

# The Voice



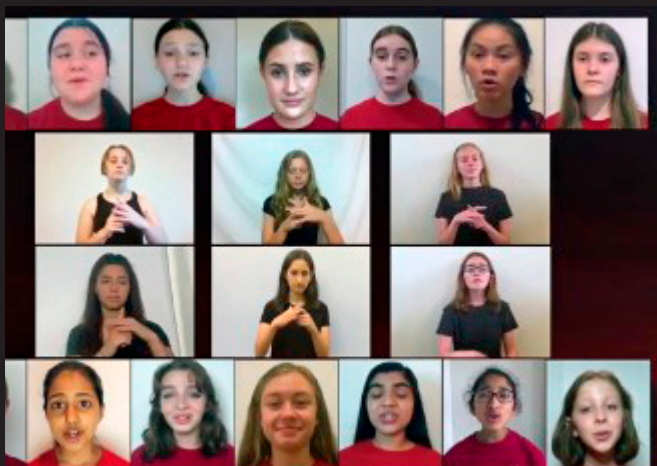
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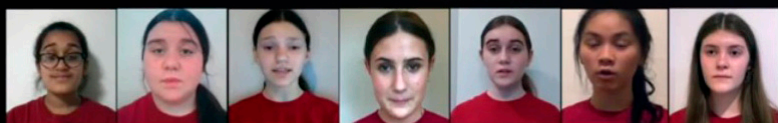
## VOICE IN THE TIME OF **COVID-19**

**DOUBLE  
ISSUE!**



**Have you ever felt nobody was there?  
Have you ever felt forgotten in the middle of nowhere?**

**Have you ever felt like you could disappear?  
Like you could fall, and no one would hear?**



**So let the sun come streamin' in,  
cause you'll reach up and you'll rise again,  
If you only look around; you will be found.**



*Group photos are of The Philadelphia Girls Choir Spring 2021 Concert  
"You Will Be Found" (from "Dear Evan Hansen")*

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# VOICE IN THE TIME OF COVID-19



Mary Sandage, Ph.D.  
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## Letter from the Editor

**Mary Sandage, Ph.D.**

During the current pandemic, singers and actors have experienced a sudden and extensive reduction in total vocal dose, akin to a trained marathon runner who has been benched for several months without opportunity to maintain optimal fitness. The implications of such a lengthy interruption of vocal performance reach far beyond muscle and cardiorespiratory fitness, extending to the vital considerations of well-being, mental health, and financial stability.

Strength and conditioning programs are well-established in exercise science for athletes of all types. The goals of these evidence-based programs are to facilitate training for sport-spe-

cific performance, fatigue resistance, tissue recovery, and injury

prevention. **We lack a structured strength and conditioning paradigm for occupational voice use.** As some

may be aware, I have published a small body of work that introduced the concept of voice fatigue management through structured training, yet we lack the empirical evidence to support a programmatic approach for training singers and other occupational voice users up to the vocal tasks required. A structured voice training approach is complex given all the components of voice performance that must be considered: target

vocal dose, acoustic requirements of the performance or workspace, amplification requirements, and individual characteristics that may support or undermine voice production to name a few.

For this issue of the Newsletter, I have asked several, well-regarded singing voice specialists to share their perspectives for return to performance for occupational voice users who have been benched from regular rehearsal and performance due to the pandemic. I have also asked voice professionals to share those practices that were adopted during the pandemic that they plan to retain as we emerge from the worst of it. As evident through the contributions of Mr. Reisert and Dr. Harrison, a vital focus on singer well-being was an important shift to acknowledge during this trying time. As described by other contributors, the benefits of shifting to telepractice

indicated that it is likely here to stay.

All the contributors to this issue have many years of experience assisting with a return to performance or training up for performance, whether it be a return to national tour, preparing for a recital or opera, or voice over work. As you will see from the

contributions below, the authors acknowledge the lack of empirical support for their methodology; however, the current pandemic required that we do the best we can with what we currently know to help these performers along their way.



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# adjustments DAY BY DAY

by Kate McConville, MA, CCC-SLP

Last year, I vowed to banish the terms *unprecedented times*, and *new normal* from my vocabulary. It wasn't an attempt to ignore the changes around me. Rather, I found it important to remind myself that I spend every day adjusting my approach to whoever comes through the door or lately, through the Wi-Fi connection. Flexible, creative and often top-down clinical thinking are normal for SLPs in our specialty. I'm always hesitant to rely on the anecdotal and

I am aware that it would be a mistake to become comfortable with a heuristic approach to managing patients with voice problems that may be a consequence of a prior COVID infection. Still, I think there are a surprising number of precedents to guide our clinical decision making despite the "unprecedented-ness" of these times. So what do I anticipate as my patients return to vocal performance, with some of them doing so following a COVID-19 infection?

**"...there are a surprising number of precedents to guide our clinical decision making despite the *unprecedented-ness* of these times."**

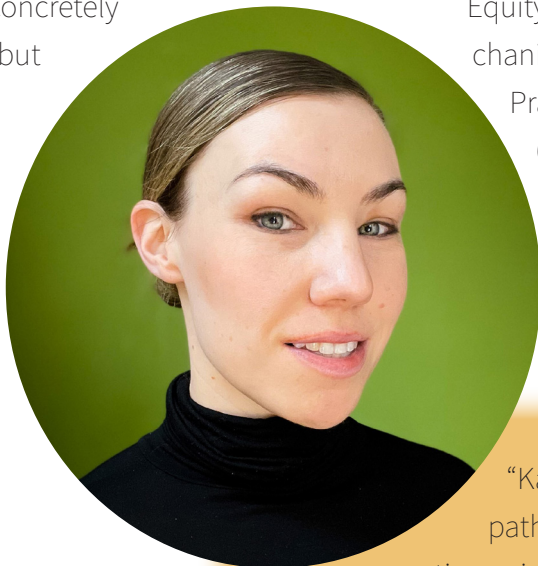




expect that some patients will resemble other cases I've seen with voice change in recovery from diseases that may cause Acute Respiratory Distress Syndrome. To this end, I anticipate symptoms including limited lung capacity, or kidney complications (such that any patients requiring dialysis may be prone to hoarseness and need to plan voice treatment or voice obligations around these treatments). I anticipate deconditioning overall. To be frank, the confidence I have in the treatments I can offer for many of the possible physical symptoms of post-COVID-19 voice change is somewhat tenuous. Do I think that voice building exercises or EMST may help patients with reduced respiratory drive? Maybe. Do I think rebalancing vocal subsystems, with vocal function exercises, or SOVTs may be helpful? Sure, but I base this on theory. With patients who are performers, I plan to use the same tools and frameworks I've always used to help rebuild a voice or adjust technique to accommodate new challenges

