

Physiologic abnormalities with their consequent symptoms.

(From Daniels SK, Huckabee ML. (2008). Dysphagia following stroke. San Diego, CA: Plural

The patient presents oral phase dysphagia characterized by poor oral lingual control resulting in :	
Preswallow	<ul style="list-style-type: none"> ▪ Anterior leakage ▪ Inadequate bolus preparation ▪ Premature spillage with pharyngeal pooling to the level of _____ ▪ Inadequate mastication ▪ Supraglottic penetration of preswallow pooling ▪ Aspiration of preswallow pooling
During the swallow	<ul style="list-style-type: none"> ▪ Supraglottic penetration of pooled material ▪ Aspiration of pooled material
Postswallow	<ul style="list-style-type: none"> ▪ Anterior leakage of postswallow oral residual ▪ Postswallow oral residual ▪ Postswallow pharyngeal pooling of oral residuals to the level of _____ ▪ Supraglottic penetration of postswallow oral residual that pools into pharynx ▪ Aspiration of postswallow oral residual that pools into pharynx
The patient presents pharyngeal dysphagia characterized by delayed pharyngeal swallow resulting in :	
Preswallow	<ul style="list-style-type: none"> ▪ Pharyngeal pooling to the level of _____ ▪ Supraglottic penetration of preswallow pooling ▪ Aspiration of preswallow pooling
During the swallow	<ul style="list-style-type: none"> ▪ Supraglottic penetration of pooled material ▪ Aspiration of pooled material
Postswallow	<ul style="list-style-type: none"> ▪ None
The patient presents pharyngeal dysphagia characterized by inadequate anterior hyoid movement resulting in :	
Preswallow	<ul style="list-style-type: none"> ▪ None
During the swallow	<ul style="list-style-type: none"> ▪ Decreased epiglottic deflection¹ ▪ Decreased traction force for UES opening² ▪ Supraglottic penetration
Postswallow	<ul style="list-style-type: none"> ▪ Vallecular residual >pyriform sinus as a secondary effect¹ ▪ Pyriform sinus residual >vallecular as a secondary effect² ▪ Supraglottic residual ▪ Aspiration of supraglottic or pharyngeal residual
The patient presents pharyngeal dysphagia characterized by inadequate base of tongue to posterior pharyngeal wall resulting in :	
Preswallow	<ul style="list-style-type: none"> ▪ None
During the swallow	<ul style="list-style-type: none"> ▪ Impaired bolus transport through proximal pharynx
Postswallow	<ul style="list-style-type: none"> ▪ Postswallow vallecular residual (>pyriform sinus residual) ▪ Supraglottic penetration of residual ▪ Aspiration of supraglottic or pharyngeal residual

The patient presents pharyngeal dysphagia characterized by impaired UES opening in the presence of substantial anterior hyoid movement resulting in : (implies intrinsic cricopharyngeus abnormality or timing issue)	
Preswallow	<ul style="list-style-type: none"> ▪ None
During the swallow	<ul style="list-style-type: none"> ▪ Impaired bolus transport through cricopharyngeus
Postswallow	<ul style="list-style-type: none"> ▪ Postswallow pyriform sinus residual (>vallecular residual) ▪ Supraglottic penetration of residual ▪ Aspiration of supraglottic or pharyngeal residual
The patient presents pharyngeal dysphagia characterized by poor pharyngeal motility resulting in :	
Preswallow	<ul style="list-style-type: none"> ▪ None
During the swallow	<ul style="list-style-type: none"> ▪ Impaired bolus transport throughout the pharynx ▪ Nasal redirection ▪ Supraglottic penetration
Postswallow	<ul style="list-style-type: none"> ▪ Diffuse (non-specific) pharyngeal residual ▪ Nasal residual ▪ Supraglottic penetration of residual ▪ Aspiration of supraglottic or pharyngeal residual

^{1,2}The physiologic abnormality results in a symptom during the swallow that consequently results in another symptom postswallow.