

# Speech and Language Therapy

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Language Therapy Team



# Who are we?

- One team covering both acute, enhanced supported discharge (ESD), and community service
- Part of the wider HEFT Speech and Language Therapy team
- Based on ward 10, Solihull Hospital (for now!)
- Acute & ESD 1.8 WTE, community 1.5 WTE



# Who do we see?

- Any person over 18 who has an acquired difficulty in communication, voice or swallowing
- Adults with learning disabilities are not seen by our team



# Referring to Speech and Language Therapy

- Anyone can refer to SLT
- Accept written referrals via fax or post, or phone referrals
- Vital to know medical history, including prognosis
- All non voice referrals are triaged via telephone
- Urgent - 2 weeks, Routine- 8 weeks



# Voice

- Voice concerns/globus/pain on swallowing must be investigated by ENT
- Close links with voice clinics at Heartlands
- Offer advice and therapy to improve voice problems



# Communication

*Assessment and management of difficulties in expression and /or comprehension*

## Motor speech disorders

Dysarthria- muscle weakness resulting in unclear speech

Dyspraxia- Difficulties in planning movements for speech

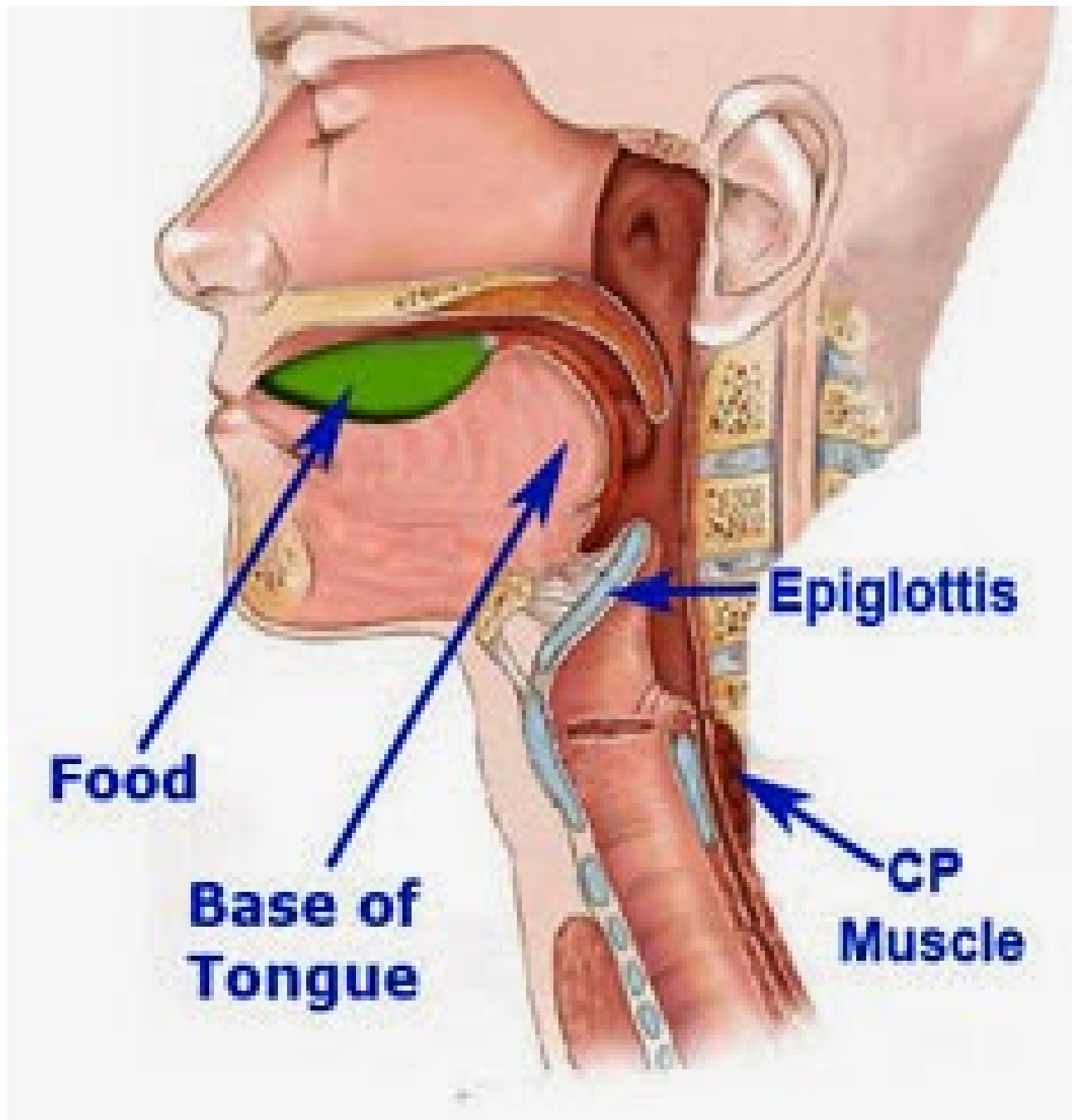
## Language disorders

Aphasia- difficulties in the understanding or expression of language



# Dysphagia

- DYS (difficulty) and PHAGIA (to eat)
- Any difficulty in the chewing and/or swallowing of food, fluids and saliva
- Any point between putting food/fluids into the mouth and these entering the stomach
- SLT work with oro-pharyngeal dysphagia- establish level of dysphagia, and risk of aspiration







# Possible signs of an oro-pharyngeal dysphagia

- Coughing/choking
- 'Gurgly'/wet voice or breathing
- Change in breathing
- Eyes watering
- Change in face colour
- Pouching/pooling
- Recurrent chest infections
- Weight loss/malnutrition
- Spiking temperatures
- Slow to eat



# How do we assess?

- Full case history and discussion around difficulties
- Cranial nerve assessment
- Swallow assessment

What do we do about it?



Thickener isn't always the answer!



Syrup: 2 scoops  
in 200ml



Pouring custard: 3 scoops  
in 200ml



Pudding: 4 scoops  
in 200ml

# Types of thickener



Starch based



Gum based



# Diet modification

- Normal diet
- Mashable diet
- Pre mashed diet
- Puree diet



# Feeding at risk

- Identified risk of aspiration on oral intake which may be reduced, but not eliminated by strategies/modification
- Consideration of treatment options





# What do we do about it?

Dysphagia is an important risk factor for aspiration pneumonia, it's "generally not sufficient to cause pneumonia unless other risk factors are present as well"

*Langmore et al (1998) Predictors of aspiration pneumonia: how important is dysphagia?*

