

penetration aspiration scale pdf

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The penetration aspiration scale pdf is a comprehensive document that provides a standardized method for assessing and documenting swallowing safety and efficiency, especially in patients with dysphagia. The scale itself is a crucial tool used by clinicians, speech-language pathologists, radiologists, and other healthcare professionals involved in evaluating swallowing function. Having a PDF version of the Penetration Aspiration Scale (PAS) allows for easy access, sharing, and consistent application across various clinical settings. This article explores the origins, structure, clinical significance, and practical application of the PAS, along with tips on utilizing the PDF for optimal patient assessment.

Understanding the Penetration Aspiration Scale

What is the Penetration Aspiration Scale?

The Penetration Aspiration Scale is an 8-point ordinal scale developed by Dr. Scott S. Rosenbek in 1999. It quantifies the severity of airway invasion during swallowing and helps determine the safety of swallowing function.

The scale ranges from 1 to 8, with:

- 1 indicating material does not enter the airway at all.
- 8 indicating material enters the airway, passes below the vocal cords, and is not expelled.

Scientific Basis and Development

The PAS was developed based on observations from videofluoroscopic swallow studies (VFSS) and flexible endoscopic evaluation of swallowing (FEES). It provides a standardized way to classify the degree of airway invasion and to correlate these findings with clinical outcomes.

Clinical Significance

- Risk stratification: Helps identify patients at increased risk for aspiration pneumonia.
- Treatment planning: Guides therapy decisions and dietary modifications.
- Progress monitoring: Enables tracking of swallowing improvement over time.

Structure and Scoring of the Penetration Aspiration Scale

The 8-Point Scale Explained

Score	Description	Airway Invasion Level	Patient Response
1	Material does not enter the airway	No penetration or aspiration	N/A
2	Material enters the larynx, stays above the vocal cords	Penetration, not passing below the vocal cords	No attempt to eject
3	Material contacts the vocal cords, remains above	Penetration, contacts vocal cords	Attempts to eject, unsuccessful
4	Material contacts the vocal cords, passes below, but is ejected	Penetration, passes below vocal cords, ejected	Successful ejection
5	Material passes below the vocal cords, not ejected	Aspiration, not ejected	No attempt to eject
6	Material passes below vocal cords, ejected after aspiration	Aspiration, ejected after passing below cords	Successful ejection after aspiration
7	Material passes below vocal cords, ejected before aspiration	Aspiration, before ejection	Ejected proactively
8	Material passes below vocal cords, no ejection	Silent aspiration	No response, silent aspiration

Clinical Application of the Scale

The PAS helps clinicians quickly communicate the severity of airway invasion. Scores of 1-2 are generally considered safe, whereas scores of 5-8 indicate varying degrees of aspiration risk, with 8 being the most severe.

Accessing the Penetration Aspiration Scale PDF

Importance of Having a PDF Version

Having a PDF of the PAS offers multiple benefits:

- Easy access during clinical assessments.
- Standardized documentation.
- Ability to annotate and record findings digitally.
- Facilitates training and education.

Where to Find the PDF

- Official sources: Some professional organizations or researchers provide the PAS PDF on their websites.
- Academic institutions: University websites or online repositories may host downloadable versions.
- Clinical resources: Speech-language pathology resource sites or dysphagia toolkits.
- Creating your own: Clinicians can create customized PDFs based on the scale's description for quick reference.

Tips for Using the PDF Effectively

- Keep the PDF accessible during assessments.
- Use annotations or fillable fields to record scores.
- Incorporate diagrams or images to enhance understanding.
- Regularly update or review the document to stay aligned with current best practices.

Implementing the Penetration Aspiration Scale in Clinical Practice

Step-by-Step Assessment Using the PAS

1. Prepare the patient:

- Ensure appropriate positioning.
- Use consistent test boluses or stimuli.

2. Conduct the swallow study:

- Use VFSS or FEES to visualize swallowing.
- Present various viscosities and volumes as needed.

3. Evaluate airway invasion:

- Observe the extent of material entering the airway.
- Note whether material contacts or passes below the vocal cords.
- Record the patient's response (e.g., cough, throat clear).

4. Assign a PAS score:

- Refer to the PDF scale for precise scoring.
- Document the score alongside observations.

5. Interpret results:

- Use the score to determine safety level.
- Decide on dietary modifications or therapeutic interventions.

