

# PREFACE

When the first edition of this book was released in 1983, one could say that the field was in its infancy relative to our current knowledge about normal and abnormal swallow physiology and methods for the evaluation and treatment of oropharyngeal swallowing disorders. In most of the literature at that time, oropharyngeal swallowing was described as a single behavior with little recognition of its systematic variations with the characteristics of the bolus and the voluntary control exerted in various situations. Methods for assessment of oropharyngeal swallowing largely involved radiographic studies utilizing a relatively simple protocol. Our knowledge regarding the particular oropharyngeal swallowing disorders to be expected as a result of various loci of neurologic or structural damage or various treatments for head and neck cancer was rudimentary. Many of the available studies of dysphagic patients who had suffered neurologic damage, had developed head and neck cancer, or had undergone treatment for the disease included heterogeneous groups of patients at various stages of recovery or degeneration and with various loci of structural or neurologic damage.

Over the past 14 years, the knowledge base regarding normal swallow physiology and the pathophysiology of oropharyngeal swallow has both broadened and deepened. One might say that the field is now in its early adolescence regarding the understanding of normal swallowing, and dysphagia and its sequelae. Although we now realize that normal swallowing physiology varies systematically with the nature of the food to be swallowed and with the volitional control exerted over it, we still do not understand all of the predictable variations that exist, particularly the effects of important variables such as bolus taste and the individual's level of alertness. This limits the ability to treat some dysphagic patients and to understand their complaints.

During these 14 years, the screening techniques, diagnostic technologies, and treatment strategies for oropharyngeal dysphagia have increased; however, our understanding of the optimal application of diagnostic and treatment procedures to various populations requires a great deal more research. Many major questions remain to be answered in all aspects of normal and abnormal physiology of the swallowing mechanism and its relationship to control of respiration and speech production.

Many friends and colleagues encouraged me to write a second edition of this book much earlier. I delayed not only because of time constraints but because of my strong belief that our knowledge base in assessment and treatment of swallowing disorders was rapidly growing. I wanted the second edition of this

text to reflect some significant changes and an increased knowledge base, which, I believe, it does. I also believe that enough new information is now available to stop and take stock of where we are and where we need to go.

This second edition is designed as a text and a clinical reference, to provide students with the knowledge base for effective clinical decision making in dysphagia and to stimulate experienced clinicians with new ideas about patient assessment and management. This text is an attempt to review and synthesize the current state of knowledge in dysphagia in relation to both where the profession has been and where it is going and needs to go in the evaluation and treatment of oropharyngeal dysphagic patients. The first edition of this book was based on my experiences with 5,000 dysphagic patients. This second edition utilizes my experience with over 20,000 dysphagic patients.

At least 50% of this text is new, when compared with the 1983 edition. There are additional chapters on swallow assessment procedures and on clinical decision making in treatment of dysphagic patients, as well as information on the influence of voluntary swallowing maneuvers on dysphagic patients, the effects of head injury and dementia on swallowing function, and a number of other topics. In addition to these new chapters and topics, there are entirely rewritten sections on normal swallow physiology, new imaging procedures for assessment of swallow, and new treatment procedures. I have kept all the relevant aspects of the 1983 text, such as the treatment procedures, and have added and expanded on those areas that are relatively new since 1983.

The book is designed for the clinician interested in evaluation and treatment of swallowing disorders within the context of the total neuromotor control of the upper aerodigestive tract. For example, the relationship between respiration and swallowing is a critical one, just being recognized in research and clinical work. I have included suggested procedures for assessing this relationship.

I believe this book also provides clinicians with a set of evaluation and treatment strategies that are workable in a variety of settings, including the schools. As dysphagia has grown in recognition, children and adults with dysphagia are being treated in a variety of settings; this is further encouraged by the changes put in place in the health care system, such as managed care, and the increased inclusion of sick children within school systems.

Throughout the text, I have stressed the critical importance of maintaining safety both for the clinician and for the patient. My baseline philosophy has not changed: There is never an excuse to place a patient at risk, including increased risk for aspiration as well as malnutrition, when evaluating and treating dysphagia.

It is my sincere hope that this text and clinical reference will assist clinicians in further expanding their assessment and treatment portfolios for the good of their dysphagic patients and provide them with the knowledge base for successful and effective clinical problem solving. There are no "cookbooks" in dysphagia, no single set of strategies that will be effective for all patients. The recipe

for success involves thorough information gathering regarding each patient, thoughtful assessment, and active intervention. All should be based on a clear understanding of the normal anatomy and physiology of swallowing and the patient's abnormalities in anatomy and physiology of deglutition.

I would like to express my appreciation to a number of individuals who have assisted in the production of this book and in the collection of the research and clinical data incorporated in it. I would like to thank all of my Chicago campus staff, but in particular Cathy Lazarus and Sharon Veis for the support they have given me throughout the production of this book. I owe a large debt of gratitude to my secretaries, Mary Malooly and Mary Smessaert, as well as individuals in my laboratory, in particular, Christina Smith, for not only their hard work, but their consistent support in my ups and downs during the production of this manuscript. Special appreciation goes to my mentor and long-time friend, Hilda Fisher, and to my friends and colleagues, JoAnne Robbins and Peter Kahrilas, for their continuous patience and input of ideas to me as I conceptualize my approach to evaluation and treatment of swallowing disorders. Finally, thanks go to all the patients who have contributed their clinical experiences with swallowing problems, which stimulated my initial and continued interest in this area.

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