A lthough there are numerous ways to pronounce dysphagia, the meaning of the term remains the same. Dysphagia is the impaired movement of material from the mouth through the pharynx and into the stomach. In simplest terms, dysphagia means difficulty in swallowing.

It has been estimated that 6 to 10 million Americans have some degree of dysphagia. Various sources indicate a range of from 6 to more than 40 percent of patients in acute care and rehabilitation facilities throughout the United States have swallowing impairments. In addition, the estimate of dysphagia in patients in long-term care facilities is as high as 50 percent.

Since our 1993 publication, we have been exposed to an incredible amount of new information on dysphagia management. Where appropriate, we have incorporated this new information into the second edition of the *Swallowing Disorders Treatment Manual*. In fact, the entire manual has been revised and updated. Included in this edition are new chapters that discuss esophageal disorders and ethical considerations. In Chapter 2, *The Normal Swallow*, information has been added on age-related swallowing differences in older adults. Chapter 5, *Common Assessment Procedures*, now includes information on the FEES® examination and dysphagia screening procedures. We have included a new modified barium swallow form to help you record the results of this procedure. Chapter 6, *Compensatory Strategies*, has been updated to include more information on nonoral feeding methods. In Chapter 7, *Rehabilitation Techniques and Maneuvers*, the swallowing therapist will find the addition of the super-supraglottic technique, effortful swallow and sour lemon bolus procedure. Chapter 9, *Safety and Risk Factors*, has been revised to include information on infection control and latex allergies.

To keep up with new products in dysphagia management, we have revised the Appendix to include the latest information on oral lubricants, modified barium swallow chairs/positioning devices, thickening agents, commercially available pureed foods and thickened liquids, videotapes on modified barium swallow studies and swallowing management videotapes.

Again, as in the first edition, this updated manual focuses on adult rehabilitation; however, clinicians who work with children will find many of the treatment strategies and maneuvers beneficial with the pediatric population. Tailor the assessment and treatment of dysphagia to each individual patient.

It is always the clinician’s responsibility to obtain appropriate clinical preparation prior to treating patients with swallowing disorders. A knowledge and skills statement is included in the Appendix on page 161, as developed by the American Speech-Language-Hearing Association. Our manual is designed to be a tool to assist the swallowing therapist in obtaining basic knowledge in dysphagia management.
We have used the terms clinician and swallowing therapist interchangeably throughout this manual to identify the professional who evaluates and treats individuals with dysphagia. In most cases this person will be the speech-language pathologist.

Dysphagia management continues to be an exciting and ever-changing field. As healthcare delivery changes in response to dwindling reimbursement, so too has evaluation and treatment of swallowing disorders. We hope you will find this second edition of the Swallowing Disorders Treatment Manual a useful resource as you maneuver through these changes on your way to improving the quality of life for your patients. As always, if you have any suggestions for future editions of this book, please write to us in care of Imaginart. We welcome your feedback.

Edward Hardy
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