

Specialty Board

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Maureen Lefton-Greif, Jeri Logemann, JoAnne Robbins, Richard Robinson, Bonnie Martin-Harris, and Caryn Easterling) who participated in various stages of the Stage I and Stage II petition documents and meticulously incorporated comments from affiliates that resulted from the widespread peer-review.

Following the approval of the Stage II petition by the CCSR, the Steering Committee appointed us to the positions of chair and vice chair of the Inaugural Board. In keeping with the guidelines specified in the petition document, the Steering Committee will appoint one consumer member and has elected by affirmation 10 qualified affiliates to Inaugural Specialty Board. Members of the Inaugural Board include:

- 2-year Term (2003-2004): Joan Arvedson, Jeri Logemann, Jo Puntil-Sheltman, Justine Joan Sheppard, Barbara Sonies
- 3-year Term (2003-2005): Caryn Easterling, Susan Langmore, Linda Mackay, Adrienne Perlman, JoAnne Robbins

On behalf of the board, we are optimistic that we will successfully meet the challenges that lie ahead during the implementation of the Board Recognition plan. One of the tasks of the inaugural board was to develop a procedural manual and the bylaws to govern the operations of the Board. We are pleased to announce that we completed this task at the ASHA National Office (August 4-6). We also convened an initial meeting of the Board members who attended the ASHA Convention in Atlanta. Future challenges include: incorporation of the Board, election of officers, selection of the Board of Examiners who will write the examination for candidacy, and the development of application packets for prospective candidates. Following Board incorporation, the Board will stand as an independent entity governing the

operations of the Board Recognition plan, and with continued guidance and oversight by the CCSR. The Inaugural Board expects to be ready to receive applications for Board recognition during the last quarter of 2003.

We hope that our affiliates share our enthusiasm for this Board Recognition plan and will choose to pursue Specialty Board Recognition in Swallowing and Swallowing Disorders. Board Recognition is not an exclusionary plan; however, it represents an opportunity for qualified speech-language pathologists to aspire to and be acknowledged by consumers and peers as specialty practitioners in the evaluation and treatment of swallowing disorders. In keeping with the standards of other medical specialties, BRS-S will serve to raise the bar of excellence and advanced competency in the provision

Report on the Eleventh Annual Dysphagia Research Society Meeting

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The 11th Annual DRS Meeting literally sped through Miami, October 3-5. The conference was held at the Intercontinental Hotel immediately in front of the one of the major loops on the Grand Prix Car Race. Participants were treated to ear plugs upon hotel check-in and passes to watch the race. However, one didn't need to go far to experience the speed, noise, or excitement as the windows in the exhibit and poster area were immediately overlooking the track. And, despite the temptation, about 250 participants crowded the conference area to learn of new research and treatment ideas in the area of swallowing.

Research and clinical perspectives in ALS were discussed in detail from multiple areas, including neurological, medical, swallowing, and ethical management. Sharon Vies, from Northwestern University, reviewed the challenge of saliva management in individuals with ALS, ranging from traditional medications, homeopathic medications, low-dose radiation, Botox injections to the sub-lingual and/or parotid glands, intra-oral prosthetic management, to unilateral tympanic neurectomy. Marta Kazandjian emphasized that palliative care begins at diagnosis. She further delineated the role of the speech-language pathologist in providing options in swallowing management as well as communica-

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of feeding and swallowing services by clinicians in the field of speech-language pathology. It will also provide those who receive Board Recognition the opportunity to mentor candidates who are building their speech-pathology career pathway toward specialization in this exciting and challenging area of our practice. The delivery of the highest level of care and the ability to mentor others pursuing this area of practice have certainly been career goals of ours and have impassioned us to see the process to successful completion.

For information regarding the Board Specialty Recognition in Swallowing and Swallowing Disorders, please refer to the ASHA Web site, or contact Board Chair, Bonnie Martin-Harris (harrisbm@muscd.edu) or Vice-Chair, Maureen Lefton-Greif (mlefton@jhmi.edu).

DRS Meeting

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tion. Panelists, with audience participation, debated the need for instrumental versus clinical assessment in these individuals with progressive neuromuscular degeneration. The need for and timing of PEG placement was also discussed with relation to declining pulmonary functions. The need to provide patients and their families with maximal information to make their difficult decisions with regards to feeding was also emphasized. Unfortunately, in this particular area of swallowing management, while the need is great to have evidence-based knowledge, the limitations of conducting this type of investigation on these individuals is greater and, thus, much of the information related was subjective and anecdotal. Nonetheless, many intriguing concepts were presented.

