



Ελληνική Δημοκρατία
Τεχνολογικό Εκπαιδευτικό
Ίδρυμα Ηπείρου

Αγγλική Ορολογία

Ενότητα 7: Η Αγγλική Ορολογία των Διαταραχών
Φωνής και Αντήρηση.

Μελπομένη (Μελίνα) Νησιώτη



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης





Τμήμα Λογοθεραπείας

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Ενότητα 7: Η Αγγλική Ορολογία των Διαταραχών Φωνής και Αντήχηση.

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Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΕΠΙΧΕΙΡΗΣΙΑΚΟ ΠΡΟΓΡΑΜΜΑ
ΕΚΠΑΙΔΕΥΣΗ ΚΑΙ ΔΙΑ ΒΙΟΥ ΜΑΘΗΣΗ
επένδυση στην κοινωνία της γνώσης
ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
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ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΩΝΙΚΟ ΤΑΜΕΙΟ



Σκοποί ενότητας

- Εισαγωγή στο βασικό λεξιλόγιο που αναφέρεται στις διαταραχές της φωνής και της αντήχησης.
- Η ανάπτυξή του γίνεται μέσω ασκήσεων ακρόασης (listening), αναγνωστικής κατανόησης επιστημονικών κειμένων (reading comprehension), συγγραφής (writing) και μετάφρασης (translation).



Περιεχόμενα ενότητας

- Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)
- Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)
- Άσκηση Μετάφρασης (Translation)
- Άσκηση Ακρόασης (Listening)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (1 από 93)

- Please underline the terminology you can seek in the text, on the following templates.



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (2 από 93)

- Although resonance disorders may be considered as a specialty area, any speech-language pathologist with a general practice, particularly those who are school-based, are likely to see these students on their caseloads. A basic knowledge of how to evaluate, how to treat, and when to refer to a specialist is important to ensure the best care for these children. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (3 από 93)

- Although **resonance disorders** may be considered as a specialty area, any **speech-language pathologist** with a general practice, **particularly** those who are school-based, are likely to see these students on their caseloads. A basic knowledge of how to **evaluate**, how to **treat**, and when to refer to a **specialist** is important to ensure the best care for these **children**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (4 από 93)

- Resonance is the quality of the voice that is determined by the balance of sound vibration in the oral, nasal, and pharyngeal cavities during speech. Abnormal resonance can occur if there is obstruction in one of the cavities, causing hyponasality or cul-de-sac resonance, or if there is velopharyngeal dysfunction (VPD), causing hypernasality and/or nasal emission.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (5 από 93)

- **Resonance** is the **quality** of the voice that is determined by the balance of **sound vibration** in the **oral, nasal, and pharyngeal cavities** during speech. **Abnormal resonance** can occur if there is obstruction in one of the cavities, causing **hyponasality** or cul-de-sac resonance, or if there is **velopharyngeal dysfunction** (VPD), causing **hypernasality** and/or nasal emission.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (6 από 93)

- The velopharyngeal valve, consisting of the velum (soft palate) and pharyngeal walls, is critically important for speech because it directs the transmission of air pressure and sound energy into the oral cavity during the production of most sounds. Normal velopharyngeal function results in normal oral resonance, adequate intra-oral air pressure for consonant production, and sufficient breath support for normal utterance length.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (7 από 93)

- The **velopharyngeal valve**, consisting of the **velum** (**soft palate**) and **pharyngeal walls**, is critically important for speech because it directs the **transmission** of air **pressure** and **sound energy** into the **oral cavity** during the production of most sounds. Normal **velopharyngeal function** results in normal **oral resonance**, adequate **intra-oral air pressure** for **consonant production**, and sufficient breath support for **normal utterance length**.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (8 από 93)

Causes of VPD can be due to:

- Velopharyngeal insufficiency (VPI) is when there is an anatomical or structural defect, such as a short velum following cleft palate repair, a submucous cleft, or a deep pharynx secondary to cranial base anomalies.
- Velopharyngeal incompetence (VPI) is when there is a poor velopharyngeal movement due to a physiological cause. Velopharyngeal incompetence may be due to poor muscle function, pharyngeal hypotonia, velar paralysis or paresis, dysarthria, or even apraxia. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (9 από 93)

Causes of VPD can be due to:

- **Velopharyngeal insufficiency (VPI)** is when there is an **anatomical or structural defect**, such as a **short velum** following **cleft palate** repair, a **submucous cleft**, or a **deep pharynx secondary to cranial base anomalies**.
- **Velopharyngeal incompetence (VPI)** is when there is a **poor velopharyngeal movement** due to a **physiological cause**. Velopharyngeal incompetence may be due to **poor muscle function**, **pharyngeal hypotonia**, **velar paralysis or paresis**, **dysarthria**, or even **apraxia**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (10 από 93)