Documenting and Communicating Findings

- Use the PDF to standardize documentation.
- Include images if possible to support findings.
- Share results with multidisciplinary team members.

Enhancing Patient Outcomes Through the PAS

Tailoring Interventions

Based on the PAS score, clinicians can:

- Recommend safe swallowing strategies.
- Adjust diet textures.

- Implement targeted swallowing therapy.
- Consider alternative nutrition methods if aspiration risk is high.

Monitoring Progress

Regular assessments using the PAS can help:

- Track improvements or deterioration.
- Adjust therapy plans accordingly.
- Motivate patients by visualizing progress.

Educating Patients and Caregivers

Simplify the scale for understanding:

- Explain what the score indicates about swallowing safety.
- Demonstrate exercises or strategies to reduce aspiration risk.
- Emphasize the importance of adherence to recommendations.

Limitations and Considerations

Subjectivity in Scoring

While the scale provides a standardized framework, scoring can vary based on observer experience. To mitigate this:

- Use training modules.
- Review videos or images together.
- Incorporate inter-rater reliability checks.

Not a Standalone Tool

The PAS should be used alongside other assessments:

- Clinical swallowing assessments.
- Patient history.
- Additional instrumental evaluations.

Need for Comprehensive Evaluation

Aspiration risk is multifactorial; the scale is a component of a broader diagnostic process.

Future Directions and Developments

Integration with Digital Tools

- Development of apps or software integrating the PAS for real-time scoring.
- Automated scoring using AI and machine learning.

Research and Validation

- Ongoing studies to validate the scale across different populations.
- Refinements based on emerging evidence.

Educational Resources

- Creating interactive PDFs with embedded videos.
- Online training modules for clinicians.

Conclusion

The penetration aspiration scale pdf serves as an essential resource for clinicians assessing swallowing safety. Its standardized format ensures consistency in evaluation, facilitates communication among healthcare providers, and supports targeted interventions to prevent aspiration pneumonia and other complications related to dysphagia. Accessing and utilizing the PDF effectively enhances clinical decision-making and ultimately improves patient outcomes. As the field advances, integrating the PAS into digital platforms and expanding educational resources will further optimize its application in diverse clinical settings.

Frequently Asked Questions

What is the Penetration-Aspiration Scale (PAS) and how is it used in clinical practice?

The Penetration-Aspiration Scale (PAS) is a validated 8-point scale used to rate the severity of airway invasion during swallowing assessments. Clinicians use it to quantify the degree of penetration or aspiration observed during videofluoroscopic swallow studies (VFSS) or fiberoptic endoscopic evaluation of swallowing (FEES), aiding in diagnosis and treatment planning.

Where can I find a PDF version of the Penetration-Aspiration Scale for reference?

PDF versions of the Penetration-Aspiration Scale are available in academic publications, swallowing disorder guidelines, and online repositories. You can access them through research articles on platforms like PubMed, or from organizations such as the American Speech-Language-Hearing Association (ASHA) or the Dysphagia Research Society.

How do I interpret the scores on the Penetration-Aspiration Scale PDF?

The PAS scores range from 1 to 8, with 1 indicating no airway invasion and 8 indicating silent aspiration with no response. Higher scores suggest more severe airway compromise, guiding clinicians in determining risk and management strategies for patients with swallowing difficulties.

Can the Penetration-Aspiration Scale PDF be customized for research purposes?

Yes, many clinicians and researchers customize the PAS PDF to include additional notes or specific categories relevant to their study. However, it is important to maintain the scale's validity and reliability when customizing for research or clinical documentation.

Is the Penetration-Aspiration Scale PDF copyrighted, and where should I cite it?

The original PAS was developed by Rosenbek et al., and the scale is generally available in the public domain for clinical use. When using or reproducing the PDF in academic work, cite the original publication: Rosenbek JC, et al. 'A penetration-aspiration scale.' *Dysphagia*. 1996.

What are common applications of the Penetration-Aspiration Scale PDF in speech-language pathology?

Speech-language pathologists use the PAS PDF to systematically evaluate swallowing safety during instrumental assessments, monitor changes over time, and develop targeted therapy plans based on the severity of airway invasion documented in the scale.

Are there any online tools or software that incorporate the Penetration-Aspiration Scale PDF?

Yes, some digital assessment tools and swallowing management software integrate the PAS, often providing electronic versions of the scale for easier scoring and documentation. These tools can be accessed through professional platforms or specific clinical software providers.

