



# Tele-Speech Therapy in COVID-19 pandemic

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## Abstract

**Background:** The world is changing due to everyday development in technology and communication devices facilities. Using these communication devices have evolved social communication, education and also health care services.

**Results:** there are some challenges, such as lack of high-quality studies and little acceptance from the therapist. Therefore, it is critical to work on validating assessment tools for telerehabilitation conditions. Besides, there is a need for working on modifying treatments methods and assess their efficacy in a different group of patients with high-quality studies. **Cell, Gene and Therapy, Vol.2, Number 4, Winter 1<sup>st</sup>, 2021; 140- 141**

The world is changing due to everyday development in technology and communication devices facilities. Using these communication devices have evolved social communication, education and also health care services. The advantages like availability, being cost and time benefit and eliminating the need for transportation have made tele-communication popular in different domains. These type of delivery of rehabilitation services is called telerehabilitation. Thorough all the rehabilitation services, telerehabilitation has found its way especially in speech-language pathology (SLP) that is called Tele-speech therapy or Telepractice in Speech-Language Pathology. The reason is because the SLP services are mostly based on visual or/and auditory stimulations and using internet and multimedia devices are very suitable for providing them.

The history of the application of telerehabilitation in SLP goes back to 1976. In that day, SLP specialists provided intervention for Birmingham hospital patients through email and telephone (1). After that, telerehabilitation in SLP expanded in more innovative forms. Hence, today there is a large body of evidence around providing SLP services in telerehabilitation form in many developmental and acquired disorders (2-5).

earching among available literature, we see that most of the studies have focused on comparing telerehabilitation and face to face intervention in outputs and patient's satisfaction. They found that using telerehabilitation services provides comparable screening, assessment, and treatment outcomes with face to face intervention as the golden standard (4, 6). Besides, studies have shown a high level of patient's satisfaction after getting telerehabilitation (7).

The patient's satisfaction after using telerehabilitation is not only because of being cost and time beneficial but also due to its alignment with the digital world. For example, in the developmental disorder domain, children show more motivation through multimedia stimulations instead of conventional tools like books or cards (8). Furthermore, most older patients who have mobility difficulties may prefer to get their intervention at their home. Hence, as patients receive intervention at home, they have shown better generalization of practised items to their natural environment (9).

Finally, these days our community is face to COVID 19 pandemic, there is a severe concern for face to face visiting risks. Considering this situation and everyday demands for SLP services, there is a critical need for paying more attention to telerehabilitation.



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## Conclusion

Indeed, there are some challenges, such as lack of high-quality studies and little acceptance from the therapist. Therefore, it is critical to work on validating assessment tools for telerehabilitation conditions. Besides, there is a need for working on modifying treatments methods and assess their efficacy in a different group of patients with high-quality studies.

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