

# What do speech pathologists do?

Leanne Stein, M.S., CCC-SLP  
Speech-Language Pathologist  
Speech Therapy  
Olive View-UCLA Medical Center

# Areas of Service and Populations Served



- Inpatient
- Outpatient
- Adults
- Teens
- Pediatric
  - Swallowing and voice disorders (only at OVMC)

We have 2 SLPs that cover inpatient and outpatient.

Monday to Friday

7:30 am to 4:00 pm (Paige)

8:00 am to 4:30 pm (Leanne)

No weekend coverage.

Holiday coverage sometimes.

# What do we do?



- Help children and adults who have trouble communicating and swallowing.
- Collaborate with other disciplines (PT, Nutrition)
- Services include prevention, identification, evaluation, and treatment of disorders:
  1. SPEECH
  2. LANGUAGE
  3. COGNITIVE-LINGUISTIC COMMUNICATION
  4. VOICE
  5. SWALLOWING

# Disorders that may affect communication and swallowing

- Strokes
- Head Injury (ABI or TBI)
- Head and Neck Cancer (Laryngectomy, XRT, resections)
- Dementia
- Genetic Problems (Down Syndrome)
- Advancing Age
- Breathing Problems (COPD, Trachs & Vents)
- Severe or Long-term illness (Critical Illness Neurophathy)
- Other Neuro diseases (PD, ataxia, cerebral palsy, Huntington's, MS, ALS)
- Congenital Abnormalities (cleft lip and palate)



# Evaluation and Treatment Services: Speech, Language, Cognition

- Dysarthria
- Fluency/Stuttering
- Apraxia of speech
- Language problems (aphasia)
- Attention, Memory, Problem solving, Verbal Reasoning, Orientation, Executive Function



# Voice

- Head and neck CA Population: Laryngectomy, XRT changes to TVC, larynx, resonating cavity
- Pulmonary Disease: Chronic cough, VCD
- Aging Voice: Sarcopenia
- VC Injury: Intubation, RLN injuries post surgery
- Trach and Vent dependent patients
  - Passy-Muir Speaking and Swallowing Valve (PMV)



# Voice

- Functional Voice Disorders
  - Aphonia and Dysphonia
  - Paradoxical Vocal Fold Movement
  - Muscle Tension Dysphonia
  - Instrumental Exam: Videostroboscopy



# Videolaryngostroboscopy



- Videostroboscopy is a state-of-the-art technique that provides a magnified, slow motion view of the vocal cords in action.
- Team approach: MD and SLP can assess numerous vocal parameters as well as view abnormal motion and other disorders of the vocal folds.
- Judgments regarding the surrounding muscles and tissues in the larynx are also made.

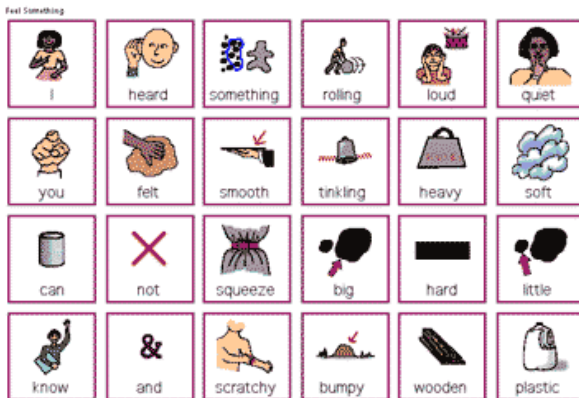


# Vidalaryngostroboscopy



# Communication

- Nonverbal
  - Alternative Augmentative Communication
    - Low Tech
      - Communication Boards
      - Picture Cards/ Pen and Paper
    - High Tech
      - iPads
      - Eye Gaze Devices



# Evaluation and Treatment Services: Dysphagia

- **Swallowing**

- **Speech Language Pathology Clinical Swallow Evaluation**

- Examination of oropharyngeal swallow at bedside involves:

- Inspection of the oral cavity and oral health

- Sensory perception of the lips, cheeks, palate, tongue, and pharynx

- A swallowing test  
(incorporating trials of various food and fluid consistencies, bolus sizes, and bolus characteristics)

- Diet Texture and Consistency Recs,  
Need for tx and/or further evaluation,  
Referrals



# Swallow Screen v. Swallow Evaluation

## What is the difference anyway????



- **Screen** = “a system for examining and separating into different groups”  
(Merriam Webster)  
So is the pt safe for PO – yes or no?
- Pass or Fail test
- Nurses can do a Swallow Screen
- Sometimes called bedside swallow **screen**
- **This is NOT a bedside swallow EVALUATION!**

