Bulletin 2024

The Japan Society of Logopedics and Phoniatrics

JAPAN SOCIETY LOGOPEDICS PHONIATRICS
Since 1956
JSLP

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Greeting

President of The Japan Society of Logopedics and Phoniatrics

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The Japan Society of Logopedics and Phoniatrics was founded in 1956.

The 69th Annual Meeting and Scientific Sessions for 2024 were held in Tokyo. To celebrate our forthcoming 70th anniversary, we are planning commemorative events at our General Meeting in Kobe in 2025. Today, Society membership exceeds 1600, including speech-language-hearing therapists, physicians, schoolteachers, research scholars, and participants from numerous other professions. Our academic areas span a broad spectrum centering on speech, language, and hearing disorders but also extending to higher brain function, development, and deglutition.

The scope of the Society's activities includes organization of an annual symposium of academic lectures, publication of a quarterly journal, and provision of research grants. Also, in 2020, we inaugurated a program of awards given to the three most outstanding articles appearing in the Society's journal in the respective areas of voice, speech, and language, complemented by an award for the most promising effort among all featured articles.

In the Japan of tomorrow, which will be increasingly impacted by the nation's declining birth rate and aging population, the Society's activities supporting the treatment of children and elderly individuals who have voice, language, or hearing disabilities will be of great importance for maintaining language communication and sustaining the nation's culture. The Japan Society of Logopedics and Phoniatrics' members include specialists in a broad array of professions—experts with the potential, through joint research involving many facilities, to develop new treatments and produce major results in basic research. My mentors taught me that two components are needed for achieving scholastic progress: competition and cooperation. For Society members, these translate to friendly rivalry to achieve new knowledge, and exchanges of information and joint research. We sincerely ask all IALP members for our continued cooperation and guidance in the years ahead. Therefore, we would like to make every effort to host the IALP in Japan by mobilizing the collective strength of the entire country.

The IALP Bidding Committee

Committee Members

JALP: Hirohito Umeno, Takashi Nakagawa, Shigeru Hirano, Mami Kaneko, Yukio Katori, Koichi Omori, Tatsuya Yamasoba, Ichiro Tateya, Takaharu Nito

JAS: Kazushi Uchiyama, Yoko Inamoto

JACD: Norimune Kawai

Committee Chair
Shigeru Hirano, MD, PhD
Department of Otolaryngology Head and Neck Surgery,
Kyoto Prefectural University of Medicine

The Japan Association of Logopedics and Phoniatrics (JALP) founded the IALP bidding committee in 2024 to participate in the bid for IALP 2031. The committee members consist of the president, past presidents, international committee members, and board members in charge of financial affairs and general affairs. The committee also includes the presidents of the Japanese Association of Communication Disorders (JACD) and Japanese Association of Speech-Language-Hearing Therapists (JAS). This is an ALL JAPAN organization, the aim of which is to bid for IALP in 2031.

The committee will propose Kyoto—the most traditional, historical, and cultural city in Japan—as the candidate city. Kyoto was the capital for more than 1000 years until the capital was moved to Tokyo about 100 years ago. Kyoto is one of the most attractive cities for travelers, because we have plenty of historical temples, shrines, museums, academic places, culture centers, and beautiful spots for tours. We hosted the IALP in Tokyo in 1986, and it would be our great pleasure if we could host IALP 2031 in this historical city.

The theme proposed will be innovations in logopedics and phoniatrics, which cover every area related to speech, language, swallowing, hearing, and cognitive science. Recent advances include translational research, brain function, the team approach, and innovative technology using artificial intelligence (AI) and virtual reality (VR). There will be a wide focus on the scientific aspects of logopedics and phoniatrics. The program will include main reports, plenary sessions, symposiums, panels, and instructional courses.

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The 69th Annual Meeting of the Japan Society of Logopedics and Phoniatrics

Congress Chair
Takeshi Oshima, MD, PhD
Department of Otolaryngology – Head and Neck Surgery,
Nihon University School of Medicine

The 69th Annual Meeting and Academic Conference of the Japan Society of Logopedics and Phoniatrics were successfully held from Thursday, October 17th to Friday, October 18th, followed by a Post-Congress Seminar on Saturday, October 19th, at the National Center of Sciences Building in Chiyoda-ku, Tokyo.

