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COVER PAGE

The Bolus

SLPQuest Dysphagia Newsletter





PEDIATRIC DYSPHAGIA PRACTICE IN INDIA

-PAGE 3 -ECHO DYSPHAGIA PEDIATRICS: A NEW BEGINNING-

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CHITRA THADATHIL SPEECH LANGUAGE PATHOLOGIST

"THE MORE PEOPLE I AM ABLE TO HELP, THE MORE PEOPLE ARE WILLING TO HELP OTHERS. THE MORE FOLLOWERS WE HAVE, THE CLOSER WE ARE TO A PERFECT WORLD." — AKILNATHAN LOGESWARAN



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Just for fun



Rachana Panicker Editor



The Launch

ECHO Dysphagia Pediatrics: A new beginning



SESSION 5: PEDITRIC DYSPHAGIA PRACTICE IN INDIA

Director, Dimensions Centers for Child Development,Bangalore

Pooja Sreeram

Pediatric Feeding Disorders have been defined as impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction (Goday et al., 2018). Globally in 2020, the World Health Organization reported that 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 38.9 million were overweight or obese.

A significant increase in the incidence and prevalence of pediatric dysphagia due to improved medical care, thus guaranteeing better survival rates for medically fragile babies and infants with multiple, complex disabilities have been reported in recent literature. Studies have provided support that regardless of a child's medical and feeding history, an intensive interdisciplinary approach significantly improved caregiver stress and child outcomes (Greer et al., 2007).

Speech-Language Pathologists who work with children in private practice or in a hospital setting often face the challenge of conducting a comprehensive assessment to identify and describe impairments in body structure and function, comorbid deficits or conditions, limitations in activity and participation, contextual (environmental and personal) factors and the impact of feeding and swallowing impairments on quality of life of the child and family.

Mr. Prasanna Hegde thus conceptualized the ECHO Dysphagia Pediatric Webinar Series along with a motivated team of ECHO Dysphagia in order to facilitate superior clinical skills and raise the collective standards of dysphagia practice in India. This was envisioned to have an active support system that would cater to feeding and swallowing issues in newborns to prepubescent children exclusively. ECHO Dysphagia Pediatric webinar series was launched on Saturday, 30th October 2021. The event launch was moderated by Miss Pooja Sreeram- lead organizer of the program. It featured a didactic on the topic 'Pediatric dysphagia practice in India' by a renowned oral motor sensory intervention expert and founder head of Dimensions Centre for Child Development- Ms. Chitra Thadathil.

The program also featured two interesting case presentations by Ms. Ligin John (SLP) and Ms. Bhargavi Raman (SLP). Ms. Ligin presented a case of feeding difficulties in Sunflower Syndrome. A rare case of photosensitive epilepsy was a novelty for the audience. On the other hand, Ms. Bhargavi presented an insightful case in which feeding had to be established and transitioned from oro-gastric route to oral intake in an infant with HIE (Hypoxic Ischemic Encephalopathy) sequelae.

The event ended with an excellent interaction during the open forum in which some case-specific and other general queries related to pediatric deglutology were asked. An enthusiastic academician and also one of the advisors of this project- Dr. Lakshmi Venkatesh, responded to these questions with great finesse. Practical inputs were also given by eminent personalities like Dr. Premalatha and Ms. Zainab Millwala. Overall, the webinar was a grand success with over 70 participants. Sessions of Pediatric ECHO Dysphagia will be held every 1st and 3rd Saturday from 2 to 3 pm. We sincerely hope to see many young and old SLPs joining in large numbers for every webinar. We also urge the participants to listen keenly to the didactic, interact and present cases in order to learn and help others learn in the process.



BUILDING CAPACITY FOR DYSPHAGIA PRACTICE IN INDIA

In spite of the fast-growing interest of SLPs in the field of dysphagia and the awareness of their role in dysphagia assessment and intervention by the medical fraternity, inadequate and non-uniform skills and knowledge in dysphagia has restricted SLPs to command the field.

