

# PREFACE

Recent advances in technology have changed significantly the delivery of services to voice patients and professional users of the voice. On a routine clinical basis we can measure fundamental frequency, air flow, voice onset time (VOT), spectral noise, jitter, shimmer, and more. We can visualize the mucousal wave and study the effects of pathology on vocal fold vibration. However, specialized training is necessary to use this instrumentation appropriately, and data interpretation demands a strong academic background in various subdisciplines of voice and resonance. This issue of *Seminars in Speech and Language* assembles an outstanding cast of experts in the field of instrumental evaluation of voice, who cogently summarize these major areas of clinical voice analysis. Each of these authors has many years of clinical and research experience, and each has contributed substantially to our understanding of voice and voice disorders. The information they have to offer will be of value to both the novice and the veteran voice clinician.

In spite of the technological advances in the study of voice, it is also important to recognize that many voice clinicians will not have all of the instruments available to them that they might like to have. In those situations, the clinician must rely on the time-honored techniques of clinical reasoning, deduction, intuition, and insight. To emphasize that element in the monograph, I have invited two outstanding clinicians (R.W. Blakely and A. S. Lavorato) to describe voice evaluation when available instrumentation is minimal. These two authors also serve to remind us that, in the final analysis, instruments do not make decisions, clinicians do.

I should also like to mention that a few potential authors were unable to participate due to prior commitments and other unavoidable circumstances. Those contributions will be missed.

Finally, I should like to thank my editors and others who consulted with me on this assignment. I am especially grateful to Stephen McFarlane, Ph.D., and Richard Curlee, Ph.D., for their invaluable advice.

Thomas L. Watterson, Ph.D.  
Guest Editor