

Compensatory strategy approach to management.

Adapted from Daniels SK & Huckabee ML. (2008) Dysphagia following stroke.

Compensation	Physiologic Abnormality	Symptom
Thickened liquid	Reduced oral control yielding premature spillage Delayed pharyngeal swallow	Pharyngeal pooling
Chopped or puree diet	Poor mastication	Ingestion of large, unmasticated food particles
Cyclic ingestion	Reduced lingual or buccal strength Reduced BOT retraction Reduced HLC elevation yielding reduced UES opening Reduced pharyngeal contraction	Postswallow residual
Volume regulation	Reduced oral control yielding premature spillage Delayed pharyngeal swallow	Pharyngeal pooling with aspiration of large liquid volumes
3-second prep	Discoordinated oral transfer Delayed pharyngeal swallow	Repetitive A-P or random movement of the bolus in the oral cavity Pharyngeal pooling
Chin tuck	Reduced oral control yielding premature spillage Delayed pharyngeal swallow Reduced BOT retraction Reduced airway closure	Pharyngeal pooling Vallecular residue Aspiration during the swallow
Head turn to the weaker side	Pharyngeal hemiparesis	Unilateral pyriform sinus residue
Carbonation	Not specified	Postswallow residual Aspiration
Increased taste-sour bolus	Delayed onset of oral transfer Delayed pharyngeal swallow	No movement or delayed movement of the bolus in the oral cavity Pharyngeal pooling
Supraglottic swallow	Reduced TVF adduction	Aspiration during the swallow
Supraglottic swallow Super supraglottic swallow	Delayed pharyngeal swallow Reduced oral control	Penetration or aspiration before the swallow
Super supraglottic swallow	Reduced laryngeal valving	Penetration or aspiration during the swallow

A-P = anterior-posterior, BOT = base of tongue, HLC = hyolaryngeal complex, TVF = true vocal folds, UES = upper esophageal sphincter