

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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Received date: 10/11/2020 **Accepted date:** 11/11/2020 **Published date:** 10/11/2020

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. This service delivery model has been implemented regularly in some settings and countries even prior to the COVID-19 pandemic and has also been shown to be beneficial in earlier public health emergencies and disasters (American Occupational Therapy Association, 2020; Lurie and Carr, 2018). Since the early 1990s and

with the ever-increasing advances in health care technology and infrastructure, the research interest in telehealth has grown exponentially.

Literature

Literature searches were conducted from July 2020 through August 2020 in PubMed, CINAHL, and PsycINFO. Search terms included telehealth, dysphagia, and COVID-19.