

# **The occupational therapist's role in neurogenic dysphagia**

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Communication and Oral Skills**

# Overview

- Role of OT
- Results of pilot study
- Implications
- Issues for the whole team

# Why Dysphagia?

- Doctors
- Nurses
- Speech and language therapists

- *why occupational therapists?*

# Increasing Population

- Incidence in UK

Stroke: 150,000 per year  
occupy 25% of long term beds  
over 300,000 living with moderate  
to severe disabilities

TBI: estimated 1 million per year  
up to 11 thousand with severe brain  
injury (unconscious  $\geq$  6 hours) per year  
4,500 per year require FT life long care  $\uparrow$  each year

MS: estimated 100,000

MND: 2 cases per 100,000 per year, currently approx 5000

HD: 5-10 cases per 100,000 per year

# **Increasingly Complex symptoms**

# Pilot Survey 2009

- Questionnaire via email
  - What is the current perception of occupational therapists about their role in the treatment of neurogenic dysphagia?
  - Are there any differences in the occupational therapy role in various countries in the treatment of neurogenic dysphagia?

## The occupational therapist's role in neurogenic Dysphagia

Country qualified \_\_\_\_\_ Country currently working \_\_\_\_\_

1. Workplace: Acute Clinic  Rehabilitation  Community  Independent   
(several options possible)

Other: \_\_\_\_\_

2. Does your work bring you into contact with patients/clients with dysphagia Yes  No

3. Are you involved in the treatment of their dysphagia Yes  No

If Yes, what is your role in dysphagia management? (Please select appropriate items listed below)

- |                                                                                                                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> positioning                                                                              | <input type="checkbox"/> assisting coughing/throat clearing |
| <input type="checkbox"/> providing equipment eg. utensils, cups                                                   | <input type="checkbox"/> improving oral movements           |
| <input type="checkbox"/> oral hygiene                                                                             | <input type="checkbox"/> facilitated swallowing             |
| <input type="checkbox"/> increase coordination of breathing and swallowing                                        |                                                             |
| <input type="checkbox"/> liaising with other colleagues eg. speech and language therapist, nurse, physiotherapist |                                                             |

Other: \_\_\_\_\_

If No, who in your team treats individuals with dysphagia?

- |                                           |                                 |
|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> speech therapist | <input type="checkbox"/> nurse  |
| <input type="checkbox"/> physiotherapist  | <input type="checkbox"/> doctor |

