

Speech Language Pathology

Jason Roy

Department of clinical Linguistics unit, unitedkingdom.

*Corresponding author: Jason Roy, Department of clinical linguistic unit, United Kingdom; Email: jasonroy@gmail.com

Received date: March 04, 20201; Accepted date: March 22, 2021; Published date: March 30, 2021

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Editorial

Speech-language pathology may be a field of experience practiced by a clinician referred to as a speech-language pathologist (SLP) or a speech and language therapist, both of whom could also be known by the shortened description, therapist. Speech-language pathology is taken into account a "related health profession" or "allied health profession" alongside audiology, optometry, physiotherapy, rehabilitation psychology, physical therapy, behavior analysis.

This branch of linguistics is inextricably linked to speech-language pathology (also known as speech and language therapy in the United Kingdom), the clinical discipline responsible for the assessment, diagnosis, and treatment of clients with a variety of communication disorders (and not just language disorders). However, clinical linguistics is nonetheless a definite linguistic discipline that's not in any way subsumed by speech-language pathology. Speech-language pathologists (SLPs) provide a good range of services, mainly on a private basis, but also as support for people, families, support groups, and providing information for the overall public. SLPs work to stop, assess, diagnose, and treat speech, language, social communication, cognitive-communication, voice, fluency, and swallowing disorders in children and adults.

Services are provided within the following areas:

- Cognitive aspects of communication (e.g., attention, memory, problem-solving, executive functions).
- Speech (phonation, articulation, fluency, resonance, and voice including aeromechanical components of respiration);
- Language (phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, phonological awareness.
- Augmentative and alternative communication, for people with severe language and communication impairments.
- Swallowing or other upper aerodigestive functions like feeding and aeromechanical events (evaluation of esophageal function is for the aim of referral to medical professionals)

Voice (hoarseness, dysphonia), poor vocal volume (hypophonia), abnormal (e.g. rough, breathy, strained) vocal quality. Research demonstrates voice therapy to be especially helpful with certain patient populations; individuals with paralysis agitans often develop issues as a results of their disease

The components of speaking include: (i) phonation (producing sound), (ii) resonance, (iii) fluency, (iv) intonation, (iv) pitch variance; (v) voice (including aeromechanical components of respiration).

SLPs add a spread of clinical and academic settings. SLPs add public and personal hospitals, private practices, skilled nursing facilities (SNFs), long-term acute care (LTAC) facilities, hospice and residential healthcare. SLPs can also work as a part of the support structure within the education system, working in both public and personal schools, colleges, and universities.

Methods of assessment

For many parents, the choice of whether or to not enroll students into school-based therapy or privately practiced therapy is challenging. Speech Pathologists work as a part of a team alongside teachers, counselors, social workers and fogeys when during a school setting. Because school-based therapy is run under state guidelines and funds, the method of assessment and qualification is more strict. To qualify for in-school therapy, students must meet the state's criteria on language testing and speech standardization.

Multi-discipline collaboration

SLPs collaborate with other health care professionals, often working as a part of a multidisciplinary team. they will provide information and referrals to audiologists, physicians, dentists, nurses, nurse practitioners, occupational therapists, rehabilitation psychologists, dietitians, educators, behavior consultants (applied behavior analysis) and fogeys as dictated by the individual client's needs. for instance , the treatment for patients with harelip and palate often requires multidisciplinary collaboration. Speech-language pathologists are often very beneficial to assist resolve speech problems related to harelip and palate. Research has indicated that children who receive early language intervention are less likely to develop compensatory error patterns later in life, although therapy outcomes are usually better when surgery is performed earlier.

Citation: Jason R (2021) Speech Language Pathology J Speech Pathol Ther 6:2