- Velocardiofacial syndrome (VCFS) is a common cause of hypernasality in children who have no history of cleft palate. These children often have distinctive facial characteristics, including narrow eye slits, a bulbous nose, a long face, a thin upper lip, and a small jaw. They may have a history of minor cardiac anomalies and other medical problems. They often have developmental delay or learning problems. Children with VCFS are often unidentified until the school-based SLP makes a referral for abnormal resonance. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (11 από 93)

- **Velocardiofacial syndrome** (VCFS) is a common cause of **hypernasality** in children who have no history of **cleft palate**. These children often have **distinctive facial characteristics**, including **narrow eye slits**, a **bulbous nose**, a **long face**, a **thin upper lip**, and a **small jaw**. They may have a history of **minor cardiac anomalies** and other **medical problems**. They often have **developmental delay** or **learning problems**. Children with VCFS are often **unidentified** until the school-based SLP makes a referral for **abnormal resonance**.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (12 από 93)

- Velopharyngeal mislearning is when there is hypernasality or nasal emission due to faulty articulation. This can occur due to pharyngeal or nasal articulation of certain sounds. Abnormal articulation can cause phoneme-specific nasal emission, usually on sibilant sounds. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (13 από 93)

- **Velopharyngeal mislearning** is when there is **hypernasality** or **nasal emission** due to **faulty articulation**. This can occur due to **pharyngeal** or **nasal articulation** of certain sounds. **Abnormal articulation** can cause **phoneme-specific nasal emission**, usually on **sibilant sounds**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (14 από 93)

Evaluation

- Resonance is best determined by listening to connected speech. Hypernasality is too much nasal resonance, particularly on vowels and voice oral consonants. Hyponasality is too little nasal resonance, primarily on nasal consonants (/m/, /n/, and /ng/). Cul-de-sac resonance is when the sound is trapped in the pharynx (due to large tonsils, for example) or in the nasal cavity (possibly due to a deviated septum or polyp). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (15 από 93)

Evaluation

- **Resonance** is best determined by listening to connected speech. **Hypernasality** is too **much nasal resonance**, particularly on vowels and voice oral consonants. **Hyponasality** is too **little nasal resonance**, primarily on nasal consonants (/m/, /n/, and /ng/). **Cul-de-sac resonance** is when the sound is **trapped** in the **pharynx** (due to **large tonsils**, for example) or in the **nasal cavity** (possibly due to a deviated **septum** or **polyp**). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (16 από 93)

- It is important to determine the type of resonance and whether there is nasal emission on pressure-sensitive sounds (plosives, fricatives, and affricates) in order to determine appropriate recommendations. It is not as important to determine the severity of the resonance disorder because this usually will not affect treatment. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (17 από 93)

- It is important to determine the **type of resonance** and whether there is nasal emission on **pressure-sensitive sounds** (**plosives**, **fricatives**, and **affricates**) in order to determine appropriate recommendations. It is not as important to determine the **severity** of the **resonance disorder** because this usually will not affect treatment. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (18 από 93)

- A very simple test can be done to determine resonance using a straw, preferably a bending straw or a piece of tubing. The examiner should place one end of the straw at the entrance to the child's nose and the other end at the examiner's ear. The child is then asked to produce the following types of speech samples:
 - Prolongation of single vowels
 - Prolongation of /s/
 - Counting from 60–70 [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (19 από 93)

- A very simple test can be done to determine resonance using a **straw**, preferably a **bending straw** or a **piece of tubing**. The examiner should place one end of the straw at the entrance to the **child's nose** and the other end at the **examiner's ear**. The child is then asked to produce the following types of speech samples:
 - Prolongation of **single vowels**
 - Prolongation of **/s/**
 - Counting from 60–70 [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (20 από 93)

- Repetition of syllables with pressure-sensitive phonemes, and high and low vowels (papapapa; pipipipi; sasasasa; sisisisi; etc.)
- Sentences that are loaded with pressure-sensitive phonemes (Sissy sees the sun in the sky. She went shopping. I eat cherries and cheese.)
- Repetition of nasal consonants (mamamama; nananana)
- Prolongation of /m/ [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (21 από 93)

- Repetition of syllables with pressure-sensitive phonemes, and high and low vowels (papapapa; pipipipi; sasasasa; sisisisi; etc.)
- Sentences that are loaded with pressure-sensitive phonemes (Sissy sees the sun in the sky. She went shopping. I eat cherries and cheese.)
- Repetition of nasal consonants (mamamama; nananana)
- Prolongation of /m/ [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (22 από 93)

- If sound is heard through the straw on vowels sounds or voiced plosives, this indicates hypernasality. If air is heard loudly through the straw on oral consonants, this indicates nasal emission. If there is not much sound coming through the straw on nasal consonants, this may indicate hyponasality or cul-de-sac resonance.

