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00:00:01.530 --> 00:00:10.769

Liz Grillo (she/her): Okay, so welcome to the CSP at wc you podcast i'm Elizabeth grillo i'm a professor in communication sciences and disorders at West Chester university.

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00:00:11.250 --> 00:00:23.400

Liz Grillo (she/her): I would like to introduce our panelists tonight, so we have Dr Karen purdah Dr porter would you like to introduce yourself tell us where you are with you know your speech language pathologist whatever you'd like to share in the beginning.

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00:00:23.880 --> 00:00:41.160

Karen Perta: Sure i've been a medical speech pathologist voice as LP and singing voice specialist for over 10 years I recently completed my PhD at the Ohio State University and i'll be joining the Faculty at Ohio university this fall.

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00:00:41.520 --> 00:00:51.480

Liz Grillo (she/her): Excellent and also i'd like to introduce Dr Adams some announced ski, who is a learning colleges voice specialist and let me have him introduce you introduce himself to.

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00:00:53.460 --> 00:01:09.300

Adam Szymanowski: Make plays up, so my name is Adam some ascii I am a lawyer and colleges right now based out of Philadelphia and making a transition down to Houston Texas to baylor college of medicine and I focus on, you know variety of disorders, mostly voice and airway but also swallow.

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00:01:09.900 --> 00:01:24.660

Liz Grillo (she/her): Excellent so let's get started i'm going to begin by asking a question to Adam so your career trajectory is so interesting please tell us about the evolution of your career, you started out, I believe, as a teacher.

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00:01:25.290 --> 00:01:31.470

Liz Grillo (she/her): And you then became a surge and you became a lawyer and God just eventually so talk to us about how that evolved.

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00:01:32.220 --> 00:01:42.000

Adam Szymanowski: Sure, so I was a public school teacher a middle school science teacher, to be exact, in brooklyn New York for three years before transitioning into medicine.

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00:01:42.870 --> 00:01:53.130

Adam Szymanowski: And you know it was fantastic it was you know I wasn't quite sure I wanted to kind of be when I grew up, and so I spent some time in the world of education really enjoyed teaching.

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00:01:53.910 --> 00:02:07.050

Adam Szymanowski: enjoyed the kind of fast paced nature of that and realize that they had that you know kind of fire still still a meeting to keep keep going so I went back to school and.

11

00:02:07.680 --> 00:02:17.670

Adam Szymanowski: and got a medical degree and and while I was a medical student I listened to a few talks actually by Bob saddle off, who is you know, a real leader in the voice space and.

12

00:02:18.300 --> 00:02:30.720

Adam Szymanowski: He was looking at voice problems and teachers and it kind of all in retrospect, and I said to myself wow like this is, I remember this he's right and that got me into otolaryngology as a field and.

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00:02:31.260 --> 00:02:39.450

Adam Szymanowski: The more I worked in that space I realized, you know the patients in their analogy, the types of surgeries we do the improvement in quality of life is really.

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00:02:40.080 --> 00:02:47.370

Adam Szymanowski: I think really special and I, like the patients and the surgeries and and working with voice therapist and speech language pathologist are you know they're critical.

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00:02:47.940 --> 00:03:00.090

Adam Szymanowski: So that kind of led me to do fellowship with steve's I tell them Jim burns to other great leaders in our field, and you know here I am finally done just just about a year, a year out of the oven.

16

00:03:01.680 --> 00:03:02.460

Adam Szymanowski: Fully trained.

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00:03:02.850 --> 00:03:06.060

Liz Grillo (she/her): Excellent so did you actually have a voice problem as a teacher.

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00:03:06.540 --> 00:03:13.290

Adam Szymanowski: You know I did I found I would find myself vocally exhausted, at the end of the day and there's some really interesting literature.

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00:03:13.890 --> 00:03:23.040

Adam Szymanowski: You know, looking at when teachers have voice problems and it's it's interesting cuz it's in the beginning of their career and towards the end of the career and and you know there's this idea that maybe.

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00:03:23.250 --> 00:03:33.840

Adam Szymanowski: In the beginning you're like you're working and you're learning that Well, this is what's going to be expected of me and and towards the end it's you know you've developed a pathology or muscle tension, or something of that nature but.

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00:03:34.170 --> 00:03:43.230

Adam Szymanowski: it's a real problem and I talked to in colleagues I worked with and again retrospect, is 2020 and it's truly really prevalent in in the teachers.

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00:03:43.290 --> 00:03:47.700

Liz Grillo (she/her): Yes, about 50% of teachers at some point in their career will have a voice problem.

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00:03:48.150 --> 00:03:57.990

Liz Grillo (she/her): So as speech language pathologist I think we need to do a better job of preventing such issues from occurring and a great place to start is teacher training programs.

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00:03:58.410 --> 00:04:04.170

Liz Grillo (she/her): Which is kind of what i'm doing with my work is trying to get you know, to the teacher training programs to see the value.

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00:04:04.710 --> 00:04:16.200

Liz Grillo (she/her): In you know it's not it's not a big commitment to learn what they need to do we're not talking about weeks and weeks and years and years, this is like a four week kind of crash course and it gives you the tools, you need to be successful.

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00:04:16.920 --> 00:04:23.670

Liz Grillo (she/her): In the classroom so that's that's really interesting that you had the perspective of what it's like to be a teacher and deal with your voice.

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00:04:24.000 --> 00:04:32.850

Liz Grillo (she/her): for long periods of time and then you transition to become a lawyer and colleges, to help people who are teachers who are having issues with your with their voice it's really fascinating.

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00:04:33.660 --> 00:04:42.240

Adam Szymanowski: I love what you're saying, because it is you know, a short crash course in vocal hygiene it plays such dividends, I think down the road so i'm I love your work.

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00:04:42.630 --> 00:04:48.210

Liz Grillo (she/her): Oh, thank you so um how did you I, because I know when you when you finish your medical degree.

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00:04:49.230 --> 00:04:56.370

Liz Grillo (she/her): You then i'm trying out, you know i'm like trying to remember what happens, but eventually you pick a fellowship to become a lawyer and God just.

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00:04:56.970 --> 00:05:05.820

Liz Grillo (she/her): And what that process is pretty complicated, I believe, how did you choose to go to Boston and work with I tells and burns, how did you pick them as where you wanted to be.

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00:05:06.900 --> 00:05:14.790

Adam Szymanowski: No throughout the you know medical training throughout residency it's five years you're trained and ears nose and throat you do all you know.

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00:05:15.150 --> 00:05:22.080

Adam Szymanowski: kind of go through it all, and you start figuring out what you like, and through all of that you're you're reading the scientific literature you're going to conferences and.

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00:05:22.320 --> 00:05:25.890

Adam Szymanowski: You started seeing the names that are popping up over and over again and you're really.

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00:05:26.640 --> 00:05:35.190

Adam Szymanowski: You know you go talk to different people and you kind of Whittle it down based on your interest and what other people are doing and and then I finally met.

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00:05:35.970 --> 00:05:45.930

Adam Szymanowski: Steve I tells, and I mean he's he's a real personality and the best way possible, he is so enthusiastic he loves what he does he is has done some really amazing things for the field and.

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00:05:46.500 --> 00:05:54.510

Adam Szymanowski: You know when when I got the phone call it was an easy, yes, you know and and it was a fantastic year unquestionably you know.

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00:05:54.750 --> 00:05:56.790

Liz Grillo (she/her): So I couldn't remember it's only a year right.

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00:05:57.030 --> 00:05:58.590

Adam Szymanowski: yeah it's quick it's it's 12 months.

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00:05:58.920 --> 00:06:12.210

Liz Grillo (she/her): 12 months okay wonderful okay so Karen let's move on to you tell us about the evolution of your career, how did you become interested in speech language pathology where have you worked eventually you earned a PhD.

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00:06:12.720 --> 00:06:18.990

Liz Grillo (she/her): And now you're going to become a professor, so you have lots of really wonderful information to share with us about your evolution.

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00:06:19.410 --> 00:06:25.170

Karen Perta: yeah so I guess my experience was kind of similar and then I found this field through like my own vocal problems.

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00:06:26.160 --> 00:06:43.860

Karen Perta: um so I, you know as a my freshman year of college, I was the lead in a musical and blew my voice out had swelling had voice problems and was referred for my own voice therapy and I was kinda like Oh, this is leaving this is a job alright cool.

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00:06:44.340 --> 00:06:46.170

Karen Perta: So, but unfortunately the.

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00:06:47.790 --> 00:06:54.600

Karen Perta: small private college, I was at did not have a speech pathology program so that's when I transferred to West Chester and that's.

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00:06:56.100 --> 00:07:05.460

Karen Perta: Liz knows the read that the rest is kind of history, I believe I was um was I am your first class that you taught like your first year westchester.

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00:07:05.610 --> 00:07:06.930

Liz Grillo (she/her): Yes, you were my first.

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00:07:07.830 --> 00:07:09.570

Liz Grillo (she/her): speech and hearing science course.

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00:07:12.630 --> 00:07:14.850

Karen Perta: back here and that's how long it's been yeah.

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00:07:16.980 --> 00:07:28.710

Karen Perta: So, and then yeah I would I would so you know we did research, I went on, I did more research in during my time as a master student at jm you.

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00:07:29.190 --> 00:07:35.610

Karen Perta: And then you know I knew I wanted to do voice the whole time but through my clinical placements I also.

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00:07:36.090 --> 00:07:49.410

Karen Perta: gained an interest in swallowing so I took a clinical fellowship in southern Florida that was half acute care half outpatient and my office was right across the hall from an emt and I actually.