The annual Dodds-Donner Lectures were given by Drs. Shaheen Hamdy, Leonardo Cohen, and Arthur Miller on neuroplasticity and recovery after stroke. The presenters discussed results from their ongoing investigations into neural controls for swallow function and the effects of specific techniques and localization on recovery of function following stroke. Dr. Hamdy discussed the techniques of transcranial magnetic stimulation, positron emission tomography, and functional magnetic resonance imaging that have delineated more specific loci for swallowing control including the sensorimotor cortices, insula, and cerebellum in an asymmetric fashion with the insula more localized on the right and the cerebellum on the left. Dr. Cohen discussed constraint induced movement therapy on improving function of the affected hand in stroke patients and conjectured on the potential implications for swallowing function. Dr. Miller provided an excellent review on the relationship between reflex control of the tongue, larynx, and upper and lower esophageal sphincters, brain stem control and flexibility, and cortical and subcortical re-

gions involved with swallowing. He specifically emphasized the importance of the reticular pathways in stimulating the pharyngeal swallow. He further discussed that chronic tube feeding alters the glottic closure reflex that then adversely affects swallowing. In the panel that followed, Dr. Stephanie Daniels delineated important work in the area of lesion localization and swallowing. She concluded from extensive research that dysphagia results from supra-bulbar lesions that lower the threshold of input to the brainstem. She further stated that the number of levels involved correlated with the severity and protraction of the resultant dysphagia.

The efficacy of the bedside/clinical examination versus instrumental assessment was discussed extensively by Drs. Michael Karnell, Bonnie Martin-Harris, Giselle Mann, Gary McCullough, and Maggie Lee Huckabee. Dr. Martin-Harris brought up the importance of determining which factors in a patient's history are most significantly associated with dysphagia and aspiration. Dr. Mann discussed the results of a study comparing the Mann Assessment of Swallowing Ability (MASA) and videofluoroscopy and concluded that the MASA demonstrated acceptable accuracy and predictive ability as a clinical tool to predict swallowing function in stroke patients. Dr. McCullough discussed the relationship between the Clinical Swallow Exam and swallowing status. He stated that a history of pneumonia was the best predictive measure of risk for aspiration followed by decreased jaw strength and wet vocal quality. The panelists emphasized that the clinical examination is an important adjunct to the instrumental examination but is not designed to replace it.

The newer technique of office-based transnasal endoscopy (TNE) for the management of dysphagia was discussed in terms of potential benefits including minimal anesthesia, minimal recovery from the proce-

dures, and ability to take biopsies and perform dilations. Dr. Gregory Postma presented findings from his retrospective study of 425 patients that had undergone TNE and found that 96% tolerated the procedure with a yield of 53% sensitivity in detecting significant findings with the most common being Grade I esophagitis. He further found that the most common finding in patients that presented with symptoms of globus was a fungal infection. Dr. Benson Massey discussed technical limitations with the TNE system due to the smaller diameter of the scope that limits the degree of angulation and may affect the ability to procure biopsies through the scope depending on the location of the suspected lesion.

Respiratory concerns as they relate to dysphagia were discussed by Drs. David Karas, Mark Siegel, and Steven Leder. The importance of distinguishing aspiration pneumonia from other sources of pulmonary injury and infection was highlighted. Additionally, the need to assess patients in the ICU setting that are at increased risk for aspiration was discussed. The relationship between tracheostomy and aspiration was discussed and concluded that adequate support in the literature is not evident as of yet.