[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (23 από 93)

- If sound is heard through the straw on vowels sounds or **voiced plosives**, this indicates **hypernasality**. If air is heard loudly through the **straw** on **oral consonants**, this indicates **nasal emission**. If there is not much sound coming through the straw on **nasal consonants**, this may indicate **hyponasality** or **cul-de-sac resonance**.

[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (24 από 93)

- Articulation should also be tested. When nasal emission is noted, it should be noted whether it occurs only on certain sounds or is consistent on most pressure sounds. If consonants are weak in intensity and pressure, this may be due to a loss of air pressure through the nose. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (25 από 93)

- **Articulation** should also be tested. When **nasal emission** is noted, it should be noted **whether** it occurs only on certain sounds or is **consistent** on most **pressure sounds**. If **consonants** are **weak in intensity** and pressure, this may be due to a loss of air pressure **through the nose**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (26 από 93)

- The production of pharyngeal sounds should be noted because this placement may cause nasal emission. If there is a structural defect, or one that was repaired, there could be compensatory articulation productions which are usually pharyngeal or glottal sounds. Finally, utterance length should be tested if there is significant nasal emission. This can be done by having the child count to 20 and noting if he has to take a breath in the middle. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (27 από 93)

- The production of **pharyngeal sounds** should be noted because this placement may cause **nasal emission**. If there is a **structural defect**, or one that was repaired, there could be **compensatory articulation productions** which are usually **pharyngeal** or **glottal sounds**. Finally, **utterance length** should be tested if there is significant nasal emission. This can be done by having the child count to 20 and noting if he has to take a breath in the middle. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (28 από 93)

- An intra-oral exam can be done to determine if there are large tonsils (which can cause hyponasality or cul-de-sac resonance) or a submucous cleft. Have the child stick out his tongue as far as possible and say “aaah” instead of “ahhh” so the tip of the uvula is visible without using a tongue blade. If there is a bifid or hypoplastic uvula, a bluish color in the velum, or if the velum appears like an inverted “V” during phonation, a submucous cleft should be suspected. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (29 από 93)

- An intra-oral exam can be done to determine if there are **large tonsils** (which can cause **hyponasality** or **cul-de-sac resonance**) or a **submucous cleft**. Have the child stick out his tongue as far as possible and say “aaah” instead of “ahhh” so the tip of the uvula is visible without using a tongue blade. If there is a bifid or **hypoplastic uvula**, a **bluish color** in the **velum**, or if the **velum** appears like an inverted “V” during phonation, a **submucous cleft** should be suspected. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (30 από 93)

Treatment

- Speech treatment is rarely done for hypernasality or generalized nasal emission because these characteristics suggest a structural defect or physiological disorder which requires surgical management. When these characteristics are noted, a referral should be made. On the other hand, hyponasality and cul-de-sac resonance suggest obstruction in the vocal tract. When this is noted, a referral can be made to the local otolaryngologist. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (31 από 93)

Treatment

- Speech treatment is rarely done for **hypernasality** or generalized **nasal emission** because these characteristics suggest a **structural defect** or physiological disorder which requires **surgical management**. When these characteristics are noted, a **referral** should be made. On the other hand, **hyponasality** and **cul-de-sac resonance** suggest **obstruction** in the **vocal tract**. When this is noted, a referral can be made to the local **otolaryngologist**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (32 από 93)

- Although intervention does not correct abnormal structure, it does correct abnormal function. Treatment is appropriate for those children who demonstrate phoneme-specific nasality or nasal emission due to faulty articulation, and those children who use compensatory articulation productions due to a history of velopharyngeal dysfunction. In addition, intervention is often necessary after surgical management of velopharyngeal dysfunction to help the child to learn to make the best use of the new structures. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (33 από 93)

- Although **intervention** does not correct abnormal structure, it does correct **abnormal function**. Treatment is appropriate for those children who demonstrate **phoneme-specific nasality** or **nasal emission** due to faulty articulation, and those children who use compensatory **articulation productions** due to a history of **velopharyngeal dysfunction**. In addition, intervention is often necessary after surgical management of **velopharyngeal dysfunction** to help the child to learn to make the best use of the new structures. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (34 από 93)

- The treatment for these types of cases is done through standard articulation therapy. Blowing and sucking exercises should never be used to improve velopharyngeal function. They are not effective because the physiology of these activities is different than that for speech. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (35 από 93)

- The treatment for these types of cases is done through **standard articulation therapy**. **Blowing** and **sucking exercises** should never be used to improve velopharyngeal function. They are not **effective** because the **physiology** of these activities is different than that for speech. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (36 από 93)

