



SLP HEALTH CARE 2025 SURVEY

Caseload Characteristics

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2025. The survey was designed to provide information about health care–based service delivery and to update and expand information gathered during previous *SLP Health Care Surveys*. The results are presented in a series of reports.

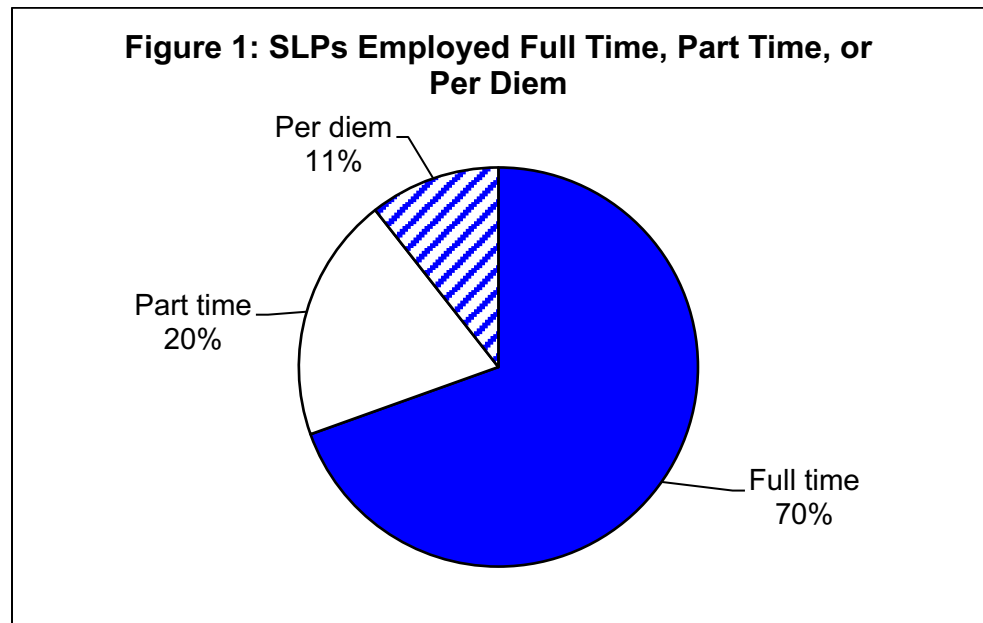
This report addresses only those questions on the survey that pertain to workforce issues. Data are drawn from six categories of health care facilities: (1) general medical, Veterans Affairs (VA), military, or long-term acute care (LTAC) hospitals; (2) home health agencies or clients' homes; (3) outpatient clinics or offices; (4) pediatric hospitals; (5) rehabilitation (rehab) hospitals; and (6) skilled nursing facilities (SNFs) or subacute care facilities. We did not present data for table cells with fewer than 25 respondents.

Highlights from clinical service providers:

- 70% worked full time.
- 23% provided episodic care, and 22% provided habilitative services to adults.
- 23% provided telepractice, and 21% provided episodic care to pediatric clients.
- 41% experienced an increase in their caseload sizes since January 2024; 51% said that their caseload sizes had stayed the same.
- 32% worked in private practice.
- 36% worked in early intervention.
- 37% used telepractice.

Employment Status

Among all the respondents who were employed, 70% worked full time (see Figure 1).



Note. $n = 2,686$.

Employment function, primary employment facility, and years of experience had an effect on status. Respondents who were employed full time included the following:

- 66% of the SLPs who were primarily clinical service providers, 91% who were primarily administrators or supervisors but who did see some patients, and 92% who were exclusively administrators or supervisors ($p < .001$).
- 58% of the SLPs who were employed in home health agencies or clients' homes; 64% of the SLPs who were employed in general medical, VA, military, LTAC, or university hospitals; 71% who were employed in rehab hospitals; 73% who were employed in SNFs; 74% who were employed in outpatient clinics or offices; and 79% who were employed in pediatric hospitals ($p < .001$).
- 66% of the SLPs who worked in a suburban area, 70% who worked in a rural area, and 72% who worked in a city or urban area ($p = .041$).
- Between (a) 85% of SLPs with 1–5 years of experience and (b) 53% with 31 or more years of experience ($p < .001$).

