

The Role of the Occupational Therapy Practitioner in the Evaluation and Treatment of Dysphagia

A Position Statement from the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board September 6, 2005

The Occupational Therapy Section was recently challenged to explain the role of the occupational therapy practitioner in the evaluation and treatment of dysphagia. The American Occupational Therapy Association (AOTA) defines dysphagia as “dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client’s ability to swallow independently or safely.”¹ Occupational therapy has a large scope of practice in which individuals are assessed and treated in relation to their performance of tasks based on motor, sensory, and cognitive processing abilities.

The Ohio Revised Code defines occupational therapy as the “evaluation of learning and performance skills and the analysis, selection, and adaptation of activities for an individual whose abilities to cope with daily living, perform tasks normally performed at the individual’s stage of development, and perform vocational tasks are threatened or impaired by developmental deficiencies, the aging process, environmental deprivation, or physical, psychological, or social injury or illness, through specific techniques.”²

In addition, the U.S. Department of Labor, Bureau of Labor Statistics states that occupational therapists “help people improve their ability to perform tasks in their daily living and working environments. . . . Occupational therapists assist clients in performing activities of all types, ranging from using a computer to caring for daily needs such as dressing, cooking, and eating.”³

Occupational Therapy Education on Dysphagia

All occupational therapy practitioners, as part of their entry-level education, are taught various domains of practice. The *Occupational Therapy Practice Framework: Domain and Process* clearly defines swallowing and the eating process as an essential activity of daily living and a critical component of an occupational therapy intervention when an individual is identified as having swallowing and eating as a functional deficit.⁴ As reported in *The American Journal of Occupational Therapy*, “occupation-centered intervention focuses on the components that enhance the person’s ability to participate in eating and feeding activities of daily life.”⁵

All graduates of entry-level occupational therapy and occupational therapy assistant programs must demonstrate a minimal entry-level competence to obtain a license to practice. Most states, including Ohio, use the National Board for Certification in Occupational Therapy’s (NBCOT) certification exam as a proxy for demonstrating entry-level competence. Questions on the certification exam are developed following a periodic practice analysis conducted by NBCOT. As a result of the practice analysis, the essential tasks used by entry-level practitioners with reasonable frequency are represented on the exam

¹ American Occupational Therapy Association. *Occupational Therapy: A Vital Role in Dysphagia Care*. <http://www.aota.org/featured/area6/docs/DysFact.pdf>. Accessed 8 Nov. 2004.

² Section 4755.01 of the Ohio Revised Code.

³ U.S. Department of Labor. Bureau of Labor Statistics. *Occupational Outlook Handbook*. <http://stats.bls.gov/oco/ocos078.htm>. Accessed 8 Nov. 2004.

⁴ American Occupational Therapy Association. *Occupational Therapy: A Vital Role in Dysphagia Care*. <http://www.aota.org/featured/area6/docs/DysFact.pdf>. Accessed 8 Nov. 2004.

⁵ American Occupational Therapy Association, (2000). Specialized Knowledge and Skills in Eating and Feeding for Occupational Therapy Practice. *American Journal of Occupational Therapy*, 54, 629-640.

and appropriately measure entry-level competence. According to NBCOT, the practice is “broken down into the major performance domains that broadly” defines the profession’s scope of practice. “Each performance domain, in turn, is diagrammed in terms of its major tasks. Each task is then broken down into a series of knowledge and skill statements.”⁶ In the practice analysis study of entry-level occupational therapy practice released in Spring 2004, 37 percent of entry-level occupational therapy assistants used feeding interventions with at least 25 percent of their clients. In addition, 44 percent of occupational therapy assistants used eating interventions with at least 25 percent of their clients.⁷

Occupational Therapy Treatments for Dysphagia

According to Avery-Smith in *Occupational Therapy for Physical Dysfunction*, “occupational therapists assist patients with dysphagia in rehabilitation of abilities that affect swallowing, including self-feeding, cognition, perception, sensory and motor skills, and postural control.”⁸ One major domain of occupational therapy treatment is assisting a client improve performance skills. The occupational therapy provider works on the client’s motor skills, process skills, and communication/interaction skills. Since the physiology of swallowing involves the neuromuscular system, the occupational therapy provider assists the client to improve the motor and process skills that are integral to the swallowing process. The practice of occupational therapy also includes “interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including . . . Management of feeding, eating, and swallowing to enable eating and feeding performance.”⁹

