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Nasal Emission

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What Is It?

Nasal emission occurs because of velopharyngeal dysfunction or incompetence such as a cleft palate, a deep pharynx, paralysis, or a motor-speech disorder. Nasal emission can be present when too much air escapes during production of consonants that require a buildup of air (plosives, fricatives, affricates;Kummer, 2006, ¶ 5). Speech can sound distorted since extra air escapes.

How Does It Sound?

Depending on the size of the cleft opening, nasal emission can be very soft and barely audible or very loud and distracting. A larger opening provides little resistance to air escaping and therefore allows the release of air quietly. A smaller opening has more resistance and therefore is more audible. You may hear a "bubbling" from nasal secretions. Secondary effects with nasal emission can include the development of improper compensatory pronunciation habits, usually on pharyngeal or glottal sounds (Kummer, 2006, ¶ 8). The individual may use a very soft voice which uses less breath pressure.

Which Sounds Does It Affect?

Nasal emission can occur with all pressure-sensitive sounds—glottal stops, nasalized plosives, pharyngeal plosives, pharyngeal fricatives or posterior nasal fricatives, ng/l substitution, and mid-dorsum palatal stops (Kummer, 2001, pp. 6–7). A simple technique to detect nasal emission is to look for the fogging of a mirror held under the nose. You can also hold a straw from the individual's nose to your ear to detect any nasal emission. Nasal emission does not occur with vowels because these sounds do not require a buildup of air pressure.

What Are Some Therapy Options?

- **Surgery**—Improve oral structural abnormalities.
- **Auditory Feedback**—Present different samples of normal speech and speech with nasality.
- **Visual Feedback**—Use See-Scape™, Nasometer™, etc., so the child can see the airflow.
- **Tactile-Kinesthetic Feedback**—Have the child touch his/her nose to feel the vibration.

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(cont.)

- **Lower the Back of the Tongue**—Get the back of the tongue down and velum up by having the child yawn.
- **Increase Volume**—Have the child increase the volume of speech.
- **Increase Oral Activity**—Increase mouth opening to reduce oral resistance and increase oral resonance.
- **Cul de Sac (Nose Pinching) Technique**—Pinch nostrils during the production of pressure sounds to eliminate nasal air emission and focus on placement.

(Kummer, 2001, pp. 3–5)

Related Handy Handouts®:

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Resources:

Kummer, A. W. (2006, Feb. 7). Resonance disorders and nasal emission: Evaluation and treatment using "low tech" and "no tech" procedures. The ASHA Leader, 11(2), 4, 26.

Kummer, A. W. (2001). Cleft palate and craniofacial anomalies: Effects on speech and resonance. Albany, NY: Delmar-Thompson Learning.

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