


Emerald Choral Academy

The Singer's Guide to the Aging Voice





Disclaimer

- All the information in this presentation is intended to be informational. It is not intended for the purpose of diagnosing or treating medical disorders. The Emerald Choral Academy is not responsible for conditions that require a licensed professional for diagnosis or treatment. If you are experiencing symptoms that might require a diagnosis, seek medical attention.
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Introduction

- “Aging Voice” = generally 64+ *Andrews, 353*
- Voices DO change. (You may not be a soprano anymore!) *Bos, 115*
- Singers who stay active in using their voice sing longer
- Different genders’ voices age differently
- Limited amount of information available for older singers
- This is an *overview*

Vocal Health & Voice Professionals

ENT: *Ear, Nose and Throat doctor.*

This specialty deals with conditions of the head and neck, including the voice.

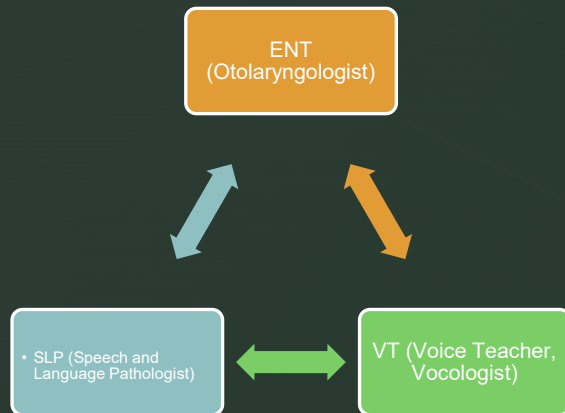
SLP: *Speech and Language Pathologist*

An SLP is a clinician that can assess, diagnose, and treat speech, language, social communication, cognitive communication, and swallowing disorders.

Speech Language Pathologists, Job Description

VT: *Voice Teacher*

A professional trained in teaching vocal pedagogy, repertoire, and technique.



▶ When to seek professional help

When it hurts (sharp pain, dull pain)

When it persists (it just won't get better or go away)

Sudden changes to the voice

When its unpredictable (can't quite count on the voice)

If you can't enjoy singing anymore

Any time you **think** you need medical attention

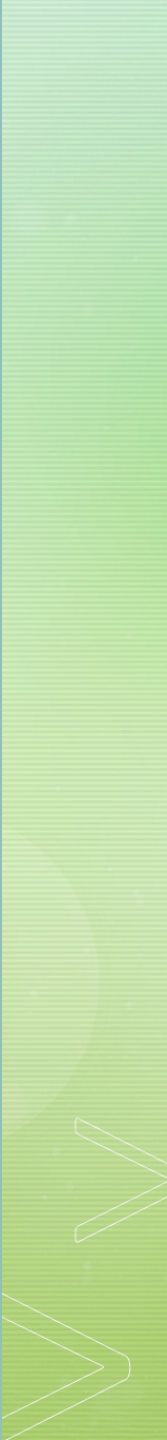
The Aging Process and the Voice

Natural Changes

- Loss of elasticity (ossification)
- Drying of tissues
- Hearing loss (assistive devices, audiologists)
- Vision loss
- Changes to respiration (loss of muscle tone in rib cage)
- Changes to phonation/larynx (epithelium, arthritis, cords)
- Changes to resonators (sinus cavity changes)



Diseases and Trauma

- TIA/Stroke, Traumatic Brain Injury
 - Parkinson's
 - Nodules
 - Cognitive changes
 - Injury due to fall (changes in mobility)
 - Arthritis
 - Thyroid & endocrine illnesses (hypo & hyper)
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Other factors affecting the voice

- Medication
- Allergies
- Tooth loss/dentures
- TMJ
- Digestive changes (acid reflux)
- Menopause (HRT)
- Depression, mental health symptoms

What's going on?

- Laryngitis (temporary), Dysphonia, Aphonia
- Tremolo, Tremor, or Wobble?
- Edema (Reinke's Edema)
- Atrophy (Presbylaryngitis)
- Loss of Range
- Difficulty during registration changes



The Five Steps to Resilience

- Body
- Breath
- Phonation
- Intonation
- Registration

SVOT & Bubble Phonation

- Semi-Occluded Vocal Tract *Ragan, 74*
 - SP/Intra-oral and subglottal air pressure
 - Impact on vocal “efficiency” (vocal tract inertance)
 - Using your lips & tongue
 - Using a straw (Ingo Titze!) (diameter of straw)
- Straw and water technique
 - Depth of straw (resistance)
 - Low hum, five note hum, octaves, sing a song
 - Warm up AND cool down (massage for your larynx!)

Conclusion

- Ask to be moved
- Keep your body moving
- Alexander technique
- Hydrate
- Breathe
- Keep singing