

REFERRAL FOR INSTRUMENTAL SWALLOW STUDY

District/School Name _____

Address _____

Phone _____

TO: (Physician's name) _____

FROM: (name and title) _____

RE: REFERRAL FOR INSTRUMENTAL SWALLOW STUDY for

Name _____ **DOB** _____

Address _____

Parent/Guardian _____

Phone Number _____

On _____ (dates), a clinical observation was conducted by school personnel (or our school's feeding and swallowing team) due to concerns about _____'s feeding/swallowing skills. This observation and case review resulted in a recommendation for an instrumental swallow study. A copy of the Feeding and Swallowing Consultation Report is attached for your information.

The following information is sought from the instrumental swallow study:

1. _____

2. _____

3. _____

School personnel would appreciate the opportunity to be present. Kindly notify me of the date of the scheduled study and who should be contacted to arrange school attendance. Thank you for your cooperation.

Feeding Goals and Objectives:

Goal:

_____ will demonstrate improved ability in feeding/eating for effective participation in school related activities/environments through the achievement of the following objectives:

Objectives:

Positioning

_____ will maintain appropriate positioning for feeding to allow optimal intake of foods and/or liquids (choose one or more)

- When held/placed in a semi-reclined position
- When seated beside the feeder with support and/or equipment provided
- When positioned upright with feet, hips, and knees at 90 degrees
- When positioned with a chin tuck
- When in a sidelying position

_____ Will maintain appropriate positioning for feeding to allow optimal intake of foods and/or liquid when hypertonicity is inhibited before positioning.

_____ Will maintain appropriate positioning for feeding to allow optimal intake of foods and/or liquid when stimulated for increased muscle tone designed to compensate for hypotonicity before positioning.

Sensory

_____ Will accept sensory activities designed to improve awareness of the cheeks, jaw, lips, and tongue in order to increase mobility/movement related to feeding (taste, temperature, smell, texture...)

_____ Will tolerate sensory activities designed to decrease hypersensitivity (taste, temperature, smell, texture...) in order to improve feeding skills.

Oral-Motor

_____ Will demonstrate improved dissociation (separation of movement) through stabilization and/or strengthening of the jaw for increased mobility related to feeding skills.

_____ Will demonstrate improved dissociation (separation of movement) of the lips for increased mobility and/or lip closure in order to improve feeding skills.

_____ Will demonstrate improved tongue dissociation (separation of movement) for increased mobility in order to improve feeding skills.

_____ Will demonstrate improved grading of the jaw in order to increase mobility and segmentation of movement as it relates to effective feeding skills.

_____ Will demonstrate improved grading (segmentation of movement) of the lips as it relates to feeding skills in order to increase (choose one or more)

- Lip closure
- Lip retraction
- Lip protrusion
- Lip mobility

_____ Will demonstrate improved tongue grading (segmentation of movement) as it relates to feeding skills in order to increase (choose one or more)

- Tongue elevation
- Tongue depression
- Tongue lateralization
- Tongue mobility

Self Help

_____ will demonstrate improved self feeding through the utilization of adaptive equipment.

_____ will demonstrate improved ability to grasp a cup/adaptive cup and bring to mouth with reduced spillage (choose one)

- with assistance
- independently

_____ will demonstrate improved ability to bring a cup with a straw to his/her mouth with reduced spillage

- with assistance
- independently

_____ will demonstrate improved ability to grasp a spoon/adaptive spoon to scoop food with reduced spillage (choose one)

- with assistance
- independently