How can I ensure consistent scoring using the Penetration-Aspiration Scale PDF?

Consistency can be achieved by training clinicians thoroughly on the scale's criteria, using standardized videos for calibration, and regularly reviewing scoring guidelines. Utilizing the PDF as a reference ensures uniformity across assessments and practitioners.

Additional Resources

Penetration Aspiration Scale PDF: An In-Depth Review and Guide

In the realm of dysphagia assessment and management, the Penetration Aspiration Scale PDF has emerged as a pivotal tool for clinicians, researchers, and students alike. Its significance stems from its ability to systematically quantify swallowing safety, thereby informing diagnosis, treatment planning, and research outcomes. This comprehensive review aims to explore the origins, structure, application, and accessibility of the Penetration Aspiration Scale (PAS), with a particular focus on its presentation and utilization in PDF format.

Understanding the Penetration Aspiration Scale (PAS)

Background and Development

The Penetration Aspiration Scale was developed in 1999 by Dr. Christopher C. Rosenbek and colleagues at the University of Florida. It was designed to provide a standardized, reliable method for rating the severity of airway invasion during swallowing, as observed via videofluoroscopic swallow studies (VFSS) or fiberoptic endoscopic evaluation of swallowing (FEES). Prior to its development, clinicians relied on subjective descriptions, leading to inconsistencies in reporting and research.

The PAS was intended to serve as a semi-quantitative scale that could be easily used in clinical and research settings, facilitating communication and comparison across studies and practitioners.

Purpose and Significance

The primary purpose of the PAS is to:

- Quantify the degree of airway invasion during swallowing.
- Correlate findings with clinical outcomes such as pneumonia risk.
- Guide interventions and monitor progress.
- Standardize reporting in research, enabling meta-analyses and evidence synthesis.

Its widespread adoption underscores its utility in both clinical and academic contexts, making understanding of its structure and application essential for

diverse stakeholders.

The Structure of the Penetration Aspiration Scale

Scale Description

The PAS is an 8-point ordinal scale, with each score representing a specific degree of airway invasion, from no entry of material to silent aspiration. The scale ranges as follows:

1. Score 1: Material does not enter the airway (normal swallow).
2. Score 2: Material enters the larynx, remains above the vocal cords, and is ejected from the airway.
3. Score 3: Material enters the airway, remains above vocal cords, and is not ejected.
4. Score 4: Material contacts the vocal cords, is ejected.
5. Score 5: Material contacts the vocal cords, is not ejected.
6. Score 6: Material passes below the vocal cords, ejected.
7. Score 7: Material passes below the vocal cords, not ejected.
8. Score 8: Silent aspiration—material passes below the vocal cords, with no attempt to eject.

This gradation allows clinicians to distinguish between safe swallows, penetration (material entering the laryngeal vestibule), and aspiration (material passing below the vocal cords), as well as the body's response (ejection or silent).

Visual Representation and Scoring

Typically, the PAS is presented with illustrative images or video examples to aid interpretation. The scale's simplicity lends itself to quick application, but accurate scoring requires training and experience.

Accessing the Penetration Aspiration Scale PDF

Availability and Formats

The PAS is widely disseminated in academic publications, clinical guidelines, and educational resources. Its core materials are often available in PDF format, which offers several advantages:

- Portable and easily shareable.
- Retains formatting and visual illustrations.
- Suitable for printing and offline review.

Common sources include:

- Academic journal supplementary materials.
- University course handouts.
- Professional organizations' resource repositories.
- Clinical guidelines and protocols.

Some of these PDFs contain detailed descriptions, scoring algorithms, illustrative videos, and case examples to enhance understanding.

Prominent Resources and How to Find Them

To access authoritative and comprehensive PAS PDFs, consider the following strategies:

- Academic Search Engines: Use PubMed, Google Scholar, or ScienceDirect with keywords like "Penetration Aspiration Scale PDF" or "PAS swallow assessment PDF."
- Institutional Websites: Many university speech-language pathology or medical school websites host downloadable resources.
- Professional Societies: Organizations such as the American Speech-Language-Hearing Association (ASHA) or the Dysphagia Research Society often provide free or member-only PDFs.
- Direct from Original Authors: Some publications include supplementary PDFs attached to the article or available upon request.