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00:07:50.460 --> 00:07:58.830

Karen Perta: As far as students are concerned, you know I get a lot of people email i'm going to go off on like a quick tangent on this, I guess, but um.

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00:07:59.610 --> 00:08:10.860

Karen Perta: You know I got a lot of singers emailing me like oh like I love working with singers how do I become a voice as LP and work with singers all day and it's kind of like that it's not that's not really how this works.

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00:08:13.140 --> 00:08:23.880

Karen Perta: But to that and I actually would stress to students, you know there's only a small handful of voice specific clinical fellowships in the entire country.

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00:08:25.380 --> 00:08:30.330

Karen Perta: And also, I think there's something to be said for first being a generalist.

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00:08:30.720 --> 00:08:35.040

Karen Perta: And then going on to specialize so what my acute care experience gave me.

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00:08:35.220 --> 00:08:45.900

Karen Perta: It gave me modified barium swallow studies and gave me heavy stroke neuro experience, but I was still also across the hall from an emt so I still got to go on the or with the emt I still had voice.

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00:08:46.200 --> 00:08:52.110

Karen Perta: outpatients, but when you're right out of school, you need to still be kind of sharpening all of your skills, instead of.

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00:08:53.910 --> 00:09:01.410

Karen Perta: Staying that laser focus, but then anyway, so I stayed in that position for two years, that I took I was in.

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00:09:01.980 --> 00:09:20.550

Karen Perta: outpatient emt clinics, I worked for a private practice of 25 otolaryngologist and I was there for five years, but then during that time I also prn or did per diem work at our large 800 bed certified stroke Center through Ohio health in Columbus so.

62

00:09:22.260 --> 00:09:35.640

Karen Perta: And then, when I went back for my PhD I it was nice I continued my per diem work and I continued working as a clinician while I was also I was completing my PhD full time but also still per diem as a clinician.

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00:09:36.420 --> 00:09:52.080

Karen Perta: And then my outpatient anti experienced in the hospital i've helped start their fees program I train I teach a lot of swallowing endoscopy invoice see us for medical lps and I i've trained many.

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00:09:53.040 --> 00:10:07.440

Karen Perta: Grad students clinical fellows and practicing so lps in in the skill that endoscopy I just technically graduated with my PhD yesterday, even though I even though I defend it in December.

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00:10:08.490 --> 00:10:09.210

Karen Perta: But I.

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00:10:10.260 --> 00:10:17.130

Karen Perta: Thank you, and that is also something else that I would recommend that was a recommendation made to me was to.

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00:10:17.580 --> 00:10:23.820

Karen Perta: You know finish finish school finish your fellowship become a clinician for at least a couple of years because that's going to.

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00:10:24.060 --> 00:10:39.150

Karen Perta: give you a better idea of you know why why you're doing what you're doing and it's going to deepen the types of questions that you asked so I work full time for seven years before I went back to my PhD and my PhD took me about three and a half years mm hmm complete.

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00:10:39.840 --> 00:10:43.950

Liz Grillo (she/her): awesome and now you'll be a professor in the fall correct awesome.

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00:10:44.220 --> 00:10:56.760

Liz Grillo (she/her): So I have a university yeah okay so going back to Adam Adam, what are the most typical patients you regularly see in your practice their complaints their disorders their treatment.

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00:10:57.870 --> 00:11:09.840

Adam Szymanowski: Sure um you know it's kind of funny because a lot of times i'll just see dysphonia as as a complaint for new patients, I can mean so many things you know so many things can be going on functional structural.

72

00:11:10.860 --> 00:11:23.070

Adam Szymanowski: And you know, so I see a good number of folks you know and again a professional voice user is not just a singer and actor, I mean it's a teacher of the professors a salesperson it it's you know.

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00:11:23.910 --> 00:11:31.200

Adam Szymanowski: You think about these days like we talked to siri We talked to Google, we talked you know into this voice centered world you know more and more, and so.

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00:11:31.710 --> 00:11:40.440

Adam Szymanowski: You know people have a variety of kind of complaints so definitely see a lot of benign mobile full pathology SIS polyps nodules things like that.

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00:11:41.100 --> 00:11:48.900

Adam Szymanowski: You know, see my most common complaint have got to be muscle tension, you know voice their fists and love me for the for referring, you know.

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00:11:49.650 --> 00:12:00.840

Adam Szymanowski: Everyone for us there before muscle tension, but on that spectrum as well you know in kind of bleeding into you know other problems you've got dysphagia for all types of reasons from reflux disease anchors things like that.

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00:12:01.470 --> 00:12:12.750

Adam Szymanowski: That required in office fees or license quite a few pages for MPs of a soft grams, and you know you also uncover some malignancy some abilities and.

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00:12:13.410 --> 00:12:29.130

Adam Szymanowski: And then you have to complex airway patients, especially after coven I mean there's so much to gnosis that i'm seeing some logic and melodic and you know that's that's been a real challenge an interest of mine so it's that's kind of the really quick.

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00:12:31.350 --> 00:12:32.550

Adam Szymanowski: summary yeah.

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00:12:32.580 --> 00:12:41.880

Liz Grillo (she/her): So what's a typical week for you like, what can you give us a sense for like Monday through Friday, or if you even working on the weekends like what's a typical week for you.

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00:12:42.270 --> 00:12:50.310

Adam Szymanowski: yeah so I was on call last week, so I work the weekend to, and it was so we have Monday is my orange day so.

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00:12:50.970 --> 00:12:58.890

Adam Szymanowski: During my cases on that day, Tuesday i've been a clinic Wednesday have a full clinic there's there's a half day clinic and Friday is kind of or clinic.

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00:12:59.220 --> 00:13:07.290

Adam Szymanowski: kind of depending on what's going on, and the reason I have that usually one to one and a half or days a week it's because of the volume of in office procedures, I do.

84

00:13:08.130 --> 00:13:18.090

Adam Szymanowski: So and baylor the way it's set up it, you know i'm in clinic with a voice there because speech language pathologist so we're just kind of running around and.

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00:13:19.560 --> 00:13:28.050

Adam Szymanowski: it's organized chaos so we're both strobing scoping you know and kind of going from patient to patient seeing patients together, which I think is really, really important.

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00:13:28.860 --> 00:13:34.980

Adam Szymanowski: i'm I think i'm talking to two boys therapists I I think that's why I like to run my clinic I know there are different ways.

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00:13:36.210 --> 00:13:44.160

Adam Szymanowski: And you know and then throughout the week you know, an airway emergency will come up and over and over and help in the operating room with some other folks you know but.

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00:13:44.970 --> 00:13:55.650

Adam Szymanowski: it's usually you know fairly scheduled for the most part, you know, with about you know one and a half days of or and the rest being being clinic with within office procedures everyone's getting a scope.

89

00:13:56.130 --> 00:14:05.910

Liz Grillo (she/her): So when you're on call for the weekend, does that mean you know you're so Saturday Sunday, when it when there's a patient with lyrics need they're calling you.

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00:14:06.180 --> 00:14:15.240

Adam Szymanowski: yeah and even and even if i'm not unquote my colleagues are great let me know you know i'm the larynx guy so there's a learning problem all going on and any weekend if it's if i'm around.

91

00:14:16.080 --> 00:14:27.900

Adam Szymanowski: Just because I like it and I usually can do something, especially if it's like an immobility so if someone has a direct me on a Friday, and they wake up really despotic they'll usually have a fees or nbs know aspirate or penetrate.

92

00:14:28.380 --> 00:14:37.500

Adam Szymanowski: What does go in the next day, and at the bedside do an injection miniaturization give them a better voice better cough better swallow Julian on cast one was published a really nice abstract.

93

00:14:38.010 --> 00:14:50.820

Adam Szymanowski: just looking at the strength of the cough after you know immediate bedtime utilization and it's it's it's pretty impressive and you can prevent aspirations and yeah i'll give it to people who, I know I know know that so.

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00:14:51.030 --> 00:14:58.350

Karen Perta: Yes, so important like logistically, how do you accomplish, how do you accomplish that are you.

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00:14:59.430 --> 00:15:07.020

Karen Perta: Are you able to do that all by yourself from the holding the scope and everything or do you have an esop in there to help you with that.

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00:15:07.170 --> 00:15:09.060

Adam Szymanowski: So if i'm lucky, I have an esop.

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00:15:10.440 --> 00:15:15.420

Adam Szymanowski: that's the most me I I use a trench origin scope, most of the time.

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00:15:15.870 --> 00:15:21.180

Adam Szymanowski: So i'm able to hold the the injection needle in my hand and the scope and my other hand.

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00:15:21.420 --> 00:15:35.880

Adam Szymanowski: And then, ideally, I have an llp because you guys understand the position and kind of how things should be you know how the patient should be sitting how the Tongue should be you know me position, whereas the nurses really great don't get me wrong but they there is.

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00:15:37.200 --> 00:15:48.540

Adam Szymanowski: A skill set they don't they don't have, I think, maybe be comfortable with me you're saying that so so it's great if I can be there with an srp we position the patient and and yeah it's it's it's a it's a two person job.

101

00:15:49.560 --> 00:15:49.710

Adam Szymanowski: and

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00:15:50.400 --> 00:15:51.390

Karen Perta: You do a trans or.

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00:15:52.470 --> 00:15:52.860
Adam Szymanowski: yeah.

104
00:15:53.070 --> 00:15:54.390
Karen Perta: In the scope is trans or oh.

105
00:15:54.450 --> 00:15:55.740
Karen Perta: Yes, flexible.

106
00:15:55.800 --> 00:15:59.580
Liz Grillo (she/her): yeah wow Okay, and this is the patient's bed hospital bed.

