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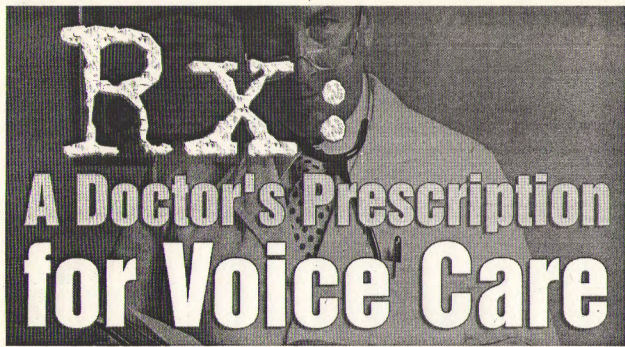
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RX:
**A Doctor's Prescription
for Voice Care**

By Roger Armbrust

"Sometimes it's very mystical out there," Michelle Yagoda says of experiencing a singer in performance on stage. "Every time I hear somebody sing beautifully, it moves me to tears."

Singers, actors, announcers—professionals who rely on the voice as a career—can be especially grateful for that empathy. Not because Yagoda is a critic. But because she is a doctor who specializes in helping performers who experience voice problems. Known professionally as Michelle R. Yagoda, M.D., P.C., her specialties are facial plastic surgery and otolaryngology, a marriage more common these days because of science's understanding of the holistic relation of muscles, nerves, glands, organs, and sinuses in the neck and head. As for physicians practicing otolaryngology, i.e. ear, nose and throat, alone, Manhattan's Yellow Pages provides 33 listings, including clinics, available when New Yorkers seek care for a voice or other problem of the throat or vocal cords.

About 40% of Yagoda's practice deals with care of the professional voice, patients ranging from Broadway performers to children chorus members. Her interview with *Back Stage* covered three main areas: preventive care which will keep you from having to seek her help; common-to-rare voice problems; and what you should expect from your physician when you join together in finding a cure.

Preventive Care

Some preventive measures seem obvious, Yagoda notes, but bear repeating because she still sees performers falling victim to neglecting them. "Don't smoke," she says bluntly. "It causes cancer of the voice box, mouth, tongue, lungs, and bladder, because nicotine is stored in the bladder. You should not smoke nor be subjected to a smoke-filled environment, because we know that passive exposure to smoke has very real risks."

She advises performers to "keep well hydrated" because that allows the body to secrete the natural mucous which spreads over the vocal cords to keep them moist. "Don't drink alcohol, because it can cause acid reflux." The result is food propelling back from the stomach, up the esophagus, and landing on the back of the vocal cords. The acid from this food then coats the cords, irritating them. "The other reason is that, if you drink alcohol and then sing, it can have a numbing effect," she explains, "and you may not be able to determine if you're doing something incorrectly that might cause injury."

She observes that younger singers or speakers tend to be an enthusiastic lot, who may forget the importance of using the voice at a normal register or level. "Don't cheer at a club with a noisy background, or a sporting event," she cautions. "If you're waitressing, you don't want to recite the menu at every table, or bartend where you have to scream over loud music."

No smoke, no alcohol, no impassioned challenge to loud music or noise? Yep. You guessed it. Yagoda advises young performers to avoid waitressing and bartending, and opt for temping. "It's usually more beneficial because you don't have to be in a loud, smoke-filled environment," she reasons. "It's important to use the voice in ways that aren't dangerous," she emphasizes. She specifies that chronic clearing of the throat can irritate it, and whispering, despite its seeming dramatic effect of secrecy or confidentiality, strains the vocal cords.

And while Yagoda and her peers may include small fry among their patients, she's more concerned about "glottal fry." How's that? It is, she says, guys' attempts at the opposite of falsetto. "It's particularly true of men or adolescent boys," she offers. "They want to sound like they're more mature, or to sound sexy." So the guys will talk in a lower register or tone than what nature desires. "They force air from the back part of their vocal cords, causing them to close tightly and unnaturally." That tightening cord can strain, causing injury.

