decay and growth, the sensation of mist forming water beads on your face, the sense of a rising river throbbing beneath your raft, the tenderness of its lower tranquil reaches with its weeping Huon pines and weary sagging cliff faces and circling sea eagles, its moss-hued grottos and caves – a world that conjured painful awareness of his own insignificance, and so physically overwhelming that, at times, he no longer felt sure if he had any personality.

He came to realise, that most contemporary culture, including its literature, is made by people for whom the measure of the world is what is man-made. But the Franklin taught: that the measure of the world is what is NOT man-made. And it was this sense that has come to inform Richard and all he has written since.

So much of what Richard has written about the Franklin, renders it as a living beast, resonates with our own family experience, and with stories told by our River Guide, Brett Fernan of Water By Nature. We met Brett and Klaudia (the other rafting guide) on the bus pick up early

on a Sunday morning on January 12th, to be exact. Brett seemed quietly spoken, worn out. This was not a good start. We could not hear his voice on the bus. My analytical mind wondered, “his voice is shot”, “He has severe MTD, or maybe it’s a psychogenic VD”, “Hyper-functional at the very least”. This conjured all sorts of nerve-wracking thoughts, “What have we got ourselves into?” “How on earth can he guide us safely down the river if he’s got no voice?”. Friends who had rafted with Brett before, had given him a legendary wrap up. But Brett, our lofty leader was not in good voice.

We entered the Collins River in two rafts, four rafters and one Guide in each raft, and within minutes had paddled into the Upper Franklin, and the Side Slip, a major Rapid. Brett and his strained voice could barely be heard above the distant bubbling of approaching rapids, then something curious happened. As our raft wedged onto a boulder at the top of the first rapid, Brett’s instructions became more urgent. What a baptism of fire, (I mean water) as we entered the thunderous zone around the rapid. Everything happened VERY FAST. Our first rapid, was a lesson in getting stuck on a rock having to disembark, rock the boat back into the rapid and embarking again as it entered down and descended at light speed. As our raft filled with water, Brett’s voice sharpened into a twang that cut through the thunderous cascades “forward” “back paddle” “Over left!” “DOWN LOW!”, “OUT!”, “GET IN!” “turn right!” “RIGHT RIGHT RIGHT,” “OVER LEFT”, cadence and volume rising exponentially with the urgency of our situation. Before we knew it, we were at the lower edge of the rapid, hearts pounding, then laughing as our raft sailed over and down the raging rapid. Is this the savage joy that Richard Flanagan refers to? We could hear behind us, the barking orders from Austrian Klaudia to her rafting crew, the voice of a whip cracking, that cut through the densest of the rainforest undergrowth, then over the rapid, the second raft sailed, another burst of savage joy.

On that first night, we bunkered down on the side of the river on blow up mattresses and sleeping bags, with the voice of the river bubbling no more than 2 metres below. Our first night in the Wilderness and “we weren’t dead yet.” Over the next 6 days, we camped and ate and rafted and tackled some truly humbling rapids, with names like: Aesthesia Ravine, Log Jam, Nasty Notch, Side Slip, Rafters Race, Descension Gorge, The Duck Shoot Rapid, The Great Ravine, Inception Reach, The Churn, Oriel Rock, Corkscrew, Coruscades and The Cauldron. There were swims, near misses, nearly losing a teenager and a mother (me) from the boat, saved by a hand’s reach at the critical moment, and all those nights of exhausted contented sleep by the side of the river.

How those 7 days flew by. When we had reached the Gordon River, with it’s own conflicted history, we waited for the Sea Plane to take us back to Hobart. Whatever you do, if there is an opportunity to fly back to Hobart on a Seaplane from the Gordon River, do it. If this type of adventure “does not float your boat”, just consider a sea plane scenic tour from Hobart to The Gordon River

The Franklin River high adventure holiday did not disappoint. We were after it all, tired and happy, full of gourmet fare and non-erasable memories of a time and place. It turned out that Brett had a virus, from which he recovered after the first good night’s sleep by the side of the River. Brett’s voice after all, was a really good voice, even after more than 300 River expeditions. The Voice of Nature was truly remarkable leaving a solid imprint on our own life’s experience. Brett, was made of legendary stuff, and our teenage boys gave the holiday a 9.5/10.

More serene moment on the Lower Franklin



Congratulations Cecilia!

The AVA congratulates Cecilia Pemberton on her recent award. Cecilia recently won the prestigious Van Lawrence prize in the UK for her paper on the Wollongong Catholic Education Voice Care Programme. If you would like to find out more the link is...

http://www.britishvoiceassociation.org.uk/awards-prizes_Van-Lawrence-Abstract-2014_Cecilia-Pemberton.html

Well done and congratulations Cecilia.