**Any YES answer to the following risk factors will also defer administration of protocol:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Tracheostomy tube present
<input type="checkbox"/>	<input type="checkbox"/> Unable to manage oral secretions
<input type="checkbox"/>	<input type="checkbox"/> Obvious signs of respiratory distress
<input type="checkbox"/>	<input type="checkbox"/> Unable to follow commands or Unable to remain alert for testing
<input type="checkbox"/>	<input type="checkbox"/> Unable to sit up $\geq$ 30 degrees
<input type="checkbox"/>	<input type="checkbox"/> History of slurred speech or aspiration pneumonia
<input type="checkbox"/>	<input type="checkbox"/> History of choking or coughing when eating or drinking OR eating a modified diet (thickened liquids) due to pre-existing dysphagia
<input type="checkbox"/>	<input type="checkbox"/> Cough is wet or weak
<input type="checkbox"/>	<input type="checkbox"/> Drooling
<input type="checkbox"/>	<input type="checkbox"/> Wet gurgling sounding voice
<input type="checkbox"/>	<input type="checkbox"/> Facial or lingual weakness
<input type="checkbox"/>	<input type="checkbox"/> Existing PEG or feeding tube

If the answer is YES to any of the risk factors **STOP!**

**DO NOT** proceed with the swallow screen.

Keep patient NPO, including medications.

Have MD order Speech Therapy for a Clinical Swallow Evaluation.

If the answer to all of the risk factors is **NO**, **CONTINUE** with the swallow screen.

**ADMINISTER SCREEN:**

Instruct patient to drink entire 3-oz of water from a cup, with or without a straw, in sequential swallows without stopping.

Assess patient for coughing or choking during or immediately after completion of drinking.

**PASSED SCREEN:**

MD informed and advised to order PO diet

**FAILED SCREEN:**

Inability to drink the entire amount

Interrupted drinking or coughing during drinking

Coughing immediately after completion of drinking 3-oz of water

**Pt kept NPO and MD Notified.** Referred to Speech Therapy for a complete/formal swallowing evaluation

# Clinical Swallow EVALUATION

- **Evaluation**: “to determine the significance, worth, or condition of usually by careful appraisal and study” (Merriam Webster)



- An evaluation is a FULL look at the patient and their oral pharyngeal swallow function.
- **It is NOT a PASS or FAIL exam!**
- If we recommend NPO it is the Dieticians who decide temporary/ NGT feeds. We do NOT do nutrition.  
(though the SLP and RD departments work very closely together!)

# Speech Modified Barium Swallow (MBSS)

- Videofluoroscopy to evaluate oral-pharyngeal swallow to the upper esophageal sphincter (UES) with different food consistencies mixed w/ barium contrast. The MBSS does not diagnose the etiology of the swallowing disorder; instead, it determines the details of oropharyngeal swallow dysfunction and helps guide decisions regarding behavioral swallow therapy based on those findings.



- Indications

- When a clinical exam does not suffice to make a decision on a pt's ability to swallow safely and/or silent aspiration is suspected.
- Complex patients, e.g. Neurological disorders, Head and Neck Cancer

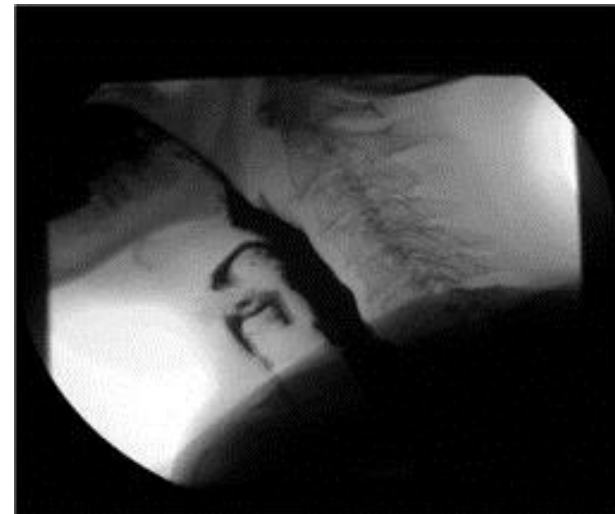
# Speech Modified Barium Swallow Study vs. Barium Swallow Study



- RF Barium Swallow or RF Esophagram evaluates: upper GI trach esophagus (and to a lesser extent, the stomach).
- Thin liquid and gas producing pellets are used, no solid textures tested
- Strictures, Rings, GERD, r/o leaks post surgery (gastrografin)= Lower Dysphagia
- Not in SLP scope of practice: no behavioral intervention for these problems, medical management required
- Do not chart “Barium Swallow” – not our test!
- Also different from “Upper GI Series”



# Speech Modified Barium Swallow Study



# SPEECH MODIFIED Barium Swallow Study



<https://www.youtube.com/watch?v=1sFNMk87558>

# Flexible Endoscopic Evaluation of Swallowing (FEES)

- Use of flexible endoscopic instrumentation allows inspection of functions of the swallowing mechanism at the velopharynx, oropharynx, pharynx, and larynx.



