NSW Speech Pathology
Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: In Head and Neck surgical patients, the elimination of aspiration by employing postural techniques can be demonstrated under videofluroscopy. The article suggests that when chin tuck is used in conjunction with other strategies aspiration may be eliminated.

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: Logemann, J.A., Rademaker, A.W., Pauloski, B.R., and Kahrilas, P.J. (1994). Effects of Postural Changes on Aspiration in Head and Neck patients. Head and Neck Surgery. 110(2): 222-227.

Design: Case series/Pre-experimental AB design with subjects acting as their own controls. Study retrospective – 2 SP verified presence/absence of aspiration when posture was used.

Participants: 32 H&N surgical patients (1wk-7months post-op at time of referral) referred for MBS with oropharyngeal dysphagia and aspirated on liquid consistencies as demonstrated on MBS. Age range from 32-83 with a mean age of 58yrs. Poorly described subjects –sex, surgical intervention vs time post op, inclusion/exclusion criteria.

Experimental Group: All patients taught one postural change upon aspiration. Postural technique maintained through increasing bolus size volume until aspiration re-occurred. Technique was selected by Speech Pathologist based upon videofluroscopic observation of swallowing abnormality. 11/32 used chin-tuck position.

Control Group: NA

Results: Head down posture was successful in eliminating aspiration in 5/6 patients position was trailed with. Chin down position when trailed in conjunction with other strategies eliminated aspiration in 5/5 subjects.

Comments on Design: Study difficult to replicate and results difficult to generalize due to poor subject detail and rationale for choice of posture strategy employed

Level of Evidence (NH&MRC): Level 3 – poor design.

Appraised By: Adult Sp&L /Dysphagia Gp
Clinical Group:

Date: October 2002

May 2002

Form based on Worrall & Bennett, Evidence based Practice: Barriers & Facilitators for Speech-Language Pathologists, *Journal of Medical Speech-Language Pathology* 2:9, xi – xvi