



SLP HACK:

any method, skill or information that increases efficiency and treatment!

The purpose of the SLP Hack is for clinicians to swap tips, materials so we all can provide the best care.

Things to know:

Let's Talk about Ethics

ASHA: All individuals who hold the CCC-SLP credentials are required to have at least 1 hour of professional development in ethics per maintenance period.

Texas License: Texas licensees must complete a minimum of two clock hours in ethics as part of the continuing education requirement each renewal term.

In an attempt to help SLPs cope with the need for social distancing, while still fulfilling Licensure/ASHA Requirements, Rehab Synergies, is offering free 2-hour Ethics webinars starting April 1st. ALL SLPs are invited to attend and is **mandatory for all Rehab Synergies full-time SLPs**. Please select one of the listed webinars to attend.

Ethics in Speech Language Pathology 2 Hour CE Webinar

Wednesday, April 1st | 10AM - 12PM

To register [click here](#) or visit:

<https://attendee.gotowebinar.com/register/8192059122929095692>

Wednesday, April 8th | 3PM - 5PM

To register [click here](#) or visit:

<https://attendee.gotowebinar.com/register/6524250616812617997>

Wednesday, April 22nd | 10AM - 12PM

To register [click here](#) or visit:

<https://attendee.gotowebinar.com/register/3895564605404837901>

Wednesday, April 29th | 3PM - 5PM

To register [click here](#) or visit:

<https://attendee.gotowebinar.com/register/8309107633390719501>

Application of the Passy-Muir Swallowing and Speaking Valves Webinar

The May SLP Clinical Call will be a webinar, *Application of the Passy-Muir Swallowing and Speaking Valves*, hosted by Passy Muir on May 27th at 1:00 PM CST.

A link to join the Webinar will be available on the Passy Muir website thirty minutes prior to the scheduled start time. Please click on the link below to join the Webinar:

<https://www.passy-muir.com/private-webinar-live-links>



Treatment Spotlight: Dysphagia

Dysphagia is often perceived as the most difficult impairment to treat as a clinician. It can be a symptom of many different disease processes and is associated with serious adverse health consequences: malnutrition, dehydration, pneumonia, depression and death. Also, patients with dysphagia can and do experience anxiety, fear, isolation and reduced quality of life. How do we, SLPs, evaluate, manage and treat dysphagia? One method is an instrumental evaluation. The Modified Barium Swallow Study, MBSS, is a valuable and important tool in treatment, but are we employing it accurately and when medically necessary?

There are specific benefits and indications for a MBSS and limitations and contraindications; this is not an all-inclusive list and swallowing assessments should be dynamic and individualized to the patient. Below are general guidelines to assist in decision making of if/when a MBSS should be completed; however, an SLP should always utilize his/her observational skills and clinical judgement when determining whether an instrumental assessment is medically necessary and clinically warranted.

Benefits: It is clinically advantageous to proceed with the study –

- Consent has been obtained from the patient/responsible party and education provided regarding potential outcome of a swallow study (e.g., texture/consistency changes, maneuvers introduced, recommendations of NPO). This discussion/potential outcome has been documented in treatment encounter notes, progress notes and evaluations.
- The study is deemed rehabilitative – The MBSS will assist in determining the appropriateness and the effectiveness of a variety of treatment strategies, maneuvers, etc.
- Previously identified dysphagia with a suspected change in swallow function that may change current recommendations
- Presence of a medical condition or diagnosis associated with a high risk of dysphagia

Contraindications: A MBSS is not advisable in the following circumstances –

- The patient is not medically stable enough to tolerate the procedure.
- The patient is not able to participate in an instrumental examination (e.g., severe cognitive difficulties, inability to maintain an appropriate level of alertness, poor head/neck alignment & posture).
- The SLP's clinical judgment indicates that the instrumental assessment would not change the clinical management of the patient.
- Patient's size and/or posture prevents adequate imaging or exceeds limit of positioning devices.
- Absence of swallow response in patient.
- Patient refusal of potential recommendations: thickened liquids/modified textures, refusal to employ maneuvers (e.g. chin tuck) or adaptive equipment (e.g. provale cup)

Limitations: Restrictions of the study that should be incorporated into treatment and decision making –

- Time constraints due to radiation exposure
- A limited sample of swallow function that may not be a representation of mealtime function
- Challenges in visualizing the swallow due to poor contrast
- Challenges in viscosity to represent real-life foods
- Limited evaluation of the effect of fatigue on swallowing
- Refusal of the bolus, as barium is an unnatural food source and is not accepted by some patients

It is important to utilize the MBSS as a rehabilitative tool and as part of a comprehensive treatment plan. Our dysphagia treatment can only be made stronger by knowing the limitations and validity of our tools.