

Dysphagia Goals:

Disorders of Mastication:

1. The Resident will participate in daily oral-motor exercise to increase (lingual range of motion, mandibular range of motion, buccal tension) to within functional limits for effective mastication.
2. The Resident will demonstrate ____% independence with a therapeutic oral-motor exercise program within ____ weeks.
3. The Resident will independently (place food/tilt head to the unaffected side of the oral cavity to maintain appropriate food placement for effective mastication.

Disorders of the Oral Phase of the Swallow:

1. The Resident will participate in daily oral-motor ex to increase lingual strength and ROM for adequate lingual elevation and anterior to posterior movement during the oral phase of the swallow.
2. The Resident with appropriately use (a finger sweep/lingual movement) to clear pocketed food in the anterior/lateral sulci.
3. The Resident will maintain adequate lingua-alveolar seal to prevent premature loss of the bolus prior to the swallow.
 - a. Activity: ask the patient to place his/her tongue up onto the roof of his mouth just behind the top teeth when he is ready to swallow the prepared bolus of food. Make sure that he understands that this tongue placement does not occur until he

has masticated and prepared the food into a cohesive bolus.
Have him maintain this tongue position throughout the swallow.

4. The Resident will alternate bites or drinks of cold and warm food/liquid to increase intraoral sensitivity.
 - a. Activity: use this activity with the patient who has decreased intraoral sensitivity. The cold bolus serves as a stimulus to increase sensation. Alternate cold and warm throughout a meal or snack. Ask the client to close his eyes and determine if the food substance is cold or warm.

Disorders of the Pharyngeal Phase of the Swallow:

1. The Resident will participate in daily bolus-hold exercises to compensate for incomplete glossopalatal seal and to eliminate premature spillage of the bolus into the pharynx.
 - a. Activity: Use controlled bolus volumes and teach the patient to consciously hold the material in her mouth before she begins to swallow. Help her understand that the MBS showed that she allows liquid or food to fall over the back of her tongue prematurely. Thickened liquids or semi-solids are good choices for practice of bolus hold exercises.
2. The Resident will use an appropriate effortful swallow technique to aid in pharyngeal clearance of food or liquid and reduce the risk of aspiration after the swallow.
 - a. Activity: when performed correctly, the effortful swallow will increase posterior tongue base movement and improve clearance of the material from the valleculae. Instruct the patient to push and squeeze with all of the muscles of her mouth and throat as she swallows. "Swallow hard."

3. The Resident will use a double swallow between bites or sips to aid in pharyngeal clearance of food or liquid and reduce the risk of aspiration after the swallow.
 - a. Activity: you may need to use visual or verbal cues to remind the patient to swallow twice between bites.
4. The Resident will alternate bites of food and liquid swallows to aid in pharyngeal clearance of food and reduce the risk of aspiration after the swallow.

Dysphagia resulting from Dementing Diseases:

Long-term goal: The Resident will maintain adequate nutrition and hydration with optimum safety and efficiency of swallowing function for the highest appropriate diet level using environmental manipulation and external compensatory strategies as measured by skilled observation.

1. The Resident will decrease the refusal of meals to once daily with the use of external compensatory strategies.
 - a. Activities:
 - i. Create a chart that is checked off each time a meal is eaten. Show the resident the chart to prove that he has not eaten
 - ii. Show him a clock to indicate that it is the appropriate time of day for the meal.
 - iii. Tell him that you prepared the meal especially for him and that it will hurt your feelings if he doesn't eat it.
 - iv. Ensure him that he does not have to pay for his meal; they will often refuse a meal because they do not have any money to pay for it.
 - v. Call a family member or tape record a family member telling the resident that it is mealtime and he needs to eat.

2. The Resident will increase PO intake of nutrition and hydration to 75% of 2/3 meals daily over one week in a distraction free environment.
 - a. Activities:
 - i. Reduce distractions as needed. Possibly have the resident eat in his/her room with 1:1 attention rather than the dining room. Reduce room distractions by pulling the curtain or closing window curtains. (If you use this strategy, make sure that the activity dept is highly involved to prevent social isolation.
 - ii. Avoid seasonings that are visible....pepper, etc. These patients often perceive these seasonings as dirt or insects.

3. The Resident will eat a variety of foods from various food groups over the course of one week with the use of environmental manipulation and external compensatory strategies.
 - a. Activities:
 - i. Patients with dementia will often choose to eat only sweets. If this is the case, sprinkle sweetener or syrup over all of the foods on the tray.
 - ii. Give the resident a small amount of ice cream or pudding on the front of the spoon with the other food on the back of the spoon when feeding.

4. The Resident will effectively initiate the swallowing activity 80% of the time with the use of appropriate cues.
 - a. Activities:
 - i. Keep the environment quite and free of distractions
 - ii. Encourage self feeding or drinking even if it requires hand over hand assistance.
 - iii. Sometimes it is best not to give verbal cues. Instead, use facial expressions, smiling face and eye contact. Excessive talking may cause agitation.
 - iv. Present the food or liquid in the clients line of vision

- v. Use gentle pressure on the bowl of the spoon when you place it on the client's mouth to cue him that a spoon is actually in his mouth and the food is ready to swallow.
 - vi. Use distinctive tastes.
 - vii. Use oral stimulation prior to food presentation.
Toothette, toothbrush, etc
5. The client will eat one food at a time in individual bowls three times daily to decrease confusion regarding food choices.
- a. Activity: Present food in individual bowls one at a time.
6. The Resident will adequately open his mouth to receive nutrition and hydration 60% of the time through use of cues and external compensatory strategies.
- a. Activities:
 - i. Gentle massage of the temporomandibular joint before meals
 - ii. Model the wide-open mouth posture
 - iii. Say "open wide and say ah"
 - iv. Use a small spoon (baby spoon)
 - v. Gently taps his lips with the spoon to let him know it is time to open his mouth to receive the food.
7. The Resident will reduce holding food in his mouth to 30% of the time or less with the use of appropriate cueing mechanisms.
- a. Activities:
 - i. Tap below the chin or rub the throat area as a cue to swallow
 - ii. Bring the cup up to the mouth as if to present the drink, this is often cue the resident to swallow before taking the drink.
8. The Resident will remain seated long enough to consume 75% of three meals daily with the use of environmental manipulations, distraction techniques, and appropriate cues.
- a. Activities:
 - i. 1:1 attention during the entire meal

- ii. Avoid meals in his room where he will simply walk away from the food
- iii. If he does not feed himself and will not sit while you are feeding him, try to give him something to do with his hands while you are feeding him...small puzzle, squishy ball, Rubik's cube, etc.
- iv. Talk to him throughout the meal; do not have sidebar conversations with those around you.
- v. Seat him in a place in the dining room that is less convenient to get up and leave, avoid seating him close to the door.

Arnold, L. 2003. *The Long-Term Care Companion: Communication Goals and Activities for Adults*. East Moline, Illinois: LinguiSystems, Inc.