

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

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

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

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

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.

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

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

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

9. What is NOT a potential cause of jaw thrust?

- A. Neck hyperextension
- B. Hypotonia
- C. Hypertonia
- D. Poor seated posture

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

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

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

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

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

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

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

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

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

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

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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