

TELE THERAPY TODAY DEMAND AND TOMORROW REQUIREMENT: NEED ANALYSIS

TELETERAPIA HOJE: DEMANDA E NECESSIDADES FUTURAS: ANÁLISE DE NECESSIDADES

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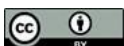
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Abstract

COVID-19 promoted the use of teletherapy as an alternative to face-to-face treatment that needs to be implemented, which evidences its potential to increase the level of access to and ease of speech-language pathology (SLP) services. Nonetheless, the effectiveness, limitations, and the best implementation methods of the same have not been fully established. The paper was a qualitative study that examined the present needs in teletherapy and found evidence-based needs of successful provision under a wide range of clinical settings. We thematically analyzed semi-structured interviews on 10 speech-language pathologists (SLPs) in Lahore, Pakistan, to understand therapists and their experiences, views on effectiveness, clinical issues, and barriers to implementation. Significant benefits of the participants included a high level of cost- and time-efficiency, better accessibility, and better interaction between the caregivers. Nevertheless, significant difficulties also arose, especially when interacting with young children, measuring fidelity to some disorders, and technology availability. Importantly, it was found that teletherapy is not applicable to several conditions such as voice disorders, dysphagia, and complicated hearing-related evaluations. This research paper recognizes significant geographical and demographical constraints that restrict externalization. The evidence indicates

Resumo

A COVID-19 promoveu o uso da teleterapia como alternativa ao tratamento presencial, o que evidencia seu potencial para aumentar o nível de acesso e a facilidade dos serviços de fonoaudiologia. No entanto, a eficácia, as limitações e os melhores métodos de implementação da mesma ainda não foram totalmente estabelecidos. O artigo foi um estudo qualitativo que examinou as necessidades atuais em teleterapia e encontrou necessidades baseadas em evidências de prestação bem-sucedida em uma ampla gama de contextos clínicos. Analisamos tematicamente entrevistas semiestruturadas com 10 fonoaudiólogos em Lahore, Paquistão, para entender os terapeutas e suas experiências, opiniões sobre a eficácia, questões clínicas e barreiras à implementação. Os benefícios significativos dos participantes incluíram um alto nível de eficiência em termos de custo e tempo, melhor acessibilidade e melhor interação entre os cuidadores. No entanto, também surgiram dificuldades significativas, especialmente ao interagir com crianças pequenas, medir a fidelidade a alguns distúrbios e disponibilidade de tecnologia. É importante ressaltar que se constatou que a teleterapia não é aplicável a várias condições, como distúrbios da voz, disfagia e avaliações complicadas relacionadas à audição. Este artigo de pesquisa reconhece restrições



that teletherapy is an effective treatment that should be used as a supplement to face-to-face therapy and not as a universal one. To promote the practice standards, stakeholders should define the clinical guidelines of the disorder-specific suitability, come up with a set of standardized assessment protocols, overcome technological challenges, and provide a tight discipline of professional training in the competencies of teletherapy. This research will serve as a basis of policy making and clinical decision making and will indicate the need to be cautious and implement the solution in an evidence-based manner.

Keywords: Teletherapy. Speech-Language Pathology. Digital Health. Remote Therapy. Qualitative Research.

geográficas e demográficas significativas que limitam a externalização. As evidências indicam que a teleterapia é um tratamento eficaz que deve ser usado como um complemento à terapia presencial e não como um tratamento universal. Para promover os padrões de prática, as partes interessadas devem definir as diretrizes clínicas de adequação específica para cada distúrbio, elaborar um conjunto de protocolos de avaliação padronizados, superar os desafios tecnológicos e fornecer uma disciplina rigorosa de treinamento profissional nas competências da teleterapia. Esta pesquisa servirá como base para a formulação de políticas e tomadas de decisões clínicas e indicará a necessidade de cautela e implementação da solução de maneira baseada em evidências.