107
00:15:59.970 --> 00:16:06.750
Adam Szymanowski: yeah it, and if you can't tell i'm six six i'm very tall and the beds don't and so i'm doing all kinds of positioning.

108
00:16:07.290 --> 00:16:15.270
Adam Szymanowski: You know the it's it's but you're the ones well and listen I i'm not like a magician I can't say that I can get 100% of the time.

109
00:16:16.110 --> 00:16:27.270
Adam Szymanowski: But, but I think with good topical sedation or Anastasia I should say, and you know a great assistant, I think a lot of these are really doable and if they're really not we can go to the operating room and.

110
00:16:27.630 --> 00:16:30.480
Liz Grillo (she/her): So Adam is not common practice now what you're suggesting.

111
00:16:31.230 --> 00:16:43.350
Adam Szymanowski: The literature really suggest you know immediate or near term injection and that and honestly that's defined differently, I mean I some of the papers i'm referencing off top my head or you know within three months, but I think.

112
00:16:44.040 --> 00:16:56.580
Adam Szymanowski: Day after you can, if you see them there despotic there's a mobility and you have the resources, I think, immediate injection is best for the patient i'd be curious Karen I don't know what your experience has been well.

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00:16:56.640 --> 00:17:06.210

Liz Grillo (she/her): Can I can I i'm a patient who had this, I had a thyroid activity, I had thyroid cancer and I had a vocal full paralysis not not us, is like.

114

00:17:06.900 --> 00:17:11.100

Liz Grillo (she/her): 18 years ago, but I had a vocal full proud process that lasted for about two months.

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00:17:11.760 --> 00:17:22.500

Liz Grillo (she/her): And I did not have inject injection lingo Pasty, I had I was coughing but I wasn't I mean I didn't care if I was penetrating aspirated whatever i'm going to penetrate asked, I was a young woman, I was 29 years old what's going to happen to me.

116

00:17:23.010 --> 00:17:26.760

Liz Grillo (she/her): So you know and i'm a speech pathologist so it's like i'll do it, you know don't tell me what to do.

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00:17:29.700 --> 00:17:35.640

Liz Grillo (she/her): So in my case, the nerve healed on its own, thank God, you know, in six day weeks, but.

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00:17:36.480 --> 00:17:45.000

Liz Grillo (she/her): For those patients, you know, I understand that you inject the fat or whatever the substances eventually the fat or whatever it is, is going to run out of the system correct.

119

00:17:45.450 --> 00:17:55.290

Liz Grillo (she/her): So you're hoping that the nerve heels right within that spontaneous recovery period and it's going to heal on its own right you're so your goal is to get an immediate improvement of swallowing and voice.

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00:17:55.470 --> 00:18:04.590

Adam Szymanowski: yeah I mean that's whenever I can send the patient, I first of all I inject hyaluronic acid so it's restaurant, the same thing that we like you know plump lips with or things like that.

121

00:18:05.640 --> 00:18:06.480

Karen Perta: proletarian.

122

00:18:06.900 --> 00:18:17.070

Adam Szymanowski: People really like polaris doesn't last quite as long as a pro boxing methyl cellulose those are great you know they're there because they're great predictable substances with a predictable kind of.

123

00:18:18.120 --> 00:18:21.720

Adam Szymanowski: You know, residents time they will be at a predictable amount of time.

124

00:18:22.800 --> 00:18:38.220

Adam Szymanowski: And, but you're right, I mean if you were 29 you're even if you did ask for it a little you know, and you know you have good lungs are probably gonna be okay, but I would say why suffer for those two months if we can do a five minute procedure and give you that voice and.

125

00:18:39.270 --> 00:18:39.630

Adam Szymanowski: yeah.

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00:18:40.080 --> 00:18:56.070

Liz Grillo (she/her): So, at the time it at the time, at least, I thought in the common practice than 18 years ago people were not doing trans oral you know injection lingo class or am I saying right in tax legal class yeah I mean were they doing it back then, Adam maybe I just didn't know.

127

00:18:56.580 --> 00:18:57.330

Adam Szymanowski: You know I.

128

00:18:58.080 --> 00:19:01.200

Adam Szymanowski: wasn't around 18 years ago my still young I.

129

00:19:02.700 --> 00:19:03.270

Adam Szymanowski: I.

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00:19:03.630 --> 00:19:10.890

Liz Grillo (she/her): So I mean the way you're presenting it is like totally new to me because back then you would have had to go, I would have had to go on to the or.

131

00:19:11.250 --> 00:19:13.110

Liz Grillo (she/her): You this was good at additional procedure.

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00:19:13.110 --> 00:19:14.250

Adam Szymanowski: From yeah yeah.

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00:19:14.340 --> 00:19:22.620

Liz Grillo (she/her): um what you're suggesting now is there you're in the patient's hospital room your locally, and you know anesthetizing them and you're doing it right, then that's amazing.

134

00:19:22.950 --> 00:19:27.480

Adam Szymanowski: yeah that's caring about your experience with us if you see a good number done bedside.

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00:19:27.960 --> 00:19:34.680

Karen Perta: The way i've seen it done is with a trans nasal scope and someone holds the transformational scope and usually the.

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00:19:34.710 --> 00:19:38.700

Karen Perta: physician goes in trans orally to actually do the injection.

137

00:19:39.180 --> 00:19:40.560

Adam Szymanowski: identify that as well yeah.

138

00:19:41.910 --> 00:19:56.400

Karen Perta: So, and you know that's commonplace in outpatient emt with a layer ecologist but are so I mentioned, I also did per diem work I am per diem at the hospital where those physicians also consult.

139

00:19:57.660 --> 00:20:13.890

Karen Perta: So i've had many situations of patients who needed that, but the LP like rehab department was not able to lend the manpower because of like administrative billing reasons, like they.

140

00:20:13.890 --> 00:20:31.020

Karen Perta: don't have a way to like bill for that SAP time that assist with that procedure that's been like the red tape of why more injections aren't happening at the like the acute level, like those people are then getting discharged and then getting them later.

141

00:20:31.140 --> 00:20:41.160

Karen Perta: yeah um, but I have had a couple of situations where you know I like called the physician and really pushed for it and then in those cases, they just took a patient to the or.

142

00:20:41.820 --> 00:20:42.270

yeah.

143

00:20:43.350 --> 00:20:43.800
Liz Grillo (she/her): amazing.

144

00:20:44.190 --> 00:20:51.720
Adam Szymanowski: I think for this ice, I mean the folks that are most memorable for me, you know fellowship we'd see all these big cardiothoracic you know.

145

00:20:51.720 --> 00:20:54.090
Adam Szymanowski: had some big procedure they're going to be in the hospital for a.

146

00:20:54.120 --> 00:20:54.570
Liz Grillo (she/her): While.

147

00:20:54.690 --> 00:20:56.100
Adam Szymanowski: Right now, those are the you know.

148

00:20:56.310 --> 00:21:00.390
Adam Szymanowski: they're not going home the next day, and you, you have trees you both have seen that you know it's um.

149

00:21:00.510 --> 00:21:08.640
Adam Szymanowski: You know I I really think they're gonna benefit and a few irons in the fire as far as some research to prove that I think it really you know.

150

00:21:09.300 --> 00:21:25.560
Karen Perta: One that the one that was burn forever in my brain was a 23 year old, who had just given birth, maybe a month beforehand, she fed the about a month before she found out she had a tumor on her brainstem oh gosh.

151

00:21:26.850 --> 00:21:34.170
Karen Perta: So that was removed and basically like her whole like boys and swallowing lights attire like left side was flaccid.

152

00:21:34.560 --> 00:21:46.350
Karen Perta: And in those situations like you're getting know flotilla you're not getting complete vilar elevation there's just no valve enclosure happening at all, so that really limits what you can even like, of course, she was like.

153

00:21:46.560 --> 00:21:50.040

Karen Perta: choking she couldn't even shoot I mean she's choking on our own saliva right.

154

00:21:50.070 --> 00:21:59.850

Karen Perta: It was bad like that limits and that limits what you can even do and how effective sure you can go in with exercises, but the exercise isn't really doing anything.

155

00:22:00.120 --> 00:22:04.200

Karen Perta: when somebody that week so and it was like a week before Christmas.

156

00:22:04.500 --> 00:22:17.850

Karen Perta: Oh no, so I am I call it, so I called the physician on that one, and she went to the O R and luckily, like the injection made enough of a difference that she was at least able to get some mashed potatoes down with her family on Christmas Day.

157

00:22:17.910 --> 00:22:19.500

Liz Grillo (she/her): Like oh good oh my.

158

00:22:21.600 --> 00:22:27.450

Karen Perta: God had a cough and like wasn't having no like to put her secretions and a cup anymore like.

159

00:22:28.440 --> 00:22:38.610

Adam Szymanowski: there's a really good paper on the from the I think it's the usc group out in La about Internet compared to high bagel versus you know, a more proximal I should say distal.

160

00:22:39.870 --> 00:22:55.890

Adam Szymanowski: You know nerve nerve damage right and that high table is just you know you lose so much you know brainstem that area I you know i'm sure you reflux sensation all kinds of you know, things here you're gonna run into um but you know.

161

00:22:57.150 --> 00:22:57.480

Liz Grillo (she/her): well.

162

00:22:58.140 --> 00:23:00.450

Karen Perta: Obviously wasn't just the cord that was out.

163

00:23:00.480 --> 00:23:01.110

Exactly.

164

00:23:02.460 --> 00:23:15.270

Karen Perta: Is that whole so like at that point, like your exercises or even do anything that like in those in a situation like that that injection is even more important because that's, the only way way you're going to even begin to maximize what you've got left.

