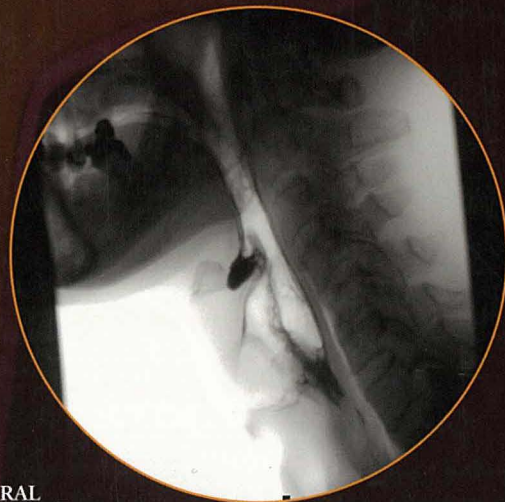
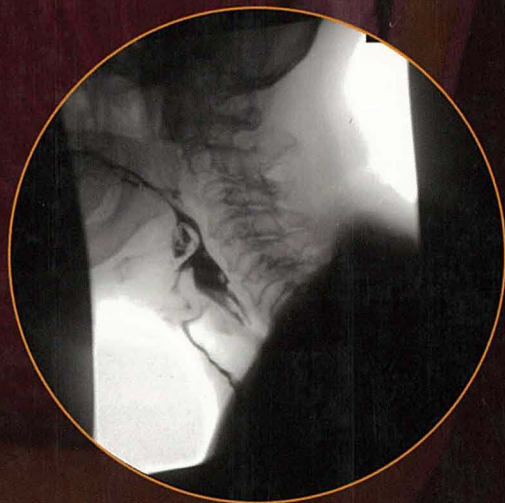


VIDEOFLUOROSCOPY

A Multidisciplinary Team Approach

Roger D. Newman

Julie M. Nightingale



VIDEOFLUOROSCOPY

VIDEOFLUOROSCOPY: A MULTIDISCIPLINARY TEAM APPROACH

Roger D. Newman, MSc, BSc (Hons), CertMRSCLT
Highly Specialist Speech and Language Therapist,
Lancashire Teaching Hospitals NHS Trust, Preston, UK
Senior Lecturer, University of Manchester, UK
Honorary Lecturer, University of Salford, UK

Julie M. Nightingale, PhD, MSc, DCR(R)
Director of Radiography,
University of Salford,
Greater Manchester, UK





5521 Ruffin Road
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e-mail: info@pluralpublishing.com
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FOREWORD

Being able to image the swallow is seen by most as a boon to dysphagia management. In the right hands, videofluoroscopy provides a potentially useful view of the interaction of barium and bulbar structures. In persons with dysphagia, that view supports hypotheses about why bolus flow is misdirected, incomplete, or too fast or slow. In turn, these hypotheses provide a portion of the support necessary for effective, efficient, humane management decisions. Like the then newly developed procedure of visual field testing that Freud worried would supplant all other forms of patient evaluation, the videofluoroscopic swallowing examination's popularity has attracted critical attention. Critics remind users that what they see are shadows; and that what they conclude from what they see is biased by the technical competence of the procedure, the examiner's training and expectations, and the swallower's compliance. And as Coyle reminds readers in Chapter 6 of this edited volume, clinicians treat the patient and not the barium. Barium is a message, sometimes not even the most important one, and it is never the messenger.

