

THE UNIVERSITY OF IOWA  
Consolidated Speech & Swallowing Service  
Oropharyngeal Motility (OPM) Study Data Entry Form

3456789	John Doe	MacFarlane	OTO 86	DC
UNIT #	NAME	PHYSICIAN	TAPE #	CLINICIAN
6/5/41	57.6	E	TEST Patient	1/20/99
BIRTHDAY	AGE	TYPE	INS.	STUDY DATE
				1/19/99
				9/1/98
				9/17/98
				1/20/99
				1
				1

**1. Rationale for the Study, Brief History Notes**

This patient is a 57 year old male with a history of GE junction metastitic adeno cancer. He is s/p multiple endoscopic dilations and laser ablations for dysphagia. This evaluation was requested to make diet recommendations and rule out aspiration risks.

**OBSERVATIONS**

<p><b>2. Current Diet</b> <span style="float: right;">1</span></p> <p>0 = Non PO 1 = Liquid 2 = Soft, 3 = Pureed 4 = Normal</p> <p><b>3. % Intake via #2</b> <span style="float: right;">100%</span></p> <p><b>4. Tube in Use</b> <span style="float: right;">0</span></p> <p>0 = None 1 = NG Tube 2 = G Tube 3 = J Tube 4 = IV</p> <p><b>5. Oral Prep Impairment</b> <span style="float: right;">0</span></p> <p>0 = Normal 1 = mild 2 = moderate 3 = Severe</p> <p><b>6. Oral Prep Problems</b> <span style="float: right;">0</span></p> <p>1 = Bolus hold 2 = Bolus form 3 = Mastication 4 = Lip closure 5 = Suckle lag 6 = Nipple hold 7 = Aversive Behaviors + = Other (below)</p> <p><b>6.5 Oral Prep Consistency</b></p> <p>0 = All 1 = Liquid 2 = Paste 3 = Cookie + = Other (below)</p> <p><b>7. Oral Impairment</b> <span style="float: right;">0</span></p> <p>0 = Normal 1 = mild 2 = moderate 3 = severe</p> <p><b>8. Oral Problems</b></p> <p>1 = Poor bolus control 2 = Piecemeal deglutition 3 = Prolonged transit time 4 = Oral stasis 5 = Poor Suck Rate 6 = Poor Suck Amplitude 7 = Poor Suck Maintenance 8 = Poor tongue coordination + = Other (below)</p>	<p><b>8.5 Oral Consistency</b></p> <p>0 = All 1 = Liquid 2 = Paste 3 = Cookie + = Other (below)</p> <p><b>9. Oral Transit Time (seconds)</b> <span style="float: right;">1.0</span></p> <p><b>10. Reflex Time</b> <span style="float: right;">1</span></p> <p>0 = No Reflex 1 = Normal, 2 = Delayed</p> <p><b>11. Reflex Strength</b> <span style="float: right;">3</span></p> <p>0 = No Reflex 1 = Weak, 2 = Adequate 3 = Normal</p> <p><b>12. Pharyngeal Impairment</b> <span style="float: right;">1</span></p> <p>0 = normal 1 = mild, 2 = moderate 3 = severe</p> <p><b>13. Pharyngeal Prob.</b> <span style="float: right;">+</span></p> <p>1 = Prolonged transit time 2 = Laryngeal elevation 3 = Velar elevation 4 = Laryngeal closure 5 = Vallecular stasis 6 = Pyriform stasis 7 = Reduced peristalsis 8 = Suck/swallow ratio 9 = Swallow/resp. coordination + = Other (below)</p> <p>trace residue in the pyriform sinuses trace pooling in the valleculae</p> <p><b>13.5 Phar. Consistency</b> <span style="float: right;">1</span></p> <p>0 = All 1 = Liquid 2 = Paste 3 = Cookie + = Other (below)</p> <p><b>14. Pharyngeal Symmetry</b></p> <p>0 = normal 1 = bolus to right 2 = bolus to left</p>	<p><b>15. Pharyngeal Transit Time (seconds)</b> <span style="float: right;">1.0</span></p> <p><b>16. Cerv. Esoph. Impairment</b> <span style="float: right;">0</span></p> <p>0 = Normal 1 = mild 2 = moderate 3 = severe</p> <p><b>17. Cerv. Esoph.</b></p> <p>1 = dilation 2 = fistula 3 = Zenkers 4 = reflux + = Other</p> <p><b>17.5 Cerv. Esoph. Cons.</b></p> <p>0 = All 1 = Liquid 2 = Paste 3 = Cookie + = Other (below)</p> <p><b>18. Pen/Asp Timing</b> <span style="float: right;">3</span></p> <p>0 = None (skip 19-21 below) 1 = Pre-reflex 2 = Mid-reflex 3 = Post-reflex</p> <p><b>27. Swallowing Performance Scale</b> <span style="float: right;">3</span></p> <p>1. Normal</p> <p>2. WFL- abnormal oral or pharyngeal stage but able to eat regular diet without modifications or swallowing precautions.</p> <p>3. Mild impairment- mild dysfunction in oral or pharyngeal stage, requires modified diet or therapeutic swallowing precautions.</p> <p>4. Mild-moderate impairment with need for therapeutic precautions- Mild dysfunction in oral or pharyngeal stage, requires modified diet and therapeutic precautions to minimize aspiration risk.</p> <p>5. Moderate impairment- moderate dysfunction in oral or pharyngeal stage, aspiration noted on exam, requires modified diet and swallowing precautions to minimize risk of aspiration.</p> <p>6. Moderate-Severe dysfunction and requires supplemental enteral feeding support- moderate dysfunction in oral or pharyngeal stage, aspiration noted on exam, requires modified diet and swallowing precautions to minimize risk of aspiration, needs supplemental enteral feeding support.</p> <p>7. Severe impairment- severe dysfunction with significant aspiration or inadequate oropharyngeal transit to esophagus, NPO, requires primary enteral feeding support.</p>	<p><b>19. Pen/Asp Loc.</b> <span style="float: right;">1</span></p> <p>1 = Laryngeal Penetration 2 = Trachea</p> <p><b>20. Pen/Asp Sens.</b> <span style="float: right;">1</span></p> <p>1 = good 2 = fair 3 = poor</p> <p><b>21. % Pen/Asp</b> <span style="float: right;">trace</span></p> <p><b>22. Response to Therapy Technique</b></p> <p>1 = good 2 = fair 3 = poor</p> <p><b>23. Material Asp.</b> <span style="float: right;">1+</span></p> <p>0 = All 1 = Liquid 2 = Paste 3 = Cookie + = Other (below)</p> <p><b>24. Follow-up</b> <span style="float: right;">Yes</span></p> <p><b>25. Suction Needed</b> <span style="float: right;">no</span></p> <p><b>26. Suction Provided</b></p>
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**RECOMMENDATIONS**