Application of the Penetration Aspiration Scale in Clinical Practice

Assessment Procedures

Using the PAS involves the following steps:

1. Conducting VFSS or FEES: Visualize the swallow with contrast agents or endoscopy.
2. Observation and Recording: Carefully document episodes of penetration or aspiration.
3. Scoring: Assign PAS scores based on observed airway invasion characteristics as per the scale.
4. Documentation: Record scores systematically, often in the patient's chart or research database.

Interpretation and Clinical Implications

Scores provide insight into swallowing safety:

- Scores 1-2: Generally considered safe, minimal risk.
- Scores 3-5: Increased risk; penetration occurs, but clearance may be effective.
- Scores 6-8: High risk of aspiration; silent aspiration poses particular concern.

Management decisions, such as diet modifications, swallowing therapy, or alternative feeding strategies, are often guided by PAS findings.

Limitations and Considerations

While valuable, the PAS has limitations:

- Subjectivity: Scoring can vary between raters; training improves reliability.
- Temporal Factors: Scores capture a moment in time; repeated assessments may be necessary.
- Silent Aspiration: Particularly challenging; requires careful interpretation.

Research and Validation of the PAS

Reliability and Validity

Multiple studies have evaluated the inter-rater and intra-rater reliability of PAS, generally reporting moderate to high agreement when raters are trained. Its validity is supported by correlations with clinical outcomes, such as pneumonia incidence.

Use in Research

The PAS is frequently employed in clinical trials, observational studies, and meta-analyses exploring dysphagia interventions, neurogenic disorders, and treatment efficacy.

Comparisons with Other Scales

While the PAS is widely used, alternative scales exist, such as the Yale Swallow Protocol or the Dynamic Imaging Grade of Swallowing Toxicity (DIGEST). Nonetheless, the PAS remains a standard due to its simplicity and clinical relevance.

Creating and Using the PDF Resources Effectively

Best Practices for Clinicians and Researchers

- Download authoritative PDFs: Select resources from reputable sources for accuracy.
- Use visual aids: Many PDFs include images or videos that enhance understanding.
- Train for consistency: Engage in calibration exercises to improve scoring reliability.
- Integrate with clinical protocols: Use PDFs as adjuncts to standardized assessment procedures.
- Update regularly: Ensure access to the latest versions or guidelines to stay current.

Limitations of PDF Resources

While PDFs are convenient, they may have drawbacks:

- Static content may become outdated.
- Variability in quality and depth.
- Lack of interactive features compared to digital tools.

Future Directions and Innovations

The landscape of dysphagia assessment continues to evolve with technological advancements:

- Digital platforms: Interactive PDFs with embedded videos or quizzes.
- Automated scoring: Integration of machine learning for real-time PAS assessment.
- Mobile applications: Apps replicating the PAS with added functionalities.
- Standardization efforts: International collaborations to harmonize scoring and reporting.

These innovations aim to improve accuracy, reliability, and accessibility of the Penetration Aspiration Scale.

Conclusion

The Penetration Aspiration Scale PDF encapsulates a vital component of swallowing assessment, bridging clinical practice and research. Its structured framework facilitates consistent documentation of airway invasion severity, guiding effective management and fostering scientific inquiry. Accessing and utilizing high-quality PDFs enhances understanding, training, and implementation, ultimately contributing to improved patient outcomes.

As dysphagia management advances, ongoing refinement of the PAS and its supporting resources, including PDFs, will be essential. Whether you are a clinician seeking quick reference, a researcher conducting a study, or a student learning the fundamentals, mastering the use of the PAS and its resources is an invaluable step toward excellence in swallowing assessment.

References and Resources

- Rosenbek JC, Robbins J, Roecker EB, Coyle JL, Wood J. A penetration-aspiration scale. *Dysphagia*. 1999;14(4):243-248.
- American Speech-Language-Hearing Association (ASHA). Dysphagia Assessment Resources. [Link]
- Dysphagia Research Society. Clinical Guidelines and PDFs. [Link]
- Example PAS PDF: Penetration-Aspiration Scale Guide. Available via academic repositories or institutional websites.

