

VOCAL CORD DYSFUNCTION:

WHAT IS IT?

Vocal Cord Dysfunction (VCD) also known as Paradoxical Vocal Fold Movement (PVFM) is an episode (attack) of an inability to get air past the vocal folds and into the lungs. This often results in a scary event for the individual and those around them who witness the event.

The vocal folds are located at the top of the windpipe (trachea) and vibrate on exhaled breath to produce voice. Breathing (inhaling and exhaling) causes the vocal folds to open (abduct), allowing the breath to move in and out of the lungs. In vocal cord dysfunction, the vocal cords constrict (adduct) during inspiration and only allow a small opening through which the breath can flow, resulting in asthma-like symptoms including stridor (noisy breathing during inhalation), throat tightness, and often trips to the emergency room.

The information in this brochure will help you to better understand VCD, including how to recognize it, and how to resolve it.

Consult with your voice pathologist regarding any other recommendations that pertain to your specific condition.



Normal, open vocal folds during inhalation



Vocal cord dysfunction

Erin N. Donahue, B.M., M.A., CCC-SLP
Voice Pathologist & Singing Voice Specialist
edonahue@soents.com

Stephen J. Gorman, Ph.D., CCC-SLP
Voice Pathologist
sgorman@soents.com

Jennifer A. Rising Keyges, M.A., CCC-SLP
Voice Pathologist
jkeyges@soents.com

Wendy D. LeBorgne, Ph.D., CCC-SLP
Voice Pathologist & Singing Voice Specialist
wleborgne@soents.com

Jennifer R. Reitz, M.S., CCC-SLP
Voice Pathologist
jreitz@soents.com

Nancy Dickinson, RHIT
Registered Health Information Technician
Administrative Assistant
ndickinson@soents.com

Beth Shoup
Patient Services Representative
bshoup@soents.com

THE BLAINE BLOCK INSTITUTE FOR VOICE ANALYSIS AND REHABILITATION

1222 S. Patterson Blvd.
Dayton, OH 45402

Phone: 937-496-2622
Fax: 937-496-2614
www.bbivar.com



Like us on
Facebook



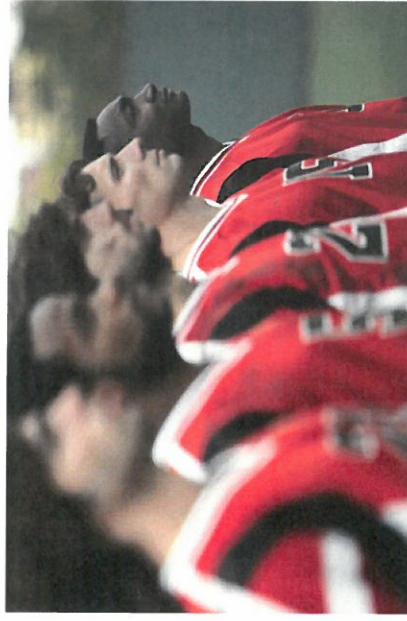
Follow us on
Twitter



The Blaine Block Institute for

VOICE
ANALYSIS
and REHABILITATION

VOCAL CORD DYSFUNCTION: WHAT YOU SHOULD KNOW



Erin N. Donahue, B.M., M.A., CCC-SLP
Stephen J. Gorman, Ph.D., CCC-SLP
Wendy D. LeBorgne, Ph.D., CCC-SLP
Jennifer R. Reitz, M.S., CCC-SLP
Jennifer A. Rising Keyges, M.A., CCC-SLP

www.bbivar.com

VCD VS. ASTHMA SYMPTOMS

EVALUATION OF VCD

- In-depth case history regarding breathing problems and lifestyle
- Clinical evaluation using a rigid scope passed into the oral cavity, or a flexible scope passed through the nasal cavity to examine the vocal folds and airway (Videostroboscopy)
- Patient performance of various breathing and voice maneuvers
- Re-evaluation following exposure to a known trigger, including re-visualization of the larynx. For example, if your trigger is exercise, you need to bring appropriate workout attire so you can be safely evaluated. If your trigger is a specific odor, like perfume, bring that scent with you in order to evaluate the effects of exposure to it. If you have an inhaler, bring it to your appointment in case it is necessary to use it
- Finger pulse oximetry monitoring (a little clip that goes on your finger) to evaluate the oxygen content in your blood while being evaluated
- In some cases, biofeedback training through visualization of the larynx
- Possible consultation with pulmonologist (chest x-ray, pulmonary function testing, Methacholine challenge) or cardiologist (EKG)

TREATMENT OF VCD

LARYNGEAL CONTROL EXERCISES

- Typically 2-4 sessions
- Education of normal breathing patterns
- Exercises to increase awareness of abdominal breathing and relaxation of the throat muscles
- Identify restrictive breathing patterns
- Exercises to maintain the vocal folds in an open position (abduction) during episodes of breathing difficulty, typically inhale through nose, exhale through pursed lips
- Exercises to be mastered at rest as well during provocation episodes

VCD	ASTHMA
TRIGGERS	TRIGGERS
Exercise, extreme temperatures, airway irritants, airway sensitivity, emotional stressors, post nasal drip, GERD	Exercise, extreme temperatures, airway irritants, emotional stressors, allergies
NUMBER OF TRIGGERS	NUMBER OF TRIGGERS
Usually one	Usually multiple
BREATHING OBSTRUCTION	BREATHING OBSTRUCTION
Throat area	Chest area
PATTERN	PATTERN
Sudden onset, relatively rapid cessation	More gradual onset, longer recovery period
RESPONSE TO BRONCHODILATORS/CORTICOSTEROIDS	RESPONSE TO BRONCHODILATORS/CORTICOSTEROIDS
No response/ Placebo response	Good response
BRONCHIAL PROVOCATION TEST	BRONCHIAL PROVOCATION TEST
Negative	Positive
LARYNGOSCOPIC OBSERVATIONS	LARYNGOSCOPIC OBSERVATIONS
Inspiratory adduction	Expiratory adduction

ADDITIONAL RECOMMENDATIONS

- 1.
- 2.
- 3.