Secondary, avoidance, or accessory behaviors that may impact overall communication include

- distracting sounds (e.g., throat clearing, insertion of unintended sound);
- facial grimaces (e.g., eye blinking, jaw tightening);
- head movements (e.g., head nodding);
- movements of the extremities (e.g., leg tapping, fist clenching); [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (37 από 93)

- Several simple **treatment techniques** are usually effective. If there is **nasal emission** on **sibilants** only, have the child produce a /t/ sound with the teeth closed. Next, have the child prolong that sound. If the child has a normal **velopharyngeal valve**, this should result in a normal /s/ without **nasal emission**. This skill can then be transferred to the other **sibilant sounds**.[\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (38 από 93)

- If the child co-articulates /ng/ for /l/ or /r/, or if the child has a high tongue position for vowels, it is often helpful to have the child co-articulate a yawn with the sounds. With a yawn, the back of the tongue goes down and the velum goes up. In summary, resonance disorders are commonly seen in pediatric settings, including the schools. A basic knowledge of this area is necessary for the SLP to know when to treat, how to treat, and when to refer. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (39 από 93)

- If the child co-articulates /ng/ for /l/ or /r/, or if the child has a **high tongue position** for vowels, it is often helpful to have the child **co-articulate** a **yawn** with the sounds. With a yawn, the back of the tongue goes down and the velum goes up. In summary, resonance disorders are commonly seen in **pediatric settings**, including the schools. A basic knowledge of this area is necessary for the SLP to know when to treat, how to **treat**, and when to refer. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (40 από 93)

What are vocal cord nodules and polyps?

- Vocal cord nodules are benign (noncancerous) growths on both vocal cords that are caused by vocal abuse. Over time, repeated abuse of the vocal cords results in soft, swollen spots on each vocal cord. These spots develop into harder, callous-like growths called nodules. The nodules will become larger and stiffer the longer the vocal abuse continues. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (41 από 93)

What are vocal cord nodules and polyps?

- **Vocal cord nodules** are benign (**noncancerous**) **growths** on both vocal cords that are caused by **vocal abuse**. Over time, repeated abuse of the vocal cords results in soft, **swollen spots** on each vocal cord. These spots develop into **harder, callous-like growths** called **nodules**. The nodules will become larger and stiffer the longer the vocal abuse continues. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (42 από 93)

- Polyps can take a number of forms. They are sometimes caused by vocal abuse. Polyps appear on either one or both of the vocal cords. They appear as a swelling or bump (like a nodule), a stalk-like growth, or a blister-like lesion. Most polyps are larger than nodules and may be called by other names, such as polypoid degeneration or Reinke's edema. The best way to think about the difference between nodules and polyps is to think of a nodule as a callous and a polyp as a blister.[\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (43 από 93)

- **Polyps** can take a number of forms. They are sometimes caused by vocal abuse. Polyps appear on either one or both of the **vocal cords**. They appear as a **swelling** or **bump** (like a nodule), a **stalk-like growth**, or a **blister-like lesion**. Most polyps are larger than nodules and may be called by other names, such as **polypoid degeneration** or **Reinke's edema**. The best way to think about the difference between nodules and polyps is to think of a nodule as a **callous** and a **polyp** as a blister.[\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (44 από 93)

What treatments are available for nodules and polyps?

- Nodules and polyps may be treated medically, surgically, and/or behaviorally. Surgical intervention involves removing the nodule or polyp from the vocal cord. This approach only occurs when the nodules or polyps are very large or have existed for a long time. Surgery is rare for children. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (45 από 93)

What treatments are available for nodules and polyps?

- **Nodules** and **polyps** may be treated **medically, surgically,** and/or **behaviorally.** **Surgical intervention** involves removing the nodule or polyp from the vocal cord. This approach only occurs when the nodules or polyps are very large or have existed for a long time. Surgery is rare for children. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (46 από 93)

- Medical problems may be treated to reduce their impact on the vocal cords. This includes treatment for gastroesophageal reflux disease (GERD), allergies, and thyroid problems. Medical intervention to stop smoking or to control stress is sometimes needed. Many people receive behavioral intervention, or voice therapy, from an SLP. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (47 από 93)

- **Medical problems** may be treated to reduce their impact on the vocal cords. This includes treatment for **gastroesophageal reflux disease (GERD)**, **allergies**, and **thyroid problems**. Medical intervention to stop smoking or to **control stress** is sometimes needed. Many people receive behavioral intervention, or voice therapy, from an SLP. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (48 από 93)

Nodules and polyps cause similar symptoms:

- Hoarseness or breathiness or harshness
- a "rough" or "scratchy" voice
- shooting pain from ear to ear
- a "lump in the throat" sensation
- neck pain
- decreased pitch range
- voice and body fatigue [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (49 από 93)

Nodules and polyps cause similar symptoms:

- Hoarseness or breathiness or harshness
- a "rough" or "scratchy" voice
- shooting pain from ear to ear
- a "lump in the throat" sensation
- neck pain
- decreased pitch range
- voice and body fatigue [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (50 από 93)

What is vocal cord paralysis?

