

# Occupational Therapy: A Vital Role in Dysphagia Care



**Dysphagia** is “dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client’s ability to swallow independently or safely” (AOTA, 2003a.)

Recent data indicates that dysphagia (i.e., difficulty swallowing) affects 6.2 million Americans over age 60, with 300-600,000 new cases each year (AHCPR, 1999).

In individuals with cerebral palsy, dysphagia is also a significant problem, affecting 27% of the population (Waterman, Koltai, Downey, & Cacace, 1992).

Swallowing is an essential activity of daily living defined in the *Occupational Therapy Practice Framework: Domain and Process* as Performance in an Area of Occupation (AOTA, 2002.) When swallowing is identified as a functional deficit, it is a critical component of the occupational therapy intervention.

**Occupational therapists and occupational therapy assistants\*** provide skilled care to clients of all ages with dysphagia.

Working individually and/or as a member of a collaborative team, occupational therapy practitioners provide interventions in a variety of settings including hospitals, rehabilitation centers, outpatient clinics, long-term care facilities, schools, and home or community settings. Both occupational therapists and occupational therapy assistants\* provide comprehensive rehabilitative, habilitative, and palliative dysphagia care to clients with a variety of dysphagia diagnoses through the life span. Occupational therapists provide screening and in-depth clinical assessment. As part of this process, occupational therapists may assist with instrumental dysphagia assessments including videofluoroscopy (modified barium swallows). Occupational therapists work together with clients and caregivers to determine mutual goals and optimal outcomes for swallowing skills. They provide focused interventions addressing a range of components to swallowing as described in the *Occupational Therapy Practice Framework* (AOTA, 2002)

performance skills, performance patterns, contexts, activity demands, and client factors.

When provided by occupational therapy practitioners these interventions include collaboration with clients to provide:

- Individualized compensatory swallowing strategies
- Modified diet textures
- Adapted mealtime environments
- Enhanced feeding skills
- Preparatory exercises and positioning to clients
- Reinforcement of mealtime strategies to clients to enhance and improve swallowing skills.
- Training for caregivers in individualized feeding and swallowing strategies to enhance eating and feeding performance.

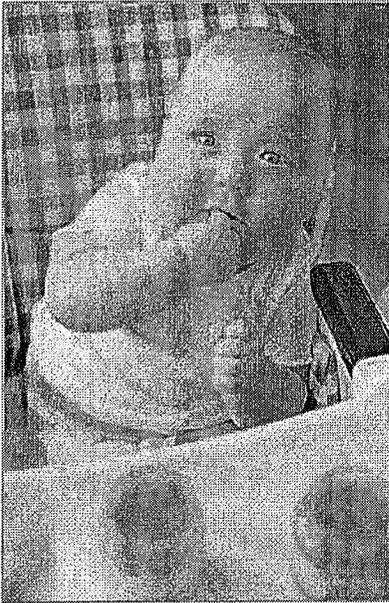
In addition, occupational therapy practitioners offer input to other dysphagia team members regarding client performance at mealtime and goal accomplishment. Occupational therapy practitioners utilize environmental and behavioral strategies to optimize swallowing performance and provide culturally sensitive interventions to clients with dysphagia.

**Occupational therapy has a direct role in dysphagia care** based on knowledge and skills gained in entry-level education.

Occupational therapy practice in dysphagia care is supported by standards requiring a strong educational foundation. The Accreditation Council for Occupational Therapy Education (ACOTE) mandates the entry-level occupational therapy education



\*Occupational therapy assistants provide services under the supervision of an occupational therapist.



curriculum for both the occupational therapist and the occupational therapy assistant. The broad array of coursework in entry-level occupational therapy education provides a basis for the complex practice area of swallowing, which incorporates: anatomy, physiology, diseases and disorders that affect eating and swallowing, evaluation of eating/swallowing skills using direct observation and treat-

ment techniques to address dysfunction. Occupational therapists and occupational therapy assistants seeking to attain advanced level proficiency or specialization in dysphagia care use educational opportunities in academic communities, mentoring, and continuing education experiences to enhance their competency in this area.

**The American Occupational Therapy Association (AOTA)** defines occupational therapy's role in dysphagia care through its documents and advances competency in practice through continuing education:

- *Specialized Knowledge and Skills in Eating and Feeding for Occupational Therapy Practice* paper (AOTA, 2003)—Delineates entry and advanced competencies for both occupational therapists and occupational therapy assistants.
- Continuing Education resources for occupational therapy practitioners—*Dysphagia Care for Adults* [A Self-Paced Clinical Course From AOTA] (Avery-Smith, et al., 2003), research reports in *AJOT*, and clinical practice articles in *OT Practice*.
- AOTA's proposed *Definition of Occupational Therapy Practice for the AOTA Model Practice Act*—Delineates dysphagia interventions in statutory language adopted by many state licensure laws.
- AOTA's *Occupational Therapy Code of Ethics (2000)*—Defines standards for client care by occupational therapy practitioners including competency, supervision of staff, and regulatory compliance.
- *Scope of Practice* position paper (Draft VI)—Defines scope of occupational therapy practice including interventions and procedures for management of feeding, eating, and swallowing to enable eating and feeding performance. AOTA is exploring feeding and swallowing intervention specialty certification as part of its ongoing support for recognizing advanced skills and knowledge in the area of dysphagia. ■

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**For more information**, contact the American Occupational Therapy Association, the professional society of occupational therapy, representing nearly 35,000 occupational therapists, occupational therapy assistants, and students working in practice, science, education, and research.

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Occupational Therapy: Skills for the Job of Living

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