Palavras-chave: Teleterapia. Fonoaudiologia. Saúde Digital. Terapia à Distância. Pesquisa Qualitativa.

1 INTRODUCTION

Speech-language pathology (SLP) is a health profession that forms the basis of the evaluation, diagnosis, and treatment of communication and swallowing impairments throughout the lifespan (Cummings, 2018). SLPs treat diseases of speech, language, voice, fluency, and cognitive-communication abilities of populations in both early childhood and older adulthood (ASHA). The SLP practice includes developmental disorders, including autism spectrum disorder and language delays, and acquired conditions such as aphasia and dysarthria due to neurological events, e.g. stroke (Prizant and Wetherby, 2005). Evidence-based practice assists the SLPs in providing individualized intervention by engaging in teamwork in the areas of education, clinical and community (Bishop, 2010). The COVID-19 pandemic also required a change in the models of service delivery to accelerate the implementation of teletherapy in the fields of healthcare (Tar-Mahosed, 2022). Teletherapy became a vital asset in speech-language pathology specifically, as it allowed keeping the continuity of care when lockdowns and social distancing requirements came into effect (Hao *et al.*, 2021). The recent years have seen the emergence of many digital applications, software platforms, and online systems targeted at facilitating the delivery of SLP services, but with a specific interest in the

pediatric groups (Boyadzhieva-Deleva, 2020). Some studies show that videoconferencing proves to be effective in school-aged children and is well-received by caregivers (Grogan-Johnson *et al.*, 2010). In spite of these rising uptakes, gaps in knowledge about the usefulness of teletherapy in various disorders, limitations in the use of this therapy in certain clinical groups, and optimal practices in teletherapy use still exist. The literature on SLP experiences of teletherapy and satisfaction on the part of the caregiver has already been investigated (Al Awaji *et al.*, 2021; Nader & Erickson, 2023), but the analysis of its advantages and disadvantages is still incomplete. Moreover, issues such as ethics, such as involving unlicensed practitioners, have not been properly covered in the literature (Bayati & Ayatollahi, 2023). The proposed qualitative research was aimed to investigate the existing demand of teletherapy among working speech-language pathologists and determining evidence-based needs to implement the therapy effectively. This study will educate about the role of policy creation and professional training guidelines in the resource-diverse environment by investigating clinician views on effectiveness, clinical decision-making, and implementation obstacles.

2 MATERIALS AND METHODS

2.1 Study design

This qualitative descriptive research used the methodology of thematic analysis to investigate the experiences and perceptions of speech-language pathologists who have implemented the service of teletherapy. The qualitative design was chosen to produce rich and context sensitive information about the practice of teletherapy in the resource diverse clinical facilities. This was done in the period between January and April 2025. The University of Cyberjaya, Malaysia (research institution) was used as institutional affiliations, and data was collected at the University of Lahore Teaching Hospital and other rehabilitation centers affiliated with the University of Lahore in Lahore, Pakistan.

2.2 Ethical approval and consent

The center of research and graduate studies. University of Cyberjaya gave ethical approval (Reference: UOC/CRERC/ER/612) and so did the Research Ethical Committee (REC) of The University of Lahore. REC-UOL-/574/08/24. All the participants were informed and gave verbal and written informed consent before the data was collected. and we explicitly requested their consent to be audio-recorded and to have the anonymized quotes used in dissemination. All information about the participants received unique serial numbers (SLP 1-10) as the participants were identified to maintain their confidentiality.

2.3 Study population and sampling

Inclusion Criteria: Eligible participants of the study were speech-language pathologists who had at least one year of clinical experience and were practicing teletherapy in the course of the study. Their requirements included a minimum of a masters degree in speech-language pathology. good command of English and were able to give informed consent.

Exclusion Criteria: Speech-language pathologists were not included in the study in case they had moved out of clinical practice. worked solely in administrative. research or teaching positions without direct clinical interaction with a client. or had no experience in providing teletherapy services previously.