<p><b>28. Recommended Diet (mod. 2/25/98)</b> <span style="float: right;">25</span></p> <p>0 = General diet 5 = Thin liquids 1 = Thick pureed (D1) 6 = Nectar liquids 2 = Thinner pureed (D2) 7 = Honey liquids 3 = Mech. Soft w/meat (D3) 8 = Pudding liquids 4 = Liquid only 9 = No liquids</p> <p><b>30. Additional Recommendations (be brief and concise)</b></p>	<p><b>29. Swallowing Precautions</b> <span style="float: right;">149A</span></p> <p>0 = No precautions needed. 6. Cough/swallow occasionally. C. Low flow nipple. 1 = Upright pos. (45 degree angle). 7. Supraglottic swallow. D. Fast flow nipple. 2 = 1/2 to 1 tsp/swallow. 8. Thermal stim. 5-10 times. E. Frequent rest periods. 3 = Eat slowly (empty mouth between each bolus). 9. Chin tuck position. F. Straight upper body support. 4 = Double swallow. A. Stay upright 15-20 min after meal. G. Instruct caregiver 5 = Alternate consistencies. B. Mendelsohn maneuver. H. Postural adjustments (see below)</p>
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This patient may not be receptive to the recommended diet and a full liquid diet may have to be considered. If the patient wishes to pursue a full liquid diet an additional consultation with the dietary staff is recommended to meet the nutritional needs of the patient.

Figure ID-1. Otopharyngeal Motility Data Entry Sheet