



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: The effortful swallow and chin tuck technique may reduce the depth of penetration when swallowing thin fluids.

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

Search Terms: Complete

Search Systems: Complete

Citation: Bulow, M, Ollsson, R., and Ekberg, O. (2001). Videomanometric Analysis of Supraglottic swallow, Effortful swallow, and Chin tuck in patients with Pharyngeal dysfunction. *Dysphagia*16: 190-195.

Design: Cross over design (at best)

Participants: N=8 (M=4/F=4) – 6 CVA and 2 H&N all with pharyngeal dysfunction (5/8 severe – with frequent misdirected swallows and 3/8 with delayed initiation of swallow). Aged btw 46-81 yrs. No language difficulties. Subjects recruited from one hospital setting

Experimental Group: All participants performed 3 dry swallows and then 3 swallows of each maneuver (Effortful/Supraglottic/Chin Tuck) with a 10ml bolus examined by video-radiography and pharyngeal manometry. The mean measure from each technique was used. Sample size reduced due to participant's inability to complete therapy technique due to effortful swallow.

Control Group: Subjects acted as their own control.

Results: All techniques did not reduce the number of misdirected swallows but the effortful swallow and chin tuck significantly reduced the depth of contrast penetration into the larynx/trachea.

Comments on Design:

Level of Evidence (NH&MRC): Level 3

Appraised By: Adult S& L and Dysphagia

Date: October 2002