165

00:23:15.570 --> 00:23:25.290

Liz Grillo (she/her): Right so and this kind of leads into the next question which are you know what are some of the most unique cases, you see that require laryngeal surgery.

166

00:23:26.640 --> 00:23:29.340

Liz Grillo (she/her): and talk about what what those are.

167

00:23:30.210 --> 00:23:37.770

Adam Szymanowski: Sure, I mean it's funny, just as we talk about this immobility I mean for me, I was thinking about this question and it's funny how I think.

168

00:23:38.400 --> 00:23:41.640

Adam Szymanowski: What are the simplest surgeries are for me kind of some of the most.

169

00:23:42.570 --> 00:23:54.060

Adam Szymanowski: Impressive I you know the inability to in the operating room, you know push a mobile full over you know with the patient awake and literally tune their voice, I mean it's a surgery and you're frequently I love doing it, I love it.

170

00:23:54.690 --> 00:24:07.980

Adam Szymanowski: You get instant gratification the patient is happy on the operating room table everyone in the room years it's cool it's really cool and you shove, you shove, the vortex I use vortex you show the vortex on the wrong the wrong place, you can hear their voice gets really high.

171

00:24:08.340 --> 00:24:18.720

Adam Szymanowski: And you know, let me just move it a little bit and then their voice kind of you know you know comes back to normal so it's things like that it's other things no I was I tells you know he sees some.

172

00:24:19.800 --> 00:24:28.230

Adam Szymanowski: fairly active vocalists and you know, to take off what is what appears to be really subtle pathology that you can pick up on strobe.

173

00:24:28.740 --> 00:24:37.320

Adam Szymanowski: To to treat that do give them, you know of course of ways they're being here them after the fact it's astounding what.

174

00:24:38.160 --> 00:24:40.680

Adam Szymanowski: subtle pathology does to vocal efficiency.

175

00:24:41.220 --> 00:24:52.740

Adam Szymanowski: So, so you know those are special I know there's some really amazing airway surgeries we've done, you know you can take out some advanced cancers and patch the hole in the airway with cat of Eric aorta and.

176

00:24:53.370 --> 00:25:08.490

Adam Szymanowski: spare the patient radiation there's some really cool things happening, those are kind of more extreme, but I really do find a lot of joy and I think some of the don't call them simple because it's still a surgery right but there may be more common pathologies, I see.

177

00:25:09.360 --> 00:25:22.470

Liz Grillo (she/her): So when you're working with professional voice users or anybody who has a benign lesion and you want to maintain the vibratory layers of the vocal folds what it, what do you have to be so careful about doing when you remove.

178

00:25:26.010 --> 00:25:26.490

Adam Szymanowski: Careful.

179

00:25:26.670 --> 00:25:29.040

Adam Szymanowski: um it's so true, I mean.

180

00:25:30.480 --> 00:25:38.190

Adam Szymanowski: you hear these horrible stories, you know and they're not mind to tell, but you hear them about plenty of people in Hollywood and or you know.

181

00:25:38.400 --> 00:25:48.030

Adam Szymanowski: I have not seen any of these people, you know, but you hear what happened you're like ah, you know that SAP that supervision lamanna appropriate is liquid gold or gelatinous gold.

182

00:25:48.900 --> 00:25:59.880

Adam Szymanowski: So you have to be so careful and know your layers I mean something that I do a lot is in the O R I use a sailing and fusion to lift the epithelium away from the superficial amateur appropriate.

183

00:26:00.180 --> 00:26:07.320

Adam Szymanowski: And then you can dissect the epithelium off the msrp to not damaged, I mean that you damage that you're.

184

00:26:07.350 --> 00:26:09.510

Adam Szymanowski: you're oh my gosh.

185

00:26:09.570 --> 00:26:17.850

Liz Grillo (she/her): it's so small, like how what's so special about the microscope that allows you to see that what do you like, what do you see the different cell layers Is that what you do.

186

00:26:18.030 --> 00:26:24.150

Adam Szymanowski: You it's really amazing you so we're obviously very zoomed in our instruments are you know so small and.

187

00:26:25.020 --> 00:26:31.860

Adam Szymanowski: You know I don't want to say our surgeries harder than other surgeries but it's tough because you're working through a metal tube everything's about a foot away.

188

00:26:32.100 --> 00:26:42.510

Adam Szymanowski: You know you're using it in this little you're supporting your hands but you're literally when you peel that layer off of the epithelium that sits on top of the superficial em and appropriate, you can see it's translucent.

189

00:26:42.690 --> 00:26:48.840

Adam Szymanowski: And then, when you get to the nodule which I usually call them fiber vascular changes, you can see thicken like a callous.

190

00:26:49.080 --> 00:26:49.620

Adam Szymanowski: And you.

191

00:26:49.650 --> 00:26:59.970

Adam Szymanowski: Can kind of nip at it and you as you nip at it and take the those fiber vascular changes away, it becomes translucent almost like a model layer of cells you lay it back down.

192

00:27:00.240 --> 00:27:08.430

Adam Szymanowski: And you know you're you've done your job, and it, you know, so you just it's just man you've had to be really, really careful I it's yes.

193

00:27:09.000 --> 00:27:21.600

Liz Grillo (she/her): And i've you know that's why you spend years training to do this, but um what So do you, is there a possibility of like epithelial transplant like you know, are we thinking of the people working on that.

194

00:27:21.720 --> 00:27:32.670

Adam Szymanowski: So I think one of the coolest things that I think a lot of labs are working on, I personally am not but i'm excited to see where this goes in the next five to 10 years would be an injectable substance.

195

00:27:33.510 --> 00:27:38.430

Adam Szymanowski: You know they're people are trying to develop it with several different you know plasma rich.

196

00:27:40.170 --> 00:27:48.570

Adam Szymanowski: substances being users, like some peg proteins are being used and there's something we're trying to develop when I say we, I mean learning allergist and scientists interested in voice.

197

00:27:48.840 --> 00:27:58.650

Adam Szymanowski: In a substance that you can inject sub epithelium Lee that will replace or mimic the superficial and appropriate, and the best example of this is Bill Clinton.

198

00:27:58.860 --> 00:28:05.550

Adam Szymanowski: You know, if you look at videos of him from 20 years ago you hear without a southern gentleman whatever you know fast forward to how he sounds now.

199

00:28:05.850 --> 00:28:11.160

Adam Szymanowski: If if you know he's so strain and you can hear that strain voice.

200

00:28:11.610 --> 00:28:22.320

Adam Szymanowski: But if you were able to restore the superficial lamanna program inject something in there, whether it last for three months or a year forever he would sound like his old self again it's it's it's really amazing what people are doing.

201

00:28:22.470 --> 00:28:23.970

Liz Grillo (she/her): So that's working on now.

202

00:28:24.060 --> 00:28:24.450

Liz Grillo (she/her): Go ahead and.

203

00:28:24.840 --> 00:28:34.020

Karen Perta: At what point I remember, like, I mean one of my first time that voice foundation there they were trying like vitamin A combat scarring I don't know if that ever went anywhere.

204

00:28:34.530 --> 00:28:38.760

Adam Szymanowski: You know it's so i'm so young, I think i'm young i'm I.

205

00:28:39.480 --> 00:28:51.450

Adam Szymanowski: mean i'm for a little while longer I think you know in in all of this and i'm my biases are very much based on my training a lot of my experience, yet i'd say you know that a year of experience, you know more than several more years of training.

206

00:28:51.810 --> 00:28:55.080

Adam Szymanowski: And i've always been trained scar is so tricky.

207

00:28:56.280 --> 00:29:13.440

Adam Szymanowski: And you know I don't think anyone has found a good answer for mobile phones far I tell people I 910 there's not much I can do to help your scar and and if someone has a better idea like I guess you can listen to them, but I, the last thing I want to do is make your voice worse.

208

00:29:14.550 --> 00:29:14.880

Adam Szymanowski: But.

209

00:29:15.150 --> 00:29:21.630

Karen Perta: You know, like excised the scar and then inject something else that would like take the place of it, or like.

210

00:29:21.990 --> 00:29:30.180

Adam Szymanowski: I mean even something I do that that's that's night it's published is the sailing infusion I can again, this is something else I can do in the office you can go trans orally.

211

00:29:30.390 --> 00:29:36.990

Adam Szymanowski: And and in few sailing just below the epithelium so between the apathy element of superficial and inappropriate.

212

00:29:37.260 --> 00:29:46.470

Adam Szymanowski: And in you know the three of us i'm sure you'd see women that means I talk a lot, but you see that the epithelium is lift and because there's no score but.

213

00:29:46.830 --> 00:29:48.720

Adam Szymanowski: The pathology is shown you know our.

214

00:29:48.990 --> 00:30:01.080

Adam Szymanowski: path ology you know they've tracked on slides and whatnot is you know when you inject that ceiling and someone who's got star it doesn't lift it and break some of those adhesions but frequently as of laying back down, and those are you know the scar redeveloped so.

215

00:30:02.340 --> 00:30:08.670

Adam Szymanowski: If you get a huge benefit some people love it swear by it, I haven't found surefire way to take care of this.

216

00:30:08.790 --> 00:30:13.620

Liz Grillo (she/her): I guess eventually that that substance will will wash out anyway, so it doesn't last.

217

00:30:13.920 --> 00:30:17.580

Adam Szymanowski: And right now it's sailing yeah last minutes, maybe a couple days or so.

218

00:30:18.510 --> 00:30:33.120

Adam Szymanowski: You know, but, but if we get something that is has a longer residents time great is more gelatinous it can it can behave like a like an srp then maybe you could excise the scar inject this this gel and now you've restored the mucosal wave, I mean kind of pie in the sky.

