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VOICE RESTORATION IN CASE OF VOCAL CORRESPONDENCE

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Abstract: Communication plays an important role in the life of every person. Speech is a means of communicative behavior and communication. During the entire period of childhood and adult ontogenesis, a person improves his communication skills, which is achieved in the process of ethnocultural conditions of upbringing and education.
Keywords: Voice restoration, treatment, diagnosis, method.

INTRODUCTION

The loss of speech function and its restoration are considered in the context of the etiology, clinical picture and pathogenesis of the underlying disease (traumatic brain injury, stroke, late atrophic processes of the brain, etc.). The voice expresses a person's ability to produce sounds during conversation and characterizes the features of the manifestation of higher mental functions. The technical (functional) side of voice formation occurs by exhaling air from the lungs through the mouth and nose, which leads to vibration of the vocal folds and creates sound vibrations in the air passing through them [4].

MATERIALS AND METHODS

The characteristic timbre of the voice for each person is acquired as a result of the passage of sound waves through resonators, the role of which is played by the air cavities surrounding the larynx from above and below: the oropharyngeal and nasal cavities from above and the trachea with large bronchi from below. Patients with voice disorders usually experience not only physical difficulties in communicating with others, but many of them develop a feeling of their own inferiority. They try to use their voice less often, which disrupts their established social, professional and everyday life.

RESULTS AND DISCUSSION

For people in speech professions, even the smallest voice defects are psychotraumatic, as they create a threat of professional unsuitability. Therefore, voice restoration, if necessary, includes clinical and speech therapy examination, treatment and functional rehabilitation of speech as a mental function. In our clinical and speech therapy practice, the method of phonopedic therapy was used for voice rehabilitation [2], the essence of which was reduced to functional training of the vocal apparatus, as well as the development of skills for correct voice production with minimal load. Patients with a wide variety of voice disorders often turn to speech therapists of the outpatient clinic service. Most often, these are functional dysphonias in people of vocal professions (teachers, lecturers, lawyers, etc.), as well as paresis and paralysis of the larynx after thyroid surgery. Therefore, speech therapists must master the technologies of speech correction work for various voice pathologies. Methods of restorative work with them are widely described by various authors. But in our practice, there are also quite rare cases that are of undoubted interest to a circle of specialists.

Here is a description of speech therapy practice in working with a patient.

Patient M., 34, came to the clinic complaining of a sudden loss of voice. The circumstances were complicated by the fact that her job as a personnel officer involves negotiations, and she is also

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studying at an institute, majoring in psychology, which requires her to have a long-term vocal load. She was immediately referred to a phoniatrist, who diagnosed idiopathic laryngeal paresis on the left. The left vocal cord was not working. The cause of the disease could not be determined.

The doctor's prognosis was not entirely favorable - "The voice may not return...". M. was extremely alarmed by such a "prospect" and turned to us for help.

During the examination, an almost complete absence of phonation was revealed; in addition, M. experienced significant breathing difficulties with increased physical activity, even when walking, although before the illness she was actively involved in sports, including running.

Based on this, a recovery plan was drawn up. It included rational psychotherapy in the form of explanatory conversations aimed at stabilizing the emotional background, the mood for restoring function, and confidence in a positive result. Another important section was working on breathing: developing bone-abdominal physiological breathing that relieves tension and allows for a longer exhalation. Quite a lot of time was devoted to this stage throughout the entire recovery course. To enhance kinesthesia in the larynx, playing the harmonica in a special mode was used: inhaling and exhaling into the harmonica, starting with 30 seconds at a time.

As a result, we managed to achieve a sufficient duration of phonation to move on to the next stage: developing a new voice stereotype, the skill of correct voice delivery and voice leading for the best sound with the least amount of stress. We worked on the fusion of voice leading. Soft voice delivery, on dynamic properties: flight, modulation, intonation. For this purpose, at the final stage we used vocal exercises: singing intervals, triads, melodies with a small tonal range to the accompaniment of a metallophone. This brought an additional positive emotional charge to our classes.

CONCLUSION

Vocal exercises to restore M.'s singing voice are still planned, since she sang quite professionally before her illness.

In conclusion, I would like to address my speech therapist colleagues.

Voice restoration is one of the professional competencies of a speech therapist. Therefore, knowledge of the relevant technologies allows a practicing speech therapist to provide assistance to a much larger number of patients. In addition, success in this type of activity makes a certain contribution to the practice of speech therapy professional work, reflects the effectiveness of the activities of paraclinical specialists in rehabilitation activities with patients with speech disorders.

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