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# Vocal Tract Visualization and Imaging: Position Statement

*Ad Hoc Committee on Advances in Clinical Practice*

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**About This Document**

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA) and was prepared by the Ad Hoc Committee on Advances in Clinical Practice: Donald E. Morgan, chair; Carol M. Frattali, ex officio; Zilpha T. Bosone; David G. Cyr; Deborah Hayes, Krzysztof Izdebski; Paul Kileny; Neil T. Shepard; Barbara C. Sonies; Jaclyn B. Spitzer; and Frank B. Wilson. Diane L. Eger, 1991–1993 vice president for professional practices, and Teris K. Schery, 1988–1990 vice president for clinical affairs, served as monitoring vice presidents. The contributions of the Executive Board and select and widespread peer reviewers are gratefully acknowledged. The Legislative Council approved the document as official policy of the Association at its November 1991 meeting (LC 51G-91). The statement remains the same after review by the ASHA Special Interest Division 3, Working Group on Voice and Voice Disorders. Members of the working group were Julie Barkmeier (Chair), Glenn W. Bunting, Douglas M. Hicks, Michael P. Karnell, Stephen C. McFarlane, Robert E. Stone, Shelley Von Berg, and Thomas L. Watterson. Alex F. Johnson served as monitoring vice president. Amy Knapp and Diane R. Paul served as ex officio members. The Legislative Council again approved the document as official policy of the Association in March 2003.

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**Vocal Tract Visualization and Imaging: Position Statement**

It is the position of the American Speech-Language-Hearing Association (ASHA) that vocal tract visualization and imaging for the purpose of diagnosing and treating patients with voice or resonance/aeromechanical disorders is within the scope of practice of the speech-language pathologist.

The practice of speech-language pathology is dynamic and changing. The scope of practice grows along with advances in technology enabling practitioners to provide new and improved methods of diagnosis and treatment. By identifying vocal tract visualization and imaging as within the scope of practice, it is not intended to limit any other new or emerging areas from being developed by speech-language pathologists or others to help improve treatment and diagnosis of voice and resonance/aeromechanical disorders.

If practitioners choose to perform these procedures, indicators should be developed, as part of a continuous quality improvement process, to monitor and evaluate the appropriateness, efficacy, and safety of the procedure conducted.