The theme of this conference was "The Knowledge and Skills of Logopedics and Phoniatrics: Towards the Future." In Japan, not only advanced companies but also small and medium-sized enterprises with traditional expertise have contributed to the development of society. Similarly, in the field of medicine, theories and techniques have been systematically passed down to create the foundation of today's medical practices. One of the distinguishing features of this conference is the diverse gathering of multidisciplinary researchers. This diversity fosters creative research and innovation in medical practices, ensuring their inheritance and future development. With this goal in mind, we designed this event to reaffirm and connect the knowledge and skills of the

speech and language field to the future.

The symposium consisted of four topics: spasmodic dysphonia, dysarthria, pediatric cochlear implants, and basic research in Logopedics and Phoniatrics.

We also planned two panel discussions. These discussions spotlighted transoral laryngeal surgery and interprofessional collaboration in voice and speech therapies.

The educational lectures covered three distinct areas: dysphagia in neuromuscular diseases and related swallowing support; fundamental knowledge of sound; and thyroplasty. These lectures provided insights into diverse domains such as hearing, voice surgery, and swallowing.

Thanks to the cooperation of our members, 123 papers were received as oral presentations. In addition, we introduced an English session, in which papers were presented in English. Eight submissions were gathered, and it is expected that these contributed, even modestly, to the internationalization of the conference.

Apart from academic sessions, we also held a Doctor-Artist Session, which featured a music seminar, offering participants a unique and enriching experience. After a lecture on the professionalism of doctors excelling both as otolaryngologists and as musicians, we had the pleasure of listening to an exciting performance.

For the Post-Congress Seminar, we focused on the theme of swallowing. More than 40 participants learned swallowing-related medical care.

Despite the variable autumn weather, we were fortunate to have no significant disruptions, and the conference concluded successfully.

The Advancement of Translational Research in the Treatment of Dysphonia

International Committee Chair
Mami Kaneko, PhD
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It has been traditionally common in Japan for ear, nose, and throat doctors (ENT doctors) and speech-language pathologists (SLPs) to assess patients together in the field of voice disorders (dysphonia). This collaborative system plays a crucial role in promoting an environment that facilitates the seamless conduct of translational research. The process of verifying clinical questions derived from clinical practice through basic research, and subsequently translating the findings into clinical applications, is particularly active in the field of dysphonia.

From the 1970s to the 1980s, the anatomy and physiology of the larynx were extensively elucidated through Japanese research, laying the foundational principles of voice surgery. These elucidations have led to the development of various types of basic research, which in turn have progressed to address a range of clinical questions. The approach to the vocal fold mucosa and muscle regeneration treatment are among Japan's strengths. This has been achieved through a continuous process from basic research to clinical application.

Research on vocal-cord wound healing has evolved into the development of perioperative vocal treatment, demonstrating both the effectiveness of shortening the duration of the voice rest period compared with that in the traditional approach following phonomicrosurgery and the usefulness of perioperative voice therapy. Research into the use of antioxidants for vocal fold healing has led to the development of proactive interventions for addressing vocal fatigue and hoarseness in professional voice users; these disorders were previously difficult to manage. Neuromuscular electrical stimulation for dysphonia has been introduced globally to improve muscular function. Interferential current stimulation has been commercialized in Japan as a sensory stimulation device for dysphagia. Its efficacy has been demonstrated by basic research on swallowing, and it is now widely applied in swallowing clinical practice. Application of the interferential current stimulation device not only to the treatment of dysphagia but also to the field of dysphonia as sensory stimulation is a concept uniquely developed in Japan.

In both basic research and clinical applications, ENT doctors and SLPs suggest clinical questions to each other, conduct basic experiments collaboratively, and work together in clinical research to advance treatment and evaluation. In this way, the collaboration between ENT doctors and SLPs has advanced translational research, led to clinical applications, and contributed to the development of dysphonia treatments. This represents a notable strength of Japan.

Japan's Pediatric Language Therapy: Collaboration Between Speech-Language Pathologists and Special Needs Education Teachers

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Japan has established a distinctive and evolving model of collaboration between speech-language pathologists (SLPs) and special needs education teachers, shaped by comprehensive government policies that emphasize interdisciplinary cooperation. Unlike in many other countries, SLPs in Japan predominantly work in medical or welfare institutions rather than being embedded within schools. However, ongoing efforts aim to enhance school-based support by strengthening collaboration between SLPs and educators. This framework ensures that students with communication disorders receive timely, structured, and individualized assistance, thereby improving their overall educational experience. Additionally, governmental initiatives continue to reinforce these collaborative structures, positioning Japan as a leader in integrating language support within inclusive education policies.