Other: \_\_\_\_\_

4. Do you think occupational therapists have a role in dysphagia managements? Yes  No

If Yes, what role and why?: \_\_\_\_\_

\_\_\_\_\_

If No, why not?: \_\_\_\_\_

\_\_\_\_\_

5. How do symptoms of dysphagia influence your treatment of the patient?

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

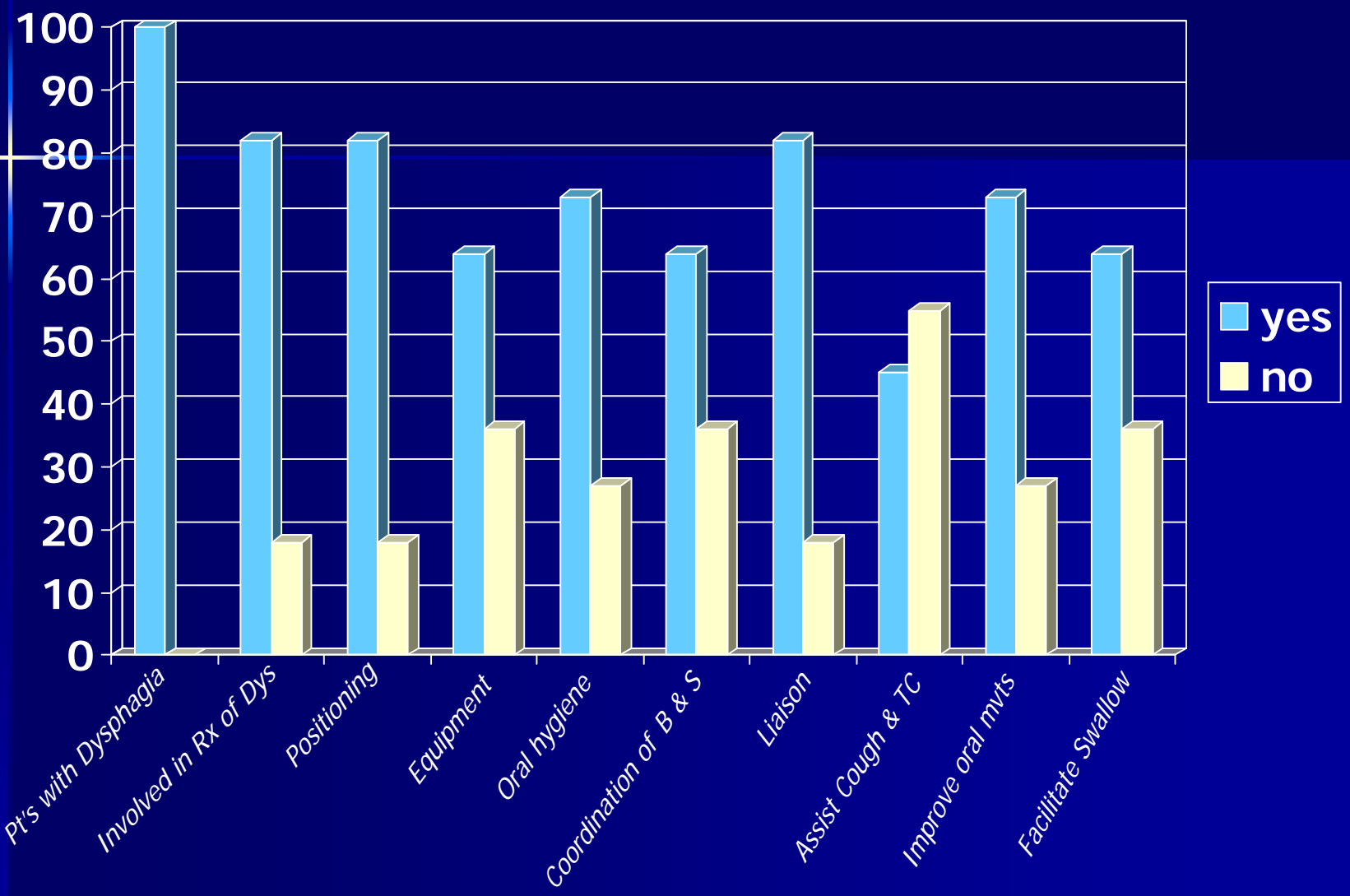
6. Have you received any dysphagia training? Yes  No

Comment: \_\_\_\_\_

# Survey

- Respondents from
  - Australia
  - Denmark
  - Germany
  - Sweden
  - United Kingdom

percentage



# % of responses to Questionnaire

- Australia 9%
- Denmark 46%
- Germany 27%
- Sweden 9%
- United Kingdom 9%

# Context



Hammel Neurocenter, Denmark



Therapiezentrum Burgau, Germany

# Responses to: Why do OTs have a role?

- Assess body structures, their functions, activities and level of participation
- Eating and drinking as an ADL
- Moving and Handling skills - know normal movement & how to facilitate it
- Expert at activity analysis
- Able to ↑ or ↓ level of demand according to client's capacity.