AVA Webinar Series 2014: Clinical Management of Chronic Cough and Paradoxical Vocal Fold Movement: a multidisciplinary approach

Rosalind Barnes

Speech Pathologist and Voice Consultant

Review of Webinar 1: On 13th August, Dr Anne Vertigan Speech Pathologist, (Director Speech Pathology, Newcastle Acute Hospitals NSW) presented the initial AVA 2014 webinar, which forms part of our three part series. Over 100 participants experienced a fabulous event and the opportunity to benefit from Dr Vertigan's vast theoretical knowledge, research and vast clinical skill.

The two hour webinar took us through

- Etiology and pathophysiology
- Evidence for speech pathology management
- Diagnosis and assessment.
- Management and Intervention.
- Practical Tips
- Questions from participants

Each section of Dr Vertigan's webinar was clear, evidence-based and well-presented. She has evidently spent many years, in collaborations with other medical and allied health professionals, developing and refining her advanced approach to chronic cough and PVFM. Dr. Vertigan generously shared many resources and patient handouts, which were distributed electronically prior to the event. The webinar learning experience offers the opportunity to those without specialist-level skills, to understand the underlying causes, and a pathway to assessment and management of these disorders. All this without traveling from your home or office!

The process for participation in the AVA webinar series is simple. You need a secure, stable internet connection. Once you register, you will download the webinar platform from FUZE, and at the time of the event, you simply login with the details sent to you by the AVA. Lecture notes, handouts and reference materials are emailed as attachments once registration is complete.

The format of the webinar is one-way from the presenter and convenor to the participants. The presenter is seen at the top of the screen, delivering the presentation, and the powerpoint presentation occupies most of the main screen. Questions are sent in real-time via group chat to the presenter through the convenor Laura Moroney. Any technical issues during the webinar are handled by the convenor.

During our first event, most participants had no technical difficulties, however there were a number of participants experiencing audio issues. This problem is being addressed for our second event. Each webinar is recorded and is available for those who have trouble in real-time transmission.

Complementing Dr Vertigan's presentation, Professor Peter Gibson, Respiratory Physician, John Hunter Hospital and Hunter Medical Research Institute presented the second webinar on 3rd September.

The final webinar will be presented on Wednesday, October 8th by Dr Craig Zalvan, ENT - Laryngologist, Phelps Memorial Hospital Center, Westchester, New York, time TBC

Places are limited so register now to start or continue your learning journey in "Chronic cough and Paradoxical Vocal Fold Movement: a multidisciplinary approach"

Book Review: Body and Voice: Somatic Re-education by Marina Gilman

Helen Sjardin

Speech Pathologist

Target readers: voice teachers, acting teachers, speech-language pathologists, singers, actors, 'in short anyone interested in good voice production'.

Some members may have met the author, Marina Gilman from Georgia, USA when she was presenting at the International Convention for Voice Teachers (ICVT) in Brisbane last July. The buzz was that Marina was talking about how we can learn about performers' posture by observing how their garments fell on their bodies—referred to as 'clothing anatomy'. Marina had also generously offered to sit on our panel at the conclusion of the AVA Seminar Day, contributing from her wealth of experience as a singing voice teacher, performer, Guild Certified Feldenkrais Practitioner and speech pathologist. Her interest in somatic aspects of voice training has developed through her clinical, academic and studio teaching.

The ease of reading this book is attributable to the very clear organisation, integrating theoretical background, interesting and relevant case-studies with verbatim dialogues with students, supported by excellent illustrations. The CD included further demonstrates the practical aspects of 'having a conversation with the student's nervous system, rather than through their conscious, cognitive mind.' By hearing the author's instructions one appreciates the appropriate pacing and pausing to allow time for processing.

With the subtitle of Somatic Re-education, Ms Gilman says the aim of this book is to help teachers and performers look to the whole, not just the parts, to sense strain in the sound, effort or limitations of expression; and to begin to identify the somatic blocks or gaps in the somatic map getting in the way of a free voice. Emphasis is on learning to recognise and change from the 'inside out', hence the choice of the word 'lessons' as opposed to 'exercises' and the value of reflecting the dialogue between the teacher and student in the adaptive process.

The cover is the well-recognised Feldenkrais schematic drawing of the body as a series of three inverted triangles (head and neck, shoulders and trunk and pelvis and legs), depicting how a shift in one must be counterbalanced by changes in the others.