and weakness as I eagerly await a more robust pool of patient report and peer reviewed research to fill in my understanding of the short and long-term effects of this disease so I can refine my approach as needed. Notably, I anticipate and have already begun to see that patients are coming and will continue to come to me in the setting of some degree of trauma associated with their recent illness, the innumerable aftereffects of their disease, or any of the other things that seem to come bundled with this year's pandemic. So now, more than ever, I am seeking resources that make me a better trauma informed care provider, and that improve my awareness of equity-oriented healthcare in this moment. At a time when healthcare administration will naturally emphasize efficiency and productivity, I will push to place a welcoming clinical environment first and make sure patients feel that care is approachable and accessible. Voice therapy isn't easy, especially not for the vocal performer dealing with feelings of fear,

vulnerability and uncertainty that could come with recovering from this illness in such a stressful time. I anticipate that I will be relying on my colleagues in social work to provide support and identify resources for patients who have lost jobs and benefits or been forced to whittle down the reserves intended for tough times that were never thought to exceed a few months. I also anticipate that this kind of care coordination will take more time than I'm used to. I already have an in-basket that fills up more quickly than it did before with messages about logistics, barriers to care, and about co-pays. When patients express fear that they may never recover the voice function they had or need again, I don't have data or experience to provide a prognosis as clearly and concretely as they may need but



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then again on a case by case basis, nothing has ever been certain. So what I can tell them is that I'm here to help. I've seen singers work through similar challenges and disease before and I will employ every resource I can think of to support the journey back. We've always done this. The fact that we aren't completely sure what outcome to expect is not entirely different from the way we've managed individual clinical care before. I may very well be tired of COVID, but I'm never tired of problem solving.

*Stay creative and stay energized, colleagues!*

#### **Recommended reading:**

Ford-Gilboe M, Wathen CN, Varcoe C, et al. How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy. *Milbank Q.* 2018;96(4):635-671. doi:10.1111/1468-0009.12349  
<https://www.traumainformedcare.chcs.org/>



"Kate McConville, MA, CCC-SLP is a speech-language pathologist who specializes in assessing and treating voice disorders. She has contributed to a number of texts and articles on voice care with emphases on voice therapy and singing as well as patient perspectives on voice disorders and voice therapy. She currently works clinically at Michigan Medicine within the University of Michigan's health system and serves on the coordinating committee for the American Speech and Hearing Association's Special Interest Group for Voice and Upper Airway Disorders.

## **Kate McConville, M.A., CCC-SLP**

# The IFs-WHENs-and HOWs of Managing Illness and Performance Demands

by Marci Rosenberg, M.S., CCC

In sports and athletics, injury is not uncommon and there are known guidelines and protocols to determine if an athlete is safe to engage in training, games, or competition. The term vocal athlete is appropriate for singers given the high levels of vocal fitness and endurance required in performance, and the risk of vocal injury. However, there are few evidence-based guidelines for singers and teachers; they are often left to their own devices when determining what to do if illness strikes at the inopportune time. Given that singers are often faced with the decision to sing or not without guidance from a medical voice care team, the aim of this paper is to provide a general clinical framework of how singers and teachers can determine if it is reasonable and to sing during illness, how to facilitate safe performance in the setting of common illness, and how to optimize voice before, during and after performance.

There are several factors to consider when determining if it is reasonable for an ill singer to proceed with voice obligations.

If the degree of dysphonia is continuing to decline, or the singer is experiencing pain with voice or swallowing, they should not proceed with voice obligations. Further, if general fatigue, malaise, fever and aches are present, a tincture of time is warranted until these symptoms abate. In the time of COVID,

we must be even more diligent about monitoring these kinds of symptoms. If voice symptoms linger beyond two weeks of the end of the illness, medical assessment by a voice care team is warranted.

The realities of many singers having limited access to specialized care are evident. The following are some general guidelines for singers and their teachers to keep in mind if singing when general health is not optimal. **The “M” guidelines have to do with minimizing risk and optimizing voice functioning.** These include:

**Medical** input may be warranted if vocal limitations are concerning beyond illness or if singers need to determine if safe performance is feasible. If in doubt, it is best to be conservative.

**Minimize** and eliminate extraneous or extreme voice use to minimize vocal fold dose. This includes yelling, belting, and extremes of pitch and loudness.

**Modification** and enhancement of performance parameters is often possible for CCM styles to reduce voice demand. This includes optimizing amplification, using an in-the-ear monitor for live band gigs, optimizing sound system levels, altering key, omitting high notes, and using strategic song set order.

**Mucosal** pampering is essential for all singers especially when managing illness. Systemic hydration is always encouraged. Mucosal hydration can be facilitated by using a clean handheld,

**“Return to neutral involves a gentle vocal cool down after voice use.”**





ultrasonic nebulizer with .09% sterile saline. Room humidity should also be optimized to around 45-55%. Gentle SOVT exercises such as hums and straw phonation are often helpful to encourage gentle range of motion.

Performing while ill is not ideal but is sometimes necessary. An effective post-performance protocol can help facilitate smooth recovery. The “R” guidelines below relate to vocal recovery after the performance:

Return to neutral involves a gentle vocal cool down after voice use. These can include gentle descending coos and glides, resonant hums in easy to moderate range, and gentle SOVT variations such as lip trills. Vocal cool downs need not take more than 5 minutes and should be completed before entering into full rest/recovery mode.

Recovery time and rest are critical after voice use especially when vocal health is not optimal. A rough guideline for returning to general voice use after performance is to double the performance time for length of “vocal nap”. (1 hour of active vocal performance time = two hours of a vocal nap after cool

down). Casual talking and before, during or post show is strongly discouraged. Adequate sleep is also an essential part of vocal recovery.

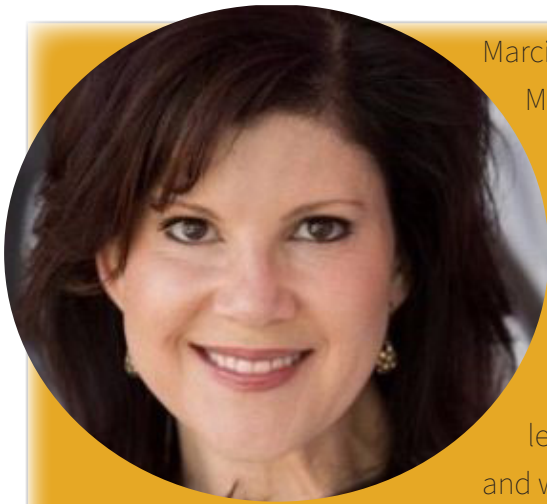
Retraining and re-conditioning may be necessary if a singer has not been at optimal voice performance levels for several weeks. It could take 1.5 to 3 times the amount of time spent ill to return to 85-100% of vocal capabilities. There will certainly be variation within this, particularly if there has been excessive coughing. It is also prudent to mention that improved vocal quality is not always an automatic indication that it is safe to resume all normal vocal activities. Once

vocal capabilities begin to return, a singer should still proceed with caution ensuring that full healing has occurred.