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Penetration Aspiration Scale Pdf

penetration aspiration scale pdf: *Adult Dysphagia Clinical Reasoning and Decision-Making Guide* Yvette M. McCoy, Ed M. Bice, 2024-05-07 *Adult Dysphagia Clinical Reasoning and Decision-Making Guide* is the ideal resource for assessing and treating swallowing disorders. Readily accessible for day-to-day evaluation, this one-of-a-kind text gives clinicians quick access to key clinical information to help them think critically and provide actionable solutions for their patients. With a focus on the clinical process and implementing sound, clinical reasoning skills to inform decision-making, this resource aids speech-language pathologists in developing situation-based assessment and treatment plans. Concise and easy to use, this professional guide can be leveraged as a practical tool by clinicians to facilitate positive, actionable patient outcomes for treating dysphagia in adults. Utilizing case studies with clinically relevant charts, diagrams, and flow sheets, this text helps speech-language pathologists develop a clinical process that involves critical thinking. With essential, evidence-based material for swallowing assessment and treatment, as well as alternate treatment solutions to implement in their clinical caseload, clinicians will acquire informed clinical reasoning and decision-making skills. Key Features: * Case studies * Simple diagrams to describe complex, abstract concepts * Features "Deeper Dive" opportunities to go beyond the essential material * Inclusion of clinical notes and boxed focal points for practical application Please note: Ancillary material such as interactive clinical cases are not included as in the print version of this work.

penetration aspiration scale pdf: Dysphagia Evaluation and Treatment Eiichi Saitoh, Kannit Pongpipatpaiboon, Yoko Inamoto, Hitoshi Kagaya, 2017-11-13 This book presents a comprehensive approach to treating dysphagia that has been successfully applied in actual rehabilitation settings. Its main purposes are firstly to equip readers with a strong conceptual understanding of swallowing evaluation and treatment, secondly to provide guidance on the procedure of practical comprehensive dysphagia rehabilitation in real-world settings, and thirdly to update readers on the latest diagnostic and treatment technologies. To do so, it employs the concept of swallowing rehabilitation pioneered at Fujita Health University Rehabilitation. The book is divided into 4 major sections, the first of which introduces readers to the general aspects and the principle of deglutition. In turn, Part II offers clinical approaches to both non-instrumental and instrumental evaluation of swallowing. Part III addresses treatment options in swallowing rehabilitation, especially exercises based on motor learning. Lastly, Part IV highlights three clinical cases demonstrating clinical approaches in dysphagic patients. Readers will find this text useful both as an initial guide and a reference work for assisting clinicians, allowing them to further expand swallowing assessment and treatment, and facilitating the development of swallowing rehabilitation in real-world settings in education and rehabilitation.

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combined with practical applications to improve the diagnosis and treatments of OD as a geriatric syndrome. This is the perfect reference for translational researchers, physicians and healthcare professionals dealing with OD. - Presents full coverage of swallowing impairments in the older population and oropharyngeal dysphagia as a newly defined geriatric syndrome - Explores the latest innovations and research in the field for pathophysiology, diagnosis, ethics, treatment and potential complications - Expertly written chapters by international leading experts in the fields of dysphagia and geriatric medicine are included

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penetration aspiration scale pdf: Oxford Textbook of Neurorehabilitation Volker Dietz, Nick S. Ward, 2020-05-28 Neurorehabilitation is an expanding field with an increasing clinical impact due to an ageing population. During the last 20 years, neurorehabilitation has developed from a discipline with little scientific background, separated from other medical centers, to a medical entity largely based on the principles of 'evidenced based medicine' with strong ties to basic research and clinical neurology. Today neurorehabilitation is still a work in progress and treatment standards are not yet established for all aspects of the field. There are very few books that address contemporary neurorehabilitation from this perspective. This new edition of the Oxford Textbook of Neurorehabilitation provides an understanding of the theoretical underpinnings of the subject as well as a clear perspective on how (and why) to approach treatment decisions on an individualized basis. The book has been thoroughly updated to reflect novel important developments in the field and includes new chapters on vocational rehabilitation, self-management strategies in neurorehabilitation, and music supported therapy in neurorehabilitation. This indispensable book

will be of great interest to rehabilitation physicians, neurologists, and allied health care professionals who look after patients requiring neurorehabilitation.