Like Coyle, this volume's other contributors recognize this reality. What they intended and what they achieve is a thoughtful and data-based guide to making barium's message maximally intelligible, coherent, and useful. As Newman says in Chapter 1, the book's purpose is to explore "the complexities of the videofluoroscopic swallowing study and offer guidance on best practice." They do so. Chapter 3 by Nightingale, Lazenby-Paterson, and Crawford is devoted to the specifics of reducing patients' risks and maximizing their comfort. Chapter 8 by Judson and Nightingale is a primer on radiation science and safety. The authors' theme is that patient, clinician, and

carer safety is paramount and that a first step is to "ascertain that the potential benefits of the procedure outweigh the potential harm." Brodsky, in Chapter 16, provides the reader with a standard reporting protocol preceded by a thoughtful argument about why standardization can be good patient care. Coffey's Chapter 7 on swallowing in normal aging is motivated by an awareness that without such information, "there is a risk of over-managing swallowing in the elderly with subsequent threats to quality of life." Seven of the book's chapters describe the special challenges and opportunities provided by special populations—stroke, written by Daniels and Murray; neuromuscular conditions such as ALS, written by Regan and Walshe; pediatrics, written by Marks and Howarth; the learning disabled, defined as those with intelligent quotients of 70 or less, written by Lazenby-Paterson and Crawford; dementia, written by Smith and Leslie; head and neck cancers, written by Patterson and Coffey; and other structural causes of dysphagia, written by Newman. These seven chapters are unfailingly thorough and emphasize the potential challenges, risks, rewards, and ethical implications of videofluoroscopy with these populations.

Edited books can be published Towers of Babel, but not this one. Several themes echo throughout. One of the most compelling for modern practitioners is that videofluoroscopy provides only a portion of what is necessary for management and is sometimes not as useful as another tool. Chapter 2—early in the book, lest one overlook it—is a discussion of other instrumented investigations, written by Roe. All chapters highlight the importance of screening, taking a good history, and completing a careful clinical examination. And for

readers responsible for establishing or improving the safety, efficiency, and pleasure of eating and drinking, all authors endorse the importance of normal and abnormal physiology to treatment planning. The bases for doing so are provided by three substantive chapters. Swallowing anatomy and physiology is described in Chapter 4 by Butler and Leslie. The neurophysiology of normal and abnormal swallowing is described by Huckabee and Doeltgen in Chapter 5. These authors also remind readers that “instrumental imaging in the absence of sound clinical understanding is incomplete and can be misleading.” Coyle applies anatomy and physiology to treatment planning and execution in a chapter called “Biomechanical Analysis.” Do not be threatened by the title; your patients will suffer if you are.

The authors promise an evidence-based book and they deliver. References are bountiful throughout. They know that a book about imaging needs images and they deliver. Perhaps best of all, they have not written a polemic. They mention videofluoroscopy as a gold standard, but they put those two words in quotation marks. I had the feeling as I read the book that they do not care what you believe as you begin reading. They may not even care what you believe when you finish, although I am less sure of that. On the other hand, the hard writing that makes this book easy reading makes me think they would be dispirited if their themes did not at least occasionally cause each reader to lay the book aside for a few minutes of contemplation about the rigors and rewards of clinical practice in dysphagia.

John C. Rosenbek, PhD
Professor
University of Florida

CONTRIBUTORS

Martin B. Brodsky, PhD, CCC-SLP

Assistant Professor
Department of Physical Medicine and
Rehabilitation

Johns Hopkins University
Baltimore, Maryland

Chapter 16

**Claire Butler, BMedSci, MSc,
CertMRCSLT**

Clinical Lead Speech and Language
Therapist

Adult Dysphagia
RCSLT Adviser in Adult Dysphagia

Chapter 4

Margaret Coffey, MA, MSc, CertMRCSLT

Research Speech and Language Therapist
Charing Cross Hospital

Imperial College Healthcare Trust
NIHR Clinical Doctoral Fellow

Imperial College
London, United Kingdom

Chapters 7 and 14

James L. Coyle, PhD, CCC-SLP, BRS-S

Assistant Professor
Communication Sciences and Disorders
University of Pittsburgh

Pittsburgh, Pennsylvania
Board Recognized Specialist, Swallowing and
Swallowing Disorders

Chapter 6

Hannah Crawford, MSc, CertMRCSLT

Consultant Speech and Language Therapist
Tees, Esk and Wear Valleys NHS Foundation
TMST

