**Multidisciplinary Voice, Swallow & Airway Conference 2009**

**PRE-CONFERENCE**

Thursday, April 23, 2009

The use of FEES and Videostroboscopy for evaluating and treating voice and swallow disorders. A comprehensive Hands-on Workshop

Cathleen Bergin, Ed.D. CCC-SLP  
Rebecca L. Gould, MSC, CCC-SLP, BRS-S  
Rosemary Ostrowski, MM, MS, CCC-SLP

This “beyond the basics” 6 hour-workshop is designed as a collaborative discussion with participants who have had basic courses and/or who are using Fiberoptic Endoscopic Evaluation of Swallowing (FEES)/Videostroboscopy in their practice. Each participant is asked to bring a case study to share for group discussion.

10:30 – 11:00 Registration  
11:00 – 12:00 Summary overview; anatomy and physiology of larynx from endoscopy perspective; history of endoscopy, stroboscopy and rationale  
ASHA Position Statement  
Clinical decision–making (*)  
Normal FEES Exam, videostroboscopy and demonstration with description of equipment  
12:00 – 2:00 Hands-on/ Work and watch. Box lunch provided  
Choice to do hands-on with practice models, or equipment from vendors. Participants may choose to devote “hands on time learning” to both procedures or they may primarily focus on one.  
12:00 – 2:00 Concurrent Voice Treatment Lab. Don’t Judge a Voice by its “Cover”  
Rosemary Ostrowski, MM, MS, CCC-SLP  
Voice therapies to enhance healing/rehabilitation  
- Alexander technique  
- Acupuncture  
- Massage  
2:00 – 2:30 Break  
2:30 – 4:30 Concurrent Voice Treatment Lab. Don’t Judge a Voice by its “Cover” (Repeat)  
4:30 – 5:30 Panel: Q & A, difficult cases, protocols/rating and creating business plan – Bergin, Gould, Ostrowski

(*) Topics to be covered during lecture  
- Scoring abnormal findings  
- Interpreting abnormal findings  
- Use of therapeutic interventions during FEES/Strobe exam
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- Equipment handling rigid and flexible endoscopes
- Indications for FEES vs. fluoroscopy
- Using FEES/Strobe as biofeedback
- Risk associated with endoscopy
- Implementation of FEES/Strobe in different settings

Following this conference, participants will be able to:
- Demonstrate specialized knowledge by performing and interpreting endoscopic swallowing and voice evaluations;
- Demonstrate effective equipment use and how to configure it for one’s own setting for maximum use and savings;
- Demonstrate report-writing skills to better communicate results;
- Demonstrate ability to create business plan, billing and marketing for both procedures;
- Effectively use of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) as an effective evaluation tool and explain and interpret how it correlates with Videofluoroscopic Evaluation of Swallowing;
- Identify and express demographic and risk factors for voice and swallowing disorders;
- Create a business plan for effective partnership with physicians and other allied health professionals and how to engender working relationships with colleagues in one’s community.
- List at least three holistic approaches to treatment of voice after workshop.
- Direct experience “hands on” with using flexible and rigid scopes for evaluating voice and swallowing disorders.
- Increase differential diagnostic evaluation of hypopharynx through knowing which scope and which procedures to select when evaluating voice and swallow disorders.

Friday, April 24, 2009

Anatomy and Physiology of Cough and How Does This Relate to Clinical Practice?

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:45 – 8:15</td>
<td>Registration</td>
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<tr>
<td>8:15 – 9:15</td>
<td>Anatomy &amp; Physiology of Cough Reflexes – Stephens</td>
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<td>9:15 – 10:15</td>
<td>Involuntary Cough Measurement – Addington</td>
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<td>10:15 – 10:30</td>
<td>Break</td>
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<td>10:30 – 11:30</td>
<td>Central and Peripheral Mechanisms of Strength Training – Davenport</td>
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<td>11:30 – 12:30</td>
<td>Functional Patient Related Outcomes via Strength Training – Sapienza</td>
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<td>12:30 – 1:30</td>
<td>Challenging Case Studies: Applying research to practice breathing, cough, swallow and speech – Addington, Stephens, Davenport, Sapienza</td>
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Following this conference, participants will be able to:

- Demonstrate knowledge of the neurology of airway protection.
- List the concepts and mechanisms associated with strength training.
- Learn the functional outcomes associated with expiratory muscle strength training.
- Implement the intervention protocol of expiratory muscle strength training.
- Provide a foundation for understanding the respiratory mechanical effects of expiratory pressure threshold loading.
- Provide a basis for the respiratory muscle metabolic response to expiratory pressure threshold loads.
- Develop an understanding of the relationship between strength training and expiratory muscle force generation capacity.
- Provide a foundation for brain responses to expiratory pressure threshold strength training.

