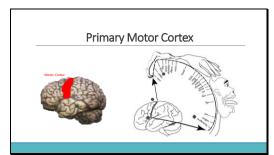
Slide 1]
	Shakes & Breaks:	
	An update on laryngeal dystonia KAREN PERTA, PH.D., CCC-SLP ASSISTANT PROFESSOR	
	ELMHURST UNIVERSITY	
Slide 2	Disclosures Financial: Employed at Elimburst University, Speaker Honorarium	
	rinarical: Enjuryee at Enmulss University, Speaker Pointrarium Nonfinancial: None	
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Slide 3]
	Learning Objectives 1) Participants will be able to describe the clinical characteristics that differentiate laryngeal dystonia, dystonic tremor, and essential tremor. 2) Participants will identify assessment procedures for neurological voice disorders and	
	potential functional voice co-morbidities. 3) Participants will describe behavioral and medical treatment options for neurological voice disorders.	



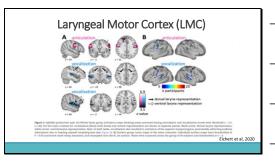
Neuroanatomy Review

- Laryngeal Motor Pathway:
 Motor program for voice is planned in the premotor cortex
 Plan is sent to the laryngeal motor cortex (primary motor cortex)

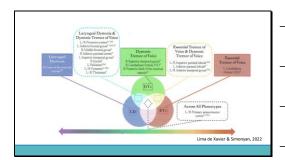
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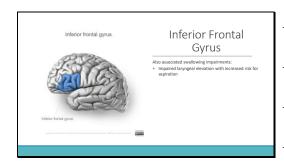
Slide 6



Slide 7		
	Laryngeal Motor Cortex	
	 There is an indirect neural network of cortical and subcortical loops that modulate vocal motor commands from the LMC. 	
	*These loops receive information from and send information back to LMC to modify vocal output	
	*Role of sensory feedback	
	 Mechanoreceptors in the mucosa of vocal folds gather sensory information during phonation Feedback loop back to central nervous system (CNS) 	
	Normally functional CNS plays an inhibitory role	
Slide 8		1
Silde 8		:
	Laryngeal Dystonia	
	*Terminology change	
	 The term spasmodic dysphonia is being phased out Now we have ADLD and ABLD 	
	With or without Dystonic Tremor	
	 Impairment involves CNS pathways for volitional voice production Abnormal integration of sensory and motor information 	·
	*Dysfunction in multiple brain areas for Laryngeal Dystonia and/or Tremors	
	Simonyan et al., 2021	
Slide 9]
Olido O		
	Laryngeal Dystonia	
	•Increased activation in brain regions that control voice	
	 Loss of inhibition in both motor and sensory systems Impaired inhibition of involuntary muscle movements 	
	 In Hyperkinetic family of Dyskinesias (unwanted movements of neurological origin) Dystonia is more specific 	
	 Dystonia is more specific Increased activation within subcortical structures (e.g., basal ganglia, cerebellum, 	
	cortical areas) during symptomatic speech	
	 Innate, reflexive, or emotional vocalizations are unaffected (e.g., laughing, crying) Occurs in the periaqueductal gray in the midbrain 	
	Simonyan et al., 2021	
	among BI et di, 2021	
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		·



Slide 11



Slide 12



Laryngeal Dystonia: History

- Historically, was incorrectly identified as psychogenic and treated with psychotherapy
 https://www.youtube.com/watch?v=me3PWhlqEvI
- *Average delay of LD diagnosis is 5.5 years with an average of 4 office visits

- *Affects more women than men (4:1)

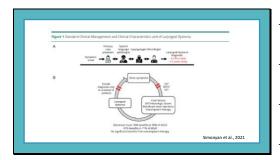
 *Average age of onset at 40s-50s

 * 55% report gradual onset

 * 45% report a sudden onset

 * 45% report as sudden onset
- *Some cases report temporary symptom relief with alcohol intake

Slide 14



Slide 15

Laryngeal Dystonia: Types

- *Adductor Laryngeal Dystonia (ADLD)

 * Most common

 * Characterized by strained-strangled spasms of the true and false vocal folds during vocal fold adduction

 * Count 80 to 89

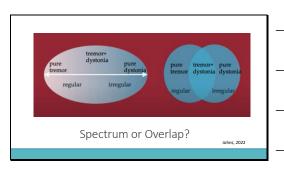
 * On laryngoscopy, sudden, abrupt vocal fold closure disrupting vowel onsets

