Information for Health Practitioners

Speech-language pathologists provide assessment and treatment in the areas of communication and oropharyngeal dysphagia. A <u>referral</u> can be made to the LHSC Speech-Language Pathology Service during a patient's admission, or as an outpatient by a member of LHSC's Professional Staff (medical, midwifery, or extended class nursing).

Communication Assessment

The purpose of a communication assessment is to identify the presence and nature of a speech, language, or voice impairment, evaluate prognosis, and determine the appropriate management plan. Both standardized and non-standardized assessments may be used. Medical conditions that can be frequently associated with communication disorders are: stroke, traumatic brain injury, head and neck cancer, neurological disorders, dementia, etc.

Assessment may include evaluation of:

- Oral Expression
 - Auditory Comprehension
 - Writing
 - Reading
 - Oral motor strength and movement
- Cognition Communication
- Voice and resonance

Dysphagia

Clinical Swallowing Assessment

A physician may recommend a speech-language pathology assessment if any of the following signs are present:

- Coughing/throat clearing immediately after swallowing
- Wet or gurgly sounding vocal quality
- Sensation of food "sticking" in the throat
- · Shortness of breath while eating
- Concerns of aspiration pneumonia

What is involved in a clinical swallowing assessment?

During the clinical swallowing assessment, the speech-language pathologist will:

- Complete a swallowing/medical history
- Examine the muscles of the face, mouth and throat
- Present the patient with solids and liquids of varying textures to evaluate
- Make recommendations to increase the safety of swallowing
- The speech-language pathologist may also recommend an instrumental such as a Fiberoptic Endoscopic Evaluation of Swallow Study (FEES) or a Modified Barium Swallow Study (MBS) to further evaluate the patient's swallowing

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Study

<u>A FEES study</u> utilizes an endoscope which is inserted transnasally into the pharynx and captures the patient's swallow function while eating and drinking a variety of textures.

What are the risks?

Patients may experience discomfort or some bleeding when the scope is inserted into their nasal cavity. However, a topical anesthetic can be utilized in the nose prior to scope insertion to increase comfort.

What are the contraindications for nasoendoscopy?

Some of the contraindications include:

- Cardiac disorders (i.e. vasoconstriction, elevated heart rate),
- Changes in respiration rate in patients with known cardiac symptoms
- History of vasovagal episodes
- Severe bleeding disorders/epistaxis
- History of methheoglobinemia,
- Recent nasal trauma
- Bilateral nasal obstructions.

The presence of these may not preclude a patient from having this assessment; however, this should be taken into consideration by the referring physician.

What are the benefits?

This test can directly visualize penetration/aspiration of solids and liquids while the patient is eating or drinking. The test may also determine if texture modification or strategies will increase safety with oral intake.

Modified Barium Swallow (MBS) Study

An MBS study utilizes videoflouroscopy to evaluate swallow function as a patient trials a variety of solids and liquids. Some LHSC Speech-Language Pathologists have been trained in the standardized MBSImp protocol.

What are the risks?

Radiation exposure is kept at a minimum during the assessment. There is also the possibility of aspiration of barium if the patient does have swallowing difficulties.

What are the benefits?

This test can directly visualize penetration/aspiration of solids and liquids while the patient is eating or drinking. The test may also determine if texture modification or strategies will increase safety with oral intake.

What happens after a FEES or MBS assessment is completed?

The speech-language pathologist will discuss the results of the assessment with the patient and family. Education will be provided regarding preparation of a modified diet, if necessary. In addition, safe swallowing maneuvers and/or exercises may be recommended.

If a follow-up visit is necessary, the speech-language pathologist will arrange it with th patient directly.	е