219

00:30:33.360 --> 00:30:44.430

Liz Grillo (she/her): Is that like an area of of the field in the next five to 10 years where you hope to see more advancement, where we try to find something that you know does a better job of replacing that wave movement.

220

00:30:44.940 --> 00:30:51.060

Adam Szymanowski: Oh absolutely I would love that I mean I think about big cancer cases where you take out, you know.

221

00:30:51.750 --> 00:30:59.700

Adam Szymanowski: chunk of the vocal folds your went down to thyroid retinoid so you've blasted through the epithelium the srp you know you're through ligament.

222

00:31:00.510 --> 00:31:14.730

Adam Szymanowski: You know, and that that muscle what's Left will rehab ophelia lies, and if you could inject a substance underneath the epithelium between the epithelium and the muscle, maybe you'd have more of a wave and a better voice sounds interesting.

223

00:31:15.180 --> 00:31:22.590

Liz Grillo (she/her): cool so let's move on to Karen because I wanted to make sure we talk to Karen about her journey with voice therapy.

224

00:31:23.790 --> 00:31:28.290

Liz Grillo (she/her): How have your training your therapy skills evolved over the years and why.

225

00:31:30.150 --> 00:31:42.300

Karen Perta: how and why well the Why is because through experience you kind of like learn what works and what doesn't and the how I would say again experience.

226

00:31:43.260 --> 00:31:48.690

Karen Perta: But um you know you're armed with you know you leave school you're armed with the.

227

00:31:49.080 --> 00:31:57.030

Karen Perta: Typical things like resonant voice therapy and vocal function exercises and and sure people are reading from their diaphragm and all that kind of like.

228

00:31:57.600 --> 00:32:10.800

Karen Perta: You know old school textbook stuff But then when you really think about it and you experience it like you know our voice trailer therapy attrition rates are still kind of like higher than they should be.

229

00:32:12.510 --> 00:32:22.830

Karen Perta: And you know, like you're armed with the best tools that you have, but just because there's the best tools that you have doesn't mean like that's the best of the field can do necessarily.

230

00:32:24.600 --> 00:32:33.570

Karen Perta: I, I would say that taking my first so course definitely changed the way I I I do voice therapy, but also.

231

00:32:33.990 --> 00:32:47.160

Karen Perta: i'm studying various different vocal pedagogy for singers and like let's be honest, a lot of our voice therapy approaches originated somewhere in the performing arts.

232

00:32:47.520 --> 00:32:59.520

Karen Perta: Like it was like you know basically like elocution lessons or diction for actors or exercises for singers we basically take have taken all those concepts and apply that into a disordered situation is.

233

00:33:00.570 --> 00:33:02.640

Karen Perta: Usually the origin of most of what we do.

234

00:33:04.500 --> 00:33:18.750

Karen Perta: But I think I think the big things for me, is trying to train my ear in a more physiologic way and so that so that's that's that's a problem right like voice is so subjective and.

235

00:33:20.070 --> 00:33:27.750

Karen Perta: You know, two people could be listening to the same voice and they might use different adjectives to describe that same voice and they might perceive that voice differently.

236

00:33:28.800 --> 00:33:42.120

Karen Perta: But one thing that definitely helped was the fact that i've done over 6000 learn Gospel bees and i've seen i've seen how changes in what the Tongue does or what the false vocal folds are doing, for example.

237

00:33:43.440 --> 00:33:52.740

Karen Perta: In the shape and size of the Pier forums and you, you see that physiology going on, and then you you it gives you an opportunity to hear Okay, what does that.

238

00:33:53.130 --> 00:34:06.480

Karen Perta: sound like and one thing I would even do I was fortunate to be able to do, I would even do real time scope biofeedback with the people who tolerated it well to to compare and contrast their voice targets so.

239

00:34:07.560 --> 00:34:13.800

Karen Perta: i'm fortunate, and that I was able to train my ear in a fairly accurate way.

240

00:34:14.940 --> 00:34:30.540

Karen Perta: You know, we don't know like Oh well, that sounds more resonant because it moves the sound move forward okay well what's response what move forward what was responsible for that and there's not really a whole lot of research that correlates.

241

00:34:31.110 --> 00:34:35.400

Karen Perta: auditory perceptual quality is with the actual changes in the physiology.

242

00:34:36.090 --> 00:34:44.520

Karen Perta: And there there's some there's you know there's a decent amount of like scope pay I don't mean scope review papers, I mean like actual endoscopy papers.

243

00:34:44.970 --> 00:34:53.490

Karen Perta: And there's there's some of that, but we could use more of that that also correlates with acoustic output and perceptual ratings because really.

244

00:34:54.090 --> 00:35:03.360

Karen Perta: Your ear is your best diagnostic and treatment tool and the other The other thing that you're relying on your ear so heavily it's so subjective.

245

00:35:04.110 --> 00:35:11.640

Karen Perta: you're really trying to take your best educated guess of Okay, what kind of voice does this person want like I can hear where they're at.

246

00:35:11.880 --> 00:35:17.610

Karen Perta: But like Who are they What are they doing with their life all day long what are their needs.

247

00:35:17.880 --> 00:35:25.470

Karen Perta: Are there recording like do they do vocal combat sounds for video games and they got to go real hard with their voice like two hours once a week.

248

00:35:25.830 --> 00:35:34.260

Karen Perta: Are they doing eight shows a week or are they a salesman and they have to talk without getting tired for eight hours a day, five days a week, so.

249

00:35:35.880 --> 00:35:42.240

Karen Perta: And then, also taking into account aesthetic bias like that's not a thing just for singers that's for.

250

00:35:42.840 --> 00:35:52.770

Karen Perta: Anybody who uses their voice what you think sounds more relaxed or more open or more resonant and you think it sounds better it still has to be compatible with.

251

00:35:53.130 --> 00:36:02.340

Karen Perta: The way that person perceives themselves like they still they still have to feel like themselves when they're producing the target voice that you want them to be producing.

252

00:36:02.610 --> 00:36:14.130

Karen Perta: yeah and I think that's where I think a lot of times that's where the disconnect comes in, because I really like here's the resident voice and like maybe that like maybe that sounds gonna work that person, maybe it's not maybe.

253

00:36:14.130 --> 00:36:15.450

Karen Perta: Not and.

254

00:36:16.650 --> 00:36:19.140

Liz Grillo (she/her): pitch What do you mean like you know those guys like Why do.

255

00:36:20.130 --> 00:36:28.080

Karen Perta: yeah exactly and um and what we do is so nuanced sometimes the change between what they're currently doing.

256

00:36:28.590 --> 00:36:37.560

Karen Perta: And what they need to be doing in a way that would serve them in a much more functional way sometimes that changes actually pretty minor like sometimes a minor change goes a long way.

257

00:36:37.620 --> 00:36:49.140

Liz Grillo (she/her): yeah so earlier you mentioned Estoril so, can you tell people what you know what's what is that and how did you learn about that, and how is it different from you know what you were doing before.

258

00:36:51.060 --> 00:36:55.050

Karen Perta: um, so I would I mean I was aware of so.

259

00:36:56.280 --> 00:37:03.030

Karen Perta: You know, probably when when I was your student, I know I know you mentioned it, but like I I took it so of course before you did you did.

260

00:37:03.780 --> 00:37:11.940

Karen Perta: But I was like aware of it, like as one of those many things that's available to singers right um, so it is.

261

00:37:12.570 --> 00:37:19.740

Karen Perta: It is many things I think a lot of people hear the name and they think of it as, especially if your voice teacher it.

262

00:37:20.430 --> 00:37:31.920

Karen Perta: I think it has a reputation as a vocal pedagogy method that's particularly helpful for contemporary and musical theatre singers I think that's sort of it's like General refutation.

263

00:37:32.310 --> 00:37:36.630

Karen Perta: And a lot of speech pathologist may or may not even really know what it is.

264

00:37:37.380 --> 00:37:55.170

Karen Perta: But it actually started as a scientific model trying to basically segment the vocal tract into its parts and how the movement of those parts then affects voice quality and acoustic output and it tries it tries to pair those things together.

265

00:37:55.620 --> 00:38:04.590

Karen Perta: And I find that helpful and it's interesting and what I teach my courses for medical speech pathologist who are not who like have a strong background and swallowing.

266

00:38:05.250 --> 00:38:06.750

Karen Perta: But not so much in voice.

267

00:38:07.740 --> 00:38:21.960

Karen Perta: We think that way and swallowing, for example, you know whether you're doing if you're doing nbs isn't maybe your MPs IMP train maybe you're not but you're reading tongue base retraction your rating heel or angel elevation and you're reading those things.

268

00:38:22.290 --> 00:38:29.910

Karen Perta: As those vocal tract movements correlate with a functional swallow we don't think that way invoice, but we need to be.

269

00:38:30.900 --> 00:38:40.380

Karen Perta: because those are the things that need that we need to find out what piece of that system is not functioning optimally and like that's where the answer is.

270

00:38:40.740 --> 00:38:49.440

Karen Perta: That how you instruct and how you get them there that's like a whole kind of like separate debate, but I think physiology is is helpful, it makes it more.

271

00:38:50.820 --> 00:39:02.820

Karen Perta: Concrete and not every not every patient you work with is going to have a good year, be a good imitator or necessarily agree with what you want their voice to sound like, but they do respond to like Oh well, that felt.

272

00:39:03.300 --> 00:39:09.630

Karen Perta: That that's so sad okay that that didn't hurt my throat when I do that or that that didn't feel like he was gonna make me feel.

273

00:39:10.380 --> 00:39:18.390

Liz Grillo (she/her): So why do you think I mean that Joe as stole that the so voice training model really has been around since the 70s 1970s right.