CONFERENCE

Friday afternoon, April 24, 2009

Hot Topics

1:30 – 2:00  Registration
2:00 – 2:30  How achieve success with voice prosthesis patients – Bergin
2:30 – 3:00  Supracricoid Partial Laryngectomy – Ruiz
3:00 – 3:15  Break
3:15 – 4:15  Home Enteral Nutrition (HEN) – Selby
4:15 – 5:15  Histology and the impact of radiation – Hann
4:45 – 5:15  EMG Biofeedback and alternative therapies – Gould
5:15 – 6:00  Challenging cases and Q/A – Panel. Bergin, Gould, Hann, Ruiz, Selby

GALA

Following this conference, participants will be able to:

- Understand the benefit of an integrated, multidisciplinary team approach to the rehabilitation of swallowing and nutrition management.
- Discuss the factors that hinder patients from returning to oral feeding.
- Describe the possible psychological impact of being NPO.
- Understand the role of surface EMG biofeedback in increasing swallow strength and function.
- Identify the anatomical changes following a Supracricoid Laryngectomy Partial Laryngectomy (SCPL) and to explain surgical procedures to improve swallow skills post SCPL.
- Describe benefits of using FEES and MBS when assessing SCPL in order to identify speech and swallowing issues for treatment intervention.
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- The learner will be able to make appropriate recommendations to improve swallowing skills of patients s/p SCPL.
- Resolve voice prosthesis problems related to prosthesis placement, measurement, and failure with accuracy and success.
- Address specific anatomy concerns and resolve peristomal and stomal problems for voicing and device management.
- “Trouble shoot” voice prosthesis problems and follow a management hierarchy guide to resolve the problem area.

Saturday, April 25, 2009
Care of the Professional Voice User
7:30 – 8:00 Registration
8:00 – 9:00 Voice evaluation SLP perspective – Ostrowski
9:00 – 10:00 Medical and surgical perspective – Woo
10:00 – 10:15 Break
10:15 – 11:00 Trends in vocal habilitation – Ostrowski
11:00 – 11:45 Transnasal office procedures – Woo
11:45 – 12:30 Challenging cases and Q/A – Medical, surgical, behavioral and/or combination treatment – Agresti, Ostrowski, Woo

Following this conference, participants will be able to:
- List major perspectives related to preoperative issues in the case of the professional singer
- Have an appreciation of phonosurgical principles and techniques that will return a singer to voice use in the shortest possible time
- Know and list the value of postoperative care in determination of when to return to full singing
- Know how to select and manage patients for office pulsed dye laser treatment of vocal fold polyp, scar, and papilloma.
- Know how to select patients and perform office based injection laryngoplasty
- Appreciate the multidisciplinary role in managing difficult voice cases
- Know the common mistakes made in the diagnosis of voice disorders

12:30 – 1:30 Lunch (on your own)

Saturday afternoon, April 25, 2009
Dysphagia Rehabilitation
1:00 – 1:30 Registration
1:30 – 2:30 Diagnosis and management of esophageal dysphagia – Shaker
2:30 – 3:00 Efficacy and safety of electrical stimulation – is the jury still out? – Biber
3:00 – 4:00 Long term impact of chronic aspiration on lungs – Harding
3:45 – 4:00 Break
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4:00 – 4:30  Impact of aging, disease and trauma. How to differentiate impact
of disease and/or trauma on swallow function – Murray

4:30 – 5:00  Swallowing rehabilitation: What is the evidence for current
therapeutic strategies and how do you know what strategy to
choose for given complaint/disorder – Murray

5:00 – 5:45  Challenging cases – Surgical, medical and behavioral
interventions. Biber, Harding, Gould, Shaker, Murray

Following this conference, participants will be able to:
• Explain efficacy and safety of electrical stimulation.
• Explain the role of biofeedback as an evidence based therapeutic strategy.
• Understand the fundamental principles and benefits of NMES
• Learn about the historical and current research in NMES for dysphagia treatment.
• Differentiate signs/symptoms of swallowing changes related to normal aging vs.
disease process.
• Create rationale to support their protocol regarding frequency and intensity of
treatment for voice, swallowing and airway disorders.
• Learn and demonstrate how to choose best strategies to rehabilitate various
swallowing disorders.

NOTE: Concurrent “Hands-on” workshops. Each participant will have an opportunity
to schedule time to obtain “Hands-on” experience with videostroboscopy and FEES.
Sign up sheets will be available at the registration table.

Sunday, April 26, 2009

Airway

8:00 – 8:30  Registration
8:30 – 9:00  Differential diagnosis of the chronic cough – Stein
9:00 – 10:00 LPR; ENT perspective. What I wish my colleagues would know – Woo
10:00 – 11:00 LPR; pulmonary perspective. What I wish my colleagues would
know – Harding
11:00 – 11:15  Break
11:15 – 12:15 LPR: gastroenterology perspective. What I wish my colleagues
would know – Shaker
12:15 – 1:00  Asthma and LPR/Sleep apnea – Harding
1:00 – 1:45  Challenging patients: Surgical, medical, behavioral or combined
treatment – Harding, Shaker, Stein, and Woo
1:45 pm     Wrap up

Following this conference, participants will be able to:
• Understand the organized anatomic and functional approach to chronic cough and the
importance of each of the swallowing: Chest Xray, anatomy (nose, throat, sinuses,
larynx, lungs, esophagus, brain), medications which may contribute (ACE inhibitors,
beta-blockers). The three leading causes of cough: post-nasal drip, asthma and GERD. Other causes within reach of laryngoscope. A multidisciplinary approach.

- Provide state of the art applicable research updates regarding evidence based consensus, for evaluation and treatment of airway disorders for practicing clinicians.
- Identify the roles of the speech-language pathologist, otolaryngologist, pulmonologist and gastroenterologist in LPR management.
- Evaluate symptoms and videolaryngoscopic findings common in reflux in patients with obstructive sleep apnea (OSA) and to determine the relationship between laryngeal inflammation and OSA severity.
- Investigate vocal impairment and laryngeal findings in symptomatic patients to determine the prevalence of reflux based on subjective and objective signs of reflux.