Objective: This study aimed to determine the common approaches taken by Australian speech language pathologists (SLPs) in the management of paediatric voice caseloads.

Methods & Results: Forty-eight Australian SLPs with a current paediatric voice caseload completed an online questionnaire containing 38-items related to assessment, treatment and discharge procedures used in managing a paediatric voice caseload. Paediatric voice comprised between 1-100% of the respondents’ caseloads (M = 8.27%, SD = 17.71). Eight respondents (16.6%) considered themselves to be a voice specialist. Perceptual ratings of voice disorders were used more frequently than instrumental assessment tools throughout the management process. Respondents considered instrumental assessment by an Ear Nose and Throat (ENT) specialist to be important however reported barriers related to ENT service constraints (e.g., ENT availability and long waiting lists) and the associated cost to the client. A range of direct and indirect voice therapy approaches (often in combination) were employed by the respondents, usually determined by client specific factors. Respondents reported that it was more common for patients to be formally discharged (M = 42.32%; SD = 41.1) than to self-discharge (M = 24.71%; SD = 31.78). The most commonly used outcome measures were clinician judgement, pre/post voice recording comparison, and review of results from a follow-up ENT assessment. Quality of life scales were rarely used as outcome measures. The majority of clinicians (56.25%, n = 27/48) indicated that they did not feel confident when managing children with voice disorders, and would welcome further training in the area.

Conclusion: This investigation captured current practice of Australian SLPs managing paediatric voice caseloads. This data allows for comparison with management approaches in other countries. The findings highlight a need for further training in this area, particularly to enhance translation of recent research evidence into clinical practice.

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