RCSLT Professional Advisor
Middlesbrough, United Kingdom

Chapters 3 and 12

Stephanie K. Daniels, PhD

Visiting Associate Professor
Department of Communication Sciences
and Disorders

University of Houston

Research Speech Pathologist

Michael E. DeBakey VA Medical Center
Assistant Professor

Department of Physical Medicine and
Rehabilitation

Baylor College of Medicine
Houston, Texas

Chapter 9

Sebastian H. Doeltgen, PhD

NHMRC Postdoctoral Research Fellow
Neuromotor Plasticity and Development
Research Group

Robinson Institute

School of Paediatrics and Reproductive
Health

University of Adelaide

Adelaide, Australia

Chapter 5

Rebecca Howarth, BSc, CertMRCSLT

Pathology and Therapeutics
Senior Specialist Speech and Language
Therapist

Royal Manchester Children's Hospital
Manchester, United Kingdom

Chapter 11

Maggie-Lee Huckabee, PhD

Senior Lecturer,

Senior Researcher,

Swallowing Rehabilitation Research Laboratory

The New Zealand Brain Research Institute

Department of Communication Disorders

The University of Canterbury

Christchurch, New Zealand

Chapter 5

Elizabeth Judson, MSc, DCR(R)
Imaging Service Manager
Sunderland City Hospitals Foundation Trust
Sunderland
Tyne and Wear, United Kingdom
Chapter 8

Tracy Lazenby-Paterson, BA, BSc, MSc, CertMRCSLT
Specialist Speech and Language Therapist
Learning Disabilities Service
NHS Lothian
Edinburgh, United Kingdom
Chapters 3 and 12

Paula Leslie, PhD, FRCSLT, CCC-SLP
Associate Professor
Communication Sciences and Disorders
University of Pittsburgh
Pittsburgh, Pennsylvania
Chapters 4 and 13

Joanne Marks, BSc, CertMRCSLT
Speech Pathology and Therapy
Lead Speech and Language Therapist in
Paediatric Dysphagia
Royal Manchester Children's Hospital
Manchester, United Kingdom
Chapter 11

Joseph Murray, PhD, CCC-SLP
Chief, Audiology/Speech Pathology Service
VA Ann Arbor Healthcare System
Ann Arbor, Michigan
Chapter 9

Roger D. Newman, MSc, BSc (Hons), CertMRCSLT
Highly Specialist Speech & Language
Therapist
Lancashire Teaching Hospitals NHS Trust,
Preston, United Kingdom
Senior Lecturer, University of Manchester,
United Kingdom
Honorary Lecturer, University of Salford,
United Kingdom
Chapters 1 and 15

Julie M. Nightingale, PhD, MSc, DCR(R)
Director of Radiography,
University of Salford,
Greater Manchester
United Kingdom
Chapters 3 and 8

Jo Patterson, PhD, MSc, BSc (Hons) CertMRCSLT
Macmillan Speech & Language Therapist
Research Associate
Sunderland Royal Hospital
Newcastle University
Newcastle upon Tyne, United Kingdom
Chapter 14

Julie Regan, MSc, BSc, CertMRCSLT
Clinical Specialist Speech and Language
Therapist (Neurology)
PhD Student, School of Clinical Medicine
Trinity College
Research Fellow, Health Research Board
Dublin, Ireland
Chapter 10

Justin Roe, MSc, CertMRCSLT
Research Speech and Language
Therapist—Head and Neck Oncology
Head and Neck Unit
The Royal Marsden NHS Foundation Trust
London, United Kingdom
Chapter 2

Pamela A. Smith, PhD, CCC-SLP
Associate Professor of Speech Pathology
Department of Audiology and Speech
Pathology
Bloomsburg, Pennsylvania
Chapter 13

Margaret Walshe, PhD, MSc, MRCSLT
Assistant Professor
Department of Clinical Speech and
Language Studies
Trinity College
Dublin, Ireland
Chapter 10