Other interventions utilized by occupational therapy practitioners include individualized compensatory swallowing strategies, modified diet textures, adapted mealtime environments, and enhanced feeding skills. In addition, the therapist also provides training for caregivers in individualized feeding and swallowing strategies.¹⁰

Historical Role of Occupational Therapy and Dysphagia

A literature review clearly indicates that treatment of swallowing/eating disorders has historically been a role of the occupational therapy provider. Articles in *The American Journal of Occupational Therapy* from 1979¹¹ and 1981¹² discuss the role of the occupational therapy practitioner in evaluation and treatment of dysphagia. In addition, occupational therapy textbooks as far back as the early 1960’s documented the role of the occupational therapy practitioners in treating eating and feeding disorders.¹³

⁶ National Board for Certification in Occupational Therapy. (2004). *Foundations of the NBCOT Certification Examinations*. http://www.nbcot.org/webarticles/articlefiles/106-monograph_foundations_exams.pdf. Accessed 14 Dec. 2004.

⁷ National Board for Certification in Occupational Therapy. (2004). A practice analysis study of entry-level occupational therapy registered and certified occupational therapy assistant practice. *OTJR: Occupation, Participation and Health*, 24 (Sup 1)

⁸ Avery-Smith, W. (2002). Dysphagia. In C.A. Trombly & M.V. Radomski (Eds.) *Occupational Therapy for Physical Dysfunction*. Baltimore: Lippencott, Williams, & Wilkins, 1091-1109.

⁹ American Occupational Therapy Association. (2004). Scope of Practice. *American Journal of Occupational Therapy*, 58, 673-677.

¹⁰ American Occupational Therapy Association. *Occupational Therapy: A Vital Role in Dysphagia Care*. <http://www.aota.org/featured/area6/docs/DysFact.pdf>. Accessed 8 Nov. 2004.

¹¹ Silverman, E. & Elfant, I. (1979) Dysphagia: An Evaluation and Treatment Program for the Adult. *American Journal of Occupational Therapy*. 33, 382-392.

¹² Stratton, M. (1982). Behavioral Assessment Scale of Oral Functions in Feeding. *American Journal of Occupational Therapy*. 35, 719-721.

¹³ Willard, H. S. & Spackman, C. S. (1963) *Occupational Therapy* (3rd ed.). and Farber, S. D. (1974) *Sensorimotor Evaluation and treatment procedures for allied health personnel*.

Moreover, various federal organizations have historically recognized the role of the occupational therapy practitioner and dysphagia. The November 22, 2000 Medicare Program Integrity Manual states that “Intermediaries must follow the procedures described below for medical review of dysphagia claims for [speech language pathology], [occupational therapy], and [physical therapy] services.”¹⁴ Therefore, the Medicare program recognizes the ability for occupational therapy practitioners to treat dysphagia clients.

Another federal entity, the National Institute on Deafness and Other Communication Disorders, one of the National Institutes of Health, in its dysphagia summary states that occupational therapy providers are trained professionals who may provide dysphagia treatment for clients who have difficulty with swallowing.¹⁵

Conclusion

In summary, occupational therapy practitioners receive education on the assessment and treatment of dysphagia as a part of their basic occupational therapy education. Occupational therapy providers are also tested on dysphagia as part of the certification process used to determine entry-level competence. Finally, the definition of occupational therapy contained in the Ohio Occupational Therapy Practice Act clearly permits licensed occupational therapy providers to treat clients whose abilities to perform daily living skills have been impaired.¹⁶ Since swallowing/eating is clearly an activity of daily living, individuals having difficulty in eating/swallowing may be legally treated by a licensed occupational therapist and licensed occupational therapy assistant.

Therefore, based on the education, certification and licensure process, and Ohio law, the assessment and treatment of dysphagia are within the scope of occupational therapy practice.

¹⁴ Medicare Program Integrity Manual

¹⁵ U.S. Department of Health and Human Services. National Institutes of Health. *NIH Pub. No. 99-4307*. (October 1998). <http://www.nidcd.nih.gov/health/voice/dysph.asp>. Accessed 8 Nov. 2004.

¹⁶ Section 4755.01 of the Ohio Revised Code.