

Symptom approach for application of compensatory strategies
 Adapted from Daniels SK & Huckabee ML. (2008). Dysphagia following stroke.

The symptoms of:	Secondary to physiologic abnormality of:	Compensation:
Anterior leakage	Poor orolingual control	Thickened liquid
Inadequate bolus preparation		Chopped or pureed diet
Discoordinated oral transfer		3-second prep
Oral residual		Cyclic ingestion
Pharyngeal pooling to the level of ____	Delayed pharyngeal swallow	Thickened liquid Volume regulation Chin tuck
		Thickened liquid Volume regulation 3-second prep Increased taste-sour bolus Chin tuck* TTA** ¹
Nasal regurgitation	Poor pharyngeal motility	Thick consistencies
Inadequate epiglottic deflection	Decreased anterior hyoid movement	No identified compensatory strategy
	Intrinsic structural changes in supportive tissue	
Vallecular residual	Decreased base of tongue to posterior pharyngeal wall approximation	Cyclic ingestion Chin tuck Carbonation-physiology of residual not specified Effortful swallow**
	Inadequate epiglottic deflection	Cyclic ingestion Carbonation-physiology of residual not specified
Inadequate opening of the UES	Decreased anterior hyoid movement	Head turn Mendelsohn maneuver**
	Intrinsic structural functional changes in cricopharyngeus	
Unilateral pharyngeal residue	Pharyngeal hemiparesis	Head turn to weaker side
Pyriform sinus residual	Inadequate opening of the UES	Cyclic ingestion Carbonation-physiology of residual not specified Head turn Mendelsohn maneuver**

Penetration	Preswallow pharyngeal pooling	Thickened liquids Volume regulation 3-second prep Chin tuck* Increased taste-sour bolus TTA** ¹ Super supraglottic swallow
	Inadequate epiglottic deflection	No identified compensatory strategy
	Oral residual	Cyclic ingestion
	Pharyngeal residual	Cyclic ingestion Chin tuck Carbonation Effortful swallow** Mendelsohn maneuver**
	Reduced laryngeal valving	Super supraglottic swallow
Aspiration	Physiology not specified	Carbonation
	Reduced laryngeal valving	Super supraglottic swallow
	Reduced TVF adduction	Supraglottic swallow
	Oral residual	Same as for penetration
	Pharyngeal residual	Same as for penetration

*Precaution-use chin tuck only with pooling to valleculae. Use with pooling more inferior may increase airway invasion

**Also rehabilitative strategies

¹TTA while really compensatory as research suggesting immediate effects, it is not practical to use as a compensatory strategy.