



A SASS MINUTE

SASS Presenting At 2014 ASHA Convention

The clinical and educational staffs at SA Swallowing Services have been accepted to present two presentations at the 2014 American Speech-Language-Hearing Association Convention in Orlando, Florida on November 20 and 21.

The first presentation will be a poster session entitled, "Respiratory Rate & Respiratory Illness History as Indicators of Aspiration Potential Among Nursing Home Residents." The presenters are John Ashford, Ph.D., Michelle Skelley, M.Ed., and Karen Brown, Ph.D. If you are attending, the presentation time is 4:30 PM-6:00 PM on Thursday, November 20, Session Number 8327, Poster Board 572.

The idea for this research project stemmed from recent publications suggesting that patients with histories of respiratory illnesses and abnormal respiratory rates were more prone to aspirate, and that these two factors were robust enough to use as additional screening factors. We decided to independently investigate, and our findings, supporting or not supporting these premises, will be the subject of this poster presentation. Following our ASHA presentation, I will present the results in another SASS newsletter column.

Dr. Karen Brown will be lead presenter in the second presentation, a three-hour short course

entitled, "FEES Analysis & Scoring: Basic Concepts & Tools." She will be joined by other SASS presenters, Michelle Skelley, M.Ed., Kelley Babcock, M.S., William Irwin, Ph.D., and John Ashford, Ph.D. If you are attending, this short-course will be presented from 1:30 PM - 4:30 PM on Friday, November 21, Session

Number SC21.

This short-course will be an interactive exercise for participants. Analysis methods we have developed and routinely use in FEES studies will be presented, and participants will be challenged to actually score FEES swallow study video clips. This is a very clinical, hands-on course requiring participants to make observations, score them and determine biomechanical reasons for the problems, which lead to determining appropriate therapy intervention. The direction and exercises in this short course directly reflect how and what we teach in our basic and advanced FEES courses throughout the year. We will also be presenting data on the unique five-point penetration-aspiration scale we use with FEES. Dr. Brown has been keen on presenting this format and information for a few years, and it has come to fruition. Its going to be fun and challenging. We hope to see you there.



Clinical Question:

Does laryngeotracheal aspiration occur more often before swallow onset, during the swallow event, or after the swallow event completion? Check your answer on the backside.

Clinical Question Answer: AFTER!!!

Smith et al. (1999) reported results from 392 patients who aspirated at least once on VFSS. Twenty-five percent aspirated before swallow onset, 7% aspirated during the swallow event, and 67% aspirated after the swallow event. An unpublished study by SASS examined 100 nursing care residents referred for FEES assessment and who were identified as having at least one aspiration event during the study. For the 100 patients, 265 aspiration events were identified. Twenty-eight percent aspirated before swallow onset, 29% aspirated during the swallow event, and 43% aspirated after the swallow event. While there are some percentage differences between the studies, perhaps due to procedural differences, the trend similarities are very apparent. Approximately one-fourth of all aspiration events occur prior to the onset of the pharyngeal swallow, and nearly half of aspiration events occur after the swallow rather than before or during.

Certainly, knowing when aspiration occurs (before, during, or after the swallow event) has to be a key factor in identifying and understanding the mechanics of the impaired swallow. Also, determining how often aspiration occurs before, during, or after the swallow in a well-constructed and administered study helps to quantify the

overall severity of the problem. Knowing these two important factors points directly toward treatments alternatives. The “aspiration-occurrence timing factor” may say you must intervene before the swallow to prevent food from entering the pharynx too soon and/or uncontrollably. Chin down posture? The occurrence timing factor may say you must find a treatment to elevate and close the larynx sooner or before swallow onset to prevent aspiration during the swallow. Mendelsohn? Breath holding? Or, lastly, the occurrence timing factor may say you need to protect the airway after it has reopened after a swallow. Second swallow? Cough and swallow? SASS reports routinely address these factors.

Determining the integrity of the larynx for lower airway protection is the number one reason for dysphagia assessment. Simply knowing if your patient is aspirating or not is simply not enough. Swallowing is a very mechanically complex, timed event that requires more than cursory evaluation and attention. Instrumental assessments that view the swallowing event directly (FEES or VFSS or both) should be considered for all patients suspected of having oropharyngeal dysphagia, and should be readministered, as needed, to determine complications, improvement and effectiveness of treatment.

Michelle says, “Hi” to everyone!

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SASS FEES Training Courses: 2014

Basic FEES: December 6 & 7
Advanced FEES: September 13

2015 FEES Training Course Schedules Coming Soon!



Comments or Questions? Contact John R. Ashford, Ph.D., SASS Minute Editor, at john@sasspllc.com.