We at Echo Dysphagia have taken up the challenge of increasing exposure to knowledge delivered by the pioneers and experts in the field, and bringing up case discussions by young practitioners to create an effective approach in skill transfer for dysphagia assessment and management.

We aim at creating a uniform dysphagia practice at par with the global standards. This will provide SLPs the competence and confidence to do deliver services for individuals with dysphagia by choosing the best options and making the right decisions in helping them combat dysphagia. This will prove more useful than ever at present in the midst of a pandemic that has redefined our role in healthcare.

The Modus Operandi of ECHO Dysphagia is to move knowledge through didactic sessions by experts and clinical case discussions among hub and spokes. This may also facilitate academic and research collaboration, education and training, and support systems for dysphagia clinicians across India. ECHO Dysphagia also provides an opportunity to network amongst SLPs of different regions, training backgrounds, and guiding clinicians to make the optimal use of limited resources in the country.

A participant can take part in the program as an expert to deliver an invited lecture relevant to the course curriculum, participate in the case discussion to guide the care plan, present success stories, or present clinical cases as a spoke. One may also join our highly motivated team of SLPs in planning, conducting, and curating content for the subscribers through our resource systems. The sessions will be conducted every 2nd and 4th Saturday of the month from 02:00 to 03:00pm IST.

"*The Bolus*" a newsletter of SLPQuest, that focuses on Dysphagia, will showcase the proceedings of ECHO Dysphagia sessions every 1st Saturday of the Month. We call upon individuals, institutions, and associations to join hands in building capacity for dysphagia practice in India. Join us and unite to "*move knowledge by moving bolus*".



SAMRIDDHA KUMAR Coordinator



PRASANNA S. HEGDE Lead

A Message from SLPQuest

SLPQuest is an online content website focused on Academics, Research, and Clinical resources for Speech-Language Pathologists and the general public. It is managed by a group of highly motivated professionals who believe in being the change that the world needs. Great content is posted regularly. ECHO Dysphagia is one such project in collaboration with ECHO India powering the capacity building in Dysphagia Rehabilitation for India. SLPQuest is evolving in its ability to curate, conduct, and empower programs. The powerhouse is the team of advisories and well-wishers who constantly lend their support to the core team.

ECHO India

FCH



Dr. Gayathri Krishnan Speech Language Pathologist, AIISH

POSTURE, SWALLOW AND DYSPHAGIA

Session 4: Rachana Panicker

Posture has been described as the position in which someone holds their body. Cindy Ann Peterson has quoted "Good posture is important for health reasons, as well as for your appearance because it reflects your personal attitude".

Stable sitting postures were found to provide better respiratory, digestive, and muscular system functions with respect to swallowing. The role of posture in dysphagia management was therefore important information for Speech-Language Pathologists working in the field. The speaker fittingly linked our knowledge of anatomy and physiology to the impact on their functioning, especially swallowing.

She reminded the audience that the muscles of the swallow were connected to bone structures and their misalignment may alter muscle tension, subsequently disrupting the impact and the function itself e.g. swallowing. A compromised system would thus need rehabilitation to relax the body structure and muscles to improve the posture and thereby facilitate their function.

Dr. Gayatri K. shared a meticulously prepared table in the didactic session referring to how position, purpose and cautions needed to be considered while planning the appropriate posture for safe and efficient swallow for individual clients, followed by a number of articles that commented on the changes brought about to the physiology and bolus flow with change in posture.

She enlightened us with the similarities and differences observed around the world across various cultural, socio-economic, and religious backgrounds. Additionally, clients referred for SLP services were found to be functioning in varying postures as per their abilities. SLPs should therefore beware while labeling a client's posture as inappropriate without the consideration of their cultural background and current status otherwise.