Japan's pediatric language therapy system stands out globally due to its strong emphasis on multidisciplinary cooperation. While SLPs in Western countries often operate within schools, Japan's model fosters close coordination between medical institutions, welfare facilities, and educational settings. This approach enables students to receive professional language support while benefiting from a holistic intervention strategy. Japan's policies actively integrate language support into broader inclusive education initiatives, ensuring that students receive comprehensive care. Although most SLPs are not directly stationed in schools, they frequently collaborate with teachers through consultation and intervention programs aligned with national educational objectives. Furthermore, Japan prioritizes early detection and proactive intervention for language disorders, leveraging collaboration among schools, medical professionals, and welfare services to provide seamless support beyond the classroom environment.

Despite Japan's strong foundation in collaborative language therapy, several challenges persist. The demand for school-based SLPs continues to exceed supply, as most professionals work in medical and welfare institutions rather than within schools. Consequently, special needs education teachers often assume additional responsibilities related to language support. Expanding the availability of SLPs in school settings is crucial to addressing this gap. Additionally, while Japan has made significant strides in interdisciplinary cooperation, the absence of standardized collaboration guidelines between schools and medical institutions leads to inconsistencies in service delivery. Establishing clear national frameworks that define roles, responsibilities, and communication strategies between SLPs and educators would enhance the effectiveness of interventions. Furthermore, joint training programs for SLPs and special needs teachers remain limited, restricting opportunities for shared expertise and collaborative intervention strategies. Expanding structured training initiatives would strengthen the alignment of language support methodologies across disciplines.

Japan's approach to pediatric language therapy is characterized by its emphasis on interdisciplinary collaboration across medical, welfare, and educational institutions. The government's commitment to enhancing language support within inclusive education, prioritizing early intervention, and fostering professional coordination exemplifies a progressive strategy in language education. By addressing existing challenges—expanding the SLP workforce within schools, refining structured collaboration mechanisms, and enhancing interdisciplinary training—Japan can further solidify its leadership in this field. These improvements will not only benefit students with communication difficulties but also reinforce Japan's reputation as a global leader in inclusive education and speech-language therapy.

Japanese Orthography as a Gateway to Cognitive Neuropsychology in Reading and Writing: Insights from Kanji-Kana Research

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Japanese offers a uniquely fertile ground for investigating the cognitive neuropsychological mechanisms underpinning reading and writing systems. Unlike alphabetic languages, which primarily rely on between letter and sound correspondence, Japanese orthography comprises two distinct systems: logographic Kanji and phonographic Kana. These two types of characters provide an exceptional framework for exploring how the brain processes written language, and they have long attracted attention (Suzuki, 2022).

A key benefit of studying Japanese lies in the sharp contrast between Kanji—often complex characters that contain semantic and morphological information and can represent entire words—and Kana, which are relatively simple and encode single phonological units as morae with no intrinsic meaning. The mora is reported to be the minimal phonological unit in Japanese (Verdonschot et al., 2011). In some cases of acquired dyslexia or dysgraphia, individuals exhibit selective difficulty in reading or writing Kanji versus Kana. Hashimoto and Uno (2016) reported differential effects on reading and writing in individuals with aphasia, suggesting distinct or partially overlapping cognitive pathways for Kanji and Kana processing.

Research on Kanji "pseudo-word" or nonword reading has expanded in recent years. Unlike Kana, whose character/mora corresponding conversion rules are straightforward, Kanji often have multiple On/Kun readings, requiring readers to select the correct reading from among these possibilities. To address this challenge, Hashimoto et al. (2018) introduced a Kanji lexical decision task containing pseudo-homophone nonwords with the same sounds as real words. This task enables clinicians to accurately assess lexical-semantic deficits. Notably, Uema et al. (2022) reported a case of acquired phonological dyslexia specifically tied to Kanji nonwords, highlighting the intricate mapping between Kanji and phonology. These insights are also valuable in neurodegenerative diseases: Tateba et al. (2025) suggest that Kanji-based assessments may help deepen our understanding of conditions such as semantic dementia, where the logographic nature of Kanji can facilitate reading comprehension while potentially inhibiting lexical decision processes.

