

CASLPM General Regulations
PART 4: Specialized Health Care Services and Reserved Acts

DEFINITIONS OF SPECIALIZED HEALTH CARE SERVICES

I. Introduction

The CASLPM General Regulation, PART 4: *Specialized Health Care Services and Reserved Acts*, requires that certain specialized health care services may be performed by a member of the College only if that member holds an Advanced Competency Certificate.

A specialized health care service may involve the performance of one or more reserved acts.

II. Specialized Health Care Services in the Practice of Audiology

1. Vestibular Assessment and Management

Vestibular Assessment means assessing clients with balance disorders and/or dizziness and imbalance.

Vestibular Assessment procedures include, but are not limited to, electronystagmography (ENG), videonystagmography (VNG), rotational tests, oculomotor tests, and dynamic posturography.

Vestibular Management means administration of canalith repositioning procedures (CRP), administration of all or a portion of the VBRT program, and consultation on a multidisciplinary team which provides overall management to the client.

Vestibular and balance rehabilitation therapy (VBRT) encompasses a formulation of exercise activities which may involve, but are not limited to CRP, gait and balance, adaptation, and habituation exercises. These activities are customized to the needs of the client, designed to promote the system's natural central compensation process that reduces and, in some cases, eliminates symptoms for the client with chronic balance disorders and/or dizziness.

Vestibular assessment and management involves:

- i) Determining if a client is an appropriate candidate for vestibular and balance rehabilitation.
- ii) Interpretation and integration of diagnostic vestibular tests and other laboratory data for diagnostic and functional assessment.
- iii) Performing and interpreting a variety of direct clinical evaluations for diagnostic assessment of the client with disorders of the balance system
- iv) Determining presence of posterior canal benign paroxysmal positional vertigo (BPPV) or anterior and horizontal canal variants causing symptoms of dizziness
- v) Where indicated by diagnosis and direct examination, perform CRP.

2. Cochlear Implant Management

Cochlear implant means a device that directly stimulates the auditory nerve, and can provide sound for people who have a severe to profound hearing loss, or receive little or no benefit from conventional hearing aids, and consists of two parts: internal implant and speech processor;

Internal implant means a tiny electrode that is surgically implanted into the inner ear and a receiver is placed under the skin behind the ear;

Speech processor means a device the client wears on the body or behind the ear and the transmitting coil, that is connected to the internal implant via a magnet.

Cochlear implant management is a process or continuum of care involving an interprofessional team, where:

- i) management includes candidacy assessment, programming and post-implant evaluations,
- ii) candidacy assessment includes comprehensive audiological evaluation, including (un)aided speech – in – noise testing in soundfield, to determine if the potential recipient meets the criteria to receive a cochlear implant,
- iii) programming of the speech processor establishes individualized listening programs so the recipient can receive full access to speech sounds, and
- iv) post-implant evaluations are used to monitor a recipient’s progress.

III. Specialized Health Care Services in the Practice of Speech – Language Pathology

1. Fibreoptic Endoscopic Evaluation and Management of Voice Disorders

Flexible fibreoptic nasendoscopy (FFN) is performed with a flexible nasendoscope inserted through the nasal passage. High – intensity light, transmitted by a fibreoptic bundle, illuminates the vocal folds and velopharyngeal structures, providing an image of the soft palate and vocal folds during voicing, which is viewed by the clinician and/or recorded for later replay.

Fibreoptic Endoscopic Evaluation and Management of Voice Disorders involves:

- i) Clinical assessment, which includes:
 - Interview with the client.
 - Behavioral observation.
 - Audio recording.
 - Examination of breath support and respiratory movements.
 - Perceptual evaluation.
 - Acoustic measures of vocal production.
 - Muscular tension assessment.
- ii) Anatomic – Physiologic Assessment, which includes:
 - Inserting the endoscope transnasally and manipulating it within the hypopharynx, in a manner that causes minimal discomfort and prevents complications to obtain an image of the vocal folds and velopharyngeal structures during voicing, conversation, and/or singing.

- iii) Operating, maintaining, and disinfecting equipment
- iv) Differential diagnosis based on information from the otolaryngology examination and speech – language assessment.
- v) Developing treatment and management strategies based on assessment results which includes an explanation of voice production, education on vocal hygiene, education, and management of acid reflux, and direct treatment to alter vocal behaviours.
- vi) Providing recommendations for further referrals; this is particularly important if psychosocial or emotional factors appear to be contributing to the voice disorder.
- vii) Providing recommendations for re-evaluation.

2. Fiberoptic Endoscopic Evaluation and Management of Swallowing Disorders

Fiberoptic endoscopic evaluation of swallowing (FEES) is an instrumental evaluation of the pharyngeal stage of swallowing, resulting in recommendations regarding the adequacy of the swallow, the advisability of oral feeding, and the use of appropriate interventions to facilitate safe and efficient swallowing.

