



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: Posture of the neck may have a role in assisting closure of the laryngeal vestibule, particularly head flexion. Modified Barium Swallow enables us to understand the mechanisms for defective laryngeal closure and how this can be compensated for

Clinical Question [patient/problem, intervention, (comparison), outcome]: Does chin tuck eliminate aspiration in patients with (acquired neurological) dysphagia, characterised by a delayed swallow?

Search Terms: Complete

Search Systems: Complete

Citation: Ekberg, O.(1986). Posture of the Head and Pharyngeal Swallowing. *Acta Radiologica Diagnosis* 27 6:691-696

Design: Very poor discussion of subject recruitment ie criteria for inclusion, aetiology, nature of dysphagia, small sample size, many potential confounding variables. Approximates Cross over Design/ Pre experimental design with each subject acting as own control with various postures as intervention.

Participants: Total 53 participants (18 men and 35 women) who were referred to the Radiology Dept with dysphagia (? aspiration). Period of recruitment not defined or method of subject selection

Experimental Group: AP and lateral views were taken of swallowing in three head positions. Head in resting position, head flexed and head extended. Nil comment on volume swallowed, criteria for study cessation, sequence of head positioning and rationale.

Control Group: NA

Results: 35 patients had a normal laryngeal vestibule closure at head rest position. 18 had defective laryngeal closure of laryngeal vestibule in resting position. 50% had closure when head flexed and 2 with head extended.

Comments on Design: Very poor method/design of study. Did not clearly identify subjects or process of investigation to be able to replicate this study.

Level of Evidence (NH&MRC): Level 4

Appraised By: Adult S&L and Dysphagia

Date: October 2002