Postural modification has been considered as one of the compensatory approaches for dysphagia management; split into two types namely the whole body and the head and neck modification approaches. An assessment covering detailed history, current medical, physical, and cognitive status would help determine the best posture for safe feeding, eating, and /or drinking experience per client in terms of reduced aspiration, increased transit time, and reduced swallow residue.

Hypothetical cases were presented in the latter half of the session allowing the audience to interact and learn from the expert about assessing the best posture for a safe swallow. Discussions covered information on how it was important to provide full upper body support for children, positioning of caregivers themselves aiding comfort during feeding, and placing of pillows under knees would relax any upper body reflexes in patients post-stroke in a supine position.

Dr. Gayatri K. specified that an appropriate posture should be attainable, comfortable, sustainable, safe, and acceptable for the individual, family, and community. SLPs must ensure that the recommended postural changes enable the expected benefits to be achieved through required clinical, instrumental, and team approaches.

A Message from ECHO India

ECHO India is a not-for-profit organization working towards building capacities across areas such as healthcare, education and other sustainable development goals. Project ECHO grew out of one doctor's vision, Dr Sanjeev Arora, MD, a liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque. Although the ECHO model makes use of telecommunications technology – it is not traditional telemedicine, in which a specialist assumes care of a patient. Instead, the ECHO Model can be defined as telementoring, a guided practice model where the participating care provider participants become part of a knowledge-sharing platform for building capacity and sharing best practices through case-based learning.



Ms. Zainab Nagree Speech-Language Pathologist, Mumbai

THE CONSISTENCY: HOW CONSITENT ARE WE?

Session 3: Ruchi Mundada

Consistency of food refers to the texture and nature of food. Modification of this consistency becomes an important part of dysphagia management. However, maintaining the same consistency of food offered and having consistency in understanding food categories by SLPs is required in dysphagia management.

Ms. Zainab Nagree-Hatimi; a speech-language-swallow therapist working in Mumbai, with experience of 9 years had delivered a talk on the topic 'Consistency decisions-how consistent are we?' on 9th October 2021. During the talk, she mentioned the physical as well as emotional issues related to mealtime for a person suffering from dysphagia and further stressed the impact of consistency changes during dysphagia management.

As food consistency and texture become an important part of dysphagia management, she pointed out standardized tools which are been used for making consistency decisions. One such tool was the National Dysphagia Diet, Grober & Cray, 2010. This diet provides a liquid consistency guide, based on the viscosity of the liquid. The subjective nature of the diet and its unfeasibility for a clinical setup lead to the development of a new tool, i.e. International Dysphagia Diet Standardization Initiative (IDDSI) 2016. This tool divides all food types into 7 levels, ranging from a thin liquid to regular solid food. She mentioned that this tool had the added advantage of having various test procedures to evaluate any food item to determine consistency. This initiative made IDDSI more objective in nature.

Furthermore, she pointed out important factors inconsistent decision making, such as anatomical & physiological limitations, nutrition, airway safety, cognitive status, comorbidities, team decisions, etc. Another significant point specified was the quality of life or the compliance of patients, which according to a study by Colony, 2005 is directly related to the taste and appeal of food.

Various clinical scenarios and their consistent decisions presented by Ms. Zainab proved to be useful both from a theoretical as well as a practical point of view. She highlighted the importance of re-evaluation and re-thinking of diet prescriptions during the process of dysphagia management.

The issues discussed post the session focused on the need for adapting Indian diets to IDDSI, and various readily available thickeners and substitutes in the Indian scenario.

Summarizing at the end of the didactic session, Ms. Zainab left us intellectually nourished with the words 'Consistency is an ongoing process'.

Ruchi Mundada



A Message from ECHO India

ECHO India is a not-for-profit organization working towards building capacities across areas such as healthcare, education and other sustainable development goals. Project ECHO grew out of one doctor's vision, Dr Sanjeev Arora, MD, a liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque. Although the ECHO model makes use of telecommunications technology – it is not traditional telemedicine, in which a specialist assumes care of a patient. Instead, the ECHO Model can be defined as telementoring, a guided practice model where the participating care provider participants become part of a knowledge-sharing platform for building capacity and sharing best practices through case-based learning.