Rehabilitation may be warranted if a singer continues to struggle with limitations including voice fatigue, decline in voice quality, and inability to access full range. Singers should not hesitate to seek medical input from a voice care team if voice problems persist once all signs of illness have completely abated.

Vocal athletes function at high physical demands and are at risk for vocal injury, yet our industry has no formalized protocols to guide decision making when a singer becomes ill, has performance demands and does not have access to a medical voice care team. Guidelines have been suggested above, however careful monitoring by the singer and teacher should always be implemented, and medical assessment by a voice care team is always optimal.





Marci Daniels Rosenberg, BM, MS CCC-SLP

Marci is a singer, speech pathologist and clinical singing voice specialist. She has worked clinically for almost 20 years at The University of Michigan, Vocal Health Center specializing in rehabilitation of injured voices. Additionally, she serves as the on-site vocal health consultant to the Department of Musical Theatre at University of Michigan. Marci teaches workshops and lectures nationally and internationally on vocal health and wellness, managing vocal injuries in the vocal athlete, and application of kinesiology principals to voice therapy and singing voice rehabilitation. She is co-author of *The Vocal Athlete*, and *The Vocal Athlete- Application and technique for the hybrid singer*, currently in its second edition. She has research publications and is also a featured author in several voice pedagogy books. She is guest faculty at The New CCM Summer Pedagogy Institute at Shenandoah and served as Vice President for the Pan-American Vocology Association. Marci continues to be very active with PAVA. She maintains a private voice studio and consulting practice. As Marci specializes in multiple vocal styles, her clients have ranged from the Broadway stage to the Metropolitan Opera and everything in between. Contact [vocalathlete@gmail.com](mailto:vocalathlete@gmail.com), [marci-rosenberg.com](http://marci-rosenberg.com).

## Marci Daniels Rosenberg, M.S., CCC-SLP



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# RETURN TO SINGING VOICE USE

## In the Time of Covid-19

by Jenny Muckala, M.A., CCC-SLP

**Returning to performance:** Whether you contracted Covid-19 and recovered or sheltered at home to take care of yourself and others, voice rehabilitation will likely be multidisciplinary in nature. What is your impression of your voice status? Instead of placing the additional pressure on yourself to be being ready for performances in the immediate future, ask yourself, what is the next right thing to do today for your voice? You may have an intact range, but it takes longer to 'get there' because the coordinated movement of singing is rusty.

### Focus on these four pillars:



**BE ENERGETIC**

**BE SPECIFIC**

**BE CONSISTENT**

**FIND THE FUN**

## Be energetic.

*Build off your breath.* Positionally where have we been for the past 10 months? Even if you have been giving live, at-home performances, most of these performances are sitting and in a far quieter environment. How might we wake up the respiratory system?

*Get physical.* Even a brisk walk will activate your respiratory system in a more expanded manner.



*Straw bubble, cup bubble and the gargle* may be used to establish voice with negligible effort and low-level resistance throughout the functional voice range. If the water is moving, so is your air, and it may be used as a referent for how easy it can be to initiate voice, especially as you scale up the rigor of use.

---

## Be specific.

The idea is, *practice what you need to do* to maximize your vocal performance and voice output, is based on the concept of specific adaptation to imposed demand (SAID). Think about what it is you need to be able to do. The answer to this question will set the goals for voice work and be very individualized. The lowest and highest pitches written in the songs for the set determine the outer limits of

*Remind yourself of the somatic sense of accessing your full breath (vital) capacity.*

Start by standing up, placing your wrists on top of your head, releasing your shoulder girdle and neck musculature, and holding your head in neutral position. Take a breath here sizable enough to feel the stretch of your ribcage expanding in three dimensions. Hold this breath for one second and then release it as a resonant hum or voiced /v/, vocalizing and deflating together. Repeat this and mindfully use expanded breaths to monitor ribcage movement, and to observe the elastic recoil of your lungs and the passive forces of exhalation, which drive the initiation of voicing without excessive force. This is akin to pranayama breathing. I am cautious about the inclusion of forced expiratory activity here, as this action does not parlay well into initiation of voice at phonation threshold pressure and without the recruitment of extraneous musculature. The focus here is on ALLOWING the air to move out, rather than driving it out like a bellows, with the goal of consciously expanding access to tidal breath intake. Breath holding and bracing is not always obvious. This mindful ‘barrel’ breathing may be conducted on the floor to increase the somatic sense of lateral expansion of the false and floating ribs expanded prior to sound initiation with resonant hum.

range, not Fach. Which register do you sing most in? Do you use your ‘mix’? How loudly do you generally sing and for how long? It is intimidating to return to multiple 90-minute shows weekly, rehearsals, meet-and-greets, and all other voice demands after 10+ months of cancelled performances, writes and tours. Use these parameters to set the practice windows to recover flexibility, stamina, and predictability of coordinated movement.



## Be consistent.

Practice makes permanent is a truism based on motor learning theory. Skill acquisition and learning (muscle memory) are facilitated through **repetitive action** and effects learning more positively than explanation of ‘*how the voice works*’ alone. This is priming, and priming leads to behavior change over time. We use tools (SOVT, resonance) that generate external feedback that are robust to build your confidence you are practicing with better vocal efficiency competently. Set incremental levels with your conditioning. Practice little and often at first, even if you start with five minutes five times a day to increase frequency of use. Better efficiency brings greater benefit than lengthy use with days of breaks in between where you are likely to lose ground.

## “We cannot underestimate the critical inclusion of mental health support in the re-entry into society and performance work.”

### Find the fun.

This direction may sound tone deaf to many who are so deeply stressed and stretched by this past year. We cannot underestimate the critical inclusion of mental health support in the re-entry into society and performance work. Lee et al. (2007) found that, one year after recovery, 64% of SARS survivors patients struggled with mental health, including

depression, anxiety, and post-traumatic stress.

The voice is the seat of emotion, and there may be strong emotions you encounter as you re-access your voice. We may use body mechanics to mindfully reactivate and up-regulate the body and the voice’s expectation of work, to experience the ‘there it is!’ relief in singing, AND acknowledge voicing involves inclusion of mindfulness work. I love the resources provided by <https://twloha.com/find-help/> and <https://www.headspace.com>.