These findings have several important clinical implications. Because Kana directly encodes mora-based phonology, clinicians can use it to train phonological routes in patients with conditions such as conduction aphasia or phonological dyslexia. Conversely, the logographic qualities of Kanji enable semantically focused rehabilitation when phonological decoding is impaired.

By leveraging the differences between Kanji and Kana, researchers in Japan have deepened our understanding of the universal mechanisms involved in reading and writing while shedding light on language-specific processes. Such investigations advance theoretical models of reading and writing and enhance clinical assessment and treatment strategies. Japan wis expected to play a significant role in guiding future directions for cross-linguistic research on dyslexia and aphasia.

Acknowledgement
I thank Dr. Akira Uno, Dr. Kosei Hashimoto, and Dr. Shinji Uema for their helpful advice.

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Approach to Audiological Issues From the Perspective of Speech and Language in Japan

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The academic field of audiology in Japan was developed by otolaryngologists in the mid-1950s, and the Audiological Society has gradually opened its doors to speech-language-hearing therapists (SLHTs), engineers, and deaf-education specialists. Unlike in some countries such as the US or UK, a single certification for audiologists does not exist in Japan, as the credential is combined by law with that of speech language pathologists. However, some SLHTs who work in hospitals, clinics, or universities do practice audiological evaluation, the fitting of hearing aids or implantable hearing devices, and audiological rehabilitation in patients of all ages, from infants to the elderly. Research topics related to audiology are wide ranging, from elucidation of the mechanism and/or pathologies of ear diseases in collaboration with medical doctors, to determination of the outcomes of using hearing aids or implantable hearing devices, early hearing detection and intervention, the development of auditory assessment tests, and the study of listening difficulties.

Elucidation of the Mechanisms and/or Pathologies of Ear Diseases

Studies have been conducted to elucidate the mechanisms and/or pathologies of, not only hearing loss, but also specific hearing and listening difficulties. For example, the pathological findings of auditory neuropathy spectrum disorder, first described in 1996 by Dr. Kaga and Dr. Starr, are still under discussion. Recently, listening difficulties or auditory processing disorders, in which people can hear sounds but cannot understand speech, have been drawing increasing attention, and their mechanisms have been examined from a cognitive perspective.

Development of New Audiological Tests

With the elucidation of the disease mechanisms, some physiological and psychological auditory tests are being used for clinical and research purposes. These include hearing tests under noisy conditions, tests using suprasegmental stimuli, more complex tests, as well as speech perception tests. Auditory steady-state responses to narrowband chirps are used to estimate the hearing thresholds of infants and toddlers. Furthermore, tests designed for complex listening environments, such as auditory dual-task tests under dichotic listening situations, have been developed.

Outcomes Related to Hearing Devices

With advances in hearing aids and implantable hearing device technology, speech perception, speech intelligibility, and language development have improved among individuals with hearing loss. A distinctive feature of hearing aids in Japan is their cartilage-conduction function. In 2004, the Japanese investigator, Dr. Hosoi, discovered the principle of cartilage conduction and developed an effective hearing aid. Cartilage conduction hearing aids are exported worldwide from Japan.

Comprehensive Audiology and Speech Pathology Interventions

In the context of these audiological research, studies by Japanese audiologists are unique from the perspective of communication, language, social, and family issues. Comprehensive assessments and interventions that consider audiological and language aspects have led to an understanding of the pathology and symptoms of deaf and hard-of-hearing individuals.

We are hoping to continue to report the findings of future studies in the field of audiology in Japan. Please visit and experience Audiology in Japan!

Integration of Culinary Culture and Science: Japan's Dysphagia Diet and Rehabilitation Support Technologies

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Japan's approach to dysphagia diets and rehabilitation technologies exemplifies the seamless integration of culinary traditions and cutting-edge science. Rooted in the concept of *ishoku-dogen* (the philosophy that food and medicine are one), traditional cooking methods and advanced food-processing technologies transform everyday meals and iconic Japanese dishes such as *sushi*, *mochi* (rice cakes), and seasonal celebratory foods into textures suitable for individuals with swallowing difficulties. These adaptations preserve their visual appeal, nutritional value, and high-quality taste, ensuring that even those with dysphagia can savor the richness of Japan's culinary heritage.