274

00:39:19.290 --> 00:39:34.380

Liz Grillo (she/her): Around that time, so what, why do you think it has and we're still not there still not many of us in speech language pathology you know, using it to help inform our practice as it relates to you know voice assessment prevention and treatment.

275

00:39:34.920 --> 00:39:40.020

Liz Grillo (she/her): So why is it that we have this difficult time, you know.

276

00:39:40.170 --> 00:39:41.190

Liz Grillo (she/her): I think I made.

277

00:39:41.400 --> 00:39:44.340

Liz Grillo (she/her): hiring them what's going on, why can we get people to see this.

278

00:39:44.430 --> 00:39:51.450

Karen Perta: The main The main reason is because there hasn't been that much like so specific like.

279

00:39:52.890 --> 00:40:01.410

Karen Perta: I think the field in general, just has way too many sort of models that use different words to describe the same thing.

280

00:40:02.280 --> 00:40:07.230

Karen Perta: And I think there's a lot of translating that goes on, and I think the St Paul speaks.

281

00:40:07.740 --> 00:40:14.340

Karen Perta: A language that most of the field isn't used to, but I think the The short answer is there hasn't been that much updated.

282

00:40:14.880 --> 00:40:26.940

Karen Perta: Research on vocal track physiology and correlating that with acoustic voice output, what we do is we have voice function exercises and resonant voice like will research a therapy.

283

00:40:27.750 --> 00:40:33.660

Karen Perta: But, but we don't really even in the literature there's not really a great physiologic definition for what is a resonant voice.

284

00:40:35.280 --> 00:40:48.600

Karen Perta: So there's just they're just they're honestly there just hasn't been that much research on it and the people that do know about, so it has more of a reputation is more like the singing performing arts thing, even though it didn't start as a scientific model.

285

00:40:48.630 --> 00:40:59.640

Karen Perta: Right um there hasn't been a lot of like continuation and changes and evolution of that model and it within the scientific community.

286

00:41:00.030 --> 00:41:05.580

Liz Grillo (she/her): So what do you think we need to how do we do a better job in communicating this getting the word out that.

287

00:41:06.570 --> 00:41:10.350

Liz Grillo (she/her): You know this is a, this is a scientific model that's been around since the 1970s.

288

00:41:11.190 --> 00:41:21.990

Liz Grillo (she/her): We can use these an anatomical physiological parts of the vocal tract to help define these auditory perceptual terms that we're using invoice therapy, you know it's there.

289

00:41:22.470 --> 00:41:32.430

Liz Grillo (she/her): That that models there, we can we can use resonant voice, you know fine, but how do we, how do we bring them together like what suggestions you have to bridge the two.

290

00:41:33.180 --> 00:41:44.880

Karen Perta: I think one very practical reason why it didn't take off in a barrier to that is that it was really only accessible through the five day course right and most speech pathologists or.

291

00:41:45.570 --> 00:41:57.660

Karen Perta: don't have that type of time, but I think i'm still has changed their service delivery and especially with online teaching in the pandemic has definitely revolutionized that, so I think there's a huge opportunity there.

292

00:41:59.640 --> 00:42:11.820

Karen Perta: um, so I think getting I think in the curriculum is very much geared toward like singers teachers of singing I think you need to.

293

00:42:12.480 --> 00:42:22.980

Karen Perta: adapt the language and translate the language for your average clinician and I don't mean like average voice therapist I mean like your average medical so he doesn't know anything about voice.

294

00:42:23.250 --> 00:42:30.150

Karen Perta: You need to present it, I think, need to present it like like listen like this is the MDS I am I am he except for voice.

295

00:42:30.510 --> 00:42:47.730

Karen Perta: And now we're going to go through all the parts that you already know and talk about how that affects output and how that affects when the patient is doing and what are your prompts employees in your bag of tricks therapy options for helping somebody change their behavior.

296

00:42:48.090 --> 00:42:48.390

Liz Grillo (she/her): Okay.

297

00:42:48.630 --> 00:42:57.090

Karen Perta: cool that needs to be needs to be in and i'm not necessarily saying abandoning the ethical terminology, but it needs to be translated into SAP terms.

298

00:42:57.300 --> 00:43:03.630

Karen Perta: and related to the things we already have, what is how what is a resonant voice and astral terms.

299

00:43:03.870 --> 00:43:10.650

Karen Perta: What are vocal functions doing from vocal function, actually, what are your physiologic options within vocal function exercises.

300

00:43:10.860 --> 00:43:24.780

Karen Perta: And you really should be aware of that, because, just like a is probably not going to be real helpful, you need to make sure that exercise is being produced with optimal function or there's probably not a whole lot of point and doing in first place right.

301

00:43:25.320 --> 00:43:33.510

Karen Perta: um and it needs to be related to back to the things we're already aware of like sure like.

302

00:43:33.960 --> 00:43:46.050

Karen Perta: em s T is a great tool but that's Another thing I see happened like a new therapy will come out and everybody will get real excited about it, then they'll want to use it for everything, whether it makes sense or not right right.

303

00:43:46.350 --> 00:43:50.700

Liz Grillo (she/her): So that's a good suggestion I think defining what's already out there by the model will help.

304

00:43:51.780 --> 00:43:55.440

Liz Grillo (she/her): So I wanted to go back this is kind of a question for both you and Adam.

305

00:43:55.890 --> 00:44:03.240

Liz Grillo (she/her): So, because both of you have worked I know karen's work closely with learn colleges Adams work closely with speech language pathologist.

306

00:44:03.570 --> 00:44:14.070

Liz Grillo (she/her): So talk about the the relationships and then the work that you've done with the other provider and how it has informed or improve patient outcomes what we'll we'll start with Adam first.

307

00:44:15.540 --> 00:44:27.330

Adam Szymanowski: Critical I mean I I can't I can't do my job without high quality, you know access, you know and a high quality speech language pathology team impossible.

308

00:44:28.410 --> 00:44:33.450

Adam Szymanowski: And I mean I I prefer to run a clinic with a speech pathologist in there, or at least down the hall.

309

00:44:34.650 --> 00:44:45.900

Adam Szymanowski: Because I can say hey look at this like what what am I missing or what's what's going on, you know it's just listening to you guys talk about you know, describing you know different techniques and and.

310

00:44:46.560 --> 00:44:54.930

Adam Szymanowski: You know approach is that what you're seeing and how to focus on certain things in a more scientific way I think about what I described by stroke if it's like narrative i'm just kind of writing.

311

00:44:55.140 --> 00:45:05.880

Adam Szymanowski: to other people in they try to use a checklist so even the way that I described what i'm seeing on an imaging you know and in the clinic is so inconsistent across you know institutions so to have the you know.

312

00:45:06.090 --> 00:45:19.800

Adam Szymanowski: speech language pathologist or voice service there with me, we can we're real time, having that conversation and that gets the patient better, faster, you know when they see the two of us talking, I think it is, I mean.

313

00:45:21.870 --> 00:45:23.430

Adam Szymanowski: See critical understatement.

314

00:45:25.500 --> 00:45:26.520

Adam Szymanowski: stronger than critical.

315

00:45:28.770 --> 00:45:33.060

Karen Perta: I can only think of things that are like maybe like synonyms but not like a.

316

00:45:33.600 --> 00:45:34.740

Karen Perta: Stronger yeah I.

317

00:45:34.740 --> 00:45:39.420

Karen Perta: mean I agree it's it's a it's a team effort, and it really needs to be.

318

00:45:41.280 --> 00:45:45.330

Karen Perta: Because you know I think there's basically there's basically.

319

00:45:47.430 --> 00:45:57.390

Karen Perta: These these are these are my definitions or there's two categories that people fall into the the fold look better than the voice sounds.

320

00:45:59.250 --> 00:46:07.710

Karen Perta: The folds look worse than the voice sounds right and then like when you have those two situations like.

321

00:46:08.040 --> 00:46:18.240

Karen Perta: And the situation where the phone look the voice sounds a lot worse than it actually looks in there, like that's probably a function that's probably got a lot to do with function at that point.

322

00:46:18.870 --> 00:46:24.780

Karen Perta: Or, then you get those other surprises were like the voice doesn't sound that bad, but Lo and behold there's like some other.

323

00:46:24.960 --> 00:46:36.900

Karen Perta: Like pathology going you drop the scope and you weren't you find something you weren't expecting to find that's probably gonna end up leaning more toward like the surgery medical management side of things, I don't know I don't know if you agree with that.

324

00:46:38.310 --> 00:46:50.490

Adam Szymanowski: I do it, but it is so right, it will say like you know if you scope before me, and I get in there were there together what kind of like you know there's going to be a conversation in front of the patient, and I think that benefits the patient.

325

00:46:51.450 --> 00:47:00.870

Adam Szymanowski: And you know you get the patient involved, and you know, these days, you know they want you to see someone every 15 minutes, and you know you fall behind, inevitably, but I think it's worthwhile, I mean we.

326

00:47:01.530 --> 00:47:08.550

Adam Szymanowski: Were I am where I am in Philadelphia right now we have a voice and swallow zoom every month, you know if there's a tough case you know.

327

00:47:09.180 --> 00:47:19.170

Adam Szymanowski: What are the so people to swallow and and show this barium swallow yeah, what do you guys think, and you know there there's doctors are voice, especially you know voice focus so P, is our swallow because that's okies.

328

00:47:20.100 --> 00:47:29.760

Adam Szymanowski: You know it's like 15 of us, we have some mineralogist from different different universities and it is that kind of cross pollination, because you know you guys just talked about things that i'm like.

329

00:47:30.330 --> 00:47:46.140

Adam Szymanowski: Like I need you guys to do that, you know residents, you know I you know raspberry retraining stop cough therapy, you know highly regional elevation things that i'm like I know about them, but I need it, but I, you know I don't do them, you know that's that's you know yeah.