If you incrementally increase singing voice use and work, you will find the fun. It might be intimidating to try a run challenge like those put out there by @\_officiallyjulian\_ or @taenova, but you might pull out a challenging melodic series in a song instead. Slow the series down, lower the key, ‘walk’ the melody out in resonant humming. Dedicate specific and consistent moments to reset the voice through each day to create stability and resilience vocally where there may be significant limitation in time and physical/emotional resources. Make sure you can hear yourself well. Keep it simple. What you do should not add to the mental load and contribute to a greater sense of burnout. Remember: “It takes a long time to sound like yourself”(Miles Davis).

**Keep it up, little and often**, to find your way back to your voice. Give yourself a chance to explore your voice, and if it is not there, consult with your trusted laryngologist and speech pathologist to visualize your vocal folds and use this information to inform further voice rehabilitation.

1. Lee AM, Wong JG, McAlonan GM, et al. Stress and Psychological Distress among SARS Survivors 1 Year after the Outbreak. The Canadian Journal of Psychiatry. 2007;52(4):233-240. doi:10.1177/070674370705200405

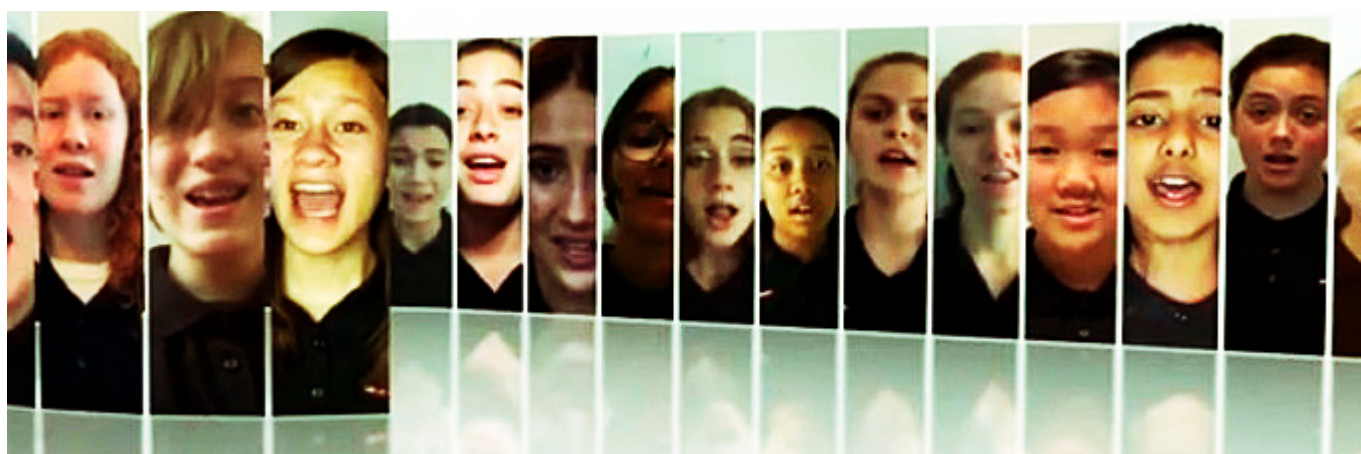


**Jenny Muckala** is currently the senior speech pathologist and singing voice specialist at Vanderbilt's Voice Center, and clinical faculty in the department of otolaryngology in Nashville, TN. She received her undergraduate degrees in Linguistics and Cognitive Psychology from Duke University. She went on to receive her graduate degree in Communication Sciences and Disorders from the University of Texas in Austin and was in the inaugural class of the University of Iowa's Summer Vocology Institute. Her clinical passion and specialty is in the rehabilitation of the professional voice, both singing and speaking, with notable experience in commercial voice work with signed and unsigned artists in the music industry. A great interest, in addition to her clinical voice work, has been education, not only for graduate student

clinicians at Vanderbilt, but also in organizing and facilitating opportunities for colleagues in specialized core skills in the area of voice. As a result, she has been an invited speaker regionally, nationally and internationally on the topic of commercial voice care and rehabilitation, speaking voice rehabilitation, neurological voice management and care, laryngectomy management and was the director of the first solely dedicated 3 day Commercial Voice Course in 2013 and 2014 in Nashville. Mrs. Muckala additionally holds an adjunct faculty appointment at Belmont University in the music department and has co-taught the Vocal Pedagogy graduate course there for 13 years. She is an active member of the American Speech and Hearing Association (ASHA) and SIG3.



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# Reconnecting with the Joy of Singing

by Sarah L. Schneider, MS, CCC-SLP

This has been an unprecedented year with the far-reaching impact of the pandemic on all aspects of people's lives around the world. The Brookings Institution, a think tank in Washington DC, reports an estimated 2.7 million lost jobs and more than \$150 billion reduction in sales of goods and services for creative industries in the US. This ranges from film and fashion to performing and fine arts.

Narrowing in on vocal performers, the specific impacts may include significant reduction or elimination of performance and/or studio recording, performing into the 'black hole' of the internet, lack of connection to fans or the audience, the stressors of reduced income or job loss and the uncertainty of how to move forward. Many performers have gotten creative setting up regular online sessions to stay connected with their fans and keep their art alive. While others are using outdoor movie theaters as a performance venue which provides the gift of space and separation. This creativity and resilience are nothing less than what you would expect from performers.

In our clinical practices or singing studios, we see a wide range of vocal performers from the professional touring artist, opera or musical theater singer to those that sing with their local choir, at a coffee shop with a friend, or in the shower as a creative outlet or stress

release. In response to the public health emergency (PHE), some people have cultivated a deeper connection with their singing voice, while others focused on the pressures to meet the demands of daily life, have lost that connection. As people work to increase the frequency and duration of singing under new and evolving conditions, we need to meet each person where they are and consider these conversations with care.

*“Simply taking the time to reconnect with the joy of singing, or whatever emotion arises, can be therapeutic”*

**Here are my 'top 5' for returning to performance (whatever that may look like) -**

## **5. Connect with the Singer's Goals**

Taking the time to explore what the singer has been doing with their voice, their goals, and how this relates to singing before the break will have an impact on treatment planning. The approach to someone's goals may vary based on their experience and training.

## **4. Technique**

Singers present to us with varying levels of technical savvy. Reinforcing or teaching the foundational skills of coordination between breathing, phonation, and resonance is essential. Exploring technical choices



can help with stamina and resilience. Optimizing speaking voice technique may be more important than ever given the requirements to speak with a mask on. Singing with a mask may also be needed. In either situation – clear articulation, a focus on resonance to optimize volume, and choosing the appropriate mask are key.

