

Clinical Considerations

Swallowing and Feeding Considerations

(PTOT-2.7)

PTOT.2.7.A

v1.0.2023

Swallowing and feeding disorders are typically characterized by impaired oral intake that is not age appropriate or safe. Swallowing and feeding disorders can also present in combination with developmental and neurological conditions, prematurity and low birth weight, genetic syndromes, trauma, cancer, oral structural abnormalities, etc. The severity of a swallowing or feeding disorder is related to nutritional/ growth and safety concerns and the need for supplemental/ enteral nutrition.

Consideration of the need for skilled care for a swallowing and feeding disorder necessitates determining that an individual presents with a specific problem that significantly limits nutritional intake and/or is a safety concern. Baseline feeding skills should be assessed at the initiation of an episode of care. Standardized, valid, functional and performance based measures are recommended to be used throughout an episode of care to demonstrate levels of feeding deficit and appropriate response to care being provided^{78,79} Additional information specific to swallowing and feeding concerns will be considered along with standard scores. This may include food/drink types, textures, quantities; oral motor skills; growth/nutrition concerns of medical professionals; functional imaging assessments (such as fluoroscopic swallowing studies); supplemental nutrition; caregiver participation; and any additional complexities of the individual's situation. It is expected that an individual will respond appropriately to skilled care in a predicted amount of time

There is an established body of published high-level guidelines and reviews that provide recommendations on reasonable care for swallowing and feeding disorders. These recommendations suggest that skilled care for swallowing and feeding should focus on treatment strategies that are task-specific. Skilled care should primarily be active in nature with transition to a home program as soon as possible.^{79,80,83} Repetition is an important part of a skilled care program. Individuals and caregivers can learn a home program and repeat their program between direct skilled care sessions. As the individual's needs change, skilled care may become episodic to address specific needs. It is also recommended that individuals and their caregivers be educated on the reality of their feeding disorder and be given realistic goals and expectations.

For pre-term infants, it is recommended to use non-nutritive suck and oral motor stimulation to improve suck-swallow-breathe coordination, latching, and suction strength and endurance for improved oral feeding. Oral stimulation and oral support increases volume intake, feeding efficiency, and weight gain while decreasing oral feed time, transition time to full oral feeding, and hospital stay length.⁹¹⁻⁹⁴ Neurostimulation therapies, such as transcranial magnetic

stimulation can be effective for post-stroke dysphagia.⁹⁵ Positioning modifications can improve swallowing.⁷⁷ It is recommended that nutritional concerns be addressed through a combination of treatments that address food intake such as task oriented training, behavioral interventions, peer modeling, sensory activities, and parent/ caregiver education .^{73,93,96-98} It has been recommended that individuals weaning from tube feeding can benefit from hunger provocation and behavioral programs.⁹³ Skilled care for swallowing and feeding should empower an individual and their caregiver to become independent once a home program is established.