

Date:

RE: NAME OF PATIENT

Date of Appointment:

Dear Dr. ZZZ,

Mr. X is planning to participate in LSVT LOUD[®] therapy to address his voice and speech disorder secondary to Parkinson disease. LSVT LOUD is an efficacious voice treatment that was specifically developed for people with Parkinson's disease, though it has also been shown to be effective for treating speech and voice disorder associated with other neurological conditions. Research on LSVT LOUD has three randomized, controlled trials documenting efficacy and improvements across multiple levels of functioning in people with PD following treatment including, but not limited to vocal loudness, improvements in articulation and speech intelligibility, intonation, facial expression, neural functioning related to voice and speech, quality of life, and life participation. LSVT LOUD utilizes high effort respiratory and phonatory exercises conducted in an intensive mode to improve voice and speech function without promoting vocal hyperfunction.

The American Speech-Language-Hearing Association) recommends having voice patients seen by an Otolaryngologist prior to initiating treatment. This allows for SLPs to recommend an optimal treatment plan without any contraindications.

If you would not mind, please send a copy of your report to me following your evaluation with Mr. X. In addition, it would be helpful if you could send any images or videos recorded during the evaluation. Below I have listed below the information that would be most beneficial to me:

1. Degree/type of glottal closure during phonation
2. Presence of vocal fold masses
3. Presence of vocal fold hemorrhage
4. Evidence of hyperfunction (glottic and supraglottic) during phonation
5. Vocal fold bowing
6. Evidence of GERD/LPR. Is this significant enough to contraindicate participating in high effort phonatory/respiratory therapy?
7. Any other contraindications to participating in high effort phonatory/respiratory therapy.

I have enclosed an article regarding changes in laryngeal function that have been documented following this treatment.

Thank you for your time! Please feel free to contact me with any questions.

Sincerely,

Name, credentials (CCC-SLP)

Pertinent individualized contact information to send reports/images (fax, address, phone, email, all of the above)