Sampling Strategy: The sampling strategy involved purposive sampling in order to locate the qualified participants. Institutional networks and professional contacts were used to reach SLPs at the participating facilities. Ten SLPs who consented to take part in the interview were interviewed. These were all participants of Lahore. Pakistan.

2.4 Data collection procedure

The interviews were done virtually. via secure forums (Zoom or Google Meet) in one-on-one. semi-structured interviews between February and April 2025. The interviews were 45-60 minutes audio-taped with the express consent of participants. The a posteriori

construction of an interview guide based on predefined areas was as follows: (1) reasons to start using teletherapy; (2) technological platform and managing sessions; (3) evaluation methods and fidelity; (4) client leadership strategies; (5) ethical considerations and confidentiality; (6) advantages and facilitators; (7) clinical difficulties and barriers; (8) practice improvement suggestions. The interview guide has been pre-tested among two SLPs and optimized to come up with clarity before actual data collection.

Transcripts of audio recordings were transcribed directly and were checked by the research team as accurate. To maintain data integrity all transcripts were compared with recordings.

Methodological Clarification: The use of focus-group discussions was mentioned in the abstract first. and then the data collecting was conducted in one-on-one. semi-structured interviews. This is obviated in this instance. Semi-structured individual interviews were used to collect all the data without focus groups.

2.5 Data analysis

The thematic analysis was used to analyze qualitative data with the help of the MAXQDA 24 qualitative data analysis software. The five-step method of framework was used: (1) familiarization with the data by repeatedly reading transcripts; (2) the identification of a thematic framework with the help of inductive coding; (3) indexing of passages with the relevant data; (4) charting of the themes in cases; and (5) mapping and interpretation of patterns.

Independent coders were used to improve the analytical rigor by coding all transcripts independently. The coding discrepancies were addressed by consensus discussion. The first codes were inductively drawn based on the language of the participants and codes were then classified into thematic categories and subthemes. The research team observed practices of reflexivity throughout the analysis in order to prevent any bias of the researcher and recognize the impact of prior assumptions on the interpretation.

3. STUDY RESULTS

3.1 Participant characteristics

Ten speech-language pathologists were interviewed individually in semi-structured interviews. Table 1 shows the demographics, credentials, clinical experience, and professional status of the participants. All the participants had a master's degree in Speech-Language Pathology or a related field (MS-SLP or MS-SLHS). The time of clinical experience was between 3.5 and 15 ($M = 8.35$ years, $SD = 4.18$). Experience of teletherapy was between 2 and 5 years.

The professional credentials showed that 7 participants (70%) were valid SLPs, and 3 participants (30%) were registered SLPs.

Respondents practiced in varied environments such as teaching hospitals of universities, rehabilitation facilities and specialized clinics. The disorders treated were autism spectrum disorder, language disorders, articulation disorders, hearing impairment, voice disorders, fluency disorders, and neurological conditions acquired (aphasia, dysarthria).

Table 1

Participant Demographics and Professional Characteristics (N=10)

Participant	Gender	Clinic Setting	Credential	Experience	Teleexp	License Status
SLP 1	M	UL Teaching Hospital	MS-SLP	12 yrs	2 yrs	Licensed
SLP 2	F	The Speech Map	MS-SLP	12 yrs	5 yrs	Licensed
SLP 3	F	Terteeb Rehabilitation	MS-SLP	3 yrs	3 yrs	Registered
SLP 4	F	Dimensions Center	MS-SLP	5 yrs	4 yrs	Licensed
SLP 5	F	Children's Hospital	MS-SLP	15 yrs	4 yrs	Registered
SLP 6	F	UL University	MS-SLP	9 yrs	2 yrs	Licensed

SLP 7	M	Rashid Latif Medical College	MS-SLHS	7 yrs	2 yrs	Licensed
SLP 8	F	Terteeb Rehabilitation	MS-SLP	4 yrs	4 yrs	Licensed
SLP 9	M	Naz Hospital	MS-SLP	3.5 yrs	3 yrs	Registered
SLP 10	F	Fatima Memorial Hospital	MS-SLP	13 yrs	4 yrs	Licensed