### **3. Vocal Conditioning**

While visualizing an action has proven quite helpful in the sports world, this can never take the place of

physical conditioning. If we think of the voice user like an athlete, then training and working back into a physical conditioning routine makes sense. The level of vocal conditioning will need to be tailored to the specific person. There is a paucity of literature to support a specific conditioning program, however, consider these:

- a.** Gradually increase the complexity and duration of singing tasks.
- b.** Be specific to genre and style, e.g., Ensure a jazz singer is using note patterns relevant to their performance.
- c.** Consider a systematic approach, e.g., Practice exercises 10-15 minutes, 2x per day and repertoire 10-15 minutes, 1x per day for one week. Increase in increments of 5-10 minutes per session weekly. Keep track of vocal fatigue and quality change to guide decision making.

### **2. Meta-Therapy**

The conversations that we have and how we have them are integral to the success of voice therapy. These conversations help build a framework for therapy to empower a singer to take ownership

of their voice or understand their ability to impact change. Attention to these conversations will optimize outcomes.

### **1. Reconnecting with the Joy of Singing**

Simply taking the time to reconnect with the joy of singing, or whatever emotion arises, can be therapeutic. Creating space for our singers to do this can facilitate a path to their goals.

While this ‘top 5’ is presented in the context of our current global PHE, these considerations really apply



to resuming performance after any break from singing. My hope is that we can take the positives from our current life, weave them into our new normal (without a mask), and help support our performers in resuming their art – for their benefit, the community's, and for the world of performing arts.



by Sarah L. Schneider, MS, CCC-SLP  
Assistant Professor and Speech Language Pathology Director, OHNS  
Co-Director,  
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University of California, San Francisco

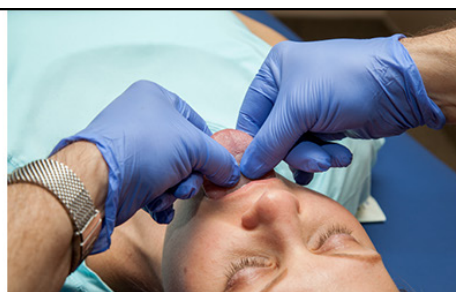


“Sarah L. Schneider, MS, CCC-SLP is Assistant Professor and Speech Pathology Director in the Department of Otolaryngology - Head and Neck Surgery at the University of California San Francisco. She is Co-Director of the UCSF Voice and Swallowing Center where she practices interprofessionally providing clinical care across the spectrum of voice and upper airway disorders. In addition to lecturing nationally and internationally and planning continuing education courses, she has authored several publications. She is the Professional Development Manager for Special Interest Group 3, Voice and Upper Airway Disorders of ASHA and a Distinguished Fellow of the National Academies of Practice. Special clinical and research interests include professional and performing voice, gender affirmative voice care, and spasmodic dysphonia/tremor.”



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# Returning to Singing-Some Thoughts: Rebuilding Your Voice After a Long Hiatus

by Matthew Hoch, DMA

Perhaps no industry has been affected more by the Covid-19 pandemic than the performing arts. Broadway has been dark since March of 2020. The Metropolitan Opera has completely cancelled its 2020–2021 season. As I write these sentences, I realize that what has come to pass in our profession would have been absolutely unthinkable just one year ago. For the first time in our lifetime, singers find themselves with few, if any, opportunities to perform. While some have found creative opportunities to nurture their art form through technology, many others have found little incentive to vocalize on a daily basis the way one must when preparing for upcoming performances.

With positive developments on the vaccine front, there is now room for optimism that singing, at least to some extent, will resume at some point in 2021. The target audience for this editorial is singers who find themselves out-of-shape after a long period of dormancy. Athletes who discontinue their exercise regime fall into a state of detraining (i.e., the reversibility principle). Vocal athletes are the same way. How, then, does one begin the process

of “training up” from ground zero to reclaim one’s pre-pandemic level of technical skill and stamina? Remembering some basic principles of exercise science can perhaps be helpful.

In exercise science, there are three basic principles that are considered. The overload principle addresses the concept of “strength building”; **muscle tissue and the cardiorespiratory system must be exercised at an intensity beyond which it is accustomed** in order for observable and measurable performance differences to occur. **The specificity principle is the maxim that motor learning and muscle tissue adaptations for a motor skill are most efficiently trained when the target skill is trained.** For example, if a singer aspires to improve specific note intervals, then those specific intervals need to be practiced. There should be no expectation of skill acquisition if the vocalises performed are unrelated to the target skill. **The reversibility principle states that strength gains are quickly lost when the exercise intensity and frequency falls below maintenance level;** if one ceases to exercise a particular set of muscles, detraining may occur after only a few weeks’ break from activity.

**“With positive developments on the vaccine front, there is now room for optimism that singing, at least to some extent, will resume at some point in 2021”**



**With these principles in mind, consider the following steps:**

**1. Resume daily vocalization.** This first step is obvious, but if you have fallen out of your routine, the time to get back it is now, even if you have no gigs for the foreseeable future. Start with short, twenty-minute intervals several times a day (such as morning, afternoon, and evening). Then, gradually extend your practice sessions, adding several minutes each week to begin rebuilding your strength and stamina. Scaffold your routine, working from lower intensity exercises to higher intensity ones. This additional loading speaks to the overload principle of exercise science. In short, you need to “reverse the reversibility” brought on by the pandemic.

**2. Vary your vocalises.** Technical exercises for the voice generally are geared toward acquiring specific skills, often to sing a specific repertoire. For example, the progressive exercises in historical methods like Vaccai, Panofka, and Marchesi are tailored to nurture the skills necessary to perform nineteenth-century Italian opera. This speaks directly to the specificity principle of exercise science. **According to this principle, different vocal styles will call for**

different sets of vocalises, but exercises that target breath management, onset/release, flexibility, and range extension are likely to be useful for singers of all styles and genres.

**3. Establish specific technical and artistic goals.**

It is difficult to develop a retraining program unless you know what you’re training up to do. Marathon runners, for example, train to run a marathon, overloading little by little and targeting specific muscles in their training. Therefore, choose a goal in the absence of a scheduled performance. Learn a recital program that you might not get to perform until 2022, or that opera or musical theatre role that you have always wanted to sing. Use this time to develop an aspect of your artistry that you will be able to put into use later on.

Finally, reclaiming your art form in some capacity is good for emotional well-being. Take this opportunity to enjoy the process of “getting back into it.” Covid-19 will soon be behind us, and structuring an exercise regime according to these basic principles while targeting specific singing skills will ensure that you will be ready when that time comes.





by Matthew Hoch  
Professor in Voice Pedagogy  
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## Matthew Hoch, D.M.A.