Ms. Alifia Bharmal Speech-Language Pathologist, Mumbai

METRONOME-AN EFFECTIVE THERAPEUTIC TOOL

Resources by The Bolus

A metronome is a device timed to deliver clicking sounds at precise intervals. It can be traced back to the dawn of the 19th Century but was only labeled as an aid for musicians when Johann Maelzel, a German inventor, filed a patent that described the metronome as a musical tool.

Designed as a purely mechanical device, the traditional metronome consists of a pendulum that swings back and forth. The user controls the pace of the clicks by setting the number of beats per second. Today, metronomes are a bit more advanced in that you are not limited to a clicking or ticking sound. Electronic variants make it possible to set a variety of sounds that you can loop constantly.

There are also metronome apps that offer additional features. Considering the devastating condition of dysphagia, it is necessary to provide an intensive therapeutic regimen based on an interdisciplinary approach. Rhythm treatment for dysphagia with a metronome improves swallowing function.

My use of pro metronome has been extensive with my clients with production deficits and perceptual deficits in speech. Through my experience, I have found that the metronome can be a versatile tool to aid therapy in individuals with dysphagia.

I had a client with Oropharyngeal phase dysphagia with moderate cognitive deficits in a k/c/o Ca of the nasopharynx. During the course of therapy, the following observations were made, and accordingly, short-term goals were restructured. 1. There was pocketing of food in the sulci/collection of food on the hard palate.2.Excessive secretions. 3. Expectoration. 4. Reduced pharyngeal function, gurgly voice quality, especially after eating. 5. Suspected delay in triggering the pharyngeal swallow and reduced laryngeal elevation. 6.Obvious difficulty eating and slow eating in presence of functional tongue motion. 7. Coughing is present during and after swallowing.

While taking the feeding sessions along with feedback from the primary caretaker it was noticed that the client had a peculiar habit of over chewing semisolid intake. This condition was a combination of fear of swallowing and the deficit in the rhythm of swallowing the bite. The fear of swallowing was addressed through therapeutic counseling. To address the issue of creating a pattern and a rhythm, a metronome was introduced. It was set at the slowest tempo, sufficient enough for him to comfortably chew his morsel and the beat reminded him to gulp. Metronome also helped the primary caretaker immensely and this innovative technique has been a boon in reducing his feeding time from 3-4 hours down to 45 mins.

To conclude, Metronome practice helps internalize a clear sense of timing and tempo. Regular rhythmic patterns facilitate memory encoding and decoding of non-musical information hence rhythm provided by metronome is an efficient mnemonic tool.

Authour: Alifia Bharmal, MASLP; CCC-SLP, International Board Certified Cognitive Specialist, LSVTLOUD Certified trainer, Oral Placement Therapy Certified (Level 1 & 2)



WORDSEARCH

P	В	U	С	С	Α	L	С	Α	V	Ι	Т	Y
L	Y	Р	Е	D	В	Ζ	L	0	Ν	S	Ν	V
Ζ	Y	0	Ι	U	Ο	Α	G	Ι	D	S	V	R
D	Y	В	G	F	L	Р	0	Q	Т	D	М	Μ
Η	Ν	Ν	W	F	Ο	Ν	Η	Ι	R	Х	Т	Μ
Х	Ο	V	0	L	Е	R	В	Α	Ν	V	D	W
Τ	Ν	L	G	Т	L	U	Μ	Y	G	J	V	Х
V	D	Y	Y	Y	L	Κ	R	S	Y	U	Х	L
S	E	R	R	Е	L	Α	В	V	Ι	J	S	Q
В	A	L	Р	А	L	V	Q	L	Y	Ν	J	Х
G	D	Ν	U	D	Η	Ν	G	J	W	R	U	Ζ
Q	R	T	Р	Μ	L	Р	Т	Μ	Ν	V	В	S