Interconnectedness and awareness are recurring themes along with the importance of students developing knowledge of their own somatic map at rest and in movement, with and without voicing.

The book is divided into two parts; PART ONE being a theoretical overview of somatic re-education—helping the student to recognise current patterns of movement, breathing, coordination of sound, breath and body through developing a self-awareness through movement lessons and explorations. This section occupying the first 67 pages, is well referenced providing an evidence base and clearly illustrated (medical illustrations by Peggy Firth and fascinating descriptive illustrations showing how ‘Clothing tells a story’ by Alex Rowe).

PART TWO (the remaining 200 or so pages) is related to themes around breathing and stability, providing examples of specific lessons. The author states her intention to provide a framework and context for addressing issues common to students at all levels. The examples cover a range of modalities of performance, in fact Ms Gilman demonstrates how such aspects as breath or posture would be different for a dancing vs. singing or speaking role. For those familiar with the Alexander Technique or Feldenkrais Awareness through Movement, the focus on detail will be familiar. For newcomers to this approach, there will be many ‘Aha moments’ and teachers and therapists working with voice will be guided to ask the question *“what is going on somatically with this person? How can I guide myself to become more aware?”*

We all know the old song about the knee bone being connected to the thigh bone but for some, it’s a revelation that the pelvis could be connected to the tongue bone. Which takes me to a novel reflection of trivia to me that the hyoid is the only free- floating bone in the body and referred to by Ms Gilman as the Grand Central Station of the neck.

The case studies in this second section present a practical application of the principles earlier expounded and are reinforced by the CD which is helpful for the clinician/teacher or could also be given selectively to the student. There is a constant emphasis on the need for the unfolding to be

SLOW

OBSERVED (‘ WATCH’)

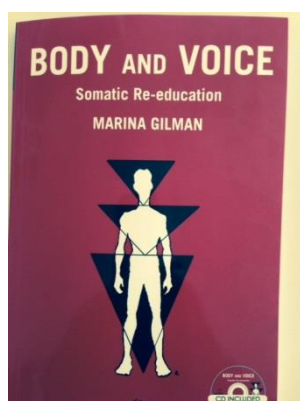
LETTING THE STUDENT DISCOVER

GUIDING VS. TELLING.

The lessons demonstrate the promotion of somatic awareness of the parts (head, neck, shoulders, tongue, jaw etc. of the coordination required for breathing (for me the most interesting chapter), stability (balance and posture) and mobilising the pelvis.

Through the case studies, the author reflects how her observations of the students inform her decisions to perhaps switch tasks or take a rest if noting that the student's eyes become glazed or skin pales.

The strength of this book is its balance and interconnectedness between theory and practice with a focus on the subtle habituated patterns of movement, posture or tension that impact students' ability to achieve an optimal voice. This is done by encouraging them to work from the inside out to retrain their neuro-musculo-skeletal system.



Body and Voice : Somatic Re-education

By Marina Gilman

Plural Publishing

5521 Ruffin Road,

San Diego, CA 92123

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Enhance your voice, enhance first impressions

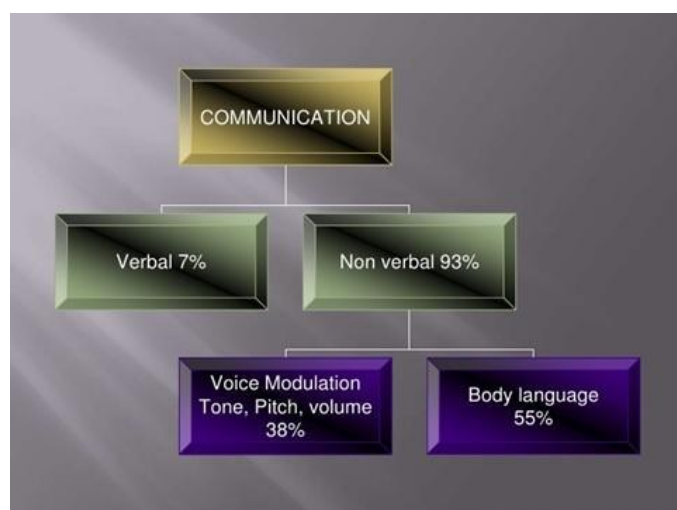
Thila Raja

Speech Pathologist / Voice & Accent Coach / Director at Speak for Life

Did you know that 40% of your communication is influenced by the sound of your voice?

What makes us remember someone, makes us want to interact more, after the initial hello? Research says that it takes 7 seconds to make an initial impression. First impressions are made of physical image, feeling/vibe you give and communication style.

