SUBJECT: SPEECH-LANGUAGE PATHOLOGY THERAPY FOR SWALLOWING PROBLEMS	REFERENCE #8209
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DEPARTMENT: REHABILITATION SERVICES	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

The Speech-Language Pathologist will train patients in safe feeding techniques and strengthening exercises to maximize safe oral feedings.

POLICY:

Patients who are diagnosed with oral or pharyngeal phase dysphagia shall receive appropriate treatment to improve the strength of the swallowing mechanism.

PHYSIOLOGIC SWALLOWING DISTURBANCE:

Oral Stage of the Swallow:	**Treatments**
Reduction in lip closure	Lip exercises
Reduction in cheek tension	Posture, pressure
Reduction in tongue elevation	Tongue exercises, position of food, prosthesis*
Reduced tongue lateralization, anterior to posterior movement	Prosthesis*, tongue exercises, position of food, posture
Reflex:	
Delayed or absent reflex	Thermal stimulation
Pharyngeal Stage of the Swallow:	
Reduced pharyngeal peristalsis	Alternate liquid/solid swallows, posture
Reduced laryngeal elevation	Supraglottic swallow
Reduced laryngeal closure	Adduction exercises, supraglottic swallow
Cricopharyngeal hypertonicity	Myotomy*

* procedures performed by physician

ANATOMIC SWALLOWING DISTURBANCE:

	Treatments
Tongue scarring	Surgical release*, position of food
Cervical osteophyte	Surgical removal*, diet change
Scar tissue on pharyngeal wall	Posture
Scar tissue at base of tongue	Surgical removal*
Tracheo-esophageal fistula	Surgical closure*
Zenker's diverticulum	Surgical removal*

* procedures performed by physician

GENERAL TREATMENT CONSIDERATIONS:

- The patient should be fed in a quiet, pleasant environment with minimal distractions or interruptions.
- No more than one or two (1 or 2) persons are needed or suggested to be in the patient's environment during a feeding session.
- The patient must be positioned at 90 degrees in a sitting position (bed or chair) with the body well supported. His/her chin must be parallel with the floor or pointed slightly down.
- Patients, who need suctioning, should be suctioned first to allow them full taste of the food. Individual patients may need to be suctioned again at the end of the feeding session if phlegm is excessive.
- Milk products thicken saliva and should be avoided for most patients with a tracheotomy.

- Liquid with viscosity are easier to swallow then non-viscous liquids, such as water.
- Sweet items tend to increase salivation and oily items (i.e., beef, broth and soups) tend to thin saliva.
- Foods and beverages are easier to swallow if they are cold or warm, rather than room temperature.
- Varying the food textures may improve the patient's ability to swallow.
- A normal progression of food introduction would be:
    - Firm or textured food
    - Liquids
    - Fibrous or solid foods (if chewing is achieved)
        - Examples would be:
            - Jello or applesauce
            - Chowder or nectar/clear liquids
            - Regular diet
- The patient's food likes and dislikes must be considered.
- A clean mouth (perhaps lightly washed with Cepacol) increases the patient's ability to taste and enjoy food and decrease likelihood aspiration pneumonia will occur.
- Make sure the patient's mouth is completely free of food before leaving him/her alone after a feeding session.
- The patient should remain sitting relatively upright for 30-60 minutes after feeding.

- If a patient has a tracheostomy tube, the trach cuff should be deflated (by nurse) during feeding and for 30-60 minutes following feeding, unless physician has specifically ordered otherwise.

- Do not put plastic utensils in patient's mouth if there is any possibility of a bite reflex.

- Patients need an effective cough to protect them from aspiration. If absent and the patient is still felt to be a candidate for feeding, be extremely cautious.

- In introducing a beverage, give the patient kinesthetic feedback by touching the cup first to the lip. Do not drop liquids in the middle or back of the mouth with a straw.

- Inhibit, do not elicit, abnormal reflexes during feeding.

- Persons with reduced level of alertness (i.e., Cognitive Functioning IA, 1 through 3), are more likely to have multiple abnormal reflexes and need extreme caution during swallowing evaluation and feeding.

- NG tubes depress a patient's gag reflex and make Stage II of the swallow more difficult. Consider removing tube for treatment, if possible. If feeding with tube in place, introduce small amounts of soft foods and watch positioning carefully.

- Use a sensory integrative approach to feeding. Prefeeding, stimulate or inhibit sensations and kinesthesis, as appropriate. Sweet or noxious smells stimulate olfactory. Sweet, salty or bitter tastes stimulate gustatory. Auditory and visual input may need to be increased or decrease. Position patient carefully and check sensory and motor responses.

- Medications which dry the patient's mouth may adversely affect the patient's ability to swallow or taste.