Highest degree and the state where they were employed did not have an effect on status.

Adult Services

We asked SLPs who were primarily clinical service providers to consider the time that they spent providing services to adults and then to identify which of seven services they provided. They selected episodic care (23%) and habilitative services (22%) more often than other services. Responses varied by facility for every area in the list (see Table 1).

Table 1. Services Provided to Adult Clients (%)

Adult Area	All Facility Types (<i>n</i> = 2,310)	General/ VA/ Military/ LTAC/ University (<i>n</i> = 362)	Home Health/ Client's Home (<i>n</i> = 381)	Outpatient Clinic/ Office (<i>n</i> = 906)	Pediatric Hospital (<i>n</i> = 88)	Rehab Hospital (<i>n</i> = 132)	Skilled Nursing Facility (<i>n</i> ≥ 368)
Episodic care (i.e., periods of intensive therapy with breaks for generalization) ^{***}	23	30	22	21	6	29	26
Habilitative services (i.e., targeting new skills rather than those acquired prior to injury or illness) ^{***}	22	28	20	17	5	35	32
Palliative care ^{***}	16	44	11	5	5	15	25
Telepractice ^{***}	14	10	8	23	3	4	10
Group services ^{***}	13	4	1	3	0	49	50
Concurrent services (i.e., two patients performing different activities at the same time) ^{***}	11	3	2	2	1	24	46
Gender affirming care ^{***}	4	3	1	7	1	5	1
I do not serve adult clients. ^{***}	33	3	46	52	77	2	1

^{***}*p* < .001.

Geographic Area

For SLPs who were primarily clinical service providers, geographic area had an effect on the following five services (see Appendix for states in each area).

- 14% in the Midwest and South, 17% in the West, and 24% in the Northeast selected *palliative care* ($p < .001$).
- 12% in the South, 13% in the Midwest, 17% in the Northeast, and 19% in the West selected *telepractice* ($p < .001$).
- 11% in the West, 12% in the South, 13% in the Northeast, and 17% in the Midwest selected *group services* ($p = .017$).
- 6% in the West, 10% in the Northeast, 12% in the Midwest, and 13% in the South selected *concurrent services* ($p = .001$).
- 2% in the South, 3% in the Midwest, and 7% in the Northeast and West selected *gender affirming care* ($p < .001$).

Population Density

For SLPs who were primarily clinical service providers, the population density of the area had an effect on four services.

- 22% in suburban areas, 23% in city or urban areas, and 31% in rural areas selected *episodic care* ($p = .002$).
- 12% in city or urban areas, 14% in suburban areas, and 17% in rural areas selected *group services* ($p = .022$).
- 9% in city or urban areas, 12% in suburban areas, and 15% in rural areas selected *concurrent services* ($p = .003$).
- 3% in suburban areas, 5% in rural areas, and 6% in city or urban areas selected *gender affirming care* ($p = .002$).
- Additionally, 21% in rural areas, 34% in city or urban areas, and 37% in suburban areas said that they did not serve adult clients ($p < .001$).

Pediatric Services

We also asked SLPs who were primarily clinical service providers to consider the time that they spent providing services to pediatric clients and then to identify which of six services they provided. They selected *telepractice* (23%) and *episodic care* (21%) more often than other services. Responses varied by facility for every area in the list (see Table 2).

Table 2. Services Provided to Pediatric Clients (%)

Pediatric Area	All Facility Types (<i>n</i> = 2,310)	General/VA/ Military/ LTAC/ University (<i>n</i> = 362)	Home Health/ Client's Home (<i>n</i> = 381)	Outpatient Clinic/ Office (<i>n</i> = 906)	Pediatric Hospital (<i>n</i> ≥ 88)	Rehab Hospital (<i>n</i> ≥ 131)	Skilled Nursing Facility (<i>n</i> ≥ 368)
Telepractice ***	23	2	28	39	40	2	2
Episodic care (i.e., periods of intensive therapy with breaks for generalization) ***	21	6	19	35	51	6	1
Group services ***	6	1	4	10	14	3	1
Concurrent services (i.e., two patients performing different activities at the same time) ***	3	1	4	5	5	1	1
Gender affirming care ***	2	< 1	1	4	8	2	0
Palliative care ***	2	< 1	1	2	21	1	1
I do not serve adult clients. ***	47	81	37	21	0	83	89

****p* < .001.

Geographic Area

For SLPs who were primarily clinical service providers, the area of the country where they were employed had an effect on three services.