 * https://www.youtube.com/watch?v=1ggAGauWJ4U

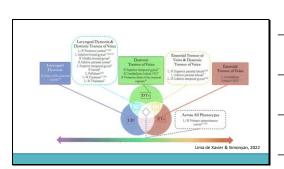
Slide 16		
	Laryngeal Dystonia: Types	
	•Abductor Laryngeal Dystonia (ABLD)	
	 Much rarer Characterized by spasms of the posterior cricoarytenoid, resulting breathy, voiceless breaks during voiceless phonemes 	
	* Count 60 to 69	
	Simonyan et al., 2021	
Slide 17		
ondo 17	Dystonic Tremor	
	*Rhythmic modulation of pitch and loudness during sustained phonation	
	*Occurs with LD in 30-50% of cases *Occurs with ADLD or ABLD	
	 https://www.newsnationnow.com/politics/2024-election/i-cant-listen-to-myself-rfk-jr-reveals-neurological-disease/ 	
	*Task specific Symptoms present during dystonia tasks only (i.e., speech)	
	*Absent during passive respiration *Irregular tremor evident only within the larynx	
	Simonyan et al., 2021	
Slide 18]
ondo 10	Other Dystonia Types	
	*Mixed LD (ADLD and ABLD)	
	*Singer's Dystonia *Musician's Dystonia	
	*Cervical Dystonia * https://www.youtube.com/watch?v=daNuCgoMfPE	
	Simonyan et al., 2021	
		

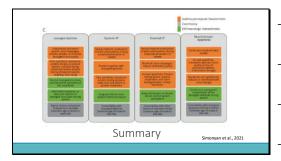
ion	
viors	
*Head and/or hands often affected * https://www.youtube.com/watch?v=QM8KPWL±77Q	

Slide 20



Slide 21





Slide 23

Hyperfunctional Voice Disorders

- Muscle Tension Dysphonia

 Likes to co-occur with LD

 Primary when it occurs in the presence of a normal larynx

 "Dysphonia in the absence of current organic vocal pathology, without obvious psychogenic or neurologic etiology, associated with excessive, atypical or abnormal laryngeal movements during phonation

 Secondary when it co-occurs with vocal folds lesions or to compensate for underfying weakness

 Subtypes have been suggested

 TVF vs FVF istard vs AP

 Most common voice disorder that SLPs treat

 Functional/behavioral in origin that varies from mild to severe

Dejardins et al., 2022

Slide 24

Hyperfunctional Voice Disorders

- Functional Aphonia

 Total voice loss due to severe supraglottic compression

 No adduction of true vocal folds during volitional voicing tasks or speech attempts

 Voice sounds like a strained whisper with no appreciable phonation

 Larynx is otherwise normal

 No infection or parlayis/paresis

 Can ellicit TVF adduction with reflexive behaviors like coughing/throat-clearing

 Othen preceded by a URI*

 Can affect surrounding neck and strap muscles in severe cases

https://www.youtube.com/watch?v=iV9dM9YGULs

Slide 25	-Case History *Videolaryngeal stroboscopy (VLS) with voice team * Need a laryngologist *Positive Reported Outcome Measures (PROMS) * Vocal Handicap Index (YM) * Singer's VHI *Perceptual Assessment * CAFE-V * GRBAS	
Slide 26	Behavioral Assessment -Maximum phonation time - See norms - See norms - Langreal diadochokinetic rates (DDK) - Say (PANAN) as fast as you can - Say (PANAN) as fast as you can - Norm-about 4-5 syllables/sec - Pitch glides - Use acoustic software to calculate semitones and compare to norms (18+ semitones) https://www.speechandhearing.net/laboratory/wasp/ Ioohi, 2019; Lombard & Solomon, 2019	
Slide 27	*Counting 60 to 69 *Counting 80 to 89 *Laryngeal palpation *Different types of volcing: higher pitch, crying/cooing, singing *LD-specific speech stimuli *Trial therapy can be a key component of the diagnostic process	

LD-Specific Speech Stimuli

1. Repeating Sentences with Glottal Stops
Tom wants to be in the army.
We cat cels every day.
I want to put my doll in the cart.
I hart my arm on the iron bar.
Are the olives large?
Polly wanted to loll on the hearth.
John argued ardently about honesty.
Jack ran to get an apple for Sally.
We mow our lawn all year.
He dashed to the back of the factory.

Ludlow et al. 2018

Slide 29

LD-Specific Speech Stimuli

2. Sentences with voiceless consonants before a vowel
He has gone home because he is hungry.
The puppy but the upe.
Harry is happy because he has a new horse.
During bably-abood he had only half a head of hair.
Who says a maloagant highlyon sa'n heavy?
A high, harsh voice is a handicap.
Boys were singing songs outside of our house.
Sally fell asleep in the soft chair.
I saw six brides in that small nest.
Intensity is one of several aspects of stress.

Ludlow et al., 2018

Slide 30

LD-Specific Speech Stimuli

3. Repeating sentences in a whisper:
Tom wants to be in the army.
We eat cels every day.
Jack ran to get an apple for Sally
He has gone home because he is hungry.
The puppy bit the tupe.
Boys were singing songs outside of our house.

