Preface

We have made every effort to ensure that all information in this book is evidence-based and has been published in peer-reviewed journals. This is important in the area of swallow screening because many clinicians have their own idiosyncratic ways of doing things. And it works for them. Or does it? Without objective corroboration how do you know if your screening variables are reliable and providing facts versus what you want or think they are providing? How can you be sure that undefined tasks such as taking a sip of water or about a spoonful of pudding or a bite of a cracker are worthwhile without objective, and by this we mean instrumental, corroboration? Simply put you cannot. Without reliable confirmatory data all you are doing is wishful thinking and conjecture. It is important to remember that it is impossible to determine pharyngeal and laryngeal anatomy and physiology or bolus flow characteristics from clinical (bedside) observation. Since no one has X-ray vision the pharynx is a “black box” and whatever goes on in a black box is unknowable without direct observation.

Our analogy is: Dysphagia goes with instrumental as aspiration risk goes with screening. This was the impetus for development of the Yale Swallow Protocol. Questions you ask yourself as you read our book were asked by us as well. The answers are derived from rigorous research design and judicious interpretation of results. As you will see, we did not rely on a limited number of patients with homogeneous diagnoses. This would not have provided the generalizability desired in our screening test. Rather, over 5,000 patients from 14 different diagnostic categories and spanning the age spectrum from pediatric to geriatric participated in this programmatic line of research the culmination of which is the Yale Swallow Protocol.
You will find our methodology sound, the data supportive, and the recommendations beneficial. We trust that you will read and digest our new ideas with an open mind and then incorporate them into your daily clinical practice. This is reward enough for us. We are enormously privileged to participate in the care of our patients to the best of our abilities. And we wish the same for you.

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