CW00002

WORDS

LARYNX VOCAL FOLDS HYOID PHARYNX VELUM ARYTENOIDS TONGUE ESOPHAGUS BUCCAL CAVITY VESTIBULE PYRIFORM SINUS

Answers to the previous Quest

CW00001 Answers:

Crosswords - Across: 2. GULP, 3. DYSPHAGIA, 5. LIPS, 8. CONSISTENCY, 9. FEES, 10. TONGUE, 11. SWALLOW; & Down: 1. BOLUS, 2. ASPIRATION, 6. THICKENER, 7. PENETRATION.

Who am I? Swallowing - Breathing; Tongue; & Water



SOCIETY FOR FEEDING AND Swallowing Disorders (India)

Registered under Karnataka Society Registration Act (1960)

Thank you for you patience. We are now an official team!

Let us help YOU help better

- 1. Skill refinement programs
- 2. Redeem credits with regular participation
- 3. Clinical, research and professional support
- 4. Professional networking with the best in the field
- 5. Connect with national and international mentors
- 6.Be a certified Dysphagia practitioner of high competence
- 7. Get career opportunities in your inbox

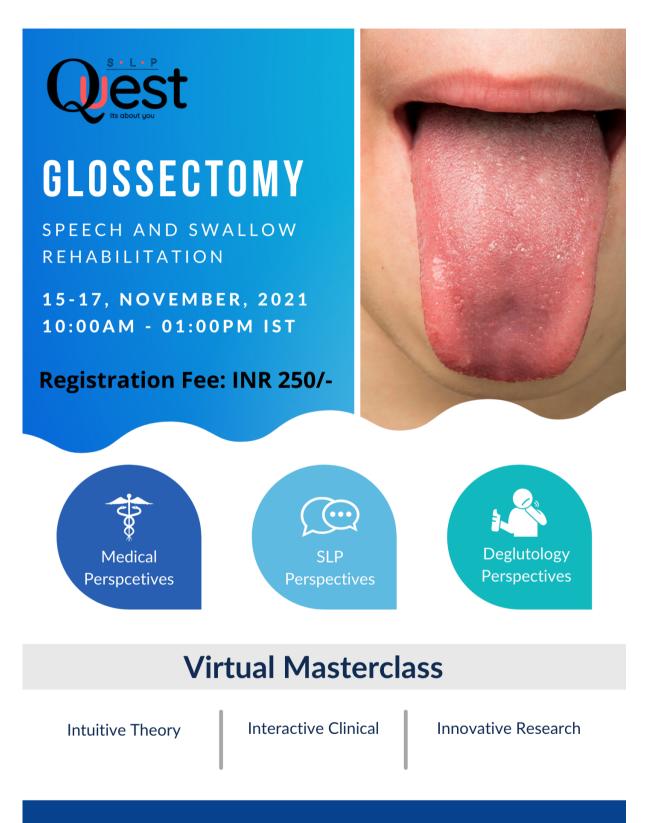
8. Increase patient flow through referrals

We aim to make dysphagia rehabilitation in India, the best in the world.

MEMBERSHIP"

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More information, visit us at: www.slpquest.com

Register at: www.slpquest.com/masterclass

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The Team

Bricks and morter





















The Bolus

SLPQuest Dysphagia Newsletter

The idea of the newsletter for SLPQuest Dysphagia emerges from the need to share the changing trends in the practice of rehabilitation of feeding and swallowing disorders. It also presents a perspective of young aspirants who wish to pursue their interest in deglutology.

It is an ongoing effort of a highly motivated team of Deglutologists who have come together to be the change that they seek in the world. Feedback on this newsletter is welcome (info@slpquest.com) and we will seek to continuously improve and update our efforts to be relevant.

> **Join us** info@slpquest.com | www.slpquest.com