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As far as avoiding any other intake besides smoke and alcohol, Yagoda offers an observation that surely will send shudders through any Starbucks starlets' club: "In our society, when you drink three large lattes or espressos, you tend to have acid reflux," she states candidly, adding in more general terms, "Caffeinated foods produce acid. You should avoid acidic juices [as in that legendary Vitamin C reinforcer: OJ] if you have a propensity toward acid reflux."

Over-the-counter drugs? The performer must take care, Yagoda warns. "Things like Sudafed I don't recommend, except in very specific cases, because they cause dryness." And that dryness means you won't secrete the mucous to cover the cord surface, Yagoda notes, "so that the muscles will move properly and you get those good vibrations."

Yagoda is very aware that some performers suffer from allergies or infections, and need relief. To that she says, "When you get an infection or allergy, treat it properly and promptly so you don't end up with bronchitis or pneumonia."

Also obvious but so important: Like the professional athlete who never steps into a game without warming up, the professional singer never steps on stage without the proper "e-e-e" 's and "o-o-o" 's. But Yagoda carries the warming up beyond that, and into the area of making correct professional choices. "Don't take roles out of your range

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or experience just to gain a part," she orders. "And avoid anything that will require you to make unnatural noises, like imitating machines."

Yagoda, who's been heavily involved in treating professional performers over the last seven years, hasn't personally dealt with the young actor who's involved in summer outdoor drama in the city. But asked about the young's tendency to "blow their cords" by straining their voices to defeat city sounds, and by using throat sprays to deaden the pain so they can keep performing, she states generally, "The danger is that any local anesthetic used to numb the pain will make it more likely that you'll suffer serious injury if you continue to strain." She doesn't buy the old weightlifter's saw, "more pain, more gain." She states flatly, "If you have pain, you need to stop."

Doc, I've Got a Problem?

Yagoda lists pro singers and speakers' problems in four basic categories, in order of their most common occurrence: (1) sinus infection or inflammation; (2) misuse or abuse of the voice; (3) benign or malignant growth on the vocal cords; and (4) neuromuscular, trauma, or tumor.

And, interestingly enough, the singer-patient often isn't the first one to recognize the problem, leading to the office visit. "Many times, probably 40% of the time, somebody comes to me, not because they know they have a problem,

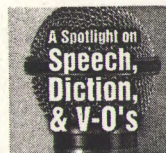
but because the voice coach or singing teacher notices there's a problem," Yagoda reports, adding of these caring voice professionals, "They should be commended. Their ears and their knowledge enable them to pick up things and respond so that the student doesn't irreparably damage themselves."

Those most common ailments, acute sinus infection and inflammation from allergy, "start in the nose and, with normal mucous flow, it drains down over the vocal cords," Yagoda explains. Treatment depends on the type of infection and allergy, which only the doctor can determine.

"The physician needs to determine if the infection is a bacterial, viral, or yeast infection," Yagoda explains. "Bacterial infections can be treated with antibiotics; viral and yeast infections cannot. So the doctor has to determine what's appropriate."

Allergies can differ, and there are even non-allergic problems that may appear to be allergies. But the physician can examine and make that decision, then prescribe the appropriate remedy.

The public perception, and that includes many professional performers as well, is that a polyp or nodule on the vocal cord is basically the same problem. But Yagoda stresses that there's a big difference. Very important to note, because most pro singers today recall the Julie Andrews case, where that legendary Broadway and screen



performer suffered from vocal-cord nodes, which led to an operation and voice problems. That can be terrifying to a young singer who might hear that he or she has a polyp on the cord.

"A polyp is like a blister," Yagoda notes, engaging in simile. "It's like walking on your bare feet in the summer and getting a blister on your foot. It's sudden, and very reversible. If you have a polyp, or blister, on your vocal cords, and if you stop using them, it will heal up and go away without leaving a scar.