- 21% in the Midwest and Northeast, 22% in the South, and 31% in the West selected *telepractice* (*p* = .001).
- 19% in the South, 21% in the Northeast and West, and 26% in the Midwest selected *episodic care* (*p* = .012).
- 1% in the South, 2% in the Midwest, and 3% in the Northeast and West selected *gender affirming care* (*p* = .037).

Population
Density

For SLPs who were primarily clinical service providers, the area of the country where they were employed predicted the selection of two services.

- 16% in rural areas and 25% in city or urban areas and in suburban areas selected *telepractice* ($p = .002$).
- 1% in rural areas, 2% in suburban areas, and 3% in city or urban areas selected *gender affirming care* ($p = .034$).

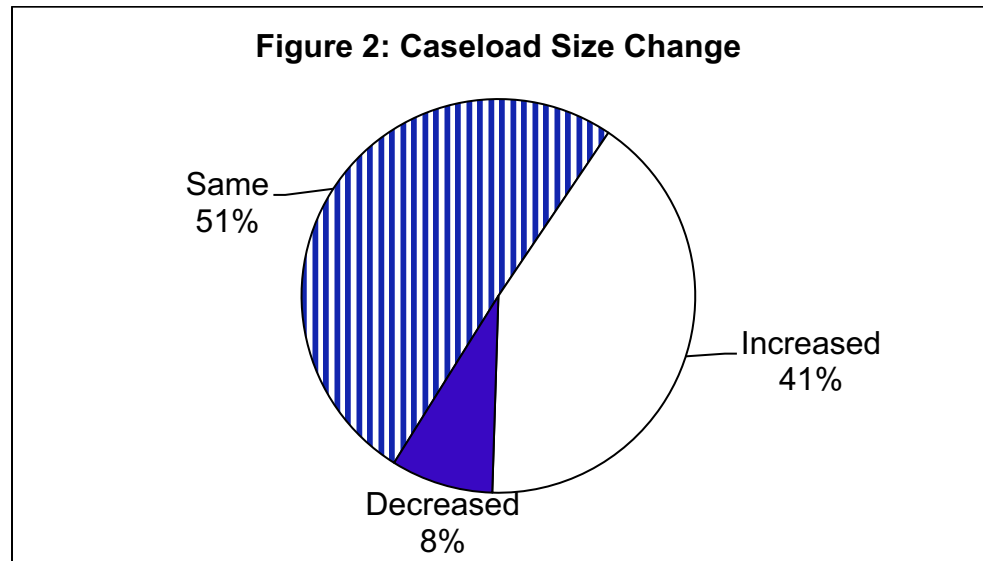
Years of
Experience

Years of experience had an effect on the selection of four service areas.

- Between a low of 18% of clinical service providers with 31 or more years of experience and a high of 33% of those with 1–5 years of experience selected *telepractice* ($p < .001$).
- Between a low of 3% of clinical service providers with 31 or more years of experience and a high of 8% of those with 1–5 years of experience selected *group services* ($p = .042$).
- Between a low of 0% of clinical service providers with 26 more years of experience and a high of 4% of those with 1–5 years of experience selected *gender affirming care* ($p = .023$).
- Between a low of 0% of clinical service providers with 26–30 years of experience and a high of 3% of those with 1–10 years of experience selected *palliative care* ($p = .006$).
- Additionally, between a low of 39% of clinical service providers with 1–5 years of experience and a high of 54% of those with 11–15 years of experience said that they did not serve pediatric clients ($p < .000$).

Caseload Size Change

We asked clinical service providers if their caseload sizes had changed since January 2024. Very few reported a decrease in caseload size (see Figure 2).



Note. $n = 2,272$.

Facility

Facility type was a predictor of caseload size change ($p < .001$).

