

Appendix A

Summary of SLP Professional Association Scope of Practice Documents

Association	Age groups	SLP Clinical Areas	Aetiologies/Illnesses
American Speech–Language–Hearing Association (ASHA)	Across the life span	<ol style="list-style-type: none"> 1. Fluency <ol style="list-style-type: none"> a. Stuttering b. Cluttering 2. Speech Production <ol style="list-style-type: none"> a. Motor planning and execution b. Articulation c. Phonological 3. Language – Spoken and written language (listening, processing, speaking, reading, writing, pragmatics) <ol style="list-style-type: none"> a. Phonology b. Morphology c. Syntax d. Semantics e. Pragmatics (language use and social aspects of communication) f. Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling) g. Paralinguistic communication (e.g., gestures, signs, body language) h. Literacy (reading, writing, spelling) 4. Cognition <ol style="list-style-type: none"> a. Attention b. Memory c. Problem solving d. Executive functioning 5. Voice <ol style="list-style-type: none"> a. Phonation quality b. Pitch c. Loudness d. Alaryngeal voice 6. Resonance <ol style="list-style-type: none"> a. Hypernasality b. Hyponasality c. Cul-de-sac resonance d. Forward focus 7. Feeding and Swallowing <ol style="list-style-type: none"> a. Oral phase b. Pharyngeal phase c. Esophageal phase 	<ul style="list-style-type: none"> • Neonatal problems (e.g., prematurity, low birth weight, substance exposure); • Developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders); • Disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy); • Oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction); • Respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease); • Pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence); • Laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis); • Neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson’s disease, and amyotrophic lateral sclerosis); • Psychiatric disorder (e.g., psychosis, schizophrenia); • Genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome,

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		d. Atypical eating (e.g., food selectivity/refusal, negative physiologic response) 8. Auditory Habilitation/Rehabilitation a. Speech, language, communication, and listening skills impacted by hearing loss, deafness b. Auditory processing	velocardiofacial syndrome); and • Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position) ASHA note that this list of etiologies is not comprehensive.
Speech Pathology Australia (SPA)	Newborns through to old age	• Speech • Fluency • Voice • Resonance • Receptive language • Expressive language • Pragmatics and social skills • Cognitive communication • Problem Solving • Emergent literacy and literacy • Sensory awareness • Eating, drinking and swallowing • Alternative and augmentative communication	A range including: • Developmental delay/disorder • Congenital and/or acquired neurological disorder • Congenital and/or acquired medical conditions • Progressive neurological and medical conditions • Hearing impairment • Vision impairment • Congenital and acquired intellectual disability • Mental health problems • Cultural and linguistic diversity • Trauma • Socio-economic reasons • Unknown origin
Speech-Language and Audiology Canada (SAC)	Across the lifespan	Including, but are not limited to: • Speech sound production; • Resonance; • Voice; • Fluency; • Pre-linguistic communication; • Language comprehension and expression; • Pre-literacy and literacy skills; • Cognitive communication; • Social (pragmatic) communication; • Feeding and swallowing; • Alternative and augmentative communication; • Aural (re)habilitation • Accent modification;	<i>Populations/illnesses not specified</i>

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New Zealand Speech-Language Therapists' Association (NZSTA)	People from neonates through to old age	<ul style="list-style-type: none"> • Speech • Fluency • Voice • Resonance • Receptive language • Expressive language • Pragmatics and social skills • Cognitive communication • Emergent literacy to literacy • Sensory awareness • Eating, drinking and swallowing • Alternative and augmentative communication 	<ul style="list-style-type: none"> • Developmental delay/disorder • Congenital and/or acquired neurological disorder • Congenital and/or acquired medical conditions • Progressive neurological and medical conditions • Cultural and linguistic diversity • Congenital and acquired intellectual disability • Mental health problems • Trauma • Socio-economic reasons
Royal College of Speech and Language Therapists (RCSLT)	Infants, children, adults with learning difficulties, adults	<ul style="list-style-type: none"> • Acquired speech and language impairments • Developmental or acquired cognitive impairments • Developmental speech and language impairments • Fluency impairments • Swallowing impairments • Voice impairments 	<p>Babies</p> <ul style="list-style-type: none"> • Feeding and swallowing difficulties <p>Children</p> <ul style="list-style-type: none"> • Mild, moderate or severe learning difficulties • Physical disabilities • Language delay • Specific language impairment • Specific difficulties in producing sounds • Hearing impairment • Cleft palate • Stammering • Autism/social interaction difficulties • Dyslexia • Voice disorders • Selective mutism <p>Adults</p> <ul style="list-style-type: none"> • Communication or eating and swallowing problems following neurological impairments and degenerative conditions, including stroke, head injury, Parkinson's disease and dementia • Head, neck or throat cancer • Voice problems • Mental health issues • Learning difficulties • Physical disabilities • Stammering • Hearing impairment

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Speech-Language and Audiology Canada (SAC)	Across the lifespan	<p>Including, but are not limited to:</p> <ul style="list-style-type: none"> • Speech sound production; • Resonance; • Voice; • Fluency; • Pre-linguistic communication; • Language comprehension and expression; • Pre-literacy and literacy skills; • Cognitive communication; • Social (pragmatic) communication; • Feeding and swallowing; • Alternative and augmentative communication; • Aural (re)habilitation • Accent modification; 	<i>Populations/illnesses not specified</i>
Irish Association of Speech and Language Therapists (IASLT)	Children (from neonates up to & including school age), adolescents and adults	<ul style="list-style-type: none"> • Speech (e.g. articulation) • Voice and resonance • Fluency • Language including receptive and expressive language in oral, written, graphic and manual modalities • Receptive Communication (e.g. sensory losses associated with hearing/ processing difficulty) • Social Skills and Pragmatics • Cognitive-Linguistic aspects of communication/ higher level language • Literacy, written language • Sensory awareness related to communication, eating, drinking and /or swallowing • Eating, drinking, swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events, • Alternative and Augmentative Communication (AAC) 	<ul style="list-style-type: none"> • Diagnosed impairments, genetic, acquired neurological disorders and medical conditions • Trauma • Acquired Neurology • Developmental Delays • Cultural and Linguistic Diversity • Intellectual Disability • Mental Health problems

Note: Developed from ASHA (2016), SAC (2016), SPA (2015), Health and Care Professions Council (UK) (2013), NZSTA (2012), IASLT (2006) and RCSLT (2005).