Dysphagia is “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.”

Dysphagia affects quality of life in at-risk pediatric populations, rehabilitation populations, and the well elderly. Swallowing is an essential activity of daily living: the inability to swallow negatively affects nutrition, overall health, and quality of life. Dysphagia is within the scope of occupational therapy practice as supported by educational curriculum and a history of application in practice.

**Occupational therapists and occupational therapy assistants provide skilled care to clients of all ages with dysphagia.**

Working individually and/or as members of a collaborative team, occupational therapy practitioners provide dysphagia interventions in a variety of areas, including hospitals, rehabilitation centers, outpatient clinics, long-term-care facilities, schools, and in the home or community settings. Both occupational therapists and occupational therapy assistants can provide comprehensive rehabilitative, habilitative, and palliative care to clients with a variety of dysphagia diagnoses through the life course. Occupational therapists provide screening and in-depth clinical assessment. As part of this process, they may assist with instrumental dysphagia assessments including videofluoroscopy (the modified barium swallow). Occupational therapists work together with clients and caregivers to determine mutual goals and optimal outcomes for swallowing skills. They provide focused interventions addressing a range of swallowing components.

These interventions include collaboration with clients to provide:

- Individualized compensatory swallowing strategies.
- Modified diet textures to ensure safe swallowing and eliminate or minimize the risk of aspiration.
- Adapted mealtime environments including visual presentation of the meal to encourage eating, and creation of a setting that encourages attention to the meal.
- Enhanced feeding skills including strategies to create feeding independence and provision of appropriate adapted utensils.
- Preparatory exercises prior to a meal to facilitate the oral and pharyngeal motions required for eating.
- Positioning of the body to facilitate optimal digestion and arm use for independent and safe eating.
- Reinforcement of strategies for clients to enhance and improve swallowing safety to prevent aspiration, including adapted swallowing techniques.
- Training for caregivers in individualized feeding and swallowing strategies to enhance eating and feeding performance.
In addition, occupational therapy practitioners offer input to other dysphagia team members regarding client performance at mealtime and goal accomplishment. Occupational therapy practitioners use environmental and behavioral strategies to optimize swallowing performance and provide culturally sensitive interventions to clients with dysphagia.

The American Occupational Therapy Association defines occupational therapy's role in dysphagia care through its documents, including *Specialized Knowledge and Skills in Feeding, Eating, and Swallowing for Occupational Therapy Practice,*¹ which delineates entry and advanced competencies in this practice area for both occupational therapists and occupational therapy assistants. In addition, AOTA provides resources and advances competency in practice through a variety of continuing education products. AOTA also offers occupational therapy practitioners specialty certification in feeding, eating, and swallowing. Occupational therapy practitioners play an important role in addressing dysphagia needs throughout the life course.

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**References**


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