SLP Dysphagia Therapy Chart

King | Ciampitti

Swallow Impairment	Therapeutic Intervention	Adaptation for Trach/Vent Patient
Secretion Management	1. PMV® trials to allow airflow and sensory stimulation to upper airway 2. RMST (Respiratory Muscle Strength Training)	1. Train inhaling/exhaling through semi-occluded airway (straws) for low level patients 2. Use various IMST/EMST devices on the market to strengthen respiratory system
Low Lung Volumes	IMST (Inspiratory Muscle Strength Training) Supraglottic Swallow	Requires PMV use to engage entire respiratory system, restore subglottic pressure
Weak Cough Strength	Cue patient to cough/clear own secretions EMST (Expiratory Muscle Strength Training)	Requires PMV use to restore subglottic airway pressure
Decreased Vocal Cord Closure	Supraglottic Swallow/Voluntary Breath Hold Adduction Exercises with resistance Sustained phonation	Requires PMV to establish a closed system, restore subglottic pressure
Reduced Laryngeal Elevation	Falsetto Exercises Mendelsohn Maneuver	Requires PMV to establish a closed system, restore subglottic pressure
Reduced Hyolaryngeal Excursion	Super-Supraglottic Swallow Shaker Maneuver	1. Both require restoration of subglottic pressure – place PMV 2. Shaker: Place PMV to restore pressure, do not lay patient completely flat, ensure trach does not displace or occlude
Weak Pharyngeal Wall Constriction	Effortful Swallow Masako	Requires PMV to close system, restore subglottic pressure
Reduced Cricopharyngeal Opening	Shaker Maneuver Mendelsohn Maneuver	1. Shaker: Place PMV to restore pressure, do not lay patient completely flat, ensure trach does not displace or occlude 2. Mendelsohn: Traditional manipulation may not be appropriate; consider using a hard swallow (having patient hold mid-swallow for 3 sec to elevate larynx)

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