Voice therapy supports dysphonic patients. To rehabilitate the dysphonic patient, each voice therapist uses different exercises. These exercises are mostly described in books, which offer a step-by-step acquisition model of the required vocal motor gesture and propose techniques of voice rehabilitation. However, the same technique can cover different therapeutic aspects. Van Stan et al. (2015) recently suggested a taxonomy to clarify therapeutic programs, detail their content and classify them according to their direct intervention category (auditory, vocal function, somatosensory, musculo-skeletal, and respiratory). Sensitize the patient to vocal hygiene, teach the basics of respiratory support, adjust the subglottal pressure, encourage vocal placement in the resonators, replace the wrong motor gesture with another healthier, controlling glottal attacks are the rehabilitation principles basics for voice disorders. All exercises are generally based on raising awareness of both inadequate and adequate vocal gesture by increasing proprioception. The final goal is that the patient gradually regains control over his vocal gesture. To ensure the best treatment to the patient, our approach must rely on the evidence based practice (EBP) principles. The questions we must ask ourselves as clinician are: Which voice techniques, for which patients, with which diagnoses, in what environments, with what effectiveness?

This workshop attempts answering the question: how can a voice therapist implement EBP in his clinical practice in order to ensure the best treatment to his patient? To illustrate the process, I opted for a therapeutic approach that has been questioned: manual therapy adapted to voice therapy. I will address the notion of therapeutic efficiency of the manual therapy in the light of the scientific literature, knowing that level 1A or 1B studies on the classification of evidence levels are rare in the field of vocology (Benninger, 2011). To end the workshop, I will present short video sequences of voice therapy with three patients and their therapist who have kindly accepted to be filmed during their sessions. These sequences illustrate how manual therapy is implemented in the treatment of these patients who suffer from presbyphonia, muscle tension dysphonia and nodules respectively.