



The Transformation of a Profession

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The chief of the hospital's neurology service gave George a challenge. As a speech and language pathologist (SLP) at the Veterans Administration Hospital in Seattle, Washington, George and his team were experts in the anatomy and physiology of speech and vocal production. The question was whether they could translate that knowledge into treatment for swallowing disorders. Today, we take this knowledge for granted, realizing the integral role of the SLP in a comprehensive rehabilitation plan. Fifty years ago, there was little written in the literature about the role of speech therapists in the diagnosis or treatment of dysphagia until Dr. George Larsen, PhD, wrote the first article in 1972¹ describing the unique role of the SLP in the context of multi-professional approaches in rehabilitation. He even described the role of electrical stimulation to the larynx for brainstem stroke patients in 1973.²

As one of Dr. Larsen's contemporaries, Jerilyn Logemann was unaware of the work being done in Seattle. She was interested in theatre arts as a young college student in the early 1960's. Since vocal performance and

projection are paramount to success in the theatre, she took a course on disorders of the voice, also known as dysphonia. Dysphonia in a healthy person, especially actors, speakers, or singers, is a dreaded result of vocal strain and inflammation, but also can result from other conditions such as Parkinson's Disease, head and neck cancer, and acute conditions such as stroke. A close friend suggested that this course sparked her interest in the complexity of speech, vocal quality, and swallowing and was influential in shifting her career from one in the theatre to one in speech pathology.³ That shift would change the methods of assessment, diagnosis and treatment for swallowing disorders in millions of patients. Dr. Logemann completed her doctoral work in speech pathology at Northwestern University and pursued many post-doctoral studies, producing foundational publications that defined the role and contribution of the SLP across the spectrum of disorders, especially dysphagia.

Dr. Jeri Logemann's curiosity and commitment to research led her to develop the modified barium swallow, also known as



the “cookie swallow test,” and advocated for the role of the SLP in assessing and treating patients with dysphagia using imaging as a diagnostic tool with corresponding treatment strategies. When she found it difficult to get her work published, she found colleagues who were developing protocols and creating multi-disciplinary teams focusing on rehabilitation strategies that included SLPs. She partnered with Dr. Martin Donner, a radiologist, and Dr. Michael Groger, PhD, SLP, to create a new journal, *Dysphagia*, which is still in publication today.

The evolution and adoption of treatments for acute stroke has reduced death and disability for thousands of stroke patients. The most recent U.S. guidelines for acute ischemic stroke recommend an “in-hospital, formal, interdisciplinary assessment and provision of rehabilitation at a level appropriate for the individual patient...to improve functional recovery.”⁴ Our rehabilitation colleagues are as critical to functional recovery as our pharmacologic and interventional strategies initiated with great urgency, gusto, and energy.

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Dysphagia is common after stroke, affecting an estimated pooled prevalence of 43.6% after ischemic stroke and 58% after hemorrhagic stroke.⁵ The recently released AHA/ASA 2026 Guidelines for the Early Management of Patients with Acute Ischemic Stroke have acknowledged studies showing benefit with pharyngeal electric stimulation (PES) treatment for acute stroke patients.⁴ Our SLP colleagues now have a potent new treatment option listed in the United States guidelines to offer patients with severe dysphagia.

Tomorrow, when you write the consult to your institution's SLPs, write a small “Thank You” in the comment box acknowledging their role in reducing complications from stroke and enhancing the quality of life for patients, especially dysphagia patients who suffer ongoing challenges that aren't even quantified on standardized stroke scales. When you see them in interdisciplinary rounds, ensure that their participation is acknowledged and respected. They deserve nothing less.



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