- Everyone has two vocal cords in his or her larynx (voicebox). The vocal cords vibrate during speech to produce voice. If one or both vocal cords are unable to move then the person will experience voice problems and possibly breathing and swallowing problems. This is vocal cord paralysis. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (51 από 93)

What is vocal cord paralysis?

- Everyone has two vocal cords in his or her larynx (**voicebox**). The vocal cords **vibrate** during speech to **produce voice**. If one or both vocal cords are unable to move then the person will experience voice problems and possibly **breathing** and **swallowing problems**. This is **vocal cord paralysis**. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (52 από 93)

- There are different types of vocal cord paralysis. Bilateral vocal cord paralysis involves both vocal cords becoming stuck halfway between open and closed (the paramedian position) and not moving either way. This condition often requires a tracheotomy (an opening made in the neck to provide an airway) to protect the airway when the person eats.[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (53 από 93)

- There are different types of vocal cord paralysis. **Bilateral vocal cord paralysis** involves both vocal cords becoming **stuck halfway** between open and closed (the **paramedian position**) and not moving either way. This condition often requires a **tracheotomy** (an opening made in the **neck** to provide an **airway**) to protect the airway when the person eats. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (54 από 93)

- Unilateral vocal cord paralysis is when only one side is paralyzed in the paramedian position or has a very limited movement. It is more common than bilateral involvement. The paralyzed vocal cord does not move to vibrate with the other cord but vibrates abnormally or does not vibrate at all. The individual will run out of air easily. They will be unable to speak clearly or loudly.

[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (55 από 93)

- **Unilateral vocal cord paralysis** is when only one side is paralyzed in the **paramedian** position or has a very limited movement. It is more common than **bilateral involvement**. The **paralyzed** vocal cord does not move to vibrate with the other cord but **vibrates abnormally** or does not vibrate at all. The individual will run out of air easily. They will be unable to speak **clearly** or **loudly**.

[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (56 από 93)

The severity of voice and swallowing problems depends on where the nerve damage occurs. Typical symptoms include:

- Hoarseness or breathy voice
- Inability to speak loudly
- Limited pitch and loudness variations
- voicing that lasts only for a very short time (about 1 second)
- choking or coughing while eating and possible pneumonia due to food and liquid being aspirated into the lungs. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (57 από 93)

The severity of **voice** and **swallowing problems** depends on where the nerve damage occurs. Typical symptoms include:

- **Hoarseness** or **breathy voice**
- Inability to speak **loudly**
- **Limited pitch** and **loudness variations**
- **voicing** that lasts only for a very short time (about 1 second)
- **choking** or **coughing** while eating and possible **pneumonia** due to **food** and **liquid** being **aspirated** into the lungs. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (58 από 93)

What treatments are available for vocal cord paralysis?

- Bilateral paralysis is often medically treated and may require a tracheotomy to allow the person to eat safely. Surgery may be considered to bring one or both vocal cords closer to midline.[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (59 από 93)

What treatments are available for **vocal cord paralysis**?

- **Bilateral paralysis** is often medically treated and may require a **tracheotomy** to allow the person to **eat safely**. **Surgery** may be considered to bring one or both vocal cords **closer to midline**.[\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (60 από 93)

- Unilateral paralysis can be treated medically and/or behaviorally. Medical treatment includes muscle-nerve transplant, medialization thyroplasty (moving the paralyzed vocal cord toward midline), or injection of a substance to increase the size of the paralyzed vocal cord. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (61 από 93)

- **Unilateral paralysis** can be treated **medically** and/or **behaviorally**. Medical treatment includes muscle-nerve transplant, **medialization thyroplasty** (**moving the paralyzed vocal cord toward midline**), or **injection** of a **substance** to **increase** the size of the paralyzed vocal cord. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (62 από 93)

- Behavioral treatment includes voice therapy by an SLP. It may be the only treatment required for the individual. The individual will work with the SLP on pitch alteration, increasing breath support and loudness, and finding the correct position for optimal voicing (such as turning the head to one side or manipulating the thyroid cartilage). Research has shown that voice therapy is an effective intervention in the interim period between diagnosis of the paralysis and final resolution of the problem. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (63 από 93)

- **Behavioral treatment** includes **voice therapy** by an SLP. It may be the only treatment required for the individual. The individual will work with the SLP on **pitch alteration**, **increasing breath support** and **loudness**, and finding the correct position for **optimal voicing** (such as turning the head to one side or **manipulating the thyroid cartilage**). Research has shown that voice therapy is an **effective intervention** in the interim period between diagnosis of the paralysis and final **resolution** of the problem. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (64 από 93)

What is PVFM and what are the symptoms of it ?