Our communication style is both verbal and non-verbal. Contrary to popular belief, non-verbal cues influence the listener 93% more than verbal cues.



So in other words, what you say is important, but HOW you say it leaves a lasting impression.

Body language is an essential part of non-verbal communication. This includes eye contact, handshakes, posture and the list goes on.

The other part of non-verbal communication is how we use our voice, and this is often not thought and talked about much.

How often have we made assumptions about people's personalities and character traits based on the way they sound?

Think of famous personalities, US President Obama, Former US president Bill Clinton. Consider the factors that makes them sound charismatic. Their voice sounds deep, is low pitch, and has a smooth tone.

Now think of a male who speaks in a really high pitched voice, or a petite lady with a loud, harsh voice. Think of the assumptions we might make about them. Of course not all assumptions are negative, a good speaker is often able to convey their message confidently.

We gather lots of information about a person's state of being by listening to the tone of their voice. I suppose my point is, we have to be conscious of how we sound, and use it to our advantage to make the best impression.

So, the next time you say hello or pick up the phone, try the following:

- i) Smile before you answer your phone or make a call. The listener will feel the warmth in your voice at the other end.
- ii) Exhale before your first word. This reduces your rate of speech.
- iii) Mirror the voice of the person you are talking to. Sounding 'similar' creates mutual trust and better relationships!

Happy talking!

Facebook

The AVA Facebook page is useful to members if people **share** and **comment** on posts – this shares knowledge about voice and lifts the profile of the AVA. Here are some tips to help make the Facebook page the most useful it can be for all members.

1. **Like** the AVA's Facebook page. The easiest way is to type Australian Voice Association into the Search bar on the left hand side of Facebook.



2. Once a fan – make sure you **Get notifications**. Otherwise you may not see posts by the AVA on your news feed. *Facebook uses algorithms to decide which posts will show up on a user's page. It is estimated users see less than 1/5 of a page's posts, unless they have selected Get Notifications.*¹



3. **Post** interesting stuff about Voice on the AVA Facebook page. This means it will get seen by all the other AVA fans.



4. **Share** interesting posts.
This means your friends will see them, you are spreading the love of, and knowledge about, Voice.



5. **Comment** on posts, ask questions, start a discussion. Our most popular post by far was on people proposing how Lalah Hathaway managed to sing chords. The number of views was 446, well in excess of our average 10 views per post. *The current low views per post is likely due to the majority of members not having selected Get Notifications*



1. Gingerich, M (2013) How to get all notifications from a facebook page.

<https://mikegingerich.com/how-to-get-all-notifications-from-a-facebook-page/> Accessed 30.03.2014

Conferences

AVA Satellite Seminar Day

Thursday 6th November 2014

Registration is now open for the AVA Satellite Seminar Day on **Thursday November 6th, Hobart, Tasmania**, prior to the **2nd Australasian and Asia Pacific Laryngology Conference**. This meeting will include the AVA AGM and will be followed by an evening soiree at Government House!

We will be exploring the topic of **voice disorders in children** with our invited keynote speaker, Dr Estella Ma - Associate Professor at Hong Kong University and Dr Daniel Novakovic, ENT.

In the afternoon Elke Rudolph (Physiotherapist) will be leading a session on experiencing Alexander Technique. Finishing with breakaway special interest group discussions coordinated by leaders in the field for an opportunity to hear updates, share knowledge and network.

[Registration is open now on the AVA website.](#)

Full Program

8.30am	Registration
9.00am – 10.30am	Assessment of paediatric voice patients. <i>Dr Daniel Novakovic</i> Current research evidence base for paediatric voice disorders – assessment and treatment. <i>Dr Estella Ma</i>
10.30am – 10.45am	Morning Tea
10.45am – 12.45am	Current models of treatment and pre-packaged therapy programs available <i>Dr Estella Ma</i> Clinical insights into assessment and treatment for the child with a voice disorder <i>Dr Estella Ma</i> Clinical case studies <i>Dr Estella Ma</i>
12.45pm – 1.30pm	Lunch
1.30pm –	Experiencing Alexander Technique

2.30pm	<i>Elke Rudolph</i>
2.30pm – 4.00pm	Special interest group discussion session 1 - choose from 2 topics Special interest group discussion session 2 - choose from 2 topics Topics: Spasmodic dysphonia; Voice disorders in teachers; Principles of motor learning in voice; Working with the singing voice.
4.00pm	Close of Satellite Seminar Day and Afternoon Tea
4.15pm – 5.00pm	AVA AGM
6.00pm – 7.00pm	Soiree at Hobart's Government House with complimentary canapés, drink and entertainment

Presenter Bios



Dr. Ma is an Associate Professor in the Division of Speech and Hearing Sciences. Upon the completion of her doctoral study at the University of Hong Kong in 2003, she worked at the School of Health and Rehabilitation Sciences, the University of Queensland as a lecturer before she rejoined this Division in 2006. Dr. Ma's primary research interest is clinical voice science and disorders. The majority of her research takes a functional approach and is framed by the health classification scheme of the World Health Organization's International Classification of Functioning, Disability and Health (ICF). She is the Director of the [Voice Research Laboratory](#).