The Sasaki Lecture was given by Dr. Paul Flint on neuromuscular reinnervation. Dr. Flint gave an exciting talk on new innovations in reinnervation patterns. In particular, he spoke about the myotrophic effect of hIGF-1 gene transfer that is independent of the reinnervation process. Multiple talks followed on the applicability of electrical stimulation for improving swallowing responsiveness. Dr. David Eisele discussed the use of implantable neuromuscular stimulators for the management of obstructive sleep apnea. Dr. Michael Broniatowski discussed the intriguing area of laryngeal pacing. Preliminary research on two individuals that had suffered a CVA demonstrated the potential for improved glottic closure during electrical pacing that resulted

in with safe esophageal bolus passage. However, the elimination of aspiration appeared limited to the period of electrical pacing with pre- and post-swallow aspiration continuing. The potential and need for further research in this area was emphasized. Marcy Freed discussed her results with surface electrical stimulation for swallowing and concluded that this method was successful even in long-term patients that had failed traditional therapy. The specifics of this technique were not fully presented. This was emphasized from audience members with the point stressed that data will need to be reviewed. Dr. Henry Hoffman provided an excellent review of surgical means of vocal fold medialization for unilateral vocal fold paralysis, including newer techniques of injecting collagen.

The scientific papers and posters were excellent and demonstrated new research ideas from cutting edge projects. Provided within is just a summary of a few of the presentations. Dr. Cathy Pelletier reported on the effects of citric acid alone and combined with sucrose in patients with dysphagia of neurologic origin. She found that citric acid improved swallowing in 8/11 patients. Patients with dementia were less likely to respond to the citric acid/sucrose mixture than individuals that were not demented. Additionally, the taste stimuli (sucrose mixture) increased the number of spontaneous swallows that occurred more than one minute after the initial swallow. The implications pose interesting ideas for taste stimulation and dysphagia. Dr. Gloria Chi-Fishman and colleagues at the NIH reported on rapid sequential swallowing (Rseq) versus discrete swallows in their relationship to oral pressures and found that Rseq resulted in peak pressures that were reached 1.5 fold further into the swallow and the rate of pressure change from peak to peak was two times as rapid versus discrete swallows. Dr. Susan Hiss and colleagues reported that sleep apnea duration was longer in laryngectomized individuals than

normal controls, indicating that sleep apnea during swallowing is more likely under neural control than physiologically needed. Dr. Rebecca Leonard presented findings from research looking at pharyngeal dimensions in healthy elderly and non-elderly adults. She reported that the pharynx occupies a greater space in elderly adults and does not constrict as completely during a swallow that may have further implications for the treatment of dysphagia in the elderly.

New Investigator Grant Recipients

Division 13 awarded two new investigator grants at the Eleventh Annual Dysphagia Research Society Meeting held in Miami, FL. The grants are available for first time-first authors/presenters. Each award consists of \$500 and a one-year paid membership to Division 13. The recipients this year were Danny Nunn and Cynthia Hildner.

Danny Nunn, J. B. Kobler, T. A. Goldsmith, R. E. Hillman, R. E. Bulter, and G. Lof at Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary in Boston presented a poster on the "Influence of Bolus Temperature on Continuous Swallowing." The primary purpose of the study was to determine whether water temperature influences swallowing during continuous drinking. Previous research has evaluated the effects of cold temperature on swallowing; however, in most of these studies, the volume was limited. In order to fully evaluate the effects of temperature on swallowing, the location and number of thermoreceptors, as well as the rate of axonal transmission are important considerations. As it is important for a large surface area to be exposed to the stimulus for sufficient time in order to evaluate the response reliably and accurately, sequential swallowing may produce more accurate results.

Two groups of healthy adults were studied: young (n=15, age range 20-30 yrs) and old (n=15, age range 65-75 yrs). Simultaneous electroglottography (EGG) and surface electromyography (sEMG) were conducted. The EGG was used to monitor laryngeal motion during deglutition. sEMG was recorded using two electrodes: submentally to measure suprahyoid activity and along the inferior border of the thyroid cartilage to measure infrahyoid activity. The swallow period was measured and defined as the interval between occurrences of laryngeal elevation during consecutive drinking. Each subject completed three trials of sequentially swallowing 60mL of spring water from a cup at the three different experimental temperatures. The order of the temperatures was randomized for each subject. The temperatures used were 8 +/- 2 °C (cold), 45 +/- 2 °C (warm), and 35-37 °C (oral cavity temperature). These temperatures were selected based on a previous animal ex-

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If you have questions about the Dysphagia Research Society and/or are interested in becoming a member, contact International Meeting Managers at imm@meetingmanagers.com or 713-965-0566. Also, be sure to mark your calendars for the 2003 DRS meeting. It is scheduled for October 2-4 and will be held at the Radisson Miyako Hotel in San Francisco.