"A nodule or node happens when you get that foot blister and continue to walk on it," she adds. "It turns into a callus, and doesn't always go away unless it's cut off."

The same process can occur on the vocal cord, Yagoda asserts. Should the singer or speaker continue to strain, resulting in chronic misuse or abuse, and

not allow the polyp to heal, the callus or node forms. The best prevention, she says, is to have a good vocal coach who can help you take care. The next best is to be very aware of your instrument and respond to any problem before it becomes serious. But, if you have to have surgery, still be aware of what the aftermath might bring.

"There are very specific cases where surgery was used to treat nodules," Yagoda says. "But if you continue to misuse the voice after surgery, you'll end up with a regrowth in the same area. There's always the risk from surgery that the scar formed will cause that area not to vibrate properly. You will not make the same sound you made if it were vibrating properly."

That's a soft way of saying, if you don't take care and you require surgery, you'll probably be a different singer after the operation. So prevention remains the best policy.

Communication as Key

To Yagoda, the doctor's best care for the patient exists through a common understanding about the problem, its cause, and its cure. That can occur only through precise communication. "I tend to explain every single thing and draw it out," Yagoda says. "If the person can't understand what I'm saying, if I can't make myself clear, then that's a problem." So she uses imagery, like the foot blister, to open the layman to an environment he easily understands.

Yagoda likes the fact that she's seeing an attempt at finding a common communication ground between the creative arts and science. "We in the medical community have been faulty at not communicating better," she asserts. "We've been doing something where we speak a different language." For example, "vocal register" is a term that voice coaches use, but doctors don't. So Yagoda, early on, had to get her patient to explain specifically what that term meant, a pretty humble, but very professional, move on her part.

But she notes that efforts have recently arisen to overcome that arts-science language barrier. She cites Jeannine Lovetri, a former president of the New York Singing Teachers Association, who, last year, helped bring together a group



Dr. Michelle Yagoda

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including vocal coaches, pathologists, medical researchers, and other artists and scientists in "a large effort to come up with a similar language." It wasn't easy, Yagoda notes, because both sides possess resumes with years of training and practice, which can develop egos that resist change. But, at least, they have shown the professional courage to take those first steps.

With these efforts at better patient-doctor communication coming to the fore, what should the patient expect when walking into the medical practitioner's office and seeking voice care? "You don't see the doctor just for voice evaluation," Yagoda stresses. "If you want to have one evaluation, that's reasonable. But you don't want to see the doctor unless you have a problem." So, with that problem, you visit the doctor. Then the doctor should get your full history "including details of what you think the problem is," she says. "It's a detailed history related to the ear, nose and throat, head and neck. Plus every other medical problem you've had or have currently. Any surgery. Medicines you take. Herbal supplements. What allergic tools. Social history with smoke, coffee, food, drinks, recreational drugs. Then a full exam, including the ear, nose and sinuses, mouth, oral cavity, movement of tongue, attachment of tongue; pallet, throat, voice box, neck, nodes, and glands."

Whew! You get the message: an intense survey of the entire gold mine.

The doctor will also require you to repeat certain sentences "to listen to how you produce sound through your voice, your mouth, and a combination of the two. Some sounds you make through the nose, like the 'm,' 'n' or 'ng.' You elicit some sounds through your mouth and lips, and some through a combination of lips, nose, and mouth."

She'll also check for any problems with air flow through mouth and nose. Then Yagoda is quick to repeat that a doctor's exam isn't the only source of diagnosis. "A speech pathologist can determine problems; a vocal coach can determine register problems or problems in vocal exercises or during singing. They and the acting coach are all a part of the team that can help. They may be able to tell what the specific problem is."

She's asked about the younger performer who hasn't made it to Broadway or on the air yet. What's the doctor's advice there? "It's really important to have proper training," she concludes. "Remember, your voice is an organ, and has to be exercised, just like the heart or leg muscles. Do it properly. When looking for supervision and instruction, get references before you pick somebody, references from other singers, actors, performers, physicians, or vocal coaches. Seeking advice is very important."