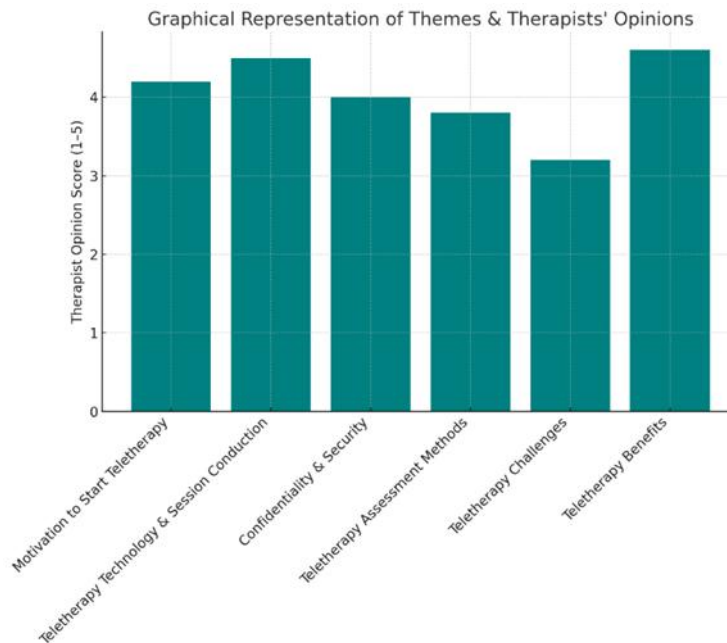
3.2 Thematic analysis: six primary themes

Theme 1: Motivation to Adopt Teletherapy (100%. n=10)

Reason to Implement Teletherapy (100 percent. n=10) Teletherapy became somewhat of an external necessity and not an intentional decision. The main stimulus of adoption mentioned by all participants was the restrictions related to the COVID-19 pandemic. Typical quotation: *When lockdown occurred. we did not have an option. We either went online or ceased to see clients altogether.* Professional development, the convenience of both SLPs and clients, and increased accessibility are among the secondary motivations that were identified. Several participants said that the reluctance was turned to long-term motivation after positive clinical results, especially in children with autism. The possibility of the caregiver input and observing therapy methods became a strong reinforcing influence: *'Parents can observe and learn the techniques on the spot-they could not do that in person in the past.'*

Figure 1

Opinion of therapists regarding different themes of teletherapy with a score of 1 (low) -5 (high). Teletherapy Benefits and Session Conduction Technology are rated the highest and Teletherapy Challenges scored the lowest



Theme 2: Technology Platform Selection and Session Management (100%. n=10)

Technology Platform Choice and Session Management (100 per cent. n=10)

Every participant used videoconferencing services. the most commonly used ones being Zoom and Google Meet. The major infrastructure features were the laptops that were equipped with good quality speakers and microphones as well as webcams. Other technologies listed included digital whiteboards. test administration via screen share. and screen recording that will be available to caregivers. Physical session preparation was focused on reducing the distraction. Sessions were held on quiet spaces where participants worked in dedicated and controlled areas with limited light and where possible; the green screens were produced to generate professional clinical environments. Some of the participants used recording devices like cell phones and basic speaker systems but the quality of the microphones used was linked to better quality in the sessions. The participants indicated that technological proficiency increased significantly with time. and the learning curves (usually 2-6 months) were replaced by comfortable adaptation.