# FEES



# Diets



- **1. Texture of solids**
- **2. Consistency of liquids**
- Both need to be included in order
- **All RD recommendations need to be included/continued.**
- Ex: Ground diet and nectar thick liquids
- Ex: (Cardiac) Mechanical soft diet and thin liquids
- Ex: Clear Liquids (Nectar Thick Consistency)

# Orders – TAKE ONE BEFORE YOU LEAVE!



ORCHID Order	Indication/examples
<p><b>"Speech Language Pathology Clinical Swallow Evaluation"</b></p>	<ul style="list-style-type: none"> <li>• A bedside clinical evaluation, mainly to evaluate if patient can eat and determine safe solid and liquid consistency.</li> <li>• Same order for inpatient and outpatient (select "yes" for future order for OP consult.)</li> </ul>
<p>Please order this order set (yellow order set icon):</p> <p><b>"AMB Adult Speech Modified Barium Swallow Outpatient"</b></p> <p>Make sure "future order" is selected for outpatient.</p> <p>(previously: video swallow study/MBSS)</p>	<ul style="list-style-type: none"> <li>• Videofluoroscopy to evaluate oral-pharyngeal swallow to the upper esophageal sphincter (UES) with different food consistencies mixed w/ barium contrast.</li> <li>• <b>NOTE: Not to be confused with BA Swallow that assesses only with liquids and is a diagnostic for a "lower" / esophageal dysphagia (i.e., r/o stricture).</b></li> </ul>
<p>Please order this order set (yellow order set icon):</p> <p><b>" Adult Speech Modified Barium Swallow Inpatient"</b></p> <p>(previously: video swallow study/MBSS)</p>	<ul style="list-style-type: none"> <li>• Videofluoroscopy to evaluate oral-pharyngeal swallow to the upper esophageal sphincter (UES) with different food consistencies mixed w/ barium contrast.</li> <li>• <b>NOTE: Not to be confused with BA Swallow that assesses only with liquids and is a diagnostic for a "lower" / esophageal dysphagia (i.e., r/o stricture).</b></li> </ul>
<p>Flexible Endoscopic Evaluation of Swallow</p> <p><b>"Speech FEES"</b></p>	<p>Flexible Endoscopic Evaluation of Swallowing:</p> <ul style="list-style-type: none"> <li>• Same order for inpatient and outpatient (select "yes" for future order for OP consult.)</li> </ul>
<p><b>"Speech Evaluation and Treatment Inpatient"</b></p> <p><b>"Speech Evaluation and Treatment Outpatient"</b></p> <p>Specify type of eval in comments section.</p> <p>Do not use this order for a SWALLOW Evaluation.</p>	<p>Common indications:</p> <ul style="list-style-type: none"> <li>• <b>Speech</b> (Dysarthria) / <b>Language</b>(Aphasia)</li> <li>• <b>Voice</b> (VC paralysis, dysphonia, hoarseness, Paradoxical VC Movement)</li> <li>• <b>Augmentative/Alternative Communication:</b> various communication boards, iPads, computers, etc.</li> <li>• <b>Laryngectomy Consult</b> (pre-op/post-op/ inpatient post-op)</li> </ul>
<p><b>"Speech Language Pathology Speaking Valve Assessment"</b></p>	<ul style="list-style-type: none"> <li>• <b>Passy-Muir Speaking/Swallowing Valve (PMV)</b> – one way speaking valve, for trachs or vent to trach patients to allow for voicing/communication, improve swallowing.</li> <li>• Same order for inpatient and outpatient (select "yes" for future order for OP consult.)</li> </ul>
<p><b>" Speech Videolaryngostroboscopy Request"</b></p>	<p>For Strobe orders. Outpatient only. Evaluate mechanics of VC vibration, indication is voice disorder.</p>

# Common Speech Pathology Orders



- 1. Speech Language Pathology  
Clinical Swallow Evaluation**
- 2. Speech Language Pathology  
Evaluation and Treatment  
Inpatient**

# Documentation



- Evaluation reports and Notes in Documentation section in ORCHID
- Sign POC/Eval Report via Message Center in order for patient to begin therapy.
- Additional Treatment Orders: No need to reorder services daily.



# Acute Rehab Unit Referrals

- **Need 2 of 3 Rehab disciplines for 3 hours per day of therapy**
  - 1. Physical Therapy**
  - 2. Occupational Therapy**
  - 3. Speech Therapy**
- **Rancho Los Amigos**
- **Other Private Hospitals: Holy Cross, Northridge, Henry Mayo, Huntington Memorial, Newhall Hospital, etc.**



# Thanks!

- How to reach us:
  - Amion: “PT/OT/SLP”
  - Pager: 313-1632 (Paige)
  - Pager: 529-1308 (Leanne)
  - Outpatient Speech Clinic: x73771