330

00:47:46.440 --> 00:47:53.760

Liz Grillo (she/her): Well, I mean it's a great example of how into professional practice with between speech language pathologist voice specialized us lps.

331

00:47:54.180 --> 00:48:03.060

Liz Grillo (she/her): and learn colleges are so important to the patient's care right, we need we need both of those providers with the patient in the middle and the family, the middle.

332

00:48:03.510 --> 00:48:15.090

Liz Grillo (she/her): Because together produces a better outcome than if you were working individually, you know, in your silos but it's so great Adam to hear that you run your clinic and you say okay I selfie you're with me.

333

00:48:16.110 --> 00:48:17.430
Adam Szymanowski: You are fun to.

334
00:48:17.760 --> 00:48:19.440
Liz Grillo (she/her): yeah I mean is that is that.

335
00:48:19.650 --> 00:48:23.190
Liz Grillo (she/her): Is that most common and voice centers across the country now or is that not.

336
00:48:23.910 --> 00:48:33.960
Adam Szymanowski: So I think the way that you know it fellowship versus kind of where I am now and fellowship the voice service we're so busy they were down the hall, but they were right there.

337
00:48:34.920 --> 00:48:45.540
Adam Szymanowski: And, whereas in my practice now, and I know, several other good friends with voice practices it's very common for at least at a clinic or two whether it's one or two days a week.

338
00:48:45.780 --> 00:48:55.200
Adam Szymanowski: For, for you know you guys are going, you know together through every you know because you're so busy you know someone's scoping then you're scoping the other room and then you go in together, do you look at them and I.

339
00:48:55.410 --> 00:49:04.200
Adam Szymanowski: You know and and just as a and then rewind even more as a resident, we were siloed you know the with therapists and speech language pathologist they were private practice.

340
00:49:04.440 --> 00:49:06.750
Adam Szymanowski: They were going to get an appointment with them and then an.

341
00:49:06.750 --> 00:49:16.530
Adam Szymanowski: appointment with you know you know with me with with us that it was it was it's more challenging I mean it's tough, to be a patient music, you can have an appointment for like months at a time anywhere.

342
00:49:16.680 --> 00:49:16.980
yeah.

343

00:49:18.360 --> 00:49:33.570

Liz Grillo (she/her): The other question I wanted to ask was how often like percentage, are you recommending voice, you and your team have your SAP and you Adam are you recommending voice therapy in 75% of your patients like 50% like what, what can you give us a percentage.

344

00:49:34.080 --> 00:49:40.290

Adam Szymanowski: So I tell everyone this and I think we could all use voice therapy, I think I could use voice there been i've never done it.

345

00:49:40.830 --> 00:49:47.730

Adam Szymanowski: I you know I kind of open with that, but you can have, I would say over half of my patients I send for for.

346

00:49:48.330 --> 00:49:55.440

Adam Szymanowski: Either so it whether it's dysphagia or dysphonia they're usually, when we're a cough I mean I I.

347

00:49:55.920 --> 00:50:06.750

Adam Szymanowski: Tell them I said, you know, yes, I can keep prescribing medicines, you know but there's no surgery or unique voice therapy with therapy, you know, especially for these more functional problems, you know, this is what you need and.

348

00:50:07.230 --> 00:50:10.920

Adam Szymanowski: We can talk about by invoice therapy forever, which I think is really interesting as well.

349

00:50:12.090 --> 00:50:16.410

Adam Szymanowski: But yeah over 50% certainly i'm sending yeah.

350

00:50:16.770 --> 00:50:30.000

Liz Grillo (she/her): Are you recommending do do okay here's another question, do you do you recommend medical management first then voice therapy or does it depend, or is it voice therapy first medical management or or what, how do you how does the How does it go.

351

00:50:31.770 --> 00:50:32.280

Adam Szymanowski: i'm.

352

00:50:33.720 --> 00:50:36.120

Adam Szymanowski: Karen what kind of what do you see i'm sharing.

353

00:50:36.870 --> 00:50:39.120

Karen Perta: My experience in my experience.

354

00:50:39.180 --> 00:50:41.880

Karen Perta: it's a panel of patient and also depends on the position.

355

00:50:43.620 --> 00:50:52.500

Adam Szymanowski: You know it's funny so i'm very biased I I have had patients come in, who they say, well then invoice therapy for a year, I whoa whoa whoa.

356

00:50:54.390 --> 00:50:54.660

Adam Szymanowski: yeah.

357

00:50:55.620 --> 00:50:57.120

Karen Perta: yeah yeah I was like.

358

00:50:57.210 --> 00:50:59.400

Adam Szymanowski: Other coo coo who let you do this and.

359

00:50:59.400 --> 00:51:00.900

Liz Grillo (she/her): That was insurance okay right.

360

00:51:01.290 --> 00:51:12.120

Adam Szymanowski: I you know I the way I explained was there have been patients, they say was therapy is just six to eight weeks one hour week free to work with a voice therapist you're going to get a homework, you need to do that homework, you know, in order for you to you know make progress.

361

00:51:12.480 --> 00:51:16.440

Adam Szymanowski: Some people who have very clear medical pathology who have you know.

362

00:51:16.890 --> 00:51:22.350

Adam Szymanowski: Every symptom of reflux na na Min a red larynx with postgraduate edema.

363

00:51:22.620 --> 00:51:34.080

Adam Szymanowski: All right, like you know we can try this you know, but your dysphagia symptoms you're describing to me really seem like there's a tension component here, and I think you know you've been benefit from swallow therapy all kind of work with them and decide.

364

00:51:34.680 --> 00:51:43.350

Adam Szymanowski: I see a lot of school music patients at temple where I am now, and I think almost any singer actor professional voices or wouldn't benefit for voice there.

365

00:51:44.430 --> 00:51:49.890

Adam Szymanowski: Is no, you know and they're usually the most engaged excited you know they want to learn.

366

00:51:50.070 --> 00:51:51.660

Adam Szymanowski: So they're a great group.

367

00:51:52.110 --> 00:51:52.380

Liz Grillo (she/her): yeah.

368

00:51:53.370 --> 00:51:54.690

Adam Szymanowski: I don't know that answer your question, what do you.

369

00:51:55.110 --> 00:51:56.010

Liz Grillo (she/her): Think did I mean like.

370

00:51:56.250 --> 00:52:02.430

Liz Grillo (she/her): It does depend on the patient, it does it does depend on the physician, I would say that right Karen that's your thing.

371

00:52:02.580 --> 00:52:04.980

Karen Perta: yeah and also like what does the patient was.

372

00:52:05.010 --> 00:52:18.840

Karen Perta: Like sorry for like all there's allegiant cut it off cut it off right now it's kind of like hold on you know and then other people are like no I want surgery, I want to avoid surgery at all costs, like so like the patient, the patient's voice does matter to you know.

373

00:52:18.930 --> 00:52:20.340

Liz Grillo (she/her): yeah oh absolutely.

374

00:52:20.490 --> 00:52:32.430

Karen Perta: Unfortunately, I think, like a lot of people in our society would rather just have a surgery, and like yes all uphill they just kind of like one and done because let's face it life changing behaviors hard yes.

375

00:52:33.870 --> 00:52:37.350

Karen Perta: Being compliant and changing behavior it's hard it takes time.

376

00:52:37.890 --> 00:52:39.870

Karen Perta: it's work it's it's work.

377

00:52:39.960 --> 00:52:41.010

Liz Grillo (she/her): yeah so.

378

00:52:41.070 --> 00:52:54.960

Karen Perta: I can add, and you are a certain point, placing a certain onus like on the patient for them being responsible for themselves, getting better and that's something that's can be like not everybody's open to that.

379

00:52:55.200 --> 00:53:11.580

Liz Grillo (she/her): Right, I wanted to make sure Karen that you're able to talk briefly here about the interesting results you found with your dissertation I wanted you to talk about implicit explicit combination of the two defined both of those you don't have that much time.

380

00:53:12.150 --> 00:53:12.840

Karen Perta: And now.

381

00:53:13.050 --> 00:53:25.320

Liz Grillo (she/her): Tell and tell us what we should be doing a voice therapy based off of the recent results of your dissertation form that you know advancing the field moving forward, because what you found is really fascinating and we need to all listen up.

382

00:53:26.010 --> 00:53:37.500

Karen Perta: Okay, so basically I compared three different types of instruction for voice there be like well forget, you know motivation and, like other psychological factors that might be at play, but.

383

00:53:38.130 --> 00:53:50.100

Karen Perta: So implicit learning was basically you're you're learning, but you, you know what to do, but you don't know why you're doing it, or how it works, so that was here make this sound just imitate the sound.

384

00:53:50.310 --> 00:53:55.890

Karen Perta: Well, what should I do with my tongue or my job doesn't matter just do whatever feels comfortable to you just make this sound.

385

00:53:56.910 --> 00:54:06.270

Karen Perta: Explicit training was the opposite was so my task was a dealer elevation task so exquisite training was no auditory models no imitation it was like here's your.

386

00:54:06.690 --> 00:54:16.770

Karen Perta: here's exactly what the deal them does and how it works here's a mirror and a pen light and like you're going to learn to manipulate your view them and then the integrated group got both types of instruction.

387

00:54:17.880 --> 00:54:29.460

Karen Perta: And essentially the integrated group outperformed the implicit only or the exquisite only groups and I found statistical significance at phrase level.

388

00:54:30.120 --> 00:54:44.310

Karen Perta: There are also some key study design changes that I made so a lot of our motor learning literature often only takes place over maybe two sessions that were like two days apart, maybe a week, at most, my study was a four week study.