- Paradoxical vocal fold movement (PVFM) is a voice disorder. The vocal folds (cords) behave in a normal fashion almost all of the time, but, when an episode occurs, the vocal cords close when they should open, such as when breathing. PVFM can be mistaken for asthma as it leads to wheezing and difficulty breathing, sometimes to the point of requiring hospitalization. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (65 από 93)

What is PVFM and what are the symptoms of it ?

- **Paradoxical vocal fold movement** (PVFM) is a voice disorder. The vocal folds (cords) behave in a normal fashion almost all of the time, but, when an **episode occurs**, the vocal cords close when they should open, such as when breathing. PVFM can be mistaken for **asthma** as it leads to **wheezing** and difficulty breathing, sometimes to the point of requiring **hospitalization**. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (66 από 93)

What causes PVFM?

- PVFM episodes may be triggered by:
 - shouting or coughing
 - physical exercise
 - acid reflux
 - breathing cold air
 - Irritants such as smoke or pollen
 - psychosocial issues or neurological issues [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (67 από 93)

What causes PVFM?

- PVFM episodes may be triggered by:
 - shouting or coughing
 - physical exercise
 - acid reflux
 - breathing cold air
 - Irritants such as smoke or pollen
 - psychosocial issues or neurological issues [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (68 από 93)

How is PVFM diagnosed?

- PVFM is often diagnosed by a team of professionals, including:
 - speech-language pathologist
 - neurologist
 - pulmonologist
 - otolaryngologist (Ear, Nose, and Throat doctor)
 - Psychologist [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (69 από 93)

How is PVFM diagnosed?

- PVFM is often diagnosed by a team of professionals, including:
 - speech-language pathologist
 - neurologist
 - pulmonologist
 - otolaryngologist (Ear, Nose, and Throat doctor)
 - Psychologist [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (70 από 93)

- Diagnosis is difficult because symptoms vary greatly between people. Episodes are not predictable. The team will review the person's medical history, including medications and smoking history. A laryngeal evaluation using endoscopy (passing a scope into the throat to view the vocal cords) is typically done. A voice evaluation by an SLP also aids in diagnosing this disorder. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (71 από 93)

- Diagnosis is difficult because symptoms vary **greatly** between people. Episodes are not predictable. The team will review the person's **medical history**, including **medications** and **smoking history**. A **laryngeal evaluation** using **endoscopy** (passing a **scope** into the **throat** to view the **vocal cords**) is typically done. A voice evaluation by an SLP also aids in diagnosing this disorder. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (72 από 93)

What treatments are available for PVFM?

- PVFM is treated both medically and behaviorally. Medical intervention addresses any physical and/or psychological factors. Behavioral intervention with an SLP includes vocal exercises, relaxation techniques, and proper breath support for speech. The goal of intervention is to make the individual aware of what triggers PVFM so they can avoid those situations. The person is also taught how to handle an episode when it occurs. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (73 από 93)

What treatments are available for PVFM?

- PVFM is treated both **medically** and **behaviorally**. Medical **intervention** addresses any physical and/or **psychological** factors. Behavioral intervention with an SLP includes **vocal exercises**, **relaxation techniques**, and **proper breath support** for **speech**. The goal of **intervention** is to make the individual aware of what **triggers** PVFM so they can avoid those situations. The person is also taught how to handle an episode when it occurs. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (74 από 93)

What is spasmodic dysphonia?

- Spasmodic dysphonia is a chronic (long-term) voice disorder. With spasmodic dysphonia, movement of the vocal cords is forced and strained resulting in a jerky, quivery, hoarse, tight, or groaning voice. Vocal interruptions or spasms, periods of no sound (aphonia), and periods when there is near normal voice occur. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (75 από 93)

What is spasmodic dysphonia?

- **Spasmodic dysphonia** is a **chronic (long-term) voice disorder**. With spasmodic dysphonia, movement of the **vocal cords** is forced and strained resulting in a **jerky, quivery, hoarse, tight, or groaning voice**. Vocal **interruptions** or **spasms, periods** of no sound (**aphonia**), and periods when there is near normal voice occur. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (76 από 93)

What are the signs and symptoms of spasmodic dysphonia?

- At first, symptoms may be mild. They may occur only occasionally. Later on, they may worsen and become more frequent before they even out. Symptoms may be worse when a person is tired or stressed. They may be greatly reduced or even disappear, for example, during singing or laughing. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (77 από 93)

What are the signs and symptoms of spasmodic dysphonia?