# If not, why not?

- Not been expected
- No training

OT input

physical act of taking food to mouth only

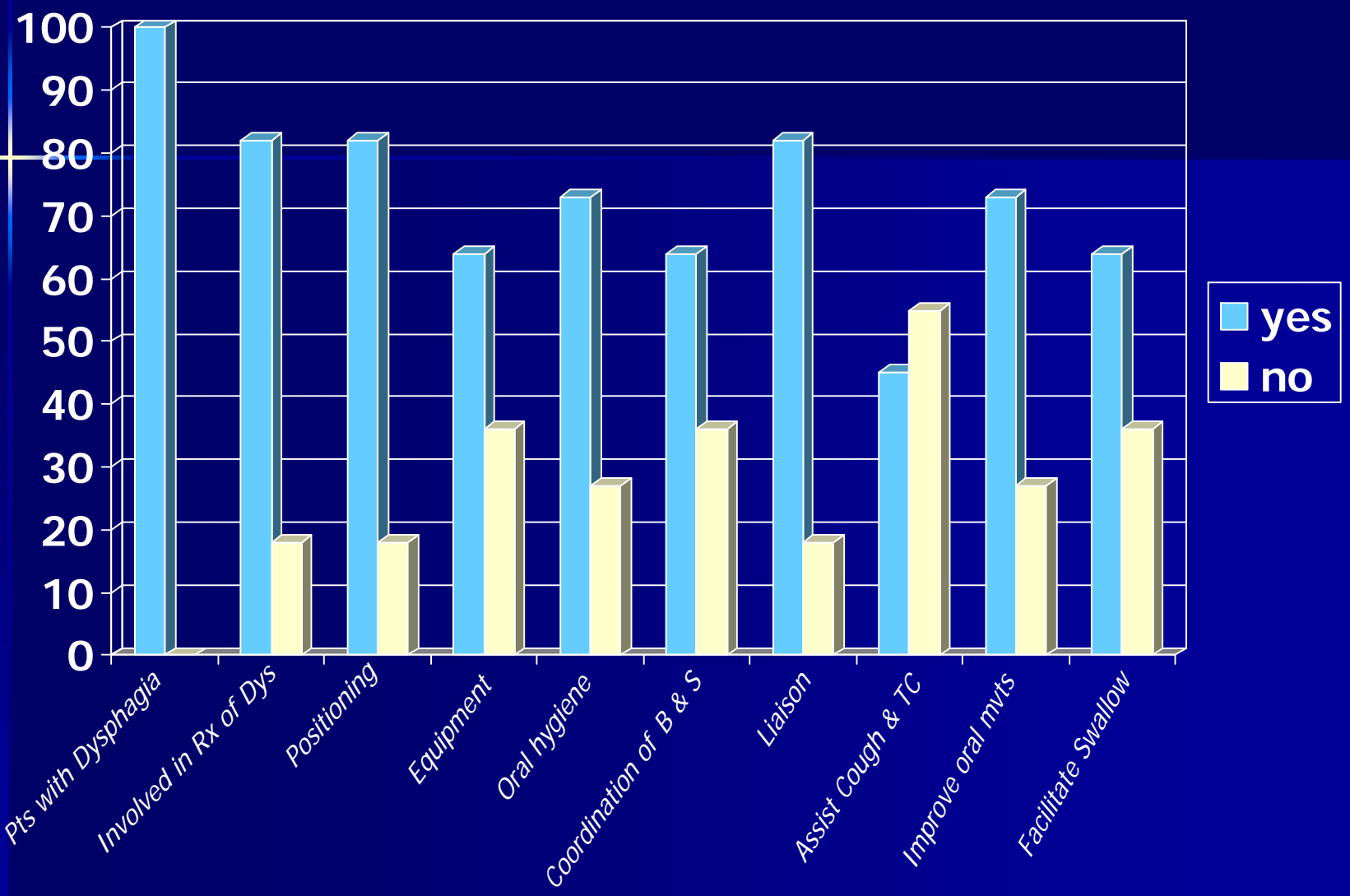
## Question 5: influence of dysphagia on treatment - quotes:

- Can't lie supine for activities such as washing and dressing
- If some one is coughing during therapy it is part of the treatment to facilitate the most effective coughing possible and subsequent clearing swallow.
- Priority for breathing problems – trachy patients constant observation.

# Reasons for differences in responses

- Experience and expectation
- Variations in Training

percentage



## Questions for the team: Who addresses these issues?

- Assisted coughing/throat clearing + subsequent clearing swallow
- Nose blowing
- Oral hygiene

# Oral Hygiene

# “Good posture” what is it?

- “Upright & alert sitting”
- “Trunk straight”

Alignment of body parts

Dynamic stability i.e.  
combination of stability  
and mobility

Pelvis must be anchored

Standing:

Use of appropriate support, completing whole activity use of hands to face

# Issues/Challenges

- Increasing severe and complex cases
- Longevity
- Lack of awareness re influence of positioning on aspiration of saliva e.g supine lying, wheelchair tilted back
- Discharged nil by mouth with no input
- Lack of specialist input in care homes
- Independence at all costs

# Core Skills for all members of MDT?

- Ability to move and position clients for airway protection e.g. side lying and sitting
- Manual support for coughing and throat clearing
- Emergency procedures choking incidents
- Manual facilitation of swallowing and removal of saliva

**Thank you for your attention!**

