

# OT Mastery

## Dysphagia Across the Lifespan

### 1. What are the two types of dysphagia?

- A. Oropharyngeal dysphagia and pharyngeal dysphagia
  - B. Sphincter dysphagia and neurological dysphagia
  - C. Esophageal dysphagia and oropharyngeal dysphagia
  - D. There is only one type of dysphagia
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### 2. Esophageal dysphagia is NOT likely to cause what symptom?

- A. Unintentional weight loss
  - B. Drooling
  - C. A hoarse or weak voice
  - D. A gurgling or wet-sounding voice
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### 3. What are some of the most common risk factors for dysphagia in children?

- A. Cleft palate, premature birth, dental problems, GERD
  - B. ADHD, ODD, cerebral palsy, Down syndrome
  - C. Cerebral palsy, motor delays, speech delays, selective eating habits
  - D. Autism Spectrum Disorder, families with strict mealtime routines, allergies, dietary restrictions
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### 4. What type of health condition places someone at a greater risk of experiencing oropharyngeal dysphagia?

- A. Pulmonary diagnoses
  - B. Neurological disorders
  - C. Musculoskeletal conditions
  - D. Gastrointestinal diseases
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### 5. What statement regarding dysphagia is true?

- A. Dysphagia is only known to impact adults and older adults.
  - B. While dysphagia can affect those of any age, the elderly are more likely to experience this concern since age is a risk factor for dysphagia.
  - C. Dysphagia can only be treated in skilled nursing facilities or outpatient facilities.
  - D. OTs are not qualified to fully treat someone with dysphagia.
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**6. What feeding-related concerns fall under an OT's scope of practice?**

- A. Ventilator management, allergy testing, ruling out underlying medical conditions
  - B. Weight management, caregiver training, exercise recommendations
  - C. Cognition, diet modifications, trialing pureed foods
  - D. Upper extremity use, seating and positioning during meals and snacks, sensory concerns that impact feeding
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**7. What feeding skills might a therapist want to assess a 6-month-old child for?**

- A. Sucking skills
  - B. Ability to sit up independently while eating
  - C. Interest in food and self-feeding
  - D. Utensil use
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**8. What might indicate a problem with a baby's rooting reflex?**

- A. If they don't drool at all
  - B. If their tongue sits too far back in their mouth
  - C. If they demonstrate hyposensitivity to input in and around the mouth
  - D. If it persists beyond 6 months old
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**9. What is NOT a potential cause of jaw thrust?**

- A. Neck hyperextension
  - B. Hypotonia
  - C. Hypertonia
  - D. Poor seated posture
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**10. What feeding-related concern is NOT likely to result from poor posture?**

- A. Jaw thrust
  - B. Tongue retraction
  - C. Exaggerated jaw movements
  - D. Jaw clenching
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**11. Stress is associated with what two clinical presentations related to feeding?**

- A. Tonic bite, stability bite
  - B. Clamping the mouth shut, jaw clenching
  - C. Tongue thrust, pocketing
  - D. Jaw retraction, pocketing
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**12. What assessment tool is most appropriate for a 5-year-old child who has feeding concerns?**

- A. NeoEAT
  - B. M.D. Anderson Dysphagia Index
  - C. PediEAT
  - D. Functional Oral Intake Scale
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**13. What assessment tool is most appropriate for a 1-year-old child with potential reflux?**

- A. ChOMPS
  - B. NeoEAT
  - C. Neonatal Eating Outcome
  - D. GIGER Scale
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**14. What activities may be used to strengthen the cheeks?**

- A. Using a straw to blow bubbles into a cup of liquid; blowing on a pinwheel; filling your mouth with air, holding, then slowly blowing out
  - B. Puckering your lips; moving the tongue side to side; making humming noises
  - C. Eating cold foods; making sounds like "AHHH" and alternating between "MABA" and "NADA"; using suction from a straw to transfer cotton balls from one place to another
  - D. Playing tug-of-war with a chewy candy; chewing on ice cubes; making silly faces in the mirror
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**15. What exercise helps raise the larynx to protect it when swallowing?**

- A. Effortful swallow
  - B. Mendelsohn maneuver
  - C. Shaker exercise
  - D. Super-supraglottic swallow
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**16. What body positioning might help a 54-year-old patient who has unilateral weakness and dysphagia after a stroke?**

- A. Tilting the head to the weaker side
  - B. Tilting the head to the weaker side while also doing a chin tuck
  - C. Tilting the head to the stronger side
  - D. Reclining at a 30° angle while seated
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**17. An OT might recommend an older adult avoid what foods to help manage dysphagia?**

- A. Mashed potatoes
- B. Buttered biscuits
- C. Pasta in sauce

D. Crackers

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**18. Adaptive equipment is one of the interventions OTs can use with patients who have dysphagia. If a therapist recommends coated eating utensils, what concern might they be trying to address?**

- A. Lip sensitivity or limited awareness in the oral cavity
  - B. Poor lip closure or oral motor range of motion
  - C. Need for lip and tongue stimulation or poor tongue movement
  - D. Jaw instability or inability to assume a chin tuck position
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**19. What feeding concern does a maroon spoon NOT assist with?**

- A. Oral motor hypersensitivity
  - B. Tongue thrust
  - C. Jaw instability
  - D. Limited lip closure
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**20. What does AOTA NOT list as OT feeding interventions in their position statement?**

- A. Environmental modifications to assist with safety and attention during mealtimes
  - B. Visual-perceptual skills to assist with accuracy of self-feeding
  - C. Non-nutritive oral stimulation, exercises, and techniques
  - D. Creating customized diets to decrease risk of aspiration in those with dysphagia
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