

USING CONTEMPORARY EVIDENCE AND EXPERTISE TO GUIDE CLINICAL PRACTICE DURING AND AFTER COVID-19: TELEHEALTH FOR DYSPHAGIA ACROSS THE LIFE SPAN

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Introduction

The COVID-19 pandemic has challenged our ability to manage dysphagia. Both swallowing evaluation and treatment sessions typically involve close physical proximity between the patient and the clinician, as well as several aerosol-generating actions or tasks, such as production of reflexive or voluntary cough, tracheostomy care, and more. As a result, during the pandemic, patients with suspected or confirmed dysphagia have often been triaged; evaluation and treatment procedures have been canceled, postponed, or conducted with substantial personal protective equipment (PPE); and/or clinicians have started using telehealth. Telehealth is a broad term that includes the use of a variety of telecommunication technologies (including but not limited to videoconferencing, phone, e-mail) to provide care from a distance and has been around for more than 100 years.