

Outpatient Clinic: Head and Neck Cancer

“Tom”

AGE: 66 years

ENVIRONMENT: Outpatient Clinic

DIAGNOSIS: Squamous cell carcinoma of the larynx treated with chemoradiation

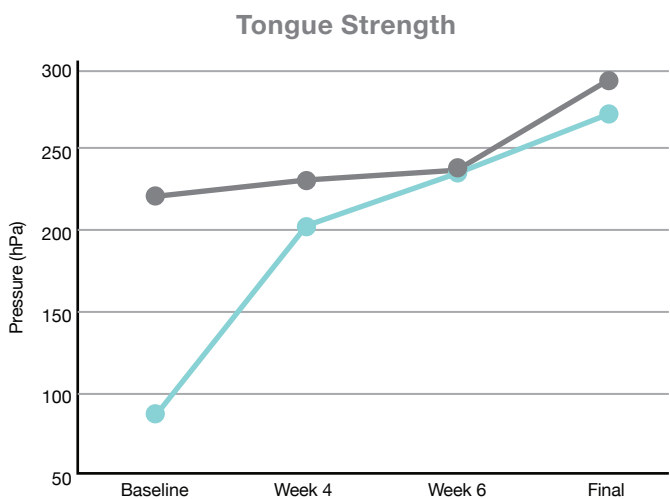
Tom was referred to Speech Pathology for evaluation and treatment of swallowing due to persistent aspiration of all food types and liquids. At the time of his initial evaluation, he was receiving primary nutrition via a **gastrostomy tube** (G-tube) and only eating small amounts of semi-solids (e.g., pudding) by mouth. In general, he was noted to be eating less and withdrawing socially.

THERAPY COURSE

Tom's therapist initiated a course of oropharyngeal strengthening therapy using the SwallowSTRONG device. Tom completed lingual strengthening sessions 3 times per day on three days per week for eight weeks focusing on the front and back portions of the tongue. He completed most of the therapy at home using a SwallowSTRONG device that was loaned to him by the Outpatient Clinic. Tom returned to the clinic every two weeks to have his tongue strength re-measured and new, more challenging therapy targets identified. Adherence to therapy (as recorded by the SwallowSTRONG device) was 94%.

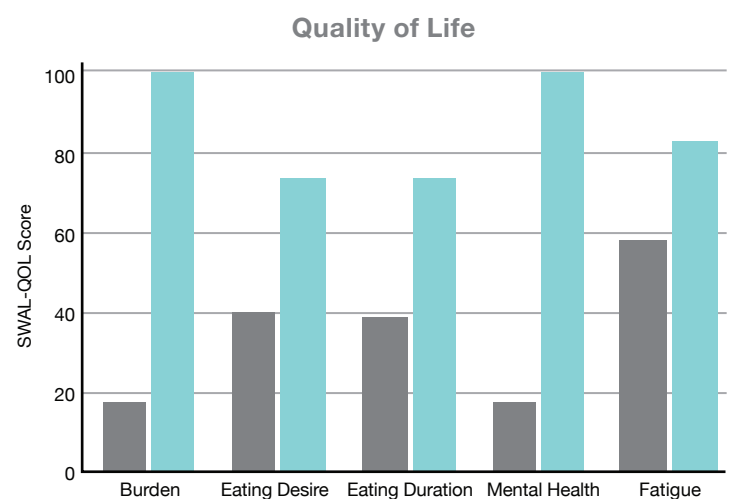
OUTCOMES

- **Strength:** Tom increased the strength of his tongue (front and back).
- **Diet:** After four weeks of strengthening therapy, Tom was able to safely eat a mechanical soft diet with thin liquids and augment nutrition with the G-tube. As he became stronger, he was able to eat more by mouth. After eight weeks, Tom returned to a **regular diet with thin liquids**.
- **Health:** Aspiration was eliminated. Tom's G-tube was removed and he returned to full oral intake.
- **Quality of Life:** Once Tom could eat again, he became more active socially and reported being generally happier.



Maximum isometric lingual pressures increased at the front and back of tongue.

■ Front ■ Back



Quality of life measures (SWAL-QOL¹) improved after eight weeks of lingual strengthening therapy.

■ Baseline ■ Discharge

¹ McHorney CA, Robbins J, Lomax K, et al. The SWAL-QOL and SWAL-CARE outcomes tool for oropharyngeal dysphagia in adults, III: documentation of reliability and validity. *Dysphagia*. 2002;17(2):97-114.