Fiberoptic Endoscopic Evaluation and Management of Swallowing Disorders involves:

- i) Operating, maintaining, and disinfecting equipment
- ii) Anatomic-Physiologic Assessment:
 - Inserting the endoscope transnasally and manipulating within the hypopharynx, in a manner that causes minimal discomfort and prevents complications.
 - Observing velopharyngeal closure, appearance of hypopharynx and larynx at rest, handling of secretions and swallow frequency, base of tongue and pharyngeal function, laryngeal function (respiration, phonation, airway protection)
 - Selecting and managing appropriate bolus consistencies and size for assessment.
 - Directing the client through therapeutic positions, maneuvers, and education at appropriate points in the examination for a complete and comprehensive assessment of swallowing safety and efficiency.
- iii) Interpreting and documenting findings in a written report.
- iv) Formulating treatment and management strategies based on evaluation results which includes: recommendations for interventions; recommendations for further referrals; and re- evaluation recommendations.

3. Voice Restoration through the use of voice prostheses

Voice restoration through the use of voice prostheses involves:

- i) Operating, maintaining and disinfecting equipment.
- ii) Determining if the client is an appropriate candidate for tracheoesophageal puncture techniques and prostheses.
- iii) Fitting the tracheoesophageal prosthesis and managing client use including teaching the client to

insert the prosthesis, produce voicing, and maintain optimum working condition of the prosthesis.

- iv) Resolving problems related to tissue changes or stoma size in conjunction with otolaryngology as appropriate.
- v) Determining if the client is an appropriate candidate for a tracheostoma valve.
- vi) Fitting the tracheostoma with a valve housing and valve and managing client use including teaching the client to use the tracheostoma valve and maintain optimum working condition of the tracheostoma valve.
- vii) Resolving problems related to maintaining the seal of the valve housing.

4. Swallowing and voice restoration through the use of tracheostomy tubes or speaking valves

Swallowing and voice restoration through the use of tracheostomy tubes or speaking valves involves:

- i) Operating, maintaining and disinfecting equipment.
- ii) Assessing the client for:
 - a. Candidacy for “talking” tracheostomy tube or speaking valve
 - b. Tolerance of “talking” tracheostomy tube or speaking valve
- iii) Placing and removing a one- way speaking valve on a ventilated or non-ventilated client.
- iv) Determining appropriate airflow rate for voice production using a “talking” tracheostomy tube.
- v) Teaching client to phonate using the “talking” tracheostomy tube or speaking valve, and working with client to achieve optimal voiced output.
- vi) Educating staff and client/significant others regarding care and use of the “talking” tracheostomy tube or speaking valve, as well as in use/care of same.
- vii) Resolving problems related to voice production or swallowing using “talking” tracheostomy tube or speaking valve, as well as in use/care of same.

5. Videofluoroscopic Assessment of Adult Swallowing Disorders

Videofluoroscopic assessment of swallowing, also referred to as a modified barium swallowing evaluation or pharyngogram, is a dynamic radiographic study that images oral, pharyngeal, and upper esophageal bolus flow during swallowing. Anatomic and/or physiologic abnormalities are identified relative to swallowing.

Videofluoroscopic Assessment of Adult Swallowing Disorders involves:

- i) Administration, under videofluoroscopy, of food and/or fluids prepared with radio – opaque contrast media, to identify anatomic and/or physiologic abnormalities during the swallowing process.

During assessment under videofluoroscopy, the effects of modifications in bolus size, bolus texture, patient positioning, compensatory manoeuvres, and sensory enhancement techniques are evaluated to determine optimal swallow safety and efficiency.

- ii) Interpreting and documenting findings in a written report.
- iii) Goal development and treatment recommendations.
- iv) Recommendation for further referrals, as necessary.
- v) Recommendation for re – evaluation, as necessary.

6. Videofluoroscopic Assessment of Pediatric Swallowing Disorders

Videofluoroscopic assessment of swallowing, also referred to as a modified barium swallowing evaluation or pharyngogram, is a dynamic radiographic study that images oral, pharyngeal, and upper esophageal bolus flow during swallowing. Anatomic and/or physiologic abnormalities are identified relative to swallowing.

The unique anatomic features of the pediatric aerodigestive tract and the typical developmental sequence observed for feeding and swallowing skills in children must be considered during videofluoroscopic assessment of swallowing on a pediatric client.

Videofluoroscopic Assessment of Pediatric Swallowing Disorders involves:

- i) Administration, under videofluoroscopy, of food and/or fluids prepared with radio – opaque contrast media, to identify anatomic and/or physiologic abnormalities during the swallowing process.

During assessment under videofluoroscopy, the effects of modifications in bolus size, bolus texture, patient positioning, compensatory manoeuvres, and sensory enhancement techniques are evaluated to determine optimal swallow safety and efficiency while considering the age and developmental stage of the pediatric client.

- ii) Interpreting and documenting findings in a written report.
- iii) Goal development and treatment recommendations.
- iv) Recommendation for further referrals, as necessary.
- v) Recommendation for re – evaluation, as necessary.

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