

CONSOLIDATED SPEECH & SWALLOWING SERVICE

Oropharyngeal Motility Study Report

Patient Name John Doe

Referring Physician MacFarlane

Patient # 3456789

Date of Study 1/20/99

Date of Report

1/20/99

SUBJECTIVE

John Doe, age 57.6 year(s), received an oropharyngeal motility evaluation at the University of Iowa Hospitals and Clinics on 1/20/99. The current problem began 9/1/98. Treatment for the current problem began 9/17/98. At the time of the study the patient was on a liquid only diet and was taking approximately 100% of nutritional intake in this manner. No feeding tube was being used at the time of the study. This patient is a 57 year old male with a history of GE junction metastatic 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.

OBJECTIVE

I. The oral preparatory phase of swallowing appeared within normal limits. Bolus hold, formation and mastication appeared adequate.

II. The oral phase was within normal limits. Oral transit time was normal. There was no significant oral stasis.

III. The pharyngeal stage was mildly impaired. Swallow reflex strength was normal. Swallow reflex duration was within normal limits (<1sec). The patient had difficulty in the following areas:
-trace residue in the pyriform sinuses
trace pooling in the valleculae

Difficult bolus consistencies for this stage included the following:
-liquids

CERVICAL ESOPHAGEAL STAGE

The cervical esophageal phase was within normal limits. Cricopharyngeal dilation was normal. No reflux, diverticulum or fistula was observed.

LARYNGEAL PENETRATION/ASPIRATION

Penetration was observed at the following times:
-Post reflex.

These observations occurred when the following material consistency(s) were tested:
-Liquids.

Laryngeal vestibular penetration without tracheal aspiration was observed.

When penetration occurred, approximately trace% of the bolus tested penetrated the laryngeal vestibule. Laryngeal sensitivity to penetration was good.

RESPONSE TO THERAPY TECHNIQUES

Response to therapeutic techniques was good.

ASSESSMENT/RECOMMENDATIONS

Swallowing function was mildly impaired. Mild abnormalities observed during the study suggest the need for a modified diet. Therapeutic swallowing precautions also may be indicated (see below). A pureed diet (Dysphagia II) is recommended. Thin liquids may be taken. The following swallowing precautions are in order:

- Upright position (minimum 45 degree angle) when taking meals.
Swallow twice after each bolus.
Use chin-tuck position when swallowing.
Remain upright for 15-20 minutes after meals.

ADDITIONAL FINDINGS AND/OR RECOMMENDATIONS

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.

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Speech-Language Pathologis

Figure ID-2. Swallowing Form