

# **Clinical Management of Swallowing Disorders Workbook**

**FIFTH EDITION**

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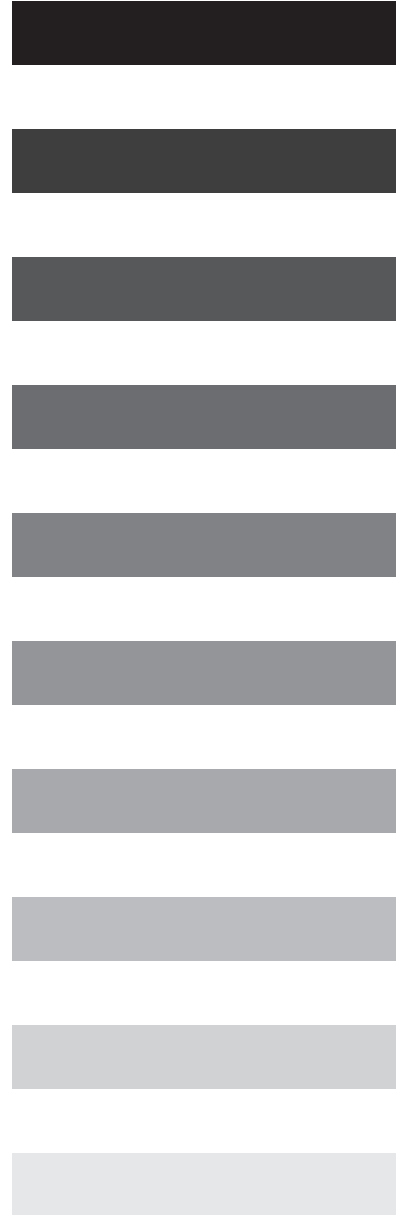
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# Preface

The *Clinical Management of Swallowing Disorders Workbook, Fifth Edition*, was designed to accompany the textbook *Clinical Management of Swallowing Disorders, Fifth Edition*. The workbook contains true/false, multiple choice, and fill-in-the-blank questions along with study topics related to each chapter in the textbook. The workbook is closely connected to the textbook, allowing students to review chapter material and quiz themselves and/or each other. For the classroom teacher, this workbook is an invaluable guide that allows the teacher to *focus* on important issues and the student to respond to those issues independently through the questions and study topics. Thus, students can better retain the important classroom information by answering the questions and completing the projects in the workbook. Because correct answers are included, this workbook may also be used as a stand-alone study guide for the practicing clinician. Closely linked to the textbook content, the workbook covers all 13 chapters and offers a supplement to the classroom activities. A unique aspect is the inclusion of projects related to the chapters to encourage discussions and to help with future treatment planning. Students are encouraged to use the workbook as a study guide prior to the classroom lectures and then complete the questions after the classroom lecture. For those clinicians working with patients with swallowing disorders, a quick review of the topics will be helpful to refresh memories from previous coursework. This workbook offers the student, whether in the classroom or the clinic, another opportunity to remain current with his or her understanding of swallowing disorders. This workbook is an invaluable resource to accompany *Clinical Management of Swallowing Disorders, Fifth Edition*.

Thomas Murry  
Karen Chan





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**PART**

**I**

# **Questions**





# Introduction to and Epidemiology of Swallowing Disorders

## TRUE OR FALSE

If the statement is *False*, write in the correct statement under the question.

1. \_\_\_\_ A normal swallow is possible even if all swallowing organs are not normal.

\_\_\_\_\_

2. \_\_\_\_ Most people will occasionally aspirate some food or fluid.

\_\_\_\_\_

3. \_\_\_\_ Aspiration pneumonia is the result of a pulmonary infection.

\_\_\_\_\_

4. \_\_\_\_ The normal individual does not require as much water as the neurologically impaired person.

\_\_\_\_\_

5. \_\_\_\_ Chewing is more difficult for people who lack adequate hydration.

\_\_\_\_\_

6. \_\_\_\_\_ People at risk for aspiration should not take liquids.  
\_\_\_\_\_
7. \_\_\_\_\_ Malnutrition will decrease the speed of recovery in stroke patients.  
\_\_\_\_\_
8. \_\_\_\_\_ Malnutrition can be found in all patients with a neurologic disease.  
\_\_\_\_\_
9. \_\_\_\_\_ Unplanned weight loss is a welcome event for overweight people who are over the age of 60 years.  
\_\_\_\_\_
10. \_\_\_\_\_ The study of pneumonia rates pre- and post-early intervention by Odderson, Keaton, and McKenna in 1995 suggests that the cost of an early intervention program reduces the overall cost of treating pneumonia.  
\_\_\_\_\_
11. \_\_\_\_\_ Hospitals will benefit from early intervention programs because the cost of nonoral feeding is more expensive than oral feeding.  
\_\_\_\_\_
12. \_\_\_\_\_ Adult patients undergoing surgery to the kidneys, liver, or hips may experience dysphagia after these procedures.  
\_\_\_\_\_
13. \_\_\_\_\_ The incidence of swallowing disorders in patients with cerebrovascular accident is about 42%.  
\_\_\_\_\_
14. \_\_\_\_\_ Cortical strokes result in dysphagia more than any other type of stroke.  
\_\_\_\_\_
15. \_\_\_\_\_ Approximately 20% of stroke patients die due to aspiration pneumonia in the first year after the stroke.  
\_\_\_\_\_
16. \_\_\_\_\_ Older adult individuals over the age of approximately 80 years are likely to have dysphagia even without knowing it.  
\_\_\_\_\_

**COMPLETION STATEMENTS**

17. List 2 differences between individuals with normal swallowing and those with dysphagia.

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18. What are the differences between dysphagia and aphagia? Include at least 2 differences.

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19. Aspiration occurs when foods or liquids . . .

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20. List 2 ways in which aspiration is different from aspiration pneumonia.

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21. Describe silent aspiration. Does it happen in otherwise normal individuals? Why or why not?

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22. List 3 contributors to dehydration.

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23. List 3 reasons why dysphagia increases the severity of the primary disease or sickness of a patient.

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24. Give 3 reasons for starting a swallowing intervention program early during the hospital admission of a patient following a cerebrovascular accident.

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25. What evidence do Wasserman and colleagues give for aggressive treatment of patients following surgery for cancer in the head or neck areas in their 2001 study?

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26. What is the main purpose of the SWAL-QOL? When would the SWAL-QOL not be a useful tool?

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27. Name 3 types of research studies that are needed to determine the true effectiveness of an early intervention program in dysphagia.

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28. Why does Parkinson disease lead to increasing swallowing disorders 100% of the time? Give at least 2 reasons.

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29. Why should weight loss in an older adult be worked up by a dysphagia specialist even when the patient has no other complaints or obvious problems?

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30. To what did Aviv and colleagues attribute the high rate of swallowing disorders in cardiac patients in their 2005 study?

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