4 Prolonging vowels for at least 10 seconds each:

// (the vowel sound in EAT)
// (the vowel sound in EAT)
// (the vowel sound in LAH)

5. Shouting phrases
No Not Now!
Wait for me!

Ludlow et al., 2018

Slide 31	Functional vs Neurological *How do I tell? *Functional (i.e, MTD) · Consistent · Symptoms are present across all tasks and speech contexts · No phoneme-specific patterns • Laryngeal Dystonia · Phonation breaks and/or stoppages with specific phonemes • "Tricks" – higher pitch, singing, emotional speech (e.g., crying) may yield clear, asymptomatic voice/speech	
Slide 32	Shakes: Essential and Dystonic VT Best assessment task: Sustained phonation Need a scope to truly differentiate these Essential VT: Shaking observed during passive respiration Oystonic VT: Shaking only during speech/sustained phonation Consider – are head/limbs involved?	
	Sessential VT: May hear voice stoppages, but these are usually rhythmic, breathy and not phoneme-specific Dystonic VT: Co-occurs with phoneme-specific breaks (LD)	
Slide 33	Treatment Options *Medical - Botox - Medications - Surgical Options *Behavioral - Voice Therapy - Support Group - Manage expectations and prognosis - Severe cases have used AAC	

Slide 34		
	Medical Intervention: Botox Injections	
	*ADLD has a better response than ABLD https://www.youtube.com/watch?w=MbDUBSM3NTg	
	 https://www.youtube.com/watch?v=UAI.K-xUm7M *Voice will often be very breathy in the 10-20 days immediately following an 	
	injection • Difficulty projecting	
	 Dysphagia Period of "best" voicing is the middle third of the injection cycle 	
	Will slowly wear off How often to repeat?	
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Slide 35		
	Medical Intervention: Botox Injections	
	 May take a few injections to perfect patient-specific dose Usually inject TVFs but can also do supraglottic injections (i.e., FVFs) 	
	*Can do injections unilaterally or bilaterally	
	•Individual results vary! • Trial-and-error	
Slide 36		
	Medical Intervention: Medications	
	*Beta blockers (-olol)	
	 Treat Essential Tremor but often don't help the larynx that much Benzodiazepines 	
	*Anticonvulsants *Sodium oxybate has been found to significantly reduce symptoms in 82% of	
	cases with alcohol-responsive LD Only lasts 4 hours	
	Currently being studied	
	Simonyan et al., 2021	
		I

Slide 37	Medical Intervention: Surgeries -Selective laryngeal adductor denervation-reinnervation - Only for ADLD - Irreversible and may not work -Type II Thyroplasty - Titanium bridge inserted between vocal folds - Only offered in Japan - What RFK had	
Slide 38	Behavioral Intervention: Voice Therapy - For ADLD: - Semi-occluded vocal tract exercises (SOVT) - Resonant voice therapy (RVT) - Smooth or aspirate onsets - Change pitch - For ABLD: - Glottal onsets - Eliminate /h/ - Shorter duration of voiceless consonants - Change pitch	
Slide 39	Behavioral Intervention: Voice Therapy - For Tremor: - High, firm tongue position - Minimize extra jaw and lip movements - Postural stability - Expiratory Muscle Strength Training (EMST) - Possible presbylarynx approaches such as PhoRTE - Strength vs Shaking?	

Slide 40	Dysphonia International Support Group *Formerly Greater Columbus Spasmodic Dysphonia Support Group *https://dxgphonia.org/find-support/. *https://dxgphonia.org/events/virtual-meeting-hosted-by-the-greater-columbus-dysphonia-support-groups/.	
Slide 41	References *Barkmeier-Kraemer, J. (2020). Isolated voice tremor: A clinical variant of essential tremor or a distinct clinical phenotype? Tremor and Other Hyperkinetic Movements. doi: 10.7916/tohmv.0.738. *Detuco, C. & Goodwin, M. (2025). Lanyageal dystonia part 1: Clinical assessment. Medbridge. https://www.medbridge.com/educate/courses/lanyageal-dystonia-part-1-clinical-assessment-christic-deluca-maurice-goodwin. (2025). Lanyageal dystonia part 3: Clinical and psychosocial considerations. Medbridge: https://www.medbridge.com/educate/courses/lanyageal-dystonia-part-3-clinical-and-psychosocial-considerations-rivitate-deluca-may-lanyageal-dystonia-part-3-clinical-and-psychosocial-considerations-rivitate-deluca-may-lanyageal-dystonia-part-3-clinical-and-psychosocial-considerations-rivitate-deluca-may-lanyageal-dystonia-part-3-clinical-and-psychosocial-considerations-rivitate-deluca-may-rivitat	
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