- At first, **symptoms** may be mild. They may occur only **occasionally**. Later on, they may **worsen** and become more frequent before they even out. Symptoms may be worse when a person is tired or **stressed**. They may be greatly reduced or even disappear, for example, during **singing** or **laughing**. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (78 από 93)

- Spasmodic dysphonia is a disorder characterized by involuntary movements of one or more muscles of the larynx or voice box. The first signs of spasmodic dysphonia are most often found in individuals between 30 and 50 years old. More women appear to be affected by spasmodic dysphonia than men. Voice spasms fluctuate in severity. They may lessen for hours or even days at a time. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (79 από 93)

- **Spasmodic dysphonia** is a disorder characterized by involuntary movements of one or more muscles of the larynx or **voice box**. The first signs of spasmodic dysphonia are most often found in individuals between 30 and 50 years old. More women appear to be affected by **spasmodic dysphonia** than men. **Voice spasms fluctuate** in **severity**. They may lessen for hours or even days at a time. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (80 από 93)

What causes spasmodic dysphonia?

- Symptoms come from more than one source. Some people appear to have nervous system changes that produce an organic tremor of the vocal cords. Others may have dystonia, another kind of neurologic disorder that creates abnormal muscle tone. In rare cases, people can have spasmodic dysphonia symptoms because of acute or chronic life stress. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (81 από 93)

What causes spasmodic dysphonia?

- **Symptoms** come from more than one source. Some people appear to have nervous system changes that produce an **organic tremor** of the **vocal cords**. Others may have **dystonia**, another kind of **neurologic disorder** that creates **abnormal muscle tone**. In rare cases, people can have **spasmodic dysphonia** symptoms because of acute or **chronic life stress**. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (82 από 93)

What treatments are available for spasmodic dysphonia?

- At present, there is no cure for spasmodic dysphonia. However, several treatment options do exist for voice improvement. Repeat injections of small doses of botulinum toxin (Botox) into one or both vocal cords are frequently recommended and performed by doctors. Botox weakens the laryngeal muscles and results in a smoother, less effortful voice because of less forceful closing of the vocal cords. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (83 από 93)

What treatments are available for spasmodic dysphonia?

- At present, there is no cure for spasmodic dysphonia. However, **several treatment** options do exist for voice improvement. Repeat injections of small doses of **botulinum toxin** (Botox) into one or both vocal cords are frequently recommended and **performed** by doctors. **Botox weakens** the **laryngeal muscles** and results in a smoother, **less effortful voice** because of **less forceful closing** of the vocal cords. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (84 από 93)

- Psychological or psychiatric counseling is most useful when acceptance of the disorder and learning coping techniques are the desired goals. Career or vocational counseling may also be advised for persons who fear that the disorder threatens their occupation. Participation in local self-help support groups can also promote adjustment to the problem and provide contact with excellent sources of information. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (85 από 93)

- **Psychological** or **psychiatric** counseling is most useful when **acceptance** of the disorder and learning coping techniques are the desired goals. **Career** or **vocational counseling** may also be advised for persons who fear that the **disorder threatens** their **occupation**. Participation in local **self-help support** groups can also **promote adjustment** to the problem and provide contact with excellent sources of information. [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (86 από 93)

Why is voice therapy recommended for hoarseness?

- Voice therapy has been demonstrated to be effective for hoarseness across the lifespan from children to older adults (Ramig & Verdolini, 1998; Thomas & Stemple, 2007). Voice therapy is the first line of treatment for vocal fold lesions like vocal nodules, polyps, or cysts (Anderson & Sataloff, 2002; Johns, 2003. [\[6\]](#))



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (87 από 93)

Why is voice therapy recommended for hoarseness?

- **Voice therapy** has been demonstrated to be effective for **hoarseness** across the lifespan from children to older adults (Ramig & Verdolini, 1998; Thomas & Stemple, 2007). Voice therapy is the first line of treatment for **vocal fold lesions** like **vocal nodules**, polyps, or cysts (Anderson & Sataloff, 2002; Johns, 2003. [\[6\]](#))



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (88 από 93)

- These lesions often occur in people with vocally intense occupations like teachers, attorneys, or clergymen (Roy et al., 2001). Another possible cause of these lesions is vocal overdoing often seen in sports enthusiasts; in socially active, aggressive, or loud children; or in high-energy adults who often speak loudly (Boone et al., 2005; Rubin et al., 2006; Stemple et al., 2000; Trani et al., 2007). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (89 από 93)