Dr Daniel Novakovic graduated from University of Sydney Medicine and completed Australian Otolaryngology training. He obtained fellowship training in Laryngology and care of the Professional voice in New York City. Daniel's main interests are in laryngeal / upper airway disorders and he runs a multidisciplinary Voice & Swallowing clinic in Sydney for adults and children. He serves as Clinical Senior Lecturer for University of Sydney and sits on the board of the Australian Voice Association. He holds an MPH and has active research interests in the epidemiology and treatment of Recurrent Respiratory Papillomatosis, Laser tissue interaction, Laryngeal Botulinum toxin and glottal incompetence.



Elke is the owner/principal of Lansdowne Physio and has been practicing as a physiotherapist for more than 20 years. Looking for a more holistic approach she has added to her Physio skills through studying the McKenzie technique, Clinical Pilates and the 3 year Alexander Technique training in Sydney, qualifying in 2000. Her special interest is in helping people to rediscover their light-and-easy posture and movement in order to feel better or to reduce pain. Elke's treatment philosophy is all about helping people to understand and manage their own body.

2nd Australasian and Asia Pacific LARYNGOLOGY Conference Hobart

Friday 7th November—Sunday 9th November 2014

The program for the second laryngology conference is now finalised. Click here <http://www.laryngology.consec.com.au/> for program and registration details.



Assessment and Diagnosis in the Voice Clinic

12-13 March 2015, Birmingham

A two-day multidisciplinary course covering theoretical and practical aspects of working in the voice clinic. Led by experienced voice clinic teams from the UK, there will be hands-on sessions on stroboscopy, as well as workshops on vocal anatomy, assessment protocols, laryngeal injections, perceptual voice assessment and the assessment of the professional voice.

Suitable for: ENT Surgeons, SLTs, Trainees

Dates: 12 - 13 March 2015

Venue: Queen Elizabeth Hospital Birmingham

Cutting Edge Laryngology 2015

Cutting Edge Laryngology 2015 is now accepting abstracts for both Oral and Poster presentations. The list of topics is as below:

- Swallowing disorders
- Vocal cord paralysis
- Airway stenosis
- Neurolaryngology
- Psychogenic dysphonia
- Muscle tension dysphonia
- Pediatric laryngology
- Benign lesions of the larynx
- Early laryngeal malignancies
- Laryngeal and tracheal transplant
- Advances in Laryngology
- Interesting case reports

You are invited to submit a video presentation showing a surgical technique, open or endoscopic to be presented in a dedicated sessions on Wednesday. We would welcome presentations on:

- Novel and innovative surgical techniques, open or endoscopic
- Use of new technology
- Use of new therapeutic or diagnostic modalities
- Innovative application of established technology or instruments
- Difficult and challenging cases and how they were managed
- Finally, the faculty would consider video presentation of well established techniques that they deem to be of particular educational benefits to our delegates.

For further information, please [visit the website](#).

Speech and Language Therapy Study Day “Psychogenic Voice Disorders: New Approaches”

This study day on psychogenic aspects of voice disorders will provide an overview of contemporary methods of assessment and management as well as new information on the interaction between neuro-science, emotion and voice. The day aims to cover both theory and clinical applications enabling both SLT and ENT clinicians to develop their practical skills in this important topic which has an impact on management of all clinical voice disorders.

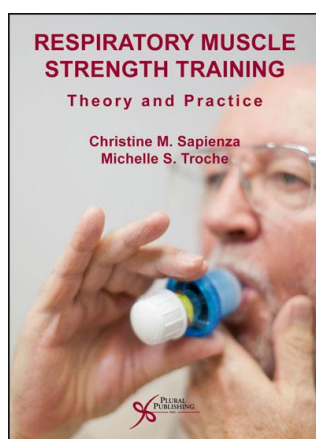
There will be an opportunity for free paper submissions from both SLT and ENT colleagues on the topics of “Psychogenic aspects of voice disorders” and/or “Management of Muscle Tension Dysphonia”.

