

VIDEOFLUOROSCOPY PROTOCOL

Fluoroscopic data should be recorded on videotape at 30 frames (60 fields) per second. If videotape or other recording medium is run any slower, some aspects of the patient's swallow disorder may be missed.

Lateral View:

During the videofluoroscopic study in the lateral view, the fluoroscopy tube should be focused initially on:

- the lips anteriorly,
- the posterior pharyngeal wall posteriorly,
- the soft palate superiorly, and
- the bifurcation of the esophagus and airway inferiorly.

Each patient should have a metal marker (U.S. penny) 18 mm in diameter taped under their chin during the radiographic study to compensate for radiographic magnification and should complete a total of **21** swallows or **three swallows of each of the following** seven consistencies of material in the lateral view:

- 1 ml E-Z-EM barium thin liquid,
- 3 ml E-Z-EM barium thin liquid,
- 5 ml E-Z-EM barium thin liquid,
- 10 ml E-Z-EM barium thin liquid,
- Thin liquid cup drinking (if no aspiration occurred on 5 ml and 10 ml boluses),
- 3 cc barium (E-Z-EM pudding), and,
- ¼ of a Lorne Doone cookie coated with E-Z-EM barium pudding for contrast.

Boluses must be measured by a 10 ml syringe. Viscosities should remain constant. These viscosities (consistencies) were selected because many patients complain that they have difficulty with one food consistency or another, in various patterns. Small amounts are given initially to minimize any risk of aspiration.

The clinician should move from the 1 ml bolus to 3, 5, and 10 ml amounts of thin liquid unless a large percentage of a bolus is aspirated. If aspiration occurs, a postural intervention or swallow maneuver should be introduced in order to eliminate aspiration. Similarly, if a patient is asked to chew and swallow the cookie and has significant difficulty, he/she should be asked to expectorate it and this should be noted.

Anterior-Posterior View:

Turn the patient to visualize the oral cavity and pharynx from the front during the following **three** swallows of each of the following:

- 3 ml liquid
- 3 ml pudding

Each swallow should be labeled on the audiotrack of the videotape as the study proceeds, e.g., “first 1 ml liquid swallow, second 1 ml liquid swallow, first 3 ml liquid swallow,” etc.

All of the studies should be recorded on videotape.

The attached Data Collection Form should be completed for each x-ray

SPEECH PATHOLOGY DATA COLLECTION FORM

Patient Name: _____ ID #: _____

Date of Evaluation: _____

Speech Pathologist's Name: _____ Institution Name: _____

Functional Status Information

1 Dental Status (1=full dentition, 2=partial dentition, 3=edentulous)

2 Patient wears dentures that fit well (1=no, 2=yes, 3=not applicable)

Additional information concerning dental status: _____

3 Consistencies currently eaten in regular diet (circle all that apply):

- 0--Patient in non-oral 1--thin liquids 2--thick liquids 3--paste/pureed
 4--soft masticated 5--crunchy masticated 6--normal diet 7--other _____

4 **Videofluoroscopic Study of Swallowing** Refer to the chart below for the swallow study protocol. Record bolus types and trials administered. If swallow study not performed, please explain why:

VIDEOFLUOROSCOPIC STUDY OF SWALLOWING PROTOCOL

Check box or circle appropriate response as bolus is presented. (NP=not presented)

	Trial 1	Trial 2	Trial 3	Bolus not presented (explain why)
Lateral View				
1 mL liquid				
3 mL liquid				
5 mL liquid				
10 mL liquid				
Liquid cup drinking				
3 mL pudding				
Cookie				
Any other conditions (specify):				If a posture or maneuver is used, describe response:
Anteroposterior view				
3 ml liquid				
3 ml pudding				

Summary: Your videotape should contain 27 swallows.

 Signature of Clinician Collecting Data