

## Speech Pathology — Advice Letter to a Professional Singer with Vocal Nodules

### THE CASE NOTES

**Patient:** Ms Yuki Tanaka, 32 years old; professional soprano; bilateral vocal nodules confirmed on laryngoscopy (ENT report: bilateral mid-membranous nodules, 2 mm, soft — consistent with recent-onset); referred to SLP before surgical intervention

**Symptoms:** Vocal fatigue after 45 minutes singing; intermittent loss of high notes (above E5); rough quality on passaggio; morning hoarseness; has been singing through symptoms for 3 months

**Therapy approach:** Conservative voice therapy first — surgery only if nodules do not resolve with therapy; prognosis for resolution with therapy is good for soft recent-onset nodules; ENT to review laryngoscopy at 6 weeks

**Voice hygiene (critical for resolution):** Vocal load reduction: maximum 30 minutes singing per day for 6 weeks (not consecutive — 15 min + 15 min with a 30-minute rest); no whispering (increases vocal fold tension); reduce caffeine and alcohol (drying); hydration 2 L water daily; avoid singing through vocal fatigue, loss of high notes, or morning hoarseness

**Vocal rest — what it means:** Relative vocal rest: reduce all unnecessary talking and vocalising — not complete silence. Complete vocal silence ('absolute voice rest') is not recommended except immediately after laryngeal surgery. Prolonged unnecessary social talking is as damaging as singing through symptoms.

**Voice therapy exercises:** Resonance therapy and semi-occluded vocal tract exercises (SOVT — e.g. straw phonation); to be practised daily 10 minutes as instructed in session; do NOT do vocal warm-ups as usual — use the SOVT approach only

**Return to performance:** Week 1–2: only SOVT exercises, no singing; Week 3–4: maximum 15 minutes gentle singing in mid-range only; Week 5–6: increase to 30 minutes if no symptoms; performance decisions to be made with ENT and SLP at 6-week review

**Task:** Write an advice letter to Ms Tanaka explaining the therapy approach and the staged return-to-singing plan.

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### WHAT TO INCLUDE

**+ Conservative therapy is the first approach — prognosis is good for soft recent-onset nodules; surgery is the fallback if therapy fails**

A professional singer who hears 'nodules' fears surgery and career disruption. The opening clinical frame — therapy first, surgery only if needed, good prognosis for this type of nodule — sets the tone for engagement rather than panic.

**+ The staged return-to-singing plan: weeks 1–2 (SOVT only, no singing), weeks 3–4 (15 minutes mid-range gentle), weeks 5–6 (up to 30 minutes, performance decision at review)**

A professional singer will not accept indefinite abstinence without a clear timeline. The staged plan gives structure, milestones, and an endpoint — which is the most motivating and compliance-promoting format for a high-performance vocalist.

# OET Case Notes

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**+ What vocal rest means: reduce unnecessary talking, no whispering — NOT complete silence; and that excessive social talking is as damaging as oversinging**

This is the most common misconception. Singers often whisper to protect the voice — whispering increases subglottic pressure and makes nodules worse. This must be explicitly corrected or the patient inadvertently damages the nodules while thinking they are being careful.

## WHAT TO LEAVE OUT

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**– The laryngoscopy findings in technical detail**

One plain-language sentence: 'Laryngoscopy confirmed small soft nodules on both vocal folds — these are the kind that respond well to voice therapy.' The clinical report is in the record; the advice letter translates it into context for the patient.

**– A detailed description of the SOVT exercises themselves**

The exercises were demonstrated in session and will be reviewed at each appointment. The letter names them — 'straw phonation exercises as practised in session' — and states the dose (10 minutes daily). The technique is for the session, not the letter.

## CRITERION IN FOCUS · GENRE & STYLE

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A vocal nodule advice letter for a professional performer requires a register that is clinically precise but vocational in orientation. The patient is not a passive recipient of medical advice — she is a skilled professional whose career depends on this management. The register acknowledges this: 'As a professional singer, you understand the importance of precise vocal technique — the same precision now applies to your vocal load management.' This framing positions the therapy demands as a professional discipline rather than a restriction, which is the most effective motivational frame for high-performance vocalists.

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