[CLICK HERE TO VIEW THE SCIENTIFIC PROGRAMME](#)

New Books from Plural Publishing

Apart from donating a book voucher annually to our successful SEA students, Plural Publishing regularly request that we review books which we then publish in VoicePrint. The great bonus is that the reviewer gets to keep the book. Please let us know if you are interested in being a reviewer and your specific areas of interest.

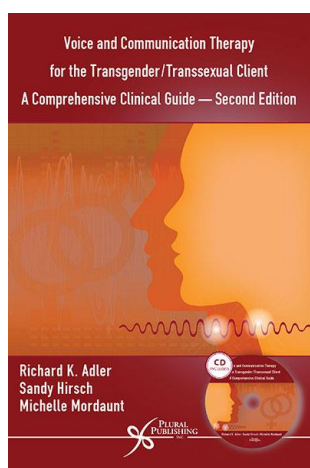
Available print or ebook format exclusively on iBooks



Respiratory muscle training (RMST) programs are of great interest to the community of speech language pathologists since they function as rehabilitative strategies in many individuals. It is imperative that clinicians be taught the specific parameters that can be manipulated to change training effects, as well as studying issues of training length and the consequences of detraining, which occurs when therapy has terminated. Critics will agree that there are no other materials like this one on the market; something pocket-sized and easily accessible so that clinicians can refer to it daily. The book will also be full of useful illustrations, demonstrating step-by-step processes on how to manipulate the device and finish training.

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

Overview

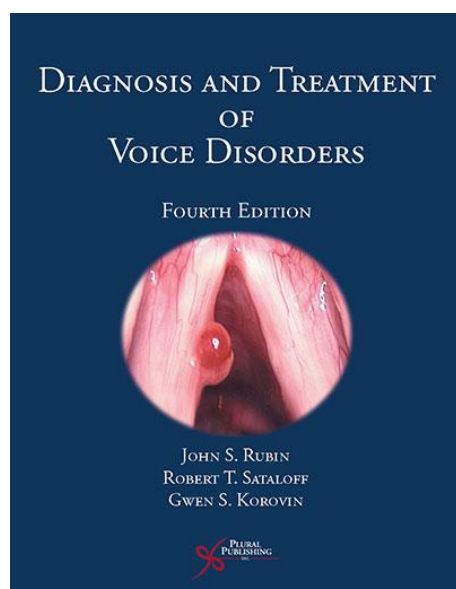


This groundbreaking text, now in its second edition, is still the only book of its kind. It is the first resource for speech-language pathologists and voice clinicians who assist transgender/transsexual patients in developing authentic voices, language, and nonverbal communication congruous with their gender identification. This text guides clinicians who work with the transgender/transsexual population in designing and administering a mindful, focused, and efficient treatment plan.

Outstanding features include thorough background information on history, sociology, psychology, and medical terminology relevant to this population and the overall role of the voice therapist and speech-language pathologist in the transition of a transgender client. Chapters cover each aspect of a communication training program, including case studies, summaries, appendices and an extensive bibliography. An accompanying Audio CD shows "before and after" communication therapy examples.

www.australianvoiceassociation.org

http://www.pluralpublishing.com/publication_vctttc2.htm



Diagnosis and Treatment of Voice Disorders, now in its **fourth edition**, continues to serve as a definitive reference for students and professionals in the fields of otolaryngology, speech-language pathology, voice and singing, and related sciences. Fifty-eight chapters—illustrated with color photos, dyed slides, and black and white figures—are divided into three parts: basic sciences, clinical assessment, and management. Each chapter has been updated with the most current and relevant information on the science of communication processes and voice disorders. With contributions from more than 60 internationally acknowledged experts, this text provides comprehensive, multidisciplinary coverage of the basic science and characteristics of voice disorders; diagnostic procedures and techniques; assessment protocols; as well as surgical and nonsurgical treatment models.

http://www.pluralpublishing.com/publication_data/d4e.htm

Top 10 tips for a healthy voice

The AVA would like to encourage members to distribute posters

<p>Use your voice WELL</p>	<p><i>Drink plenty of WATER</i></p>	<p>Warm your voice up!</p>
<p>WATCH OUT! FOR BACKGROUND NOISE</p>	<p>DON'T SMOKE & AVOID SMOKY AREAS</p>	<p>TOP 10 TIPS FOR A HEALTHY VOICE</p> <p> australianvoice association.com.au</p> <p> WORLD VOICE DAY APRIL 16th</p>
<p>AVOID CONSTANTLY COUGHING AND CLEARING THE THROAT</p>	<p>CONSIDER AN AMPLIFIER</p>	
<p>TAKE EXTRA CARE IF YOU HAVE A COLD</p>	<p>AVOID MEDICATIONS THAT DRY YOUR THROAT</p>	
<p>DON'T SCREAM OR SHOUT</p>		

Useful Contacts

▲ **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 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

□ www.australianacademicpress.com.au

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▲ **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.british-voice-association.com

▲ **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. Current discussions between speech-language therapists on voice and other issues can be viewed at www.slt-list-uk@jiscmail.ac.uk

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▲ The *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.

