

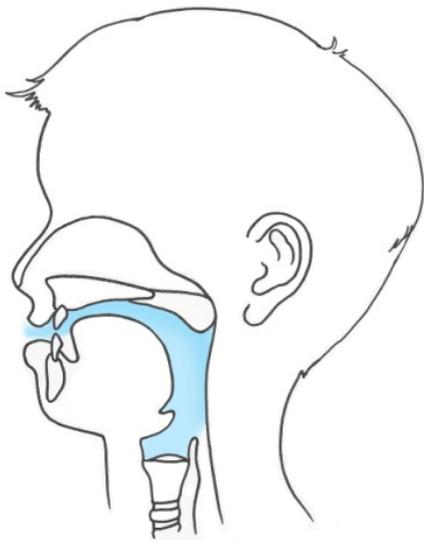
Velopharyngeal Dysfunction (VPD)

What is VPD?

In velopharyngeal dysfunction (VPD), parts of the throat and roof of the mouth do not work right during speech. The condition is pronounced Vee-lo-fare-in-gee-al Dis-FUNK-shun. “Velo” refers to the velum, or soft palate. It’s the part of the roof of the mouth that moves when you say “ah.” “Pharyngeal” refers to the throat.

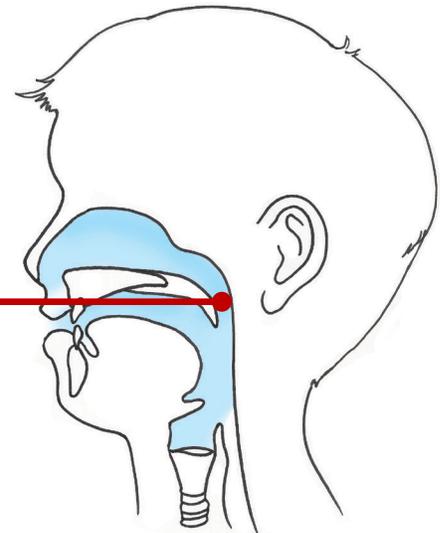
During normal speech, the palate rises to touch the back of the throat for many sounds and sends all of the air out of the mouth. When a child has VPD, their soft palate does not always contact their throat when they talk. This lets air escape through the nose during speech. If VPD is severe, it may be hard to understand their speech.

A closed soft palate with airflow through the mouth.



A slightly open soft palate with airflow through the nose and mouth.

With VPD, the soft palate may not close off the throat all the way.



What are the different types of VPD?

Determining the type of VPD your child has is very important, so that we can recommend the right treatment. There are three types of VPD:

- Velopharyngeal Insufficiency, called “VPI”
- Velopharyngeal Mislearning, called “VPM”
- Velopharyngeal Incompetence, called “VP incompetence”

We will give you more detailed information about your child’s speech after their evaluation.

To Learn More

- Speech and Languages Services
206-987-2104
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Who has VPD?

VPD may be found in children who have:

- Cleft palate. About 10 to 20 percent of children who have cleft palate will still have VPD after the palate repair.
- Submucous cleft
- Certain syndromes, such as 22q11.2 deletion syndrome
- Had surgery to remove their adenoids
- Weak throat muscles
- Too much space between the palate and the throat
- Motor speech disorder

Sometimes the cause is unknown.

How is VPD treated?

At your first appointment, we will determine which kind of VPD your child has. This will help us create a plan of care based on their speech characteristics. The three types of VPD have different treatments:

- VPI is treated with surgery or a special speech appliance that your child would wear in their mouth.
- VPM is treated with speech therapy.
- VP incompetence is treated with speech therapy and sometimes with a speech appliance or surgery.

Children may have other issues that affect their speech. To create a treatment plan for your child we will need to see if they have trouble with:

- Articulation (how they make speech sounds with their mouth and tongue)
 - Speech coordination (putting the sounds together)
 - Weak speech muscles
 - Hyponasality (“stuffed up” quality to speech)
 - Voice (the sound that comes from the larynx, or voice box)
 - Hearing
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Who will be on my child’s treatment team?

A team of providers will assess and manage your child’s VPD. This includes:

- Speech-language pathologists, called SLPs. They identify VPD speech characteristics and assess for other speech problems. They also do testing with your child to see how their palate works as they speak.
 - Otolaryngologists are ear, nose and throat surgeons. They do special tests to assess your child’s velopharyngeal closure.
 - Surgeons may do surgeries on your child’s palate or throat.
 - Orthodontists. They make speech appliances called obturators.
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