Matthew Hoch joined the faculty of Auburn University in 2012, where he was tenured in 2015 and promoted to the rank of professor in 2020. His research program focuses on the scholarship of voice pedagogy and the practical applications of singing voice research in the applied voice studio. Specific avenues pursued include quantification of vocal dose as a means to frame exercise physiology aspects of skill acquisition and fatigue resistance when training up for recital performance, as well as furthering pedagogical scholarship in the areas of lyric diction, vocal literature, sacred music, women in music, cross-training across genres, and the history of voice pedagogy. Additional publications reconsider the traditional lexicography and taxonomy of singing terminology. Hoch's published bibliography on these topics includes eight books as single author, first author, or editor and numerous peer-reviewed articles in over a dozen academic and professional journals. He earned his DMA in vocal performance at the New England Conservatory and is an NCVS-trained vocologist.

## THANKS TO OUR 2021 SYMPOSIUM SUPPORTERS





# More Time for **Human Connection** and Student-Centered Goal Setting

by **Edward Reisert, B.M., M.S.**

There have been so many news stories this year surrounding the COVID pandemic and the work of vocal music teachers and choral directors. As a high school choral director, it was of critical importance to give the students an experience that was musical, safe, and connected to their social-emotional learning. By incorporating flexibility in my teaching, enhancing student goal setting, and utilizing a small amount of technology, I have witnessed a number of successes that will inform my work as we return to the classroom in the fall.

In September, after a less-than-optimal spring, we returned to school in a hybrid model in the district where I teach. I had many students who remained at home, engaged in virtual learning, and a smaller number of students who were in school 2-3 days per week on a rotating, hybrid schedule.

Early on, I decided to say farewell to harmonized singing. There were simply too few students in the class to make that work, and too many students at home on their computers who were unable to synchronously create any sort of ensemble singing. Virtual choirs, in my mind, were more about the master behind the technology than the musicians on the screen. Placing greater focus on functional voice training and solo singing has enhanced the success of the students.

Each day in class meetings, we explored chest register to make sure that students were coordinating and strengthening their adduction. We balanced that with head register work in the upper range and encouraging the release of air. Depending on the style of singing we were exploring, we created a mix that had the appropriate vowel quality and intensity. These three ingredients (register, vowel, and intensity) gave students a wider range of possibilities to explore multiple styles.

In solo singing, students have had the opportunity to ask themselves, what is my true voice? and what do I really sound like as an artist? Knowing the structures of a traditional soprano-alto-tenor-bass choir, the students have often been required to fit into the range of the music and work their way around the music, rather than sing based on what is functionally sound. Coincidentally, I have had a number of students come to me to express that they saw themselves as non-binary. If they live on a continuum of gender, can't their voices do the same? To quote one student, "singing at home helped make me a lot more comfortable with my own singing and getting out of my own head and getting used to the fact that it's not always going to be perfect."

This focus on solo singing is something that I plan to continue in our classroom instruction when we return this fall. Choral and ensemble singing is important, and there is even greater value in helping students discover their authentic voice as an artist, especially when they are struggling with their identity and how their voice intersects with their sense of self.

While I was thoroughly impressed by the low-latency technology many teachers were exploring, the technology was cost prohibitive for my students. So I kept it simple, using only a headset microphone, portable PA, and Google Classroom. The amplification was a lifesaver for both the students who were in front of me and the students who were learning virtually. Vocal fatigue diminished immediately due to my not needing to speak over the mask and the clarity provided by the amplification improved intelligibility, reducing the need to repeat instructions.

At first, I used the Portable Voice Amplifier SHIDU Personal Speaker Microphone Headset Rechargeable Mini Pa System (\$32.88 on Amazon.com). This small purcha-



se really did the job. However, thanks to a generous budget in the district where I work (as well as a wonderful advocate Music Administrator), I was able to upgrade to a Samson XPD2 Headset USB Digital Wireless System (SWXPD2BDE5) and Samson Technologies Expedition XP106w

- Rechargeable Portable PA, which provided greater strength and clarity. The upfront cost was around \$415, but I know I will be continuing to use the equipment as a voice saving measure when we return in September, making it a worthwhile investment.

**This year was an opportunity to reflect on my role as a lifelong learner.** As a teacher and musician who has constantly sought out educational opportunities, education has been a critical part of my growth and my ethical responsibility to stay current in my profession. This goes beyond accumulating CEU's to the heart of what makes us learners. The pandemic made it even easier to seek out free, up-to-date information. There were so many organizations and individuals who provided outstanding support, research, and education to help those of us who were

**"In solo singing, students have had the opportunity to ask themselves, what is my true voice? and what do I really sound like as an artist?"**

struggling in our jobs. I wish to take a moment to thank some people and their inspiring work:

- The Voice Foundation and the research they provided on their website
- The Pan-American Vocology Association and their educational outreach
- The National Association for Music Education
- Dr. Nicholas Perna and his colleagues at the VocalFri Podcast
- Kari Ragan and her guests at NATS Chat

This year was difficult for so many, and we, as choral directors and educators, came so far from the time that we were considered to be a high-risk activity. However, learning to integrate more time for human connection and student-centered goal setting is something that will stay with me for the rest of my career. The much-needed time off this summer will certainly be a reason to sing.



## Edward Reisert, B.M., M.S.

Edward Reisert has taught music in the public schools for thirty years, and currently serves as the High School Choral Director in the Bedford, New York Central School District. He earned his Bachelor of Music degree from The Boston Conservatory and his Masters Degree from State University of New York at Oswego. Edward's choirs have performed at Alice Tully Hall, Lincoln Center, and his students have performed in state, national and international choral ensembles. He is a frequent guest conductor for county and regional music festivals in New York and Connecticut and is an active member of the American Choral Directors Association, the Pan-American Vocology Association, and the New York State School Music Association. Edward has served on the faculty of the CCM Vocal Pedagogy Institute at Shenandoah Conservatory since 2009.



Edward Reisert, BM, MS  
High School Choral Director Bedford,  
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# Let Go of Why? Figure Out How

by Luvada Harrison, D.M.A.

I returned to in-person teaching in Fall 2020 with modifications that included: a larger room to teach in – my studio was too small to maintain social distancing protocols. The large space allowed for plexiglass shields to be placed between myself, the student, and the accompanist. Lessons were scheduled with a minimum of 15 minutes and a maximum of 30 minutes between each lesson to allow for sufficient recycling of the air in the room. And everyone wore a mask. Even with the added accoutrements of plexiglass and additional air purifiers, students greatly appreciated returning to in-person lessons. I think they also appreciated being in a larger space.

Returning students experienced some of the usual physical adjustments to environmental changes such as allergies and changes in sleep cycles due to time changes. However, the usual cases of strep, mono and the flu that students sometimes experience towards the end of the Fall semester were almost non-existent.

The Spring semester however, introduced what was a new malady for some students – anxiety.

