

The primary objective of this review is to critically evaluate the existing literature that examines the relationship between nasalance as measured by the Nasometer and perceptual measures of nasality in English speaking children with a history of cleft palate and/or related craniofacial anomalies. The secondary objective of this review is to provide evidence-based recommendations for the comprehensive clinical assessment of resonance in the above population.

Search Strategy

Computerized databases including PubMed, JSTOR, and Cochrane Library were searched. The following key terms were targeted: (nasalance OR Nasometer) AND (nasality OR perceptual) AND (cleft palate). The search was limited to articles written in English. An examination of articles cited within the retrieved articles revealed additional studies for review.

Selection Criteria

Studies selected for review were required to examine the relationship between the perceptual evaluation of nasality and nasalance as measured by the Nasometer in the child population only. Only studies that included subjects with a history of cleft palate and/or related craniofacial anomalies were included for review. No limits were placed on the method of perceptual ratings of nasality.

Data Collection

The literature search yielded four articles that met the selection criteria described above. These articles consisted of three single group correlational studies, and one two group correlational study.

Watterson, McFarlane, and Wright

discussion of variables that may have influenced the results

- Watterson, T., Hinton, J., & McFarlane, S. (1996).
Novel stimuli for obtaining nasalance measures
from young children. *The Cleft Palate-
Craniofacial Journal*, 33(1), 67-73.
- Watterson, T., McFarlane, S. C., & Wright, D. S.
(1993). The relationship between nasalance and
nasality in children with cleft palate. *Journal of
Communication Disorders*, 26, 13-28.
- Whitehill, T. L. (2004). Universal reporting parameters