Historical Role of the SLP and Other Professionals in Dysphagia Management

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Background: SLP

• 1970s: Emergence of the medical SLP
  – Drew from evaluative skills of otolaryngology and neurology, with more specific cognitive evaluation
  – Medical setting exposure to many disorders that impact communication and swallow
  – Emphasis on clinical evaluations and integration of the medical history and physical findings
Seattle VA Medical Center

• George Larsen Chief, Speech Pathology
  – Literature review: physiology focused
  – Combined detailed physical evaluation of the nervous system (including upper airway) with principles of rehabilitation
  – Limited use of imaging studies, used indirect laryngoscopy
  – Published first diagnostic and treatment oriented papers in JSHD in 1972 and J Neurosurg Nursing in 1974
    • Talked about posture, breath-hold, swallow own feeding tube, dietary adjustments, and the use of trained feeding volunteers
Larsen

• Recognized need for interdisciplinary training in meeting the needs of dysphagic patients
• Organized training through the VA Regional Medical Education Centers
• Other service chiefs visited to see the model of care
• Pronunciation of “Dysphagia”
• Trained doctoral level students using the medical model (how we hated Wednesday afternoons!)
• Identified swallowing impaired patients by attending neuro and ENT rounds
• Included other disciplines on Speech Pathology rounds
Seattle VAMC: Charles Pope

• Internationally-recognized esophagologist who combined basic science with clinical management (60s through 90s)
• Did cine-swallow studies in cardiology and encouraged us to apply the technique to oropharyngeal problems
• Distinguished between “dysphagia” and “swallowing”
• Became key member of swallowing disorders team; established chemo-radiation protocols
First Use of NMES for Swallow in 1973

• 32 y/o with occult hydrocephalus
  – Could not trigger a swallow in spite of normal physical evaluation and dietary stimulation
  – Might electrical stimulation to the laryngeal region provide the needed stimulus?
  – Larsen described 5 BS stroke patients who received faradic stimulation to the larynx
    • Arch Phys Med Rehabil 54: 1973
Jeri Logemann, Northwestern

• 1968-70 working on a post-doc with a radiologist studying speech and swallowing in patients with PKN, disease
  – Levadopa was being withdrawn and patients with developed dysphagia in that period
  – Developed the “cookie swallow” protocol, or modified barium swallow
  – Extended the test for use with patients with head and neck cancer
  – Made systematic observations of swallow physiology
Jeri Logemann

• Presented the results of treating swallowing disorders following head and neck cancer at ASHA in 1976
• Identified training needs for SLPs
• Published first text dealing with oropharyngeal dysphagia targeted to SLPs in 1983
  – Advocated for MBS on every patient as it guided treatment approaches
Jeri Logemann

• Tied science to treatment approaches
• Multiple collaborations
• Strong advocate for continued SLP involvement as equal members on the dysphagia management team
• NIH clinical trials
• Trained many doctoral students
• Founding member of Dysphagia Research Society
American Lake VA, Tacoma

- First position in VAMC, 1975
- Began a new program to include communication and swallow
- Neuropsychiatric hospital
- Transitioned to small Med-Surg component in 1977
  - Neurologist found 6 brain tumors in first week of assignment!
NY VAMC: 1978-1990

• Worked on neurology service specifically with swallowing disorders
  – Support of neurology chief, David Osborne
  – Ongoing support from dental hygienist
  – Introduced VF studies
  – VA traineeships for Luis Requelme and Marta Kazandjian
  – Extensive work with Jean Curran, dietitian

• Consulted at New York Hospital, Cornell Medical Center
  – Heavy OT involvement, only 1 SLP for 1000 beds
  – First contact with Cliffdale Farms
  – Olle Ekberg visited on rounds
  – In-service presentations at Sloan Kettering
Jeannie’s Parting Gift

• A bottle of nice wine and a new nametag!
1985 Johns Hopkins Swallowing Center

- Multidisciplinary approach, aimed primarily at outpatient diagnosis and treatment: Donner, Bosma, Kashima, Ravich, Buchholtz, Jones, Marsh
  - Inpatients at Good Samaritan: Linden, Siebens, and Palmer, Kuhlmeier
  - Established connections with Munich Swallowing Center, Siewart, Hannigs, Neumann
- Center sponsored a series of symposia from 1985-1990
Bosma Recollections

• 9 children, 1 an SLP
• Lived at 3902 Hadley Square West, Baltimore
• Agenda for everything
• Basement full of pediatric swallow studies
• Reviewed my first book
• Expert at bringing disciplines together
  – The “Annapolis Summit”
  – Special summits on cervical auscultation
Dysphagia

An International Multidisciplinary Journal Devoted to Swallowing and Its Disorders

Volume 1, Number 1, 1986

1 Editorial
   M.W. Donner

Original Articles

10 The Prevalence of Swallowing Disorders in Two Teaching Hospitals
   M.E. Grolier, R. Bukatman

7 Suckie Facilitation of Feeding in Selected Adult Dysphagic Patients
   W.O. Ramsey

Case Report

13 Drug-Induced Esophagitis Simulating Esophageal Carcinoma
   W.J. Ravich, H. Kashima, M.W. Donner

Self-Report

19 Dysphagia – My Constant Companion
   K.J.

Review Articles

23 Anatomy of the Pharynx, Pertinent to Swallowing
   J.F. Bosma, M.W. Donner, E. Tanaka, D. Robertson

34 Treatment for Aspiration Related to Dysphagia: An Overview
   J.A. Logemann

Method and Procedures Update
Baltimore, Early 80s

- Bosma influence in pediatrics
  - Kennedy-Krieger Institute
    - John Heinz and Frank Vice in CA, led to multiple conferences on CA in late 80s, early 90s
  - Sue Kramer in Radiology
  - Maureen Lefton-Greif
  - Barbara Sonies at the NIH
Stars at the VAMCs

