

Swallowing and Related Disorders: Assessment and Intervention

Code: 104147
ECTS Credits: 9

Degree	Type	Year	Semester
2500893 Speech therapy	OB	3	2

Contact

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Use of Languages

Principal working language: catalan (cat)
Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Other comments on languages

Bibliografía can be in other languages, as spanish, catalan, french, italian, portuguese... Multiple choice exams are in Catalan. The development ones will have the statements in Catalan and can be resolved in Catalan or Spanish.

External teachers

Poden intervenir empreses i/o professionals externs a petició del docent.

Prerequisites

Have studied the subject "Neurology of Language"

Objectives and Contextualisation

At the end of the course students must be able to:

Evaluate and diagnose eating disorders and swallowing in all ages and etiologies.

Know how to manage MECV-V and other tests such as EAT10 and the Payne Technique.

Know the anatomical bases involved in rehabilitation processes for swallowing and the remaining post-surgery with dysphagia.

Know and know how to apply manoeuvres and therapeutic techniques to treat disorders of feeding and swallowing being studied.

Know the specific products for the feeding of patients with dysphagia.

Understand the most common tools and products for both the assessment and the treatment of problems swallowing.

Know how to identify the associated disorders involved in order to make therapeutic decisions.

Understand the consequences of laryngectomy (partial and total) on swallowing in patients.

Understand the mechanisms of rehabilitation of smell in laryngectomized.

Know the issues of personal care that the speaker needs to know to treat patients with total laryngectomy.

Know the basics to rehabilitate the esophageal, prosthetic and electron speech in total laryngectomy.

Competences

- Critically evaluate the techniques and instruments of evaluation and diagnosis in speech therapy, as well as its procedures of intervention.
- Demonstrate an understanding of disorders in communication, language, speech, hearing, voice and non-verbal oral functions.
- Demonstrate knowledge of the limits of competence and be able to identify whether interdisciplinary treatment is required.
- Explore, evaluate, diagnose and produce a prognosis of development for disorders of communication and language, from a multidisciplinary perspective.
- Identify, analyze and solve ethical problems in complex situations.
- Innovate in the methods and processes of this area of knowledge in response to the needs and wishes of society.
- Make decisions and take responsibility for them.
- Understand, integrate and relate new knowledge deriving from autonomous learning.

Learning Outcomes

1. Assess the usefulness of the main techniques of assessment and diagnosis of speech-therapy disorders of neurological origin and be able to interpret related results.
2. Describe and explain the theoretical basis of the techniques of rehabilitation for disorders of speech, language and deglutition, of neurological origin.
3. Describe aspects of the rehabilitation of disorders in speech, language and deglutition that require joint action by professionals from various disciplines (neurologists, physiotherapists, psychologists, etc).
4. Describe the main techniques in the assessment and diagnosis of disorders in language, speech and deglutition of neurological origin.
5. Explain the origin and characteristics of language speech and deglutition disorders caused by brain damage.
6. Identify, analyze and solve ethical problems in complex situations.
7. Make decisions and take responsibility for them.
8. Propose new experience-based methods or alternative solutions.
9. Understand, integrate and relate new knowledge deriving from autonomous learning.
10. Use the most appropriate techniques to diagnose and issue a prognosis for the evolution of language, speech and deglutition disorders of neurological origin.
11. Weigh up the risks and opportunities of both one's own and other people's proposals for improvement.

Content

1. Anatomophysiology of swallowing.

- Pathophysiology of swallowing.

- Semiology of swallowing disorders.

2. Clinical and instrumental exploration of swallowing.

- EAT10

- MECV-V
 - T. de Payne
 - Other explorations
3. Identification and management of dysphagia in preterm infants.
- Development of the oral functions of the feeding
 - Child feeding: normality, reflexes and evolution
 - Orofacial stimulation in the NICU
4. Oropharyngeal dysphagia of neurological origin and associated disorders
- Exploration and rehabilitation of the dysarthria
5. Dysphagia of organic origin and associated disorders.
- Exploration and rehabilitation of the dysglosies
6. Dysphagia vs. atypical swallowing and associated disorders
- Clinical and instrumental evaluation of atypical swallowing
 - Interaction between atypical swallowing, speech disorders and associated orofacial dysfunctions
 - Differential diagnosis: dysphagia and atypical swallowing
7. Objectives, programming and planning of the rehabilitation of swallowing according to basic pathology
- Manoeuvres and direct and indirect techniques of rehabilitation of dysphagia
8. Laryngectomy:
- Dysphagia inherent in the condition of the laryngectomized
 - Basic care.
 - The voice without a larynx:
 - Protective voice
 - Esophageal vein. Procedures and conditions.
 - The electrolarynx
 - Other alternatives (communicators)

Methodology

The subject will consist of a theoretical module of each subject and a module in which the student will be trained in the practice of the use of the main evidence of swallowing and its disorders.

Training activities, with approximate hours of dedication and corresponding learning outcomes, are specified below.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Classes of theory amb suport TIC	61.5	2.46	3, 2, 5, 1
Practical classes of exploration and critical analysis and discussion of practical cases	6	0.24	6, 7
Type: Supervised			
Tutorials programades amb the professor per revisió d'activitats dirigides	3.5	0.14	9, 2, 7
Type: Autonomous			
Bibliographic and documentary consultations	36	1.44	4, 5
Completion of summaries, diagrams and conceptual maps	15	0.6	5
Comprehensive reading of materials	47.25	1.89	9, 3, 2, 4, 5, 10, 1
Participation in peer communication forums	23	0.92	3, 2, 7
Tasks realization	30	1.2	4, 5

Assessment

<https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.html>

Continued evaluation:

[EV1] Evidence 1: First evaluation period. Individual exam, face-to-face, test type. Non-elimatory matter.