Advances in Dysphagia Diets

Japan's dysphagia diets have developed in a uniquely innovative way.

A notable example is jelly-based training foods, designed to improve swallowing functions. Their high cohesiveness and low adhesiveness make them safe and effective media for swallowing rehabilitation, and they are widely utilized in therapeutic practices.

Rice flour—a staple of Japanese cuisine—has been reinvented in products such as jelly porridge and *mochi*-like foods. Although traditional *mochi* is celebrated for its elastic and sticky texture, it often poses a choking hazard. Modern adaptations mitigate these risks by processing rice flour into soft, low-viscosity forms that are easy to chew and swallow, maintaining the essence of the dish while prioritizing safety.

Japan's thickening-agent market is expansive, offering diverse products tailored to individual needs. Recently, vending machines have begun providing ready-made thickened drinks, a practical and innovative step that enhances accessibility for those with dysphagia.

Cutting-Edge Support Technologies

Japan's advancements extend beyond food to include diagnostic and therapeutic innovations. Tools such as 3D-CT imaging provide detailed visualizations of swallowing mechanics, enabling clinicians to devise precise, personalized treatment plans.

Rehabilitation devices such as "Peco Panda" are designed to strengthen the tongue and swallowing muscles, with adjustable resistance calibrated to the user's tongue pressure. Affordable and user friendly, these tools are suitable for independent use. Electrical stimulation devices for neuromuscular therapy are also widely employed. Emerging technologies such as interferential electrical stimulation show promise in lowering cough reflex thresholds by stimulating the superior laryngeal nerve.

Assistive Dining Tools

Specialized dining tools, such as customized chopsticks and the K-Spoon, are designed to address individual needs while promoting independence and dignity. The K-Spoon, for example, is uniquely shaped to stimulate the "K-point," thus triggering the swallowing reflex, and it serves as an invaluable tool in rehabilitation.

A Symbol of Collaboration and Integration

These advancements result from the collaborative efforts of physicians, dentists, speech therapists, dietitians, hygienists, and corporations. By seamlessly blending tradition, science, and teamwork, Japan sets a global standard for improving the lives of individuals with dysphagia while preserving their cultural and culinary connections.

We invite you to delve into Japan's innovative dysphagia diets and rehabilitation technologies and discover the rich intersection of culture, science, and care that defines this field.

Aging and Neurological Speech Disturbance: Japanese Creativity, Technology, and Clinical Tools

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Japan is the most rapidly aging country in the world. Aging is one of the major risk factors for strokes and neuromuscular diseases that can cause voice- and speech-disturbances. Therefore, we need to provide prompt medical care and treatment for voice and speech disturbances in our country, ahead of the world. Today, Japanese speech-language-hearing therapists (SLHTs) support people with voice and speech disturbances by using the latest knowledge, detailed work practices, and careful techniques.

Latest Findings From the Diligence and Attention to Detail of the Japanese People

The older the patient is when ALS first occurs, the more likely the initial symptom is dysarthria, and the earlier voice and speech function is lost. The re-emergent-type tremor of Parkinson's disease can occur in the jaw, larynx, and voice. Dysarthria is among the most common adverse effects after subthalamic nucleus deep brain stimulation (STN-DBS) in people with Parkinson's disease. The acoustic parameter of the degree of voiceless (DUV) and the perceptual parameter of strained voice can be used as indicators to detect DBS-related voice disturbances. In spinal and bulbar muscular atrophy (SBMA), which was first reported in Japan, acoustic analysis is useful to confirm laryngospasm. In this way, SLHTs play a major role in understanding the pathology of neuromuscular diseases and taking measures against them.

Technology that Embodies the Japanese Imagination

Japan has a tradition of delicate and careful techniques that have been passed down from generation to generation and are utilized in the assessment and treatment of these neuromuscular disturbances. Pacing boards used for speech-rate control come in various forms, and multiple uses have been proposed. Tracing the slots on the pacing board vertically, rather than just pointing to the board, will further slow down the patient's speaking rate. A circular and/or four-direction arrangement of the slots makes it easier for people with reduced hand or finger movement to point.

There are also numerous tools available in Japan to improve lip, tongue, and respiratory function in people with speech disturbance. They are inexpensive, and some are fun to use, prompting the users to reminisce about their childhood.

