Vocal Nodules

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What Are Vocal Nodules?

Vocal nodules are noncancerous growths on the vocal cords. These growths become hard and thick, similar to a callous. Vocal nodules affect the way a person’s voice sounds. The voice can sound hoarse, lower in pitch, and breathy. The nodules are sometimes referred to as “singer’s nodes” since professional singers tend to get them (National Institute on Deafness and Other Communication Disorders, last updated 2008, ¶ 8).

What Are Some Causes of Vocal Nodules?

Vocal abuse can lead to vocal nodules, and the growths can get worse over time if the vocal abuse continues (American Speech-Language-Hearing Association (1), n.d., ¶ 1). According to ASHA (2) (n.d., ¶ 1), the following examples of vocal abuse can cause vocal nodules:

- Allergies
- Smoking
- Tense muscles
- Singing
- Coaching
- Cheerleading
- Talking loudly
- Drinking caffeine and alcohol (dries out the throat and vocal cords)

These growths form because of repeated pressure (stress) on the same area of the vocal cords. Nodules often form in pairs, with one on each vocal fold, but it is possible to have just one nodule.

What Are Some Signs and Symptoms of Vocal Nodules?

According to ASHA (1) (n.d., ¶ 3), some signs and symptoms of vocal nodules are:

- Hoarseness
- Breathiness
- A “rough” voice
- A “scratchy” voice
- Harshness
- A shooting pain from ear to ear
- A “lump in the throat” sensation
- Neck pain
- Decreased pitch range
- Voice and body fatigue

Children and adults who use the voice excessively can have any of these signs and symptoms.
Evaluations for Vocal Nodules

ASHA and NIDCD recommend seeing a physician, particularly an otolaryngologist (ear-nose-throat doctor) with a specialty in voice, if signs and symptoms of vocal nodules persist for two to three weeks or more. The doctor will use a special instrument, usually a mirror or camera with a light, to look inside the nose and mouth. A speech-language pathologist may conduct a voice evaluation. A neurological examination may be done as well. The professionals who assess the voice will look at (ASHA (1), n.d. ¶ 5):

- Vocal quality
- Pitch
- Loudness
- Ability to sustain (hold out) voicing
- Other characteristics of the voice

Treatment may include medicine, surgery (if the nodules are large or have been present for a long time), or behavioral intervention. Behavioral intervention (or voice therapy) can include working with a speech-language pathologist on the following goals (ASHA (1), n.d., ¶ 7):

- Teaching good vocal hygiene such as hydration
- Reducing/stopping vocal abusive behaviors
- Direct voice treatment to alter pitch, loudness, or breath support for good voicing
- Stress reduction techniques and relaxation exercises

Resources


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