▲ **SID3voice** (USA)—special interest division of ASHA (American Speech-Language Hearing Association). SID3voice is also the name of its lively and active free email discussion list. To subscribe to SID3voice, send an email to □ VOICESERVE@listserve.healthcare.uiowa.edu

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▲ **SID3voice** now changed to **VOICESERVE** If you would like to join this group the address is Voiceserve@list.healthcare.uiowa.edu If unsuccessful, contact Michael Karnell on michael-karnell@uiowa.edu Membership is free.

▲ **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

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▲ **National Center for Voice and Speech** Research, clinical and teaching centre dedicated to the enhancement of human voice and speech. www.ncvs.org

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

▲ **Gastric Reflux Tips** www.cantbreathe suspectvcd.com/page10

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▲ **University of Pittsburgh Voice Centre** Excellent site with plenty of voice information (articles, images, including downloadable Voice Handicap Index with scoring instructions). □ www.upmc.edu

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

Member Promotions

VOICEPRINT offers AVA members 6 lines FREE promotion of their services, facilities or products through 2013. Please submit your promotion to the Issue Editor (see page 3). Format: Full column width, Times New Roman font, 10 point. For editorial purposes, the layout may be changed. This is a free promotional service for current AVA members. The promotion of services, facilities or products in no way implies endorsement by the Australian Voice Association. Non-members who seek to advertise in VOICEPRINT are asked to contact the Issue Editor.

LATROBE COMMUNICATION CLINIC Melbourne: Ph. (03) 9479 1921

Management of voice disorders, and voice therapy services. La Trobe University School of Human Communication Sciences Voice Clinic (operating Wednesdays), and at the Royal Victorian Eye and Ear Hospital (operating Thursdays). Adult and paediatric clients. Weekly clinics.

MELBOURNE VOICE ANALYSIS CENTRE Melbourne: Ph. (03) 9416 0633,

Clinicians Debbie Phyland and Jenni Oates (speech pathologists), Malcolm Baxter and Neil Vallance (otolaryngologists). Specialising in videostroboscopic and perceptual evaluation of voice with particular focus on professional voice users. □ mvac@unite.com.au

CASTLE HILL VOICE CLINIC Sydney: Ph. (02) 8850 6455 Multidisciplinary Voice Clinic held monthly. Dr John Curotta (ENT) and Cate Madill (Sp Path) consulting. Specialising in assessment and treatment of professional voice users.

COUNSELLING FOR VOICE THERAPY Sydney: Ph. (02) 9436 3389 Mob. 0407 379 212

Jan Cullis—counsellor specialising in identifying and resolving the emotional component of voice disorders. Special interest in singers. Jan works with an ENT surgeon and speech pathologist to provide comprehensive analysis and treatment, and will travel interstate for clients. □ www.voiceconnection.com.au

QAVA Pty Ltd Ph. 1300 393 348 NEW SE QLD company focusing on providing comprehensive, supportive and nurturing instrumental music education. Looking for like-minded voice teachers to join our team and work in schools and studios. □ karyn@qava.com.au

SYDNEY VOICE AND SWALLOWING CLINIC Sydney: Ph 1300 286 423 **Dr Daniel Novakovic** offers specialised assessment and management of laryngeal disorders in a multidisciplinary setting. Speech pathologists and singing teachers are welcome to attend consultations for joint assessment and biofeedback purposes. High quality videostroboscopic examinations provided. □ info@svas.com.au

ST VINCENT'S VOICE CLINIC, SYDNEY Sydney: Ph. (02) 8382 3372 Specialist statewide services, fiberoptic nasendoscopy and rigid stroboscopy, and laryngeal EMG. Total management of professional voice. Dr Ian Cole, ENT; Helen Brake, Speech Pathologist; Dr Paul Darveniza, Neurologist. hbrake@stvincents.com.au

SINGING VOICE SPECIALIST Sydney: Ph. (02) 9566 4844 After 10 years as a full-time academic (associate professor in singing at UWS), Dr Jean Callaghan is now in private practice in Sydney as singing teacher, voice consultant, lecturer and researcher. □ jean.callaghan@bigpond.com