Make sure you experience the technological capabilities, imagination, and dexterity that Japan is proud of in the field of voice and speech rehabilitation. I'm sure that they will be of great use in your country as well!

Japanese Speech-Language-Hearing Therapists: Licensing System and Continuing Education Programs

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Japanese speech-language-hearing therapists (SLHTs) are unique professionals who specialize not only in speech and language therapy but also in audiology. This combination makes the SLHT license in Japan particularly versatile and nationally recognized, as it enables therapists to provide rehabilitation from both communication and hearing perspectives. To become certified as an SLHT in Japan, individuals are required to complete three or four years of specialized education, typically at a university or a dedicated training school. Currently, there are 82 institutions offering the necessary training programs across Japan. Upon graduating from these programs, candidates become eligible to sit for the national examination. This exam is conducted annually, and every year approximately 1700 new SLHTs successfully pass and obtain their certification.

Once certified, Japanese SLHTs can pursue careers in a wide array of professional settings. These include hospitals and other medical institutions, care and welfare facilities, schools that cater to children with special needs, and general educational institutions. Additionally, some SLHTs engage in research at institutes dedicated to advancing the field.

The Japanese Association of Speech-Language-Hearing Therapists (JAS) serves as the professional body representing SLHTs in the country. JAS plays a crucial role in providing ongoing education and support for professionals, helping them to refine their qualifications and remain updated with the latest advancements in the field. The association offers a structured educational program consisting of two tiers: a basic course and a specialized course. These courses are designed to be completed over approximately three and five years, respectively, following initial certification. They involve a combination of prescribed courses, participation in congresses, and research presentations.

For SLHTs who complete these educational programs, JAS offers an advanced certification pathway. Certified SLHTs are recognized as professionals who possess advanced knowledge and highly specialized skills. Currently, JAS provides six areas of certification: Dysphagia, Aphasia and Higher Brain Dysfunction, Language Disorders in Children, Hearing Disorders, Voice-Speech Disorders in Adults, and Voice-Speech Disorders in Children. Achieving certified-SLHT status requires the completion of six days of specialized training and the passing of a comprehensive examination. To maintain their certification, certified SLHTs must renew it every five years; this entails continuing professional development activities such as presenting at conferences.

Looking to the future, JAS plans to introduce an even more advanced designation: specialized SLHTs. This initiative aims to train professionals with expertise that surpasses even the current certified-SLHT level, ensuring that Japan will remain at the forefront of innovation in speech, language, and hearing therapy.

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Introduction of Research Grants

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The Japan Society of Logopedics and Phoniatrics (JSLP) provides research grants to support creative and useful research themes in the fields of voice, speech, language, swallowing, and hearing. These grants were started in 2007 and by 2024 had been awarded for 18 years. Forty-seven research projects have received grants.

The research topics for which research grants were awarded in 2023 and 2024 are as follows.

1. "Toward a world without anxiety about voice changes after nasal sinus surgery –Collaborative research by medical and engineering experts–," by R. Oguro
2. "Observation of tongue movement before and after speech therapy in patients with lateral misarticulation using electropalatography and a tongue model," by Y. Takei
3. "Development of a method for assessing voice function using a reaction time task," by T. Satou
4. "Mapping of the HPV6 genome and transcriptome and exploration of pathogenesis-related genes for the development of novel therapeutic strategies for recurrent laryngeal papillomatosis," by R. Ueha

Details of the grants are as follows.
Eligibility: All applicants must be regular JSLP members. To ensure that as many members as possible have the opportunity to receive grants, grants may be awarded to 2 or 3 researchers each year.
Number of grants: 2 or 3 per year (depending on the content of the project, the number may increase or decrease, or no grants may be awarded).
Estimated grant amount: Up to 500,000 yen per project.
Grant period: For 1 year. Applications must be submitted by the end of March 2025.

Applications will be reviewed by the Research Grant Review Committee established within the JSLP, and the principal investigator will be notified as to whether or not the grant has been awarded. Only the number of applications and the names of the awarded research projects will be announced on the website.

Grant recipients are required to present their research results at the annual conference of the Society in the year following the grant year. They are also required to submit their research results as a paper for publication in *The Japan Journal of Logopedics and Phoniatrics*.

At the 69th annual meeting of the Japan Society of Logopedics and Phoniatrics, four researchers reported on their grant-supported research.