- Susan Langmore and Joe Murray
- Susan Fleming with H/N cancer
- JoAnne Robbins and GREC centers
- Jay Rosenbek and A-P scale and Swal-Qual
- Stephanie Daniels and stroke, clinical evaluation
- Hank Mills on diet and viscosity
- Rich Katz on stroke screening
- Head and neck cancer protocols with Dr. Logemann
- Early videotaped tutorials on the clinical evaluation
- Rick Bollinger and Nan Musson, Miami VAMC
  - Silver Spoons and Happy Hour!!
ASHA and the Era of Chaos, 1976-89

- Nasty letters in the ASHA Leader
- Practitioners continue providing services
- In spite of ASHA threats to practice, other organizations recognize the role of the SLP
  - 1986 Health Insurance Organization of America
  - 1988, JCAHO accreditation manual guidelines
  - 1989 NIH technical report on role of SLP
Society Formations

• 1991: Dysphagia Research Society: Dodds, Donner, Shaker, Jones, Logemann
  – 300-350 attendees, increased international exposure, 60% attendance by SLPs
• 1991: European Study Group for Diagnosis and Surgery and Globus
  – Olle Ekberg
  – Met every two years with little SLP involvement
  – 2008: European Society for Dysphagia Disorders
Society Formations

• 1994: Japanese Society of Dysphagia Rehabilitation
  – Multidisciplinary, large interests by dentists, little SLP interest, 3-5K in attendance
  – Established their own journal
  – Invitations to join Dysphagia editorial board

• 2008: Ministry of Health and Education targets dysphagia as major focus in the care of the elderly
  – 2013: Challenges industry to work with clinicians in developing most appropriate dietary levels
Society Formations

• Australasian Dysphagia Conferences, 1996 and 1998, mostly SLP-initiated
  – Early leadership from Giselle Carnaby (Mann) in 1990s
  – Leadership roles from Sydney (Cook and Bogaart) and Adelaide (Omari), Queensland (Ward), (Dodrille) (Cichero)

• UK Swallowing Research Group
  – Meets every other year
  – Partners with European Society for Dysphagia Disorders
International Interest

- Netherlands: Speyer and Baijens
- Belgium: Vanderwegen
- Canada: Steele and Lam
- UK: Hamdy, Smithard, Pownall
- Sweden: Ekberg, Bulow
- Spain: Clave
- Italy: Shindler, Hermann
- Vienna: Pokieser
- Germany: Stankhaus, Hannig
- China: Lan
- Japan: Fujishima, Shibamoto, Takahashi, Kikutani, Tamura, Kaneko, Saitoh
- Brazil: Dantas, Goncalves, Furkim, Marchesan
- Argentina: Campora
ASHA Gets On Board!

• 1999: Joint statement of practice with the American Academy of Otolaryngology
• Suggested graduate curriculum, 1999
• Knowledge/skills, 2001
• VF guidelines, 2004
• Endoscopy guidelines, 2004
• Practice guidelines in schools, 2007
• Part of the Big Nine, 2004
How Things Have Changed

• Prior to early 1980s, complicated dysphagia earned you a feeding tube
  – No formal testing for oropharyngeal dysphagia
  – Treatments based on clinical findings only
  – Lack of interdisciplinary cooperations
  – “Dysphagia” meant an esophageal disorder
  – Some imaging studies were cine-fluorograms
How Things Have Evolved

• Mid-80s to mid-nineties: Extensive use of videofluoroscopy tied to behavior treatment
  – Equipment issues
  – Interpretation issues
  – Patient selection issues
• Wider use of PEG placements: first one done on a child in June of 1979
• Mid 90s to present
  – Literature focuses on discovering more about normal swallow physiology than treatment outcomes
  – Increased use of multichannel research techniques
  – Introduction of biofeedback and NMES interventions
  – If you have suspected oropharyngeal dysphagia, send a consult to SLP
How Things Have Evolved

• 21st century:
  – Dietary studies and management
    • Commercial enterprises
    • National Dysphagia Diet
  – Physiologic detail by diagnosis
  – Increase in pediatric publications
  – Advance directives
    • Maybe maintenance of oral intake can preclude the use of feeding tubes
    • More data on feeding tube outcomes and survival
  – Interdisciplinary co-operations in the clinic and in research
    • Higher quality of publications
Present Day SLP Involvement: 2013

- ASHA survey of 1, 148 SLPs with adults, 818 pediatric focus
  - Adults: General med and LT acute: 59%; Rehab: 30%; SNF 46%; Home health 35%; outpt. 20%
  - Peds: 36% acute, 23% in Rehabilitation
  - Highest concentration of patients in both settings are in the intensive care units.
Where Are We Headed?

• Need more controlled outcome studies in infants
• Development of non-invasive evaluation techniques in infants
• Medical management of UES disorders: dilation and botulinum protocols
• Better understanding of the need to evaluate the entire swallowing chain
• Additional studies on the impact of dysphagia on the individual and the family
  – Establishing support groups
Any Questions????