SINGING VOICE SPECIALIST Brisbane: Ph. (07) 3398 6758 Dr Daniel K. Robinson (www.djarts.com.au) specialises in the instruction of Contemporary vocals; with a particular focus on Contemporary Worship Singers and remedial voice care. daniel@djarts.com.au

VOICE CONNECTION Sydney: Ph. (02) 9438 1360. St Leonards. Voice connection—multidisciplinary team, comprehensive diagnosis and holistic care of voice disorders. Team of voice specialists includes Jonathan Livesey, ENT; Karin Isman, Speech Pathologist; and Jan Cullis, Counsellor. □ www.voiceconnection.com.au

VOICE/MOVEMENT SPECIALIST, RESEARCHER New York, NY: Ph. (1) 917-991-5199 □ **Dr. Joan Melton** is Program Director of One Voice Centre for Integrative Studies, heads a Certificate Course for actors, singers and dancers, teaches privately and runs ONE VOICE workshops in the US, UK, Australia and NZ. . www.joanmelton.com/one-voice-integrating-singing-and-theatre-voice-techniques. □ joan.melton@joanmelton.com.

WELL SPOKEN: SPEECH AND VOICE MATTERS Canberra: and surrounding NSW Mob 0466 501 248 wellspoken@bigpond.com.au Sharon Moore: Speech Pathologist, Voice Specialist, Orofacialmyologist—providing assessment and therapy services, all ages
Wellspoken@bigpond.com

VOICE TEACHER (SPEAKING) Perth: Ph. (08) 9379 9106 Julia Moody, sessions for individuals, groups, or companies mainly in Western Australia; other states by arrangement. Accent and dialect training is also available.

VOICE CARE WA Perth: Ph (08) 9383 1119 Mob 0413 048118 Thea Peterson, Speech Pathologist, provides voice therapy for adults with voice problems especially professional voice users. More than 20 years voice therapy experience. Videostroboscopy can be arranged. □ theap@iinet.net.au www.voicecarewa.com

JANE MOTT B.Sp.Thy. Speech, Communication & Voice Consultant; Certified Practising Speech Pathologist; Member Australian Voice Association; Member Speech Pathology Australia; Member Laryngeal Society of Australasia <http://www.janemott.com/> PO Box 949, Toowong Qld 4066 Phone/Fax [+617 3870 3882](tel:+61738703882) Mobile [0414 835 431](tel:0414835431)

COMMUNICATING FREELY, HOBART Helen Sjardin, Speech Pathologist and Voice Consultant conducts Voice Care Workshops for teachers and other professionals. Individual and Skype sessions as appropriate. Special interest in complex cases for second opinion. www.communicatingfreely.com.au
helen@communicatingfreely.com.au

VOCLEASE MESSAGE Sydney: Ph. 0403112363 Specialist Vocal Massage for professional voice users, singers, teachers, people experiencing chronic voice problems and anyone with neck and jaw tension. Rachael Cunningham is a professional singer who has developed a specialised massage business that concentrates on freeing muscles used in voice production. www.vocalease.com.au

ADELAIDE VOICE SPECIALISTS Adelaide: Ph (08) 8185 1661 www.ahent.com.au

Dr Theodore Athanasiadis works closely with a number of speech pathologists and clinical voice consultants as well as singing teachers to provide state of the art care for those with voice or swallowing disorders. Theo is uniquely positioned to assess and manage laryngeal disorders being the only fellowship trained subspecialist laryngologist in Adelaide and has HD videostroboscopy equipment for in office recording and biofeedback.
info@ahent.com.au



Australian Voice Association

The Australian Voice Association is Australia's leading multidisciplinary association for all things "voice". It is a unique alliance of fellow professionals dedicated to the science and art of the human voice.



Membership is open to all those involved in the care of the human voice including:

- **Speech pathologists**
- **Singing teachers**
- **Voice teachers**
- **ENT surgeons**
- **Voice scientists**
- **Other voice professionals**

Through meetings, professional development events, publications, lobbying and representation, the AVA provides services to its members by:

Membership advantages :

- **Discounted event fees**
- **Online 'Voiceprint' access**
- **Collegial Support**
- **Access to current 'voice' news**
- Promoting the field of voice in Australia
- Acting as a central focus point for the many disciplines involved in voice
- Encouraging links between artistic, clinical and scientific disciplines related to voice
- Promoting education and training in the clinical care of voice, vocal performance and voice science
- Promoting research into voice

To Join:

www.australianvoiceassociation.com.au

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