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## Appendix 11: Treatment plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Speech pathologist: \_\_\_\_\_

Assessment item	Possible treatment strategy (delete those that do not apply)
1. Reflux symptoms or increased RSI score	<ul style="list-style-type: none"> <li>• Employ strategies to reduce reflux.</li> <li>• Raise head of bed.</li> <li>• Small frequent meals.</li> <li>• Reduce tight clothing.</li> <li>• Avoid eating before bed.</li> <li>• Diet modification.</li> <li>• Chewing gum.</li> </ul>
2. Abnormalities identified during voice screening	<ul style="list-style-type: none"> <li>• Consider need for voice therapy techniques.</li> </ul>
3. Phonotraumatic behaviours	<ul style="list-style-type: none"> <li>• Consider need for voice therapy.</li> </ul>
4. Increased VHI score or voice symptom score	<ul style="list-style-type: none"> <li>• Consider need for formal voice assessment.</li> </ul>
5. Cough triggered by voice assessment	<ul style="list-style-type: none"> <li>• More extensive voice assessment.</li> <li>• Direct voice therapy techniques.</li> <li>• Observe for features such as hard glottal attacks and laryngeal focus of resonance.</li> </ul>
6. Urge to cough	<ul style="list-style-type: none"> <li>• If present: Employ cough suppression technique (specify) at first urge to cough.</li> <li>• If absent: Rate urge to cough every 15 minutes and implement cough suppression strategy each time it rises over 2-3.</li> </ul>

	<ul style="list-style-type: none"> <li>• If absent: use cough suppression technique to interrupt rather than prevent cough.</li> </ul>
7. Deliberate coughing	<ul style="list-style-type: none"> <li>• Reduce deliberate coughing.</li> <li>• Respond to to cough urge by sipping water and swallowing phlegm.</li> <li>• Strategies to relieve uncomfortable throat sensation:             <ul style="list-style-type: none"> <li>• Increase water intake and drink water to substitute cough.</li> <li>• Suck non medicated lollies.</li> <li>• Avoid laryngeal irritants.</li> <li>• Avoid frequent throat clearing.</li> <li>• Soothing products, e.g. non medicated lollies or teaspoons of honey.</li> </ul> </li> </ul>
8. Nocturnal cough	<ul style="list-style-type: none"> <li>• Consider reflux strategies.</li> <li>• Water beside bed.</li> <li>• Encourage nasal breathing.</li> </ul>
9. Pattern of coughing	<p>If intermittent:</p> <ul style="list-style-type: none"> <li>• Increase awareness of throat irritation and implement strategies to suppress the cough at the first sign of irritation.</li> </ul> <p>If continuous:</p> <ul style="list-style-type: none"> <li>• Aim for a set symptom free period during the day and gradually extend duration.</li> </ul>
10. Cough during session	<ul style="list-style-type: none"> <li>• Set aside designated time to focus on suppressing cough</li> <li>• Attempt to suppress cough during the session.</li> </ul>
11. Attempts to suppress cough & effectiveness of these attempts	<ul style="list-style-type: none"> <li>• Reinforce attempts if present.</li> </ul>
12. Throat clear during session	<ul style="list-style-type: none"> <li>• Behaviour modification program for chronic refractory cough. For example, sipping water and increasing awareness.</li> </ul>

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<p>13. Triggers</p>	<ul style="list-style-type: none"> <li>• Avoid or limit exposure.</li> <li>• Keep diary of specific triggers.</li> <li>• Specific triggers:                             <ul style="list-style-type: none"> <li>o Talking: may need voice therapy.</li> <li>o Eating/drinking without oropharyngeal dysphagia: may be due to increased laryngeal sensitivity.</li> <li>o Stress/anxiety: may require relaxation exercises. Consider referral to mental health professional.</li> <li>o Shortness of breath: ensure associated conditions such as asthma and paradoxical vocal fold movement are adequately managed.</li> </ul> </li> </ul>
<p>14. PVFM symptoms</p>	<ul style="list-style-type: none"> <li>• Employ paradoxical vocal fold movement suppression techniques (specify) at first sign of breathing difficulty or tightness.</li> </ul>
<p>15. Severe paradoxical vocal fold movement episodes or cough syncope</p>	<ul style="list-style-type: none"> <li>• Emergency strategies for paradoxical vocal fold movement.</li> </ul>
<p>16. Habitual breathing pattern</p>	<ul style="list-style-type: none"> <li>• May need to work on relaxed breathing.</li> <li>• Tactile cues to reduce shoulder and neck tension.</li> <li>• Encourage nasal breathing.</li> </ul>
<p>17. Breathing difficulty</p>	<ul style="list-style-type: none"> <li>• Ensure optimal medical management including compliance with any asthma medications.</li> <li>• Refer for re-assessment if there is an exacerbation.</li> <li>• Assess for paradoxical vocal fold movement.</li> </ul>
<p>18. Stridor</p>	<ul style="list-style-type: none"> <li>• Assess for paradoxical vocal fold movement.</li> <li>• Is the patient able to change their breathing pattern with instruction?</li> </ul>
<p>19. Breath holding</p>	<ul style="list-style-type: none"> <li>• Draw attention to breath holding at rest and then during other activities.</li> <li>• Diary regarding breath holding events, e.g. when gardening, hanging out washing.</li> </ul>

20. Poor hydration	<ul style="list-style-type: none"> <li>• Increase water intake to two litres a day.</li> <li>• Sip water every 15 minutes.</li> <li>• Inhale steam.</li> <li>• Flavour water.</li> </ul>
21. Exposed to laryngeal irritants	<ul style="list-style-type: none"> <li>• Avoid or reduce alcohol.</li> <li>• Avoid smoking.</li> <li>• Avoid or reduce caffeine.</li> <li>• Promote nose breathing.</li> <li>• Reduce extensive talking.</li> <li>• Avoid cough lozenges.</li> <li>• Chewing gum / honey / non-medicated lozenges.</li> <li>• Consider referral to mental health professional.</li> <li>• Investigate and manage oropharyngeal dysphagia.</li> </ul>
22. Possible anxiety or depression	<ul style="list-style-type: none"> <li>• Consider referral to mental health professional.</li> </ul>
23. Abnormalities in cranial nerve, dysphagia, or oro musculature assessment	<ul style="list-style-type: none"> <li>• Investigate and manage oropharyngeal dysphagia.</li> </ul>
24. Neck/shoulder tension	<ul style="list-style-type: none"> <li>• Raise awareness of tension.</li> <li>• Inviting patient to 'notice' any tension while breathing. May need repeated advice.</li> <li>• Head neck stretches.</li> </ul>
25. Extrinsic laryngeal muscle tension	<ul style="list-style-type: none"> <li>• May need direct therapy to address this, e.g. neck/shoulder stretches, release of constriction similar to that provided in many voice therapy programs.</li> </ul>
26. Patient motivation	<ul style="list-style-type: none"> <li>• Reinforce current motivation.</li> <li>• Discuss motivation and implement strategies.</li> </ul>



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**Plan:**

**1. Therapy schedule:** (e.g. frequency)

**2. Symptom suppression exercises:**

**3. Implementation of symptom suppression exercises:** (e.g. at first sign of cough, in symptom free periods)

**4. Therapy goals:** For example:

- Identify precipitating sensation and substitute with strategy
- Reduce laryngeal irritation
- Improve symptom control
- Improve voice quality
- Improve efficiency of phonation

**5. Recommendations:**