- These **lesions** often occur in people with vocally intense **occupations** like **teachers**, **attorneys**, or **clergymen** (Roy et al., 2001). Another possible cause of these lesions is vocal **overdoing** often seen in **sports enthusiasts**; in socially active, aggressive, or loud children; or in **high-energy adults** who often **speak loudly** (Boone et al., 2005; Rubin et al., 2006; Stemple et al., 2000; Trani et al., 2007). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (90 από 93)

- Voice therapy, specifically the Lee Silverman Voice Treatment method, has been demonstrated to be the most effective method of treating the lower volume, lower energy, and rapid rate of speech in persons with Parkinson's disease (Dromey et al., 1995; Fox et al., 2006). Voice therapy is an important component of any comprehensive surgical treatment for hoarseness (Branski & Murray, 2008). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (91 από 93)

- **Voice therapy**, specifically the **Lee Silverman Voice Treatment** method, has been demonstrated to be the most effective method of treating the lower volume, **lower energy**, and rapid rate of speech in persons with Parkinson's disease (Dromey et al., 1995; Fox et al., 2006). Voice therapy is an important component of any **comprehensive surgical treatment** for **hoarseness** (Branski & Murray, 2008). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (92 από 93)

- Voice therapy has been used to treat hoarseness concurrently with other medical therapies like botulinum toxin injections for spasmodic dysphonia and/or tremor (American Academy of Otolaryngology-Head and Neck Surgery, 2005; Murry & Woodson, 1995; Pearson & Sapienza, 2003). Voice therapy has been used alone in the treatment of unilateral vocal fold paralysis (Miller, 2004; Schindler et al., 2008) and been used to improve the outcome of surgical procedures as in vocal fold augmentation (Rosen, 2000) or thyroplasty (Billiante et al., 2002). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (93 από 93)

- **Voice therapy** has been used to treat hoarseness concurrently with other medical therapies like **botulinum toxin injections** for **spasmodic dysphonia** and/or tremor (American Academy of **Otolaryngology-Head and Neck Surgery**, 2005; Murry & Woodson, 1995; Pearson & Sapienza, 2003). Voice therapy has been used alone in the treatment of **unilateral vocal fold paralysis** (Miller, 2004; Schindler et al., 2008) and been used to improve the outcome of **surgical procedures** as in vocal fold **augmentation** (Rosen, 2000) or **thyroplasty** (Billiante et al., 2002). [\[6\]](#)



Ερωτήσεις (Students Questions)

1. What are the symptoms that must be treated during therapy?
2. What are the symptoms of this disorder?
3. What is the impact of the disorder to patient's life?
4. Is there a final cure to this disorder or we just cope with it for life time?
5. In text what are the to evaluation and diagnostic procedures?



ΤΕΙ ΗΠΕΙΡΟΥ



ανοικτά μαθήματα
opencourses

Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)



Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)

Please make a summary/abstract of the text given in templates No 89 till No 93.



Άσκηση Μετάφρασης (Translation)



Άσκηση Μετάφρασης (Translation)

Please translate templates No 2 till No 26.



Άσκηση Ακρόασης (Listening)



Άσκηση Ακρόασης (Listening) (1 από 3)

- Voice Disorders- Vocal Nodules

<https://www.youtube.com/watch?v=4JHRY-9jH1w>

- Treatments for Spasmodic Dysphonia

<https://www.youtube.com/watch?v=0hjL7D1NUhU>



Άσκηση Ακρόασης (Listening) (2 από 3)

1. Please collect all the terminology you can here during this video.
2. What is the end point of this video?
3. What are the techniques that there used during therapy?
4. What are the symptoms of this disorder?
5. What is the impact of the disorder to client's life?
6. What are the causes of this disorder?



Άσκηση Ακρόασης (Listening) (3 από 3)

7. What are the clinical symptoms of this disorder?
8. Is there a final cure to this disorder or we just cope with it for life time?
9. In this video the speakers referred to evaluation and diagnostic procedures?
10. What are the benefits of speech and language therapy upon the disorder mentioned in these videos?



Αναφορές Κειμένων

1. The ASHA Leader, February 2006, Vol. 11, 4-26. doi:10.1044/leader.FTR1.11022006.4
2. <http://www.asha.org/public/speech/disorders/NodulesPolyps/>
3. <http://www.asha.org/public/speech/disorders/vfparalysis/>
4. <http://www.asha.org/public/speech/disorders/PVFM/>
5. <http://www.asha.org/public/speech/disorders/SpasmodicDysphonia/>
6. <http://www.asha.org/SLP/clinical/Frequently-Asked-Questions-About-Voice-Therapy/>



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Τέλος Ενότητας

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Ιωάννινα, 2015



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



ΕΣΠΑ
2007-2013
Πρόγραμμα για την ανάπτυξη
ΕΥΡΩΠΑΙΚΟ ΚΟΙΝΩΝΙΚΟ ΤΑΜΕΙΟ





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