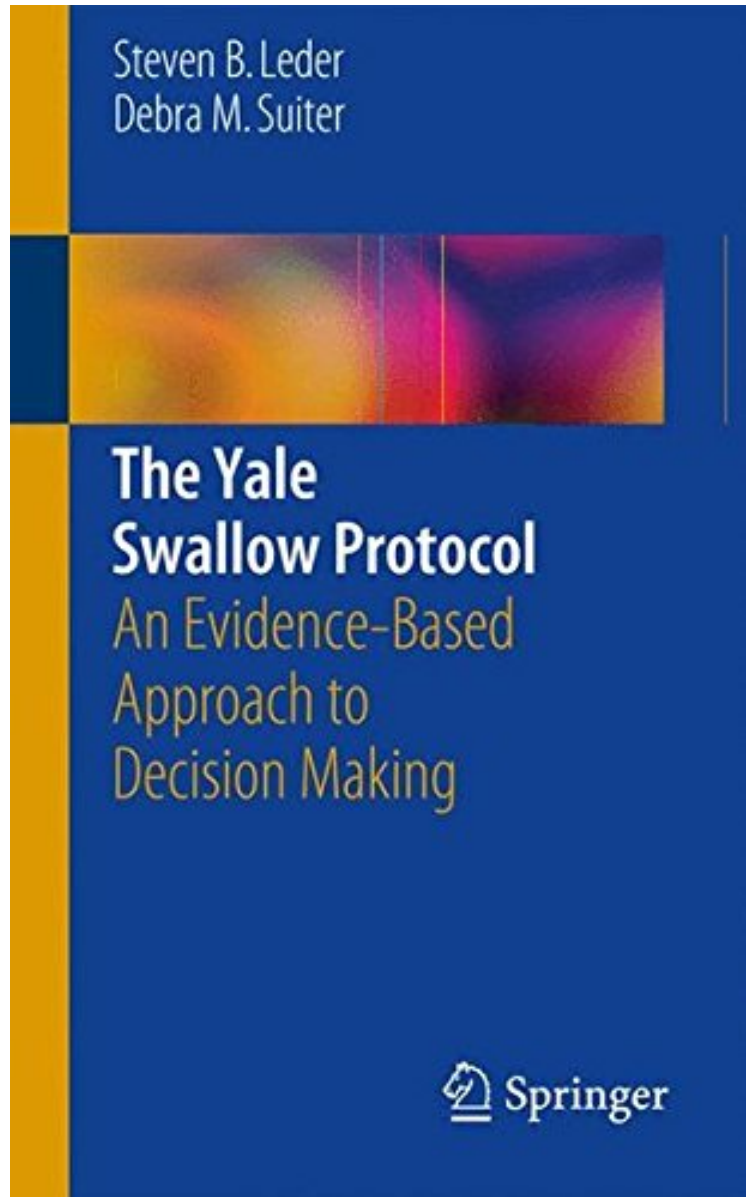


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The Yale Swallow Protocol: An Evidence-Based Approach to Decision Making

Steven B. Leder, Debra M. Suiter

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The Yale Swallow Protocol is an evidence-based protocol that is the only screening instrument that both identifies aspiration risk and, when passed, is able to recommend specific oral diets without the need for further instrumental dysphagia testing. Based upon research by Drs. Steven B. Leder and Debra M. Suiter, an easily administered, reliable and validated swallow screening protocol was developed and can be used by speech-language pathologists, nurses, otolaryngologists, oncologists, neurologists, intensivists and physicians assistants. In addition, the protocol can be used in a variety of environments, including acute care, rehabilitation and nursing homes. The Yale Swallow Protocol meets all of the criteria necessary for a successful screening test, including being simple to administer, cross-disciplinary, cost effective, acceptable to patients and able to identify the target attribute by giving a positive finding when aspiration risk is present and a negative finding when aspiration risk is absent. Additionally, early and accurate identification of aspiration risk can significantly reduce health-care costs associated with recognized prandial aspiration.

From the Back CoverThe Yale Swallow Protocol is an evidence-based protocol that is the only screening instrument that both identifies aspiration risk and, when passed, is able to recommend specific oral diets without the need for further instrumental dysphagia testing. Based upon research by Drs. Steven B. Leder and Debra M. Suiter, an easily administered, reliable, and validated swallow screening protocol was developed and can be used by speech-language pathologists, nurses, otolaryngologists, oncologists, neurologists, intensivists, and physicians assistants. In addition, the protocol can be used in a variety of environments, including acute care, rehabilitation, and nursing homes. The Yale Swallow Protocol meets all of the criteria necessary for a successful screening test, including being simple to administer, cross-disciplinary, cost effective, acceptable to patients, and able to identify the target attribute by giving a positive finding when aspiration risk is present and a negative finding when aspiration risk is absent. Additionally, early and accurate identification of aspiration risk can significantly reduce health-care costs associated with recognized prandial aspiration. About the AuthorDr. Steven B. Leder, PhD, CCC-SLP, is Professor of Surgery (Otolaryngology) at Yale School of Medicine. Dr. Steven B. Leder's research focuses on speech and swallowing abilities of patients with head and neck cancer, tracheotomy and ventilator dependency and swallowing diagnostic and rehabilitative strategies with both acute and long-term care patients, who receive all diagnoses. In his research, Dr. Leder works with patients of all ages in order to investigate the continuum of speech and swallowing problems and the impact of rehabilitative techniques aimed at improving these skills. Dr. Leder's studies are complemented by clinical expertise regarding voice restoration rehabilitation following total laryngectomy and use of both videofluoroscopy and flexible fiberoptic endoscopy in the diagnosis and rehabilitation of dysphagia and voice disorders. Dr. Debra M. Suiter, PhD, CCC-SLP, is the lead Speech-Language Pathologist at VA Medical Center - Memphis and her clinical care and interest is in assessment and treatment of dysphagia; endoscopic evaluation for assessment of swallowing and voice disorders.