389

00:54:44.700 --> 00:54:52.920

Karen Perta: So my it was setups more similarly to voice therapy, so they came in once a week for four weeks and the task progressively harder each week.

390

00:54:53.370 --> 00:55:05.010

Karen Perta: yeah and that and that that real that revealed some really interesting patterns, some of which jives with previous literature, some of which, which does not, but I think a part of the problem of a lot of the current literature you're only like.

391

00:55:05.490 --> 00:55:12.660

Karen Perta: capturing that short term effects and studies aren't designed to actually like look out further in the learning curve.

392

00:55:13.590 --> 00:55:22.950

Liz Grillo (she/her): So what does what Should I be doing what should the students, be doing when they're doing voice therapy from your you know what suggestions, do you have from those results, what should we be doing.

393

00:55:24.030 --> 00:55:38.220

Karen Perta: i'm using a variety of methods so like there is there is something to be said for cognitive overload when it's too much about anatomy and it's to like information like this that can definitely get micromanaging and overwhelming.

394

00:55:38.550 --> 00:55:44.760

Karen Perta: So there is at a certain point you do need to move into automatism and okay don't worry about any of that here just do it.

395

00:55:45.030 --> 00:55:56.820

Karen Perta: And, and I think the answer is, you need to all be able to present both options and alternate back and forth and let the patient, be the guide like you can see when somebody's overwhelmed and when their performance is starting to take.

396

00:55:58.890 --> 00:56:04.170

Karen Perta: On the flip side, sometimes imitation is not good, sometimes they'll be really good at it and in the beginning.

397

00:56:04.380 --> 00:56:13.080

Karen Perta: And then the task will get harder and they don't know how or why they're doing what they're doing so, then they're not able to advance to the next level of difficulty difficulty and they'll kind of factio.

398

00:56:13.170 --> 00:56:19.290

Karen Perta: yeah and in that situation, some exquisite more biomechanical directives could be helpful right.

399

00:56:19.440 --> 00:56:20.190

Karen Perta: Okay, so.

400

00:56:20.280 --> 00:56:23.460

Liz Grillo (she/her): Wait but the point is, is that we need to be thinking about integrating.

401

00:56:23.910 --> 00:56:24.300

Karen Perta: Correct.

402

00:56:24.510 --> 00:56:32.400

Liz Grillo (she/her): You know, we need to be using both imitation auditory perceptual whatever it is integrated with what's actually happening physiologically.

403

00:56:33.390 --> 00:56:35.910

Karen Perta: Correct because you get the best you get the best of both worlds.

404

00:56:35.940 --> 00:56:42.570

Karen Perta: You know there's there's there's disadvantages to implicit only or Nice was that only if you're only doing one or the other.

405

00:56:43.050 --> 00:56:57.330

Karen Perta: And plus it on its own is a little bit more stable Okay, but the problem with it is you do play you you do plateau and that that person might not be able to adapt and they might not be able to like self detect and self correct their own errors.

406

00:56:57.420 --> 00:56:57.690

Liz Grillo (she/her): yeah.

407

00:56:58.050 --> 00:57:01.440

Karen Perta: But, which is where the exquisite information becomes helpful.

408

00:57:01.770 --> 00:57:12.450

Liz Grillo (she/her): But the problem with the current I would say 95 to 99% of the voice therapy models in the literature are implicit only correct.

409

00:57:14.550 --> 00:57:15.420

Karen Perta: That is based on.

410

00:57:15.600 --> 00:57:16.170

Liz Grillo (she/her): A problem.

411

00:57:16.200 --> 00:57:23.400

Karen Perta: That is based on very old motor learning little literature, which even that Lynn literature is now outdated.

412

00:57:23.700 --> 00:57:29.760

Liz Grillo (she/her): yeah so that is a huge shift in voice therapy, we got to get clinicians thinking.

413

00:57:29.760 --> 00:57:38.490

Karen Perta: So, like basically we were parenting is kind of it's basically the telephone game, we were parenting these old like limb research from the 90s.

414

00:57:39.180 --> 00:57:49.230

Karen Perta: And even in very recent voice therapy models they're still citing that old 90s, research and now, when you follow the rabbit hole of the little research in like the MID.

415

00:57:51.180 --> 00:58:04.170

Karen Perta: Like you know the last five to seven years, even the lemon literature starting like there's other voices that are starting to not agree with it and the researchers in that field say hey maybe we need to like rethink some of this.

416

00:58:05.760 --> 00:58:07.410

Liz Grillo (she/her): But that nowhere.

417

00:58:07.830 --> 00:58:12.150

Karen Perta: That newer argument and newer thinking hasn't necessarily.

418

00:58:12.300 --> 00:58:18.900

Liz Grillo (she/her): megan yeah made it here yet, but no wonder why we have such high attrition rates.

419

00:58:20.220 --> 00:58:24.990

Liz Grillo (she/her): right because we've got 99% of what we're doing is implicit only.

420

00:58:26.610 --> 00:58:29.790

Liz Grillo (she/her): that's a problem, the wonder why we have patients who don't come back to see us.

421

00:58:31.260 --> 00:58:36.060

Liz Grillo (she/her): So our job is to we're going to help people do integrate both that's that's our.

422

00:58:36.120 --> 00:58:43.800

Karen Perta: Last that and the other caveat, I would add is that when you're going to use biomechanical directives and explicit information.

423

00:58:44.190 --> 00:58:48.960

Karen Perta: It does need to be accurate, because I think about how many times, I can saying less than they're like.

424

00:58:49.200 --> 00:59:02.850

Karen Perta: Oh, more air and they don't need more air like that's just going to like make that that that's not what needs to happen when the biomechanical Directive is given, and it doesn't match what is happening or what needs to happen that can actually.

425

00:59:03.210 --> 00:59:03.330

Liz Grillo (she/her): Be.

426

00:59:03.540 --> 00:59:09.750

Karen Perta: Far more so, like so that's where like real time biofeedback and that's why we need more research to.

427

00:59:09.750 --> 00:59:20.700

Karen Perta: Actually correlate what we're hearing with what's actually going on, so we can make sure when we give them explicit biomechanical directive that it's accurate and pinpointed and it's actually effect.

428

00:59:20.700 --> 00:59:30.630

Liz Grillo (she/her): yeah that's great that's a great point really important really important comments that you know what you're doing is so important for advancing outcomes and voice therapy.

429

00:59:31.440 --> 00:59:40.020

Liz Grillo (she/her): it's so important, we need to move the field beyond what we're currently doing we're ready for the next step, I don't want to keep seeing the same presentations over and over again.

430

00:59:40.770 --> 00:59:50.190

Liz Grillo (she/her): At these national meetings, we need to need to move beyond what we're doing so to end here I want just wanted to offer one last question for both of you.

431

00:59:50.820 --> 01:00:06.210

Liz Grillo (she/her): What a future advice, do you have for or for future speech language pathologist who are interested in voice, who want to do this, you have any advice for them what they can do to become the best voice specialized so peace, they can be Adam you go first.

432

01:00:06.840 --> 01:00:09.420

Adam Szymanowski: I hear you Karen your event all the all the gold here.

433

01:00:10.470 --> 01:00:23.610

Adam Szymanowski: But i've you exactly something you said care like I actually jot this down for myself and you said it at the top of this

talk, which was, I think a broad knowledge base of a foundation that is not just voice.

434

01:00:24.660 --> 01:00:37.740

Adam Szymanowski: And specializing over the over time, you know, not only does it allow you to have a broad skill set and allows you to make sure that this is what you know you are Yes, you are, you want to do voice, you know, so it really serves multiple purposes in finding great mentor.

435

01:00:38.610 --> 01:00:56.250

Adam Szymanowski: I think you know selfishly finding great their colleges, you know the same yeah we've got a few spaces over down in Houston yeah so I mean it's just critical and having people like the both of you, you know available to teach teach folks how to do great work, I mean invaluable.

436

01:00:56.700 --> 01:00:58.830

Liz Grillo (she/her): awesome What about it Karen you want to add anything.

437

01:01:00.210 --> 01:01:04.950

Karen Perta: um I think I think it goes back to that just.

438

01:01:06.780 --> 01:01:12.210

Karen Perta: No matter what your specialty is like like as a medical so P, you are a healthcare provider first.

439

01:01:12.510 --> 01:01:18.210

Karen Perta: And you need to know how to communicate with other health care providers and you need to understand the big medical picture.

440

01:01:18.420 --> 01:01:27.210

Karen Perta: And you need to sharpen your diagnostic skills, so you really actually know what's going on, so, then you can know if you're being effective or not.

441

01:01:27.540 --> 01:01:36.690

Karen Perta: And also having access to that person, you know before I was in private practice emt I was either an outpatient or home health and sometimes you don't have complete records.

442

01:01:37.050 --> 01:01:48.960

Karen Perta: you're listening to this voice in like your base yeah you have a script from the physician that says dysphonia on it and the

patient tells you they got a tube stuck up their nose and like that's about all that you know.

443

01:01:50.460 --> 01:02:04.620

Karen Perta: So it really comes down to communication and access to other healthcare professionals and working on that just medical knowledge base first so you understand what your role and where your intervention fits in with the.

444

01:02:05.190 --> 01:02:10.140

Karen Perta: rest of the picture, so that you're doing your that patient the best service that you can be.

445

01:02:11.070 --> 01:02:19.260

Liz Grillo (she/her): Excellent well Thank you so much, this was so wonderful I learned so much it was so nice talking with both of you Thank you so much for listening.

446

01:02:20.130 --> 01:02:21.510

Adam Szymanowski: Thank you, thank you.