

Telepractice in Speech-Language Pathology: Opportunities and Challenges

Amina Rahman*

Department of Communication Disorders, Dhaka Medical University, Dhaka, Bangladesh.

ABOVE THE STUDY

Telepractice in speech-language pathology has shifted from a contingency solution to a core service delivery model. In my view, its value is undeniable but only when we stop treating it as a simple video substitute for in-person care and instead design it as a distinct, purpose-built modality.

The most compelling advantage is access. Telepractice reduces geographic barriers, bringing services to rural areas, underserved communities, and families who cannot easily travel. For children, it minimizes missed school time; for adults, it accommodates work and caregiving responsibilities. It also enables continuity of care during disruptions whether due to health issues, mobility limitations, or broader system constraints. In regions with workforce shortages, telepractice can connect patients to specialists who would otherwise be unavailable.

There are clinical benefits as well. Therapy delivered in a patient's natural environment home, workplace, or school often increases ecological validity. Clinicians can observe real-life communication contexts and tailor interventions accordingly. For pediatric cases, caregiver involvement tends to be higher in telepractice sessions, which strengthens carryover. Parents can learn strategies in real time and integrate them into daily routines, increasing therapy intensity beyond the session itself.

However, these strengths can be overstated if we ignore the limitations. Telepractice is highly dependent on technology infrastructure. Unstable internet connections, poor audio-visual quality, and device limitations can disrupt sessions and reduce therapeutic effectiveness. For speech work, where subtle articulatory cues and auditory distinctions matter, even minor lags or distortions can compromise accuracy. Not all clients have access to suitable devices or private spaces, which introduces inequity.

Clinical suitability is another concern. Telepractice works well for many speech and language goals, but not all. Clients with severe motor speech disorders, complex swallowing issues, or significant cognitive impairments may require hands-on assessment or intervention that cannot be replicated remotely. Similarly, very young children or individuals with limited

attention may struggle to engage through a screen without substantial adaptation. A blanket shift to telepractice risks overlooking these nuances.

The clinician's role also changes in a virtual environment. Effective telepractice demands new skills: managing digital platforms, designing visually engaging materials, pacing sessions differently, and coaching caregivers more actively. It is not simply traditional therapy delivered online; it requires rethinking interaction. Clinicians who are not adequately trained may default to less interactive, more passive formats, reducing therapeutic impact.

Privacy and ethics add another layer of complexity. Telepractice involves transmitting sensitive health information through digital platforms, raising concerns about data security and confidentiality. Ensuring compliance with privacy standards, obtaining informed consent, and maintaining professional boundaries in a home-based setting are essential but sometimes inconsistently addressed. Families may not fully understand how sessions are recorded, stored, or shared.

Reimbursement and policy frameworks have improved in recent years, but inconsistencies remain. In some systems, telepractice is still reimbursed at lower rates or subject to stricter regulations than in-person care. This can discourage providers from adopting it or lead to uneven service quality. Sustainable integration requires policies that recognize telepractice as an equivalent, not secondary, mode of care while still allowing clinical judgment to determine appropriateness.

From an outcomes perspective, evidence generally supports telepractice as comparable to in-person therapy for many speech and language conditions when delivered well. But "comparable" does not mean identical. The most effective models are hybrid, combining the flexibility of telepractice with periodic in-person sessions for assessment, hands-on work, or complex cases. This blended approach leverages the strengths of both modalities.

In my opinion, the future of telepractice lies in intentional design rather than expansion alone. Simply increasing the number of virtual sessions will not improve outcomes unless those sessions are tailored to the medium. This includes

Correspondence to Amina Rahman. Department of Communication Disorders, Dhaka Medical University, Dhaka, Bangladesh. E-mail: lucas.schneider@hhi.de

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developing digital-specific assessment tools, training clinicians in virtual engagement strategies, and ensuring equitable access to technology.

Ultimately, telepractice is not a replacement for traditional speech-language pathology it is an extension of it. When used

thoughtfully, it can enhance reach, personalize care, and empower families. When used indiscriminately, it risks becoming a diluted version of therapy. The challenge is not whether to use telepractice, but how to use it well.