

PROFESSIONAL IMAGING

December 2009

review

In-service for Houston area Facilities

Piper will be in Houston until March providing in-services to facilities. She will discuss the mobile MBSS and show an example of a swallowing study, the differences of thin, nectar, and honey thick liquids, and identify symptoms of aspiration.

This in-service is intended to educate CNAs, nurses, dietary staff, and virtually any staff in the facility on how to identify patients who may have a swallowing disorder.

Please call us at 1-866-675-6277 to schedule your *free* in-service in the Houston area. You are also welcome to contact Piper directly at 832-563-7464 or email her at piperharris@gmail.com.

Early detection is the key to improved prognosis of patients with dysphagia.

2010 Calendars

Ronda Polansky, a leader in the field of Speech Pathology, has very kindly created our 2010 Dysphagia Calendar, which includes helpful dysphagia hints for each month.

These calendars are very informative and helpful reminders as we treat patients with dysphagia. A big thank you to Ronda and to you our consulting SLPs!

Holiday Schedule

Professional Imaging will be closed for Christmas Day and New Year's Day. Please plan your consults around these dates.

Utilizing the MBSS

The MBSS is a multi-faceted test to the sophisticated SLP. Patients with dysphagia will only have the potential to get better if the underlying cause of the dysphagia is identified. Without this diagnostic tool we are simply guessing at the cause of the dysphagia, or treating everything about the swallow without pinpointing and focusing on the main issue.

In contrast, if you treat a swallow delay when no delay is actually present, you could have a negative outcome where the patient can develop an uncoordinated swallow or heightened gag reflex because he or she received the wrong treatment.

With appropriate diagnosis and treatment, patients have the greatest chance of improving. This is what you would want for your own family member and it should be the standard level of care that we demand for all our patients.

The most important information you should expect from any MBSS you receive is the following:

- If and when the patient penetrated or aspirated
- Why he or she penetrated or aspirated

- If there was a cough or not in response to penetration or aspiration
- If any positional or compensatory strategies were effective in eliminating penetration or aspiration
- If the dysphagia is oral, pharyngeal, and/or esophageal (An A-P view must be attempted or completed)
- If no oral or pharyngeal deficits are noted but the esophagus is involved, whether potential reflux, narrowing, cricopharyngeal bar is contributing to the dysphagia; that this is differentiated for you; and that appropriate referrals—i.e. to GI, ENT, dietary, etc.—are given to help alleviate the symptoms

If any one of these six components are not included with any study, you are not getting a complete study and may be missing critical factors, which could be preventing your patient from improving and/or having a better quality of life!

I hope that having mobile dysphagia consultations, including the MBSS, available have made swallowing studies more affordable and accessible for your patients. It is our mission to help raise the standard of care for patients with dysphagia. Remember, our obligation is to the patient.



From all of us at



Consultants in Dysphagia Diagnosis and Management

1-800-675-6277 | 281-272-6277
www.mbssonline.com

UPCOMING CONFERENCE

February 20, 2010

Deciphering Dysphagia with E-stim: Neuromuscular Re-education of the Submandibular Muscles to Increase Laryngeal Elevation using any Class II NMES (Neuromuscular Electrical Stimulation) Device.

Please come learn about an affordable, effective alternative for electrical stimulation for retraining the muscles involved in laryngeal elevation. These devices are about \$300.00. Electrodes, if ordered in bulk, are about 75 cents per session! The class is \$295.00.

This allows more patients to benefit from this alternative technique. Please visit mbssonline.com or call us at **800-457-8378** for more details or registration information.

In-Depth The key to electrical stimulation used in muscle re-

education for dysphagia is appropriate patient selection depending on diagnosis, if the patient qualifies (demonstrates reduced laryngeal elevation on the MBSS is the qualifying factor), and if the patient has not benefited from traditional hyolaryngeal exercises. Electrical stimulation is used in conjunction with exercise to help stimulate muscles to get a heightened response, which in this case would be higher laryngeal elevation to help close the larynx.

Only a safe consistency of food or liquid should be used—not a diet level up or down, but one that is already recommended safe for the patient. The stimulation alone does not provide increased laryngeal elevation. It must be used as a part of exercise that is trying to build that closure.

Having a modified barium swallow study that identifies when and why the patient penetrated, aspirated, and/or has residue in the pyriform sinuses, is imperative in determining if a patient qualifies for this particular type of electrical stimulation protocol for laryngeal elevation, as this cannot be assessed through a bedside swallowing evaluation.

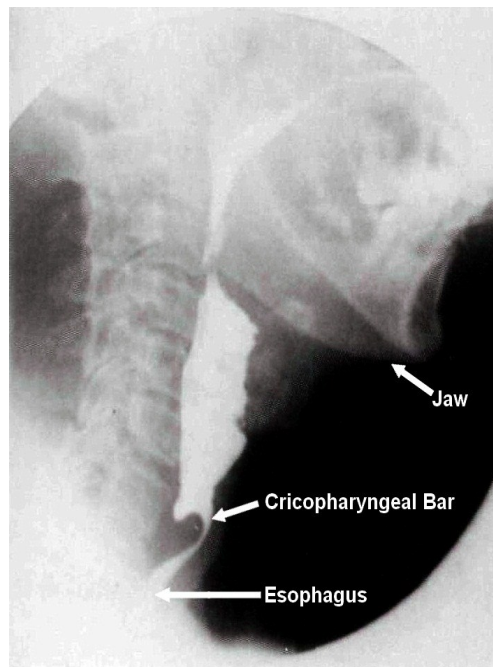
As therapists involved in treatment of a potentially life threatening condition, appropriate diagnosis, and patient selection is key as this is a particular alternative treatment for a very particular dysphagia where reduced laryngeal elevation is involved. It is also important to know the contra-indications in order to protect patients from a potentially negative outcome.

Consultations for Patients with Cricopharyngeal Bar

Dr. Apurva Thekdi joined Texas Ear, Nose & Throat (ENT) Consultants, PLLC, in April of 2008. Following completion of his medical education at Washington University in St. Louis, Dr. Thekdi completed his residency training at the University of Pittsburgh, where he stayed on to complete a fellowship in Laryngology and Care of the Professional Voice in 2003.

Following completion of fellowship, Dr. Thekdi joined the faculty at the University of California in San Diego where he established the UCSD Voice and Swallowing Center and was formerly director of Head and Neck Oncologic Surgery at the La Jolla VA Medical Center. Dr. Thekdi is certified by the American Board of Otolaryngology and is a member of

the American Academy of Otolaryngology—Head and Neck Surgery. He is a member in good standing of the Texas Medical Association and the Harris County Medical Society. He is currently



Clinical Assistant Professor of Surgery at the University of California in San Diego and is seeking appointments as a clinical assistant professor on the faculty of Baylor College of Medicine, Department of Otolaryngology—Head and Neck Surgery and Weill Medical College of Cornell University.

In addition to medical and surgical care of the voice, Dr. Thekdi has advanced training in the treatment of swallowing disorders, airway disorders and laryngeal cancer. He has extensive experience in treating patients with various swallowing disorders, including cricopharyngeal dysfunction, for over 10 years. I highly recommend his services if you have patients with this condition.

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