- SLPs who were primarily clinical service providers in two facility types—pediatric hospitals (50%) and general medical, VA, military, LTAC, or university hospitals (49%)—were more likely to say that their caseload sizes had *increased* than to choose either of the other responses.
- Clinical service providers in four facility types—home health agencies or clients' homes (46%), outpatient clinics or offices (52%), SNFs (52%), and rehab hospitals (68%)—were more likely to say that their caseload sizes had *remained the same* than to choose either of the other responses.

Population density, area of the country, and years of experience were not predictors of caseload size change.

Private Practice, Early Intervention, and Telepractice

We asked the survey respondents if their current work included three employment arrangements: private practice, early intervention, and telepractice. Primary employment facility, area of the country, population density, and years of experience each had an effect on clinical service providers' responses to at least one arrangement.

- 32% of the clinical service providers worked in private practice.
 - Participation in private practice ranged from a low of 2%–7% in rehab hospitals; SNFs; general medical, VA, military, LTAC, or university hospitals; and pediatric hospitals to a high of 41% in home health or clients' homes and 58% in outpatient clinics or offices ($p < .001$).
 - Participation in private practice was reported by 24% of SLPs in the Midwest, 26% in the Northeast, 33% in the West, and 38% in the South ($p < .001$).
 - 27% of SLPs in rural areas, 28% in city or urban areas, and 36% in suburban areas included private practice in their current work ($p < .001$).
- 36% worked in early intervention.
 - Participation in early intervention ranged from a low of 3%–6% in SNFs; rehab hospitals; and general medical, VA, military, LTAC, or university hospitals to a high of 34% in pediatric hospitals, 57% in outpatient clinics or offices, and 59% in home health agencies or clients' homes ($p < .001$).
 - Participation in early intervention was reported by 26% of SLPs in the Northeast, 34% in the Midwest, 37% in the West, and 40% in the South ($p < .001$).
 - Between 28% of SLPs with 31 or more years of experience and 44% with 1–5 years included early intervention in their current work ($p < .001$).
- 37% used telepractice.
 - Use of telepractice ranged from a low of 5%–13% in rehab hospitals; SNFs; and general medical, VA, military, LTAC, or university hospitals to a high of 40% in pediatric hospitals, 42% in home health or clients' homes, and 59% in outpatient clinics or offices ($p < .001$).
 - Participation in telepractice was reported by 33% of SLPs in the Northeast, 34% in the South, 35% in the Midwest, and 47% in the West ($p < .001$).
 - Between 32% of SLPs with at least 26 years of experience and 43% with 1–5 years included telepractice in their current work ($p = .022$).

Survey Notes and Methodology

The ASHA SLP Health Care Survey has been fielded in odd-numbered years since 2005 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of SLPs.

We fielded the survey to a random sample of 15,000 ASHA-certified SLPs who were employed in health care settings in the United States. One third of the surveys were fielded via postal mail; two-thirds were fielded via Survey Monkey. Fielding dates were February 27, March 27, and April 24, 2025, for both modes—with an additional fielding of the electronic version on May 8. The sample was a random sample, stratified by type of facility. We oversampled small groups, such as pediatric hospitals. We used weighting when presenting data to reflect the actual distribution of SLPs in each type of facility.

Response Rate

Of the original 15,000 SLPs in the sample, 7 had retired, 181 had unusable addresses, 43 were not currently employed in health care, and 273 were ineligible for other reasons. The actual number of respondents was 2,693, resulting in an 18.6% response rate. The results presented in this report are based on responses from those 2,693 individuals.

Survey Reports

Results from the ASHA 2025 SLP Health Care Survey are presented in a series of reports:

- Survey Summary
- Workforce
- Practice Issues
- Caseload Characteristics
- Annual Salaries
- Hourly and Per-Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2025) ASHA 2025 SLP Health Care Survey: Caseload characteristics. www.asha.org/

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Evidence-based practice (EBP)*. www.asha.org/research/ebp/

American Speech-Language-Hearing Association. (n.d.-b). *Information for speech-language pathologists*. www.asha.org/slp/

American Speech-Language-Hearing Association. (n.d.-c). *The practice portal*. www.asha.org/practice-portal/

Additional Information

For additional information regarding the *ASHA 2025 SLP Health Care Survey*, please contact Brooke Hatfield, senior director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5692, bhatfield@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2025 SLP Health Care Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.



Appendix: State Listings and Data Table

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington