Fact or fiction?
urban legends
of dysphagia assessment and treatment

Caroline M. Brindo, MA/CCC-SLP, BCS-S
Clinical Manager, MBSEnvision-Ohio
cbrindo@mbsenvision.com

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Fact
• Dysphagia management is an evolving field
• Therapists are ethically responsible for determining the best course of treatment for patients
• EBP calls for therapists to integrate:
  • clinical expertise/expert opinion
  • external scientific evidence
  • client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve
  – asha.org

Fiction
• Everything you were taught in school is still true
• Everything your clinical supervisor told you about swallowing assessment and treatment is true
• SLPs are not responsible for determining the truth of what we are taught or have heard.
• All published articles are well done and thoroughly examined
• If it’s on the internet, it’s accurate

A VFSS can be a pass/fail test

A VFSS should end when aspiration occurs
FEES and MBS detect aspiration equally well

Penetration is abnormal

The epiglottis is a very important structure for proper swallow function

UES dysfunction is evident on MBS

A runny nose and watery eyes are indicators of silent aspiration

Pulse ox should be part of the BSE
Checking temperature fluctuations or spikes is a good way to assess for aspiration.

Wet vocal quality is a good indicator of penetration/aspiration.

A diminished gag reflex is a good indicator of aspiration risk.

The chin tuck makes the swallow safer.

Poor PO intake is possible indicator of dysphagia.

Aspiration pneumonia is always RLL pneumonia.
The Masako maneuver increases the strength of the base of tongue retraction

If a patient is non-compliant with your recommendations, you should discharge them from caseload

Thicker liquids are safer

Repeating /k/ and /g/ words with force strengthens base of tongue retraction

VitalStim

DPNS
Cervical Auscultation

SwallowStrong

It’s not my fault...

• ASHA 2013 Health care survey
  - In adult settings, 42% care provided was in dysphagia
  • voice, AAC, accent modification, aphasis, dementia, TBI, cognitive, motor speech, other
  - In general medical and LTAC - 59%

• CEU
  - Dysphagia CEU requirements
  - In person: in Ohio
  - ASHA CERP, www.asha.org (January 2016)

• Education
  - ASHA suggests 6 clinical hours
  - Casual survey: 3 credit hours in dysphagia
  - Combined with motor speech, dysarthria

References
