Treatment of Swallow Dysfunction
DOCUMENTATION EXAMPLES

In all cases, type of diet (liquid and/or solid) should be identified each session.

Include:

- Diets (thin liquids, nectar-thick, honey-thick, pureed, mechanical soft, ground meats, regular)

- ID Specific Compensatory strategies utilized/trained (chin tuck, double swallow, liquid wash, lingual sweep, full upright posture, reduced sip/bite size, slowed rate of presentation, effortful swallow, etc.)

- Cue type (verbal, tactile, modeling, demonstration, visual, etc.) *Verbal* cueing is a method that Medicare indicates can be easily trained to non-skilled personnel. Instruction is a stronger term than verbal cueing, although that is somewhat vague. Be as specific as possible.

    - Showing progression of cue type is a means to show skill, i.e. moving from very concrete cueing to more abstract as one might encounter in normal circumstances.

- Specific Exercise Type (lingual strengthening, lingual coordination, lingual ROM, labial strengthening, labial coordination, mandible strengthening, mandible ROM, base of tongue, laryngeal elevation, vocal fold abd/add) including advancement of exercise to more complex, method of facilitation or instruction.
- Skilled terminology isn't a substitute for skilled instruction but does show that a skilled clinician treated the patient. For example, if the functional reason for providing each exercise is noted, such as to facilitate lip closure, bolus control, lingual sweep, mastication, oral manipulation, etc. It provides greater detail for the reviewer or even another SLP treating the patient to understand why the exercise was provided. However, just stating instructed in lingual sweep to reduce oral residue isn't enough because you could teach nursing staff to do the same. With exercise it is always important to show evidence of the need for skilled personnel- most often done through modification of any sort to the exercise which might be progression of complexity, withdrawal of cue type, discontinuation of an exercise, addition of a new exercise, etc.

NOTE: Just presentation or analysis is not enough- you must show what skilled service/techniques you provided in response. E.g. modification of technique, increase in complexity, move to more abstract cueing, etc.

- Analysis of patient response to (diet) reveals need for compensatory strategies including _____. Follow this with the *specific* skilled instruction/facilitation utilized for training in the strategies. (i.e. what was done in response to the analysis)

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Examples Found in Actual Documentation
NOTE: Not all examples are perfect! But do capture more skill than most entries.

- Provided (cue type) to facilitate swallow reflex
- Applied cold stimulation to anterior faucal arches to elicit swallow reflex
- Facilitated proper head positioning through manual and visual cueing
- _____ to increase oral awareness/sensation
- Instructed to produce sustained /i/ sound to improve laryngeal elevation
- Pt was provided w/ tactile cues (to location) during thin liquid-mixed consistency trials w/ verbal prompts to utilize hard swallow technique for increased airway closure during deglutition.
- Pt was provided w/ written cues to self assess performance during meal time to increase independent use of compensatory strategies.
- Verbal instruction and modeling to utilize hard swallow technique during p.o. intake to facilitate increased laryngeal elevation/excursion.
- Masako Maneuver instructed (include method) to inc BOT retraction to dec vallecular residue
- Moderated OTT with controlled cup sips honey thick water. Decreased laryngeal elevation via palpation. Cued OME's providing max verbal/model cues,
- Max assist with visual demonstration re: appropriate size bites to avoid risk of choking.
- Introduced lingual and labial strengthening exercises to promote rom/coordination and strength to promote bolus control and formation and reduce drooling, 2 sets x 3, 50-60% accuracy. Decreased control of secretions during OME's with increased drooling noted
- Prior to any PO, voice quality clear, however within taking 2 bites of mechanical soft noodles, wet vocal quality with max verbal prompts to clear. Decreased mastication efficiency often observed swallowing bolus almost entirely whole with high risk of choking. (This is a good example of strong skilled terminology, although no actual instruction in response to the observations other than max verbal prompts- but it tells a lot about the patient in a way that non-skilled personnel could not). Ideally, the next session would capture strong skilled techniques used to address these observations.
- Facilitated lingual and labial strengthening exercises to promote improved bolus formation and control and increased mastication efficiency with decreased pooling of secretions and liquids, 3 sets x 5 with 70-80% accuracy requiring max written and verbal/model cues from clinician.

- Instructed pt to hold tongue depressor with lips, only, as SLP attempted to remove depressor for labial strengthening.

- Cued lingual, labial and BOT strengthening exercises to promote strength and coordination with speech and swallowing. Provided max written and model cues for accuracy.

- Provided with 1/2 tsp amount puree and 1/2 tsp HTL to assess tolerance. Immediate cough with all trials provided 2/2 with HTL and 2/2 with 1/2 tsp puree. Moderate/severe OTT deficit with moderate oral residue after initial swallow. Increased labial and lingual tremor noted. Trials stopped due to increased coughing and risk of aspiration.

- Provided with sweet bolus (swabs) to elicit triggered swallows.

- Pharyngeal massage with tactile stimulation and swabs to elicit secretions to encourage triggered swallows.

- Utilized tactile cues for mouth movements including pucker/smile to engage lingual and labial muscles.

- Provided with tactile assist (massage) to loosen jaw.

- Moderate gestural cues to increase mastication to break down further to avoid choking

- SLP reviewed safety swallowing guidelines and reinforced prolong mastication and small bites to improve ease and safety of volitional swallow reflex. Pt benefited from verbal cues to reduce rate and manage size of bolus but demonstrated effective mastication and bolus transfer triggering a timely volitional swallow free from any overt s/s of aspiration or choking.

- Pt was highly distracted and benefitted from a low stimuli environment during meals.

- Oral/ motor strengthening exercises completed targeting pharyngeal strength and elevation

There is also opportunity to demonstrate increased skill through goal writing, for example:

- Increase lingual strength to WFL for:
    - effective lingual sweep to eliminate oral residue
    - effective bolus formation and control
- Increase labial strength to WFL to reduce spillage
- Increase laryngeal elevation to WFL to protect the airway
- Improve cough/clear to clear vocal quality for improved airway protection
- Chin tuck w/ (%) accuracy with (verbal/ tactile) cueing to protect the airway
- Double swallow w/ (% accuracy) to reduce oral and/or pharyngeal residue
- Liquid wash with (% accuracy) to eliminate oral residue
- Decrease rate of intake to WFL to reduce risk of choking