[EV2] Evidence 2: First evaluation period. Individual, on-line, oral examination of erigmophonic voice production.

[EV3] Evidence 3: Second evaluation period. Individual exam, online, test type. Cumulative of all the matter of the theoretical part.

[EV4] Evidence 4: Second evaluation period. Individual examination, on-line, type test or of brief development, of all the matter seen in the practices.

(see evaluation guidelines)

Evaluation guidelines:

The score obtained in the exam of the subject taught in the practices, will only be computable if you have attended all the practical sessions of the course assigned.

Non-assessable student: if he / she has not delivered at least evidence of learning with a minimum weight of 40%.

Passed subject: pass with a 5 (scale 0-10) taking into account the percentage weight of each evidence mentioned above.

Reassessment Tests: In the recovery period. Individual, on-line, test-type and cumulative examination of all the subject, both theoretical and practical.

Students who have not met the criteria established to pass the subject and who have been previously assessed in a set of activities whose weight is equivalent to a minimum of two thirds of the grade may choose to take the recovery test. total of the subject. Only the option of retrieving evidence in which each student has demonstrated unsatisfactory performance will be given, if the course grade has been at least 3.5 (scale 0-10) and not higher than 4.9. It will be necessary to answer satisfactorily at least 50% of the questions of the re-assessment exam, and in any case, the maximum grade achievable will be 5.

The teacher reserves the option of supplementing the students' grade by evaluating aspects such as interest in the subject, dedication, among others.

Languages: The exams are in Catalan, they will not be translated. In the oral exam, the student will be able to express himself in his language (as long as it is one of the following: Catalan, Spanish, English, French, Italian or Portuguese).

Honors: In any case, the maximum achievable mark will be a 10, although the relative mark and the involvement of the student will be taken into account when awarding possible Honors.

Chrono: EV3 and EV4, in the Second Assessment Period, will be separated by at least one week.

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
EV1. Oral examination of erigmophonic voice	5%	0.25	0.01	9
EV2. Examination. Type Test. Not eliminatory	25%	0.5	0.02	9, 3, 2, 4, 5, 6, 7, 10, 1
EV3. Examination. Type Test. Accumulative of all the subject matter seen in the theoretical classes.	40%	1	0.04	9, 3, 2, 4, 5, 6, 7, 10, 1
EV4. Examination. Type Test, of all the matter seen in the Practices.	30%	1	0.04	9, 4, 6, 11, 7, 8, 10, 1

Bibliography

1. FONAMENTAL

Reference Manuals:

D. Bleeckx. *Disfagia. Evaluación y reeducación trastornos de la deglución*. Mc Graw Hill, 2004. (Esgotat, però hi és a la Biblioteca d'Humanitats de la UAB, inclouent-hi el CD-ROM)

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Paniagua J., Susanibar F., Giménez P., Murciego P. García R. *Disfagia: De la evidencia científica a la práctica clínica*. 2 Vols. Giuntieos Psychometrics, 2019.

García R., Paniagua J., Giménez P., Murciego P., De Almeida M. *Abordaje de la Disfagia Pediátrico-Neonatal*. Elsevier, 2022.

BOOKS:

M. Velasco. V. Arreola, P. Clavé, C. Puiggrós. *Abordaje clínico de la disfagia orofaríngea: diagnóstico y tratamiento*. Nutrición Clínica en Medicina, Noviembre 2007.

N. Melle. *Guía de intervención logopédica en la disartria*. Colección Trastornos del lenguaje, n. 4, Editorial Síntesis, Madrid, 2008

2. COMPLEMENTARY:

BOOKS:

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N. Zambrana. *Logopedia y ortopedia maxilar en la rehabilitación orofacial. Tratamiento precoz y preventivo. Terapia miofuncional*. Masson. Actualidades Médico Odontológicas Latinoamérica. 2000

F. Le Huche. Trad. Asociación Española de Laringectomizados. *La Voz sin Laringe*.

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L. Arrazubi, L. Royo. Servei ORL de l'Hospital de la Santa Creu i Sant Pau. UAB. *Guia d'ajuda per a la persona intervinguda de Laringectomia Total*. 2001

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C.A. Rosen & C.B. Blake Simpson. *Técnicas Quirúrgicas en Laringología*. Amolca. Caracas. 2013.

Anatomy Atlas:

J.E. Muscolino. *Atlas de músculos, huesos y referencias óseas. Fijaciones, acciones y palpaciones*. Paidotribo. Badalona. 2012.

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Webs:

<http://www.dysphagiaonline.com>

<http://www.logopediamail.net>

<http://www.voiceandswallowing.com>

<http://www.fresenius.com/407.htm>

<http://www.nestle-nutrition.com/Public/Default.aspx>

<http://www.nutriciaclinico.es>

<http://www.myessd.org>

<http://www.essd2013.org>

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<https://sensorialitat.blogspot.com>

Papers:

Related papers.

Software

- Praat (www.praat.org)
- DISFAPP (<https://disfapp.es>)