OT Mastery

Dysphagia Across the Lifespan

1. What are the two types of dysphagia?

A. Oroesophageal 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 the 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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