Theme 3: Confidentiality. Security. and Ethical Safeguards (100%. n=10)

Confidentiality and data protection were what all participants considered to be the most important. Certain protective measures were: sessions held in confidential places; express verifying of patient identity before the start of the session; explicit written parental consent before recording the session; use of end-to-end encrypted platforms; compliance with institutional data protection policies; and de-identification of all clinical records. Literature that was mentioned included professional codes of conduct (especially ASHA guidelines) as a framework of ethical practice. Nonetheless, a number of participants expressed that they were not sure about the compliance with HIPAA or similar local regulations, implying that they do not have training on what is required legally to provide teletherapy in their state

Theme 4: Assessment Methods and Clinical Fidelity (90%. n=9)

The majority of the participants reported systematic pre-assessment procedures such as caregiver interviews to obtain a developmental and medical history. The procedures used in standard assessment were as follows: pre-assessment stage with in-depth history taking; formal assessment with shared screen functionality or online platforms; informal assessment with observational protocols; and customization of the assessment regarding the needs of the clients. Nevertheless, the participants complained of significant assessment fidelity challenges. Voice disorders could not be assessed remotely through hand-on assessment of the laryngeal palpation. Swallowing disorders could not be assessed without an individual observing oral motor and swallowing activity, and overall hearing assessment could not be done without specialized audiometric equipment that was not available at home. Representative quote: *I am only able to screen hearing problems using their responses to sound. not perform full audiological evaluation via video. That demands a sound-booth audiologist.*

Theme 5: Benefits and Facilitators (100%. n=10)

By far, all respondents pointed to the considerable advantages of teletherapy: affordability and time efficiency (no need to travel); accessibility (clients in geographically isolated areas); scheduling flexibility; involvement of caregivers (observation and reinforcement); professional growth; and the sustainability of care when there are no face-to-face services. It is important to note that respondents noted that teletherapy worked best among clients with intact cognition (adolescents and adults) and children of school-going age with sufficient attention and motivation. The involvement

of caregivers was also found to be a crucial enabler: *those parents who actively participated in the sessions demonstrated significantly improved improvements since they were able to apply the strategies at home on their own.*

Theme 6: Challenges, Barriers, and Limitations (100%, n=10)

All the respondents indicated major clinical and logistical difficulties:

Engagement and Motivation Issues: Lack of attention in young children (3-6 years old) in online spaces; the lack of tactile and kinesthetic stimulation in the development of motor skills; the absence of physical direction and manual cues.

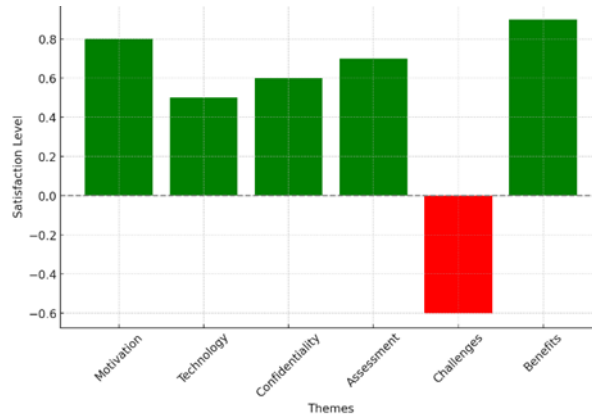
Technology and Connectivity Barriers: Sporadic loss of internet; insufficient bandwidth in the homes of clients; inconsistency of client access to facilities; software compatibility problems.

Assessment and Treatment Limitations: Voice disorders and assessment procedures are impossible to perform such as laryngeal palpation assessment; Swallowing disorders (dysphagia) cannot adequately observe pharyngeal and laryngeal function; Hearing disorders like comprehensive assessment impossible without specialized equipment; for Complex motor disorders there is limited ability to provide hands-on guidance.

Clinician-Reported Concerns: Experiencing more fatigue and eye strain; poor ability to read nonverbal behavior; less capacity to assess environmental factors; fears about preserving therapeutic presence.

Figure 2

This Explicates the level of patient satisfaction on various themes of teletherapy. The above bars are those of positive themes and are shown in green indicating favorable satisfaction. The only negative theme is the one called Challenges. and it is represented by a red bar. which attracts attention to the differences between the theme and the rest.



