**NEW ZEALAND SPEECH AND LANGUAGE THERAPY CLINICAL PRACTICE GUIDELINE ON VIDEOFLUOROSCOPIC STUDY OF SWALLOWING**

**Teaching Supplements**
These teaching supplements were produced to support specific competency recommendations in the New Zealand Clinical Guideline for VFSS. They aim to provide speech-language therapists with basic knowledge in selected specialist areas of dysphagia management within the New Zealand context.

**Recognising oesophageal dysphagia for speech-language therapists**
Understanding the normal oesophageal stage of swallowing and being able to identify the signs/ symptoms of oesophageal dysphagia versus oropharyngeal dysphagia are important skills for a speech-language therapist (SLT) working with people with dysphagia. However, it is often not an area of clinical practice that SLTs feel confident.

When discussing oesophageal dysphagia, as with oropharyngeal dysphagia, it is important to remember, “the speech pathologist may only report on swallowing physiology and function” (ASHA, 2004) and “SLTs will not undertake a medical diagnostic function” (RCSLT 2007). It is not SLTs’ role to diagnose oesophageal abnormalities.

It is important that SLTs can identify the symptoms at bedside that may indicate the need for oesophageal screening/ assessment; “every effort must be made to ensure that the patient receives the correct instrumental procedure based on referral and case history information.” (RCSLT, 2007).

SLTs must have a clear understanding of their own role in identifying possible, abnormal oesophageal swallowing and referring a patient on to an appropriate professional e.g. ENT/ ORL Surgeon, Gastroenterologist, Radiologist; “SLTs should have the knowledge and skills to recognise anatomical abnormalities and “recognize patient signs and symptoms that may be associated with cervical- esophageal and esophageal phase dysphagia” (ASHA, 2004)

By the end of this teaching supplement you should feel more confident about the signs/ symptoms of oesophageal dysphagia, be able to recognise normal versus abnormal oesophageal swallowing on VFSS and be confident in whom to refer to if you see something abnormal.

**References**


Resources:

- Power point presentation by Dr. Jacqui Allen FRACS
- Self-learning Quiz by Anna Miles SLT

You will need:

- a Windows or Mac based computer
- Broadband Internet connection (DSL, Cable)
- a web browser & access to ‘You Tube’ *
- the ability to listen to the commentary with either headphones &/or speakers

* If ‘You Tube’ is ‘blocked’ on your work network, you may be able to ask your Information Technology Services to allow you access for this purpose.

Instructions:

1. Download and read the relevant sections of the NZ SLT Clinical Guideline on VFSS
2. Click on the You Tube links below. The tutorial is split into 3 parts;
   - http://www.youtube.com/watch?v=eSnQRqf1R2Y
   - http://www.youtube.com/watch?v=aaD9M02zTog
   - http://www.youtube.com/watch?v=miz4tC9YaiE
3. Watch the tutorial movie
4. Download the quiz, complete, check your answers and print for your portfolio

This teaching supplement provides you with a basic level of theory in the area of oesophageal dysphagia. It does not aim to ensure your clinical competency but may contribute to your overall continuing professional development within this specialist area. Local policy & supervisor advice should be taken to ensure theory is applied safely & appropriately into practice.

This teaching supplement has been through peer review.

It will be reviewed every four years to ensure the information remains up-to-date.

If you are unable to watch the presentation through ‘you tube’, please contact Anna Miles & she will attempt to support you.

Anna Miles
Professional Teaching Fellow- Speech Science, The University of Auckland
a.miles@auckland.ac.nz
NEW ZEALAND SPEECH AND LANGUAGE THERAPY
CLINICAL PRACTICE GUIDELINE ON
VIDEOFLUOROSCOPIC STUDY OF SWALLOWING

Oesophageal Dysphagia Training for speech-language therapists
Anna Miles- Professional Teaching Fellow, The University of Auckland

Learning Objectives
1. To define the role of the SLT in recognizing oesophageal dysphagia during a VFSS
2. To describe the importance of oesophageal screening within a VFSS and be able to discuss an appropriate protocol.
3. To identify common oesophageal abnormalities during a VFSS

Self-learning Quiz

The purpose of this quiz is to support your learning by allowing you to check your understanding of the content of the presentation and your ability to apply the knowledge to clinical practice.

You can print off your quiz and responses for your portfolio as proof of your continuing professional development.

1. An SLT;
   a) is responsible for independently diagnosing oesophageal abnormalities
   b) is responsible for independently treating oesophageal abnormalities
   c) is responsible for recognizing oesophageal abnormalities and referring to other professionals
   d) has no responsibility for the management of oesophageal abnormalities

2. Oesophageal dysphagia is common in people with;
   a) Parkinson’s Disease
   b) old age
   c) gastro-oesophageal reflex
   d) all of the above

3. It is important for an SLT to understand the symptoms of oesophageal dysphagia as they;
   a) can easily be interpreted as oro-pharyngeal dysphagia during a bedside clinical swallowing evaluation
   b) may be the leading cause of problems with swallowing within the oro-pharyngeal stages
   c) may require different instrumental assessments and management to oro-pharyngeal dysphagia
   d) all of the above
4. Screening the oesophagus as part of the VFSS should be considered;
a) only if the patient complains of food sticking at the level of the sternum
b) only if the patient regurgitates their food regularly
c) only if the patient has more difficulties with solids than fluids
d) as part of every VFSS protocol

5. How long should oesophageal transit take?
a) 1 second only
b) less than 5 seconds
c) less than 10 seconds
d) Up to 20 seconds depending on the food type

6. Patient 1 presents with;
a) a cricopharyngeal bar
b) a Zenker’s Diverticulum
c) a Hiatus Hernia
d) achalasia
7. Patient 2 presents with:
   a) a tracheo-oesophageal fistula
   b) oesophageal narrowing
   c) gastro-oesophageal reflex
   d) a Zenker’s Diverticulum
8. Patient 3 presents with:
   a) a tracheo-oesophageal fistula
   b) oesophageal narrowing
   c) achalasia
   d) a Zenker’s Diverticulum
9. Patient 4 presents with;
   a) oesophageal obstruction (e.g. tumour)
   b) a Zenker’s Diverticulum
   c) tertiary contractions
   d) achalasia

Congratulations you have completed the self-learning quiz. Please check your answers below and print as evidence for your portfolio.

Anna Miles
Professional Teaching Fellow- Speech Science, The University of Auckland

Oesophageal Dysphagia Training for speech-language therapists

ANSWERS

1. c
2. d
3. d
4. d
5. c
6. a
7. d
8. c
9. a

My score was ……. out of 9.

Three things I learnt while completing this teaching supplement were;

1. 

2. 

3. 

Three things I will change clinically are;

1. 

2. 

3. 

Name……………………………………………………………….

Date completed………………………………………………..