

Speech Therapy for Children with Velopharyngeal Insufficiency and Related Disorders

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Presentation Handout

Learning Objectives

1. Describe the anatomical and physiological mechanisms underlying velopharyngeal insufficiency (VPI) and related resonance disorders as they relate to speech production.
2. Differentiate appropriate and inappropriate therapy targets for children with VPI, including identifying common contraindications for traditional articulation and resonance therapy.
3. Apply clinical decision-making skills to determine effective intervention strategies and identify indicators for referral to a specialized craniofacial team or VPI clinic.

Types of VPD

- VPI: structural deficit; often requires surgical management.
- VP Incompetence: neuromotor impairment.
- VP Mislearning: learned speech errors despite adequate structure.

Common Speech Characteristics

- Hypernasality
- Hyponasality
- Nasal air emission
- Phoneme-specific nasal air emission
- Compensatory articulation errors

Compensatory Errors

- Glottal stops
- Glottal stop coarticulations
- Backing
- Pharyngeal fricatives
- Active nasal fricatives

When to Provide Therapy

- Mislearning and compensatory errors are appropriate targets.
- Build consonant inventory before VPI evaluation when needed.
- Therapy cannot correct structural VPI.

Evidence-Based Tips

- Linguistic-phonological approaches demonstrated strong outcomes.
- Voiceless and anterior sounds may be easier initial targets.
- Avoid non-speech oral motor exercises (NSOMEs).

Referral Recommendations

- Refer suspected VPD to a specialized VPI clinic or cleft palate team.