I noticed changes in student's behavior such as slumping posture and mumbling speech to heightened timbre of speech. I would later learn that some of the students were in therapy and/or beginning an anxiety medication regimen. The voice studio as a safe space became more important than ever – it became a necessity for several students and for me.

***Helping the students to gain and maintain their sense of power through personal accountability was essential.*** For example, I suggested

that students look at the syllabi for all their courses and check for overlaps in due dates. I emphasized that because we meet one-to-one, we can exercise more flexibility when scheduling due dates. If they needed more time to prepare a song assignment, then ask. ***At this stage of their educational development, process is more important than product.*** I assured

the student that it would be better to ask for an extension, then to rush and present mediocre work.



Luvada Harrison, D.M.A.  
Assistant Professor  
Musical Theatre/Voice  
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# “I found myself asking students: “Are you singing today? Or do you just want to talk?”

In their efforts to exercise personal accountability, students inquired about making repertoire changes. One student realized that she had chosen several very emotionally serious songs to work on over the course of the semester. In an attempt to lighten her mood, she switched out some of the serious songs for humorous ones. Another student chose songs they believed to be cathartic in helping them work through some of their own anxieties. Based upon the mood of the student, be it visual through their facial expression or body language, throughout the semester



I found myself asking students: “Are you singing today? Or do you just want to talk?” For graduating seniors, not knowing when performance venues would reopen or whether the summer contract that was postponed from last year would be honored this year was cause for their anxiety. The pandemic made the question of “What’s next?”

after graduation more pressing and scarier.

What the pandemic has caused me to rethink and work to improve is my interaction with students. I believe in students holding themselves accountable. I work to give them tools with which to accomplish the goals they set for themselves. However, when the student is not in an open and free emotional state to embrace learning, it will not happen. The pandemic has caused me to implement more techniques that specifically target calming the mind and centering breathing to help the student prepare to receive

instruction. This is how we begin to change the question from “Why can’t I do that” to “How can I do that?” Then we work together to address that question, map out a plan, and keep track of the small accomplishments. Most importantly, remind the student to acknowledge their achievements.



## Luvada A. Harrison, D.M.A.

Dr. Luvada A. Harrison holds a Bachelor of Science degree in Vocal Music Education from Towson University, a Master of Music in Voice Performance from Binghamton University, and a Doctor of Music in Voice Performance/Opera from Florida State University where she was the recipient of a coveted University Fellowship. She has performed with regional opera companies and symphony orchestras throughout the United States and Europe. As an Arts Educator, she worked for the Education Department of the New York City Opera Company, the Metropolitan Opera Guild and the “Meet the Artist” series at Lincoln Center. The breadth of her talents includes television, film, and voiceover work. Dr. Harrison is an Assistant Professor of Musical Theatre/Voice at the University of Alabama where she was a member of the inaugural cohort of Collaborative Arts Research Institute Fellows (CARI). In 2020, she was awarded an Artist Fellowship Grant from the Alabama State Council for the Arts.



# Pandemic Perks

## No Take-Backs

by Nathaniel Sundholm, M.S., CCC-SLP

**Adversity breeds opportunity for advancement. The opportunity nobody wanted.**

What specialists in laryngeal function have known regarding excellent care of voice, swallow, and upper airway disorders, was challenged and antiquated by what was unknown in a matter of moments. COVID-19 and the massive implications it had on our understanding of global health, social constructs, and specifically our treatment delivery methods came with less than ample time to plan and validate novel practice patterns.

Over the period of the pandemic, providers in the field of Laryngology and Speech-Language Pathology, globally, have worked diligently to make this a valuable pivot point in patient care, rather than allowing it to cause our discipline to falter. These shifts have not only gotten us professionally through a pandemic, but the changes we made over the last year are likely to beneficially shape practice patterns indefinitely.

**“Adversity breeds opportunity for advancement. The opportunity nobody wanted.”**

**Necessity is the mother of invention. Clinical safety measures:**

#ClinicalSafetyMeasures.

With the information learned regarding airborne transmissible disease, it is without question that our practice and many of our colleagues will keep many of the protocols developed to keep both providers and patients in the clinical space safe. Thorough pre-visit health screenings, contactless patient intake, electronic delivery and receipt of patient reported outcome measures (PROMS), are now integrated into clinical practice. Perhaps the simplest change is consistent use of eye protection and face masks during patient interaction – particularly during endoscopic procedures and evaluations. The voice lab has also been a place where the pandemic caused us to re-analyze our sanitization procedures. We discontinued the use of head-mounted microphones and introduced new cleaning protocols for the phonatory aerodynamic system. We also started using disposable facemasks. These “disposable” facemasks have the additional benefit of utility in stimulability testing at the connected speech level as well as targeting therapeutic goals during initial evaluation (Gillespie, 2020). Many patients have the opportunity to leave the clinic with an evidence-based tool for voice improvement in their hand to begin home practice following the evaluation.

Like most technologies, telepractice has existed for much longer than it has been accessible to the general public. This now en vogue technology was previously seen as more of a boutique experience for those willing to pay for the cost of convenience. With pandemic guidelines in place, a quick transition from nearly 0% telemedicine to 100% telemedicine for all voice therapy patients was an opportunity for innovation and adaptation of what is known to solve what was unknown. This time demanded a distillation of our practices in telepractice and collectively our practice has risen to the occasion. Proper lighting, headsets with microphones, and high-definition cameras have all become standard of care. The New York Times – Wirecutter published an excellent resource for developing a professional home setup.

## #TelepracticeDelivery

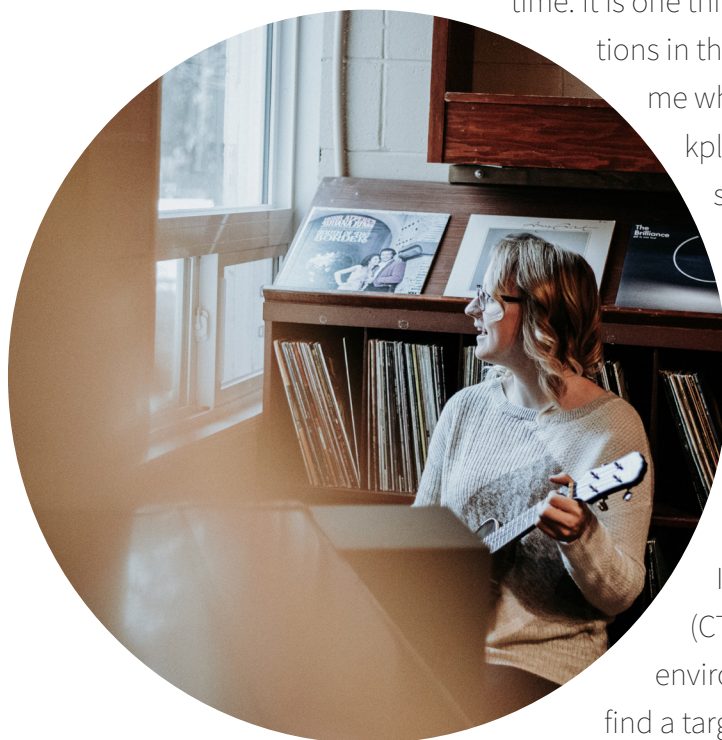
## #EcologicalCarryOver

“You have an aunt whose perfume makes you cough every time? Great – let’s go visit your aunt.”

