PREFACE

The discipline of dysphagia has come of age. Programs to diagnose and treat swallowing disorders are developing rapidly in most medical facilities, in rehabilitation centers, and in private practice. Most programs are under the direction of speech-language pathologists working in a multidisciplinary team setting. More than 40% of clinicians in speech-language pathology are now treating dysphagics. Third-party payers and health insurance providers have formally acknowledged that speech-language pathology has a key role in dysphagia by their recognition that reimbursement may be provided regardless of whether or not a communication deficit is present. Provision of quality dysphagia care has financial benefits and is central to optimizing quality of life and reducing patient mortality.

The training of speech-language pathologists has been largely provided in continuing education programs or by on-the-job training with experienced clinicians. Many university programs have been unable to provide course work within the limitations of their masters degree programs. It has been through publications and forums such as this edition that the latest ideas have been disseminated.

This edition of *Seminars* presents a broad spectrum of issues including clinical diagnosis, aspiration, treatment, instrumental procedures, administration and development of a comprehensive dysphagia program, quality assurance, dietary programming, and creation of on-the-job clinical training models. This issue can provide the reader with knowledge necessary to train dysphagia therapists, to create and establish a program, and to implement it in a stepwise fashion. We believe this type of information will help fill the gap among training, practice, and programmatic issues. It can provide practical information for experienced clinicians as well as those intending to expand or develop new programs for this rapidly growing field.

The diversity and scope of this issue are reflected by the wide range of settings and backgrounds represented by the authors. The article by Dr. Adrienne Perlman of the Veterans Administration Hospital in Iowa City provides the reader with

a scholarly, yet practical organization of the basic neurological organization of swallowing and the sensory and motor relationships implicit in this complex process. It will serve as an excellent reference for student and academicians.

I have written an article on instrumental procedures that presents a conceptual model to use when selecting appropriate diagnostic tools for the dysphagic patient. The model is based upon patient safety and risk factors and the type of image each procedure presents. It is intended to provide a comparison among the wide variety of available procedures.

Dr. Susan Langmore of the Veterans Administration Hospital in Ann Arbor, Michigan, clearly and thoroughly discusses the facts and fallacies of aspiration. Her article discusses tube feeding and risk factors for aspiration pneumonia and provides the reader with a wealth of important information that has not been synthesized previously.

Information needed to communicate with hospital administrators, physicians, and other health care providers regarding the development of a comprehensive dysphagia program is presented in the article by Brad Hutchins and Jocelyn Giancarlo, from Marianjoy Rehabilitation Center in Wheaton, Illinois.

An in-depth practical overview of the newest concepts in monitoring and evaluating quality assurance is presented in the article by Anita Halper and Leona Cherney from the Rehabilitation Institute of Chicago. Specific steps and indicators to monitor high-risk dysphagia patients are clearly presented. These indicators should serve as a model for anyone seeking Joint Commission on Accreditation of Healthcare Organizations accreditation.

The development and management of a successful dysphagia dietary program in a large metropolitan hospital are carefully outlined by Janice Mirro and Camellia Patey from Baptist Memorial Hospital in Memphis, Tennessee. Specific diets and a feeding hierarchy will give clinicians the information needed to develop their own programs.

Julie Atwood and Joan Kelly Arsenault from the Massachusetts General Hospital have developed a competency-based training model for dysphagia therapists. A rigorous set of criteria for each level of training and the knowledge needed to achieve these levels are outlined. Candidates for this training program are carefully selected before they agree to enter the training program. Each candidate is assigned to a trainer and can be rejected from the program if they do not meet the goals of the program.

The Veterans Administration Task Force on Dysphagia, representing a large hospital system, has developed a thorough set of guidelines for a clinical examination of swallowing. Essentials of the examination including the history, chart review, family interviews, and a mental status assessment are described. Specific aspects of the sensory-motor examination and speech and voice analyses are described in relation to symptoms of dysphagia. A description of the appropriate use of the various instrumental techniques for conducting a swallowing examination is provided.

No compendium on dysphagia would be complete without a chapter on treatment. While there are many unanswered questions regarding why specific strategies work with certain patients to the exclusion of others, there are a variety of techniques that can be used to promote safe swallowing. Patricia Linden-Castelli from the Good Samaritan Hospital in Baltimore, Maryland, has contributed an article on the specific types of treatment provided for adults with neurological disorders based on her experience and has suggested that treatment can be organized into the two major categories of facilitation and compensation.

I hope that the reader will gain ideas and information to provide their clients and coworkers with some new insights into this widely expanding field.

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Guest Editor