penetration aspiration scale pdf: Tracheostomy and Ventilator Dependence in Adults and Children Roxann Diez Gross, Kristin A. King, 2023-04-27 The first of its kind, *Tracheostomy and Ventilator Dependence in Adults and Children: Learning Through Case Studies* provides clinicians, educators, and students in the fields of speech pathology, otolaryngology, nursing, and respiratory care with detailed descriptions of real-world interventions and treatment strategies. A wide variety of tracheostomy and ventilator dependency cases are presented, including congenital, acquired, and progressive illnesses; surgical cases; and COVID-19 pandemic case studies. The case studies also address both pediatrics and adults in many settings, such as outpatient, inpatient acute care and rehabilitation, ICU, and home care. Written in an engaging tone that focuses on the humans behind the diagnoses, the case studies offer a holistic approach that integrates what is known about physiology and treatment methods into the context of actual patients and their lives. Heterogeneous, ever-changing, and highly complex, this patient population requires skillful and innovative approaches across disciplines. Readers may use this inspiring and educational text as a resource, selecting a case that is similar to one they are facing or may face in the future, which may ultimately help them navigate speech, phonation, vent weaning, and swallowing objectives for their own patients. Each case has a title indicating the primary diagnosis so that readers may easily choose cases that are relevant to their clinical practice or educational objectives. Sourced from speech pathologists, respiratory therapists, nurses, and physicians from around the world, the well-rounded clinical perspectives in these challenging and thought-provoking case studies will facilitate learning and enhance the knowledge of health care professionals, thus helping to improve the care and outcomes of pediatric and adult patients with tracheostomy or ventilator dependence. The book may also be used to supplement academic coursework for health care professionals in fields such as medical speech-language pathology by providing real-world examples of patient care for problem-based learning. Key Features: * Full-color clinical photographs featuring patients and interventions * Background information related to the specific issue and physiologic underpinnings * Case history of the patient, including the environment where treated * The problem to be solved or goal to be achieved * The decisions that led to the plan, treatment, or intervention * The logic, physiologic basis, or research behind the treatment/intervention strategies * Peer-reviewed references

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penetration aspiration scale pdf: Pediatric Dysphagia Julina Ongkasuwan, Eric H. Chiou, 2018-10-03 Pediatric dysphagia is a clinical problem that crosses disciplines. Children may be seen by numerous medical specialties including pediatric otolaryngology, gastroenterology, pulmonology, speech pathology, occupational therapy, and lactation consultants. The myriad approaches to the diagnosis and management of dysphagia is confusing for both clinicians and families; resulting in recurrent trips to medical professionals. Feeding is integral to socialization and to bonding between infants and parents. Disruptions in feeding development can be extremely taxing emotionally and

economically for families. Children with dysphagia are some of the most challenging patients even for clinicians who specialize in their care. This text provides the reader with a comprehensive understanding of swallowing and presents a practical, evidence-based approach to the diagnosis and management of swallowing difficulties in children. It also highlights particular clinical challenges and controversies in the management of pediatric dysphagia. It is unique in that it incorporates the perspectives of multiple types of clinicians that care for these patients including otolaryngologists, gastroenterologists, pulmonologists, speech pathologists, occupational therapists and lactation consultants. In doing so, this text will encourage cross-specialty pollination of ideas and knowledge as well as stimulate further research in the field. Part 1 of the text begins with an overview of the anatomy and physiology of swallowing with a focus on normal development as we currently understand it. It also discusses new information regarding reflexive interactions between the larynx and esophagus that potentially influence swallowing. It then moves on to a discussion of the advantages and limitations of currently available diagnostic modalities and highlights current controversies regarding frame rate, radiation exposure, breastfeeding infants, and grading of studies. Additionally, it reviews the current literature regarding medical and behavioral-based therapy options, including thickening options, oromotor therapy, and controversies concerning strict NPO. Part 2 addresses specific diagnoses which can cause or be associated with dysphagia such as prematurity, velopharyngeal insufficiency, ankyloglossia, laryngeal clefts, laryngomalacia, vocal fold paralysis, and cricopharyngeal dysfunction. The text goes on to explore the pathophysiology and treatment options for each. Anatomic, inflammatory, and neuromuscular esophageal causes of dysphagia are also evaluated. In addition, it delves into the impact of craniofacial anomalies, sialorrhea and psychological factors on swallowing. Finally, it discusses how a multidisciplinary aerodigestive team can help streamline multidisciplinary care for individual patients. It will incorporate information pertinent to the different roles, tools and views of a multidisciplinary dysphagia team, including how pediatric otolaryngologists, gastroenterologists, pulmonologists, speech language pathologists, occupational therapists, and dietitians can collaborate to provide optimal evaluation and care of these often challenging patients, especially for those who are at high-risk of complications related to aspiration.

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