Perhaps the most beneficial outcome of telepractice is the capacity for taking advantage of ecological carry-over in real-life settings in real time. It is one thing to simulate vocational demands and interactions in the clinical space, but it’s a totally different ballgame when your patient can take the clinic to the workplace.

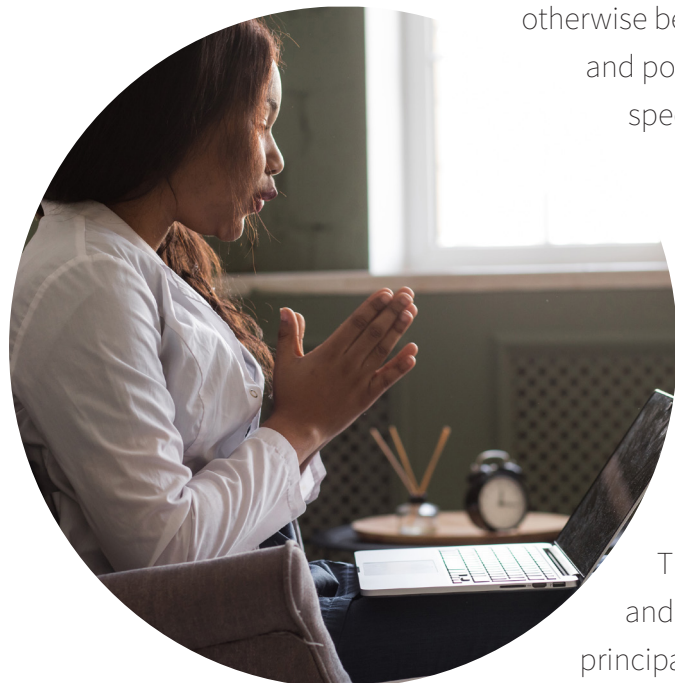
For instance, being able to walk a customer service agent through a “vocal reset” between calls or in the middle of their shift, guiding a high-level auctioneer through a vocal cool-down after a 5-hour virtual auction in that very moment, or walking a patient through a PVFM episode while it’s happening are all possible with telepractice. **What used to be a therapist’s dream is now routine.**

In my practice, Conversation Training Therapy (CTT) has been exceedingly successful in the virtual environment. As it depends on the patient’s ability to find a target voice at the conversational level at the first visit – this gives rise to opportunity for independent success immediately. Therapy becomes conversational. Dysphonia becomes a memory - a bump in the (laryngeal) road.



## #EnhancedCollaboration

The ease and efficiency of telepractice has opened new opportunities for multi-disciplinary collaboration. We are collaborating with GI on dysphagia and supra-gastric belching, with Pulmonology on diseases like cough, and upper airway breathing disorders. The reduction in patient transportation burden, as well as being able to see multiple specialists in one tele-visit has allowed us to accelerate care for patients that would otherwise be impossible. We have yet to see the full impact and potential for this increased efficiency of excellent and specialized care delivery.



## #WeHaveMuchYetToLearn

While we endeavor to leave much of the pandemic trauma behind, our practice patterns will remain forever changed. If anything, this time has forced us to think critically, to depend on problem solving skills, and to care for each other well.

We have also learned much about our distinct limitations. There is need for continued development of remote acoustic and aerodynamic evaluation and analysis, machine learning principals to expedite diagnostic processes, and continued development and use of ecologically valid therapeutic protocols. I hope it doesn't take another pandemic to get us to achieve these goals.

## #Resources

Gillespie, A. I., Fanucchi, A., Gartner-Schmidt, J., Belsky, M. A., & Awan, S. (2020). Phonation With a Variably Occluded Facemask: Effects of Task Duration. *Journal of Voice*.

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<https://www.nytimes.com/wirecutter/blog/professional-video-call-from-home/>



## Nathaniel Sundholm, M.S., CCC-SLP

Nathaniel Sundholm, originally from Brooklyn New York, is a Speech-Language Pathologist at the Emory Voice Center in Atlanta, Georgia. Clinical interests and growing expertise include singing voice rehabilitation, cough suppression, reactive airway therapy, dysphagia management, community outreach, and industry engagement.



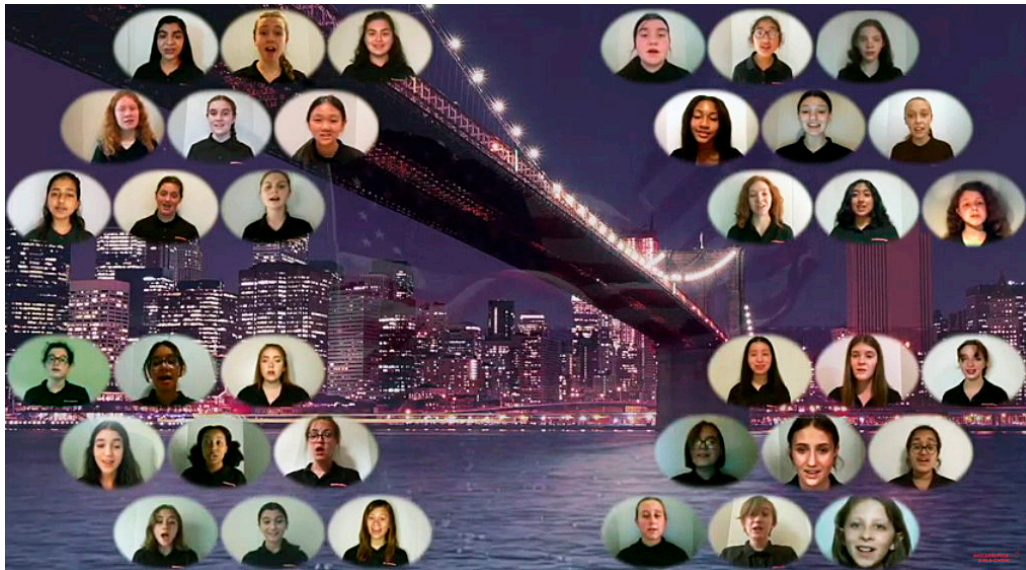


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**The Philadelphia Girls Choir 2021 Spring Season**

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