Positive Satisfaction Themes

Motivation, *Assessment*, and *Benefits* have the highest satisfaction levels, with "Benefits" being the highest among all themes, followed closely by "Motivation". *Technology* and *Confidentiality* also reflect positive satisfaction, but at a lower level compared to the previously mentioned themes.

Negative Satisfaction Theme

The "Challenges" theme is distinctly negative, indicating dissatisfaction among respondents regarding this aspect.

4 DISCUSSION

Teletherapy has become a viable and efficient method of service provision in speech-language pathology beyond its fast growth during the COVID-19 pandemic (Akram *et al.*, 2021). This study seems to show that speech-language pathologists experience positive effects, which show the capacity to contribute to satisfactory clinical results, high patient interaction, and a significant involvement of caregivers (Alyahya *et al.*, 2025). Despite the issues of poor internet connectivity, a lack of culturally relevant materials, and the challenges of working with the most severe disorders despite the professional

experience, it seems that there is a positive effect of the increase in clinical experience on the adaptability of practitioners (Shahouzaie *et al.*, 2020). However, these obstacles cannot be completely addressed without more widespread support in the system, such as institutional policies, funding systems, and infrastructure enhancing equitable access to telehealth (ASHA, 2021). All in all, teletherapy cannot be viewed as a temporary option, yet rather as a feasible and sustainable part of the modern speech-language pathology practice. It must continue to invest in achieving optimal effects on a long-term basis through the continued investment in clinician education and training, technological development, and the equitable allocation of resources (Scott *et al.*, 2024).

4.1 Limitations

One of the weaknesses that have been found in this study is the variability of the appropriateness of teletherapy to various disorders. Teletherapy has been found to be highly limited in conditions that involve physical examination or manual therapy, such as voice disorders, dysphagia, complete hearing evaluation, and multifaceted motor speech disorders, such as childhood apraxia of speech or severe dysarthria. In comparison, teletherapy proves to be moderately effective in most communication disorders, such as developmental and acquired language disorders, mild to moderate articulation disorders, fluency disorders, pragmatic communication problems, aphasia in cognitively intact adults, cognitive-communication disorders and AAC evaluation and intervention in the presence of sufficient technology and caregiver support. These results highlight the necessity of the increased diagnostic specificity of teletherapy studies and practice.

4.2 Recommendations

According to the findings of the study and the available evidence, a number of major recommendations can be offered. The professional body ought to formulate disorder-specific teletherapy guidelines to illustrate when teletherapy is the most suitable method of a primary, hybrid, or face-to-face service model. Case selection, ethical practice, adaptation of assessment, and technical proficiency should be incorporated in the training of teletherapy competence. It also needs clear minimum technology standards

and standardized protocols of implementing in-person assessments into teletherapy. Caregiver coaching must become part and parcel of providing teletherapy. Besides, licensure and regulatory systems should be spelt out to establish professional accountability. Research in the future is better suited to involve rigorous, disorder-specific outcome research, especially in underserved populations. Lastly, fair access must be encouraged by investing in broadband infrastructure, technology subsidies, reimbursement parity, and pilot programs in resource-constrained environments

5 CONCLUSION

The presented qualitative research investigated the experience of speech-language pathologists with teletherapy application in Lahore, Pakistan, and aimed at determining both clinical demand and evidence-based needs to provide successful delivery. Results confirm that teletherapy when properly used both in suitable disorders and population presents real clinical and practice benefits such as increased accessibility, affordability, and better caregiver involvement.

Teletherapy is a promising and sustainable form of speech-language pathology service, however, it should be implemented strategically, with awareness of the limitations, and with a resolve to evidence-based practice. The experiences which are recorded in this study offer groundwork evidence on practice enhancement and policy formulation. Nevertheless, teletherapy still needs extensive studies, regulatory elaborations, and professional consensus to realize its potential in being a foundation of accessible, equitable, and effective speech-language pathology practice across the globe.

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Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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