

**DYNAMIC MEDICAL SOLUTIONS - Radiologic Dysphagia Assessment
Final Report**

Name _____ Date _____

DOB _____ Age _____ Sex M / F Facility _____

Attending Physician _____

History _____ Chief Complaint Dysphagia, Feeding Difficulties & Mismanagement

Primary Diagnosis _____

Cervical Spine _____

Soft Tissues Neck _____ Dry Swallow: Satisfactory Not Accomplished

Vital Signs: BP _____ P _____ R _____ Temp _____ No Epiglottic Inversion Appreciated.

LATERAL STUDY RESULTS

Consistencies				Oral Delay	Pre Spill	Delayed Swallow	Vallecula	Pyriiform Sinuses	Soft Tissue Image/Comments
Puree	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Nectar	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Thin	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Mech. Soft	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Regular	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Honey	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	
Other	Chin Tuck	Head Turn	Straw	M MO S	M MO S	M MO S	M MO S	M MO S	

Consistency

Response

Laryngeal Penetration: _____

Tracheal Aspiration: _____

A-P STUDY RESULTS

Consistencies Strategy	Oral Delay	Pre Spill	Delayed Swallow	Vallecula	Pyriiform Sinuses	Soft Tissue Image/Comments
	M MO S	M MO S	M MO S	M MO S	M MO S	
	M MO S	M MO S	M MO S	M MO S	M MO S	
	M MO S	M MO S	M MO S	M MO S	M MO S	

Thoracic Esophagus: Did Not Test, WFL, Stasis, Reverse Peristalsis, Decreased Motility, Delayed Emptying, Tertiary Contractions, Hiatus Hernia—with Stasis, Zenker's Diverticulum with stasis, Reflux in Pyriformises, Narrowing.

Complex Speech Evaluation: Good; Fair – approximation of vocal cords is ••decreased ••intermittent; Poor

Impressions

1. Oral Dysphagia: WFL Mild Moderate Severe
2. Pharyngeal Dysphagia: WFL Mild Moderate Severe
3. Laryngeal Function/Integrity: WFL Good Fair Poor
4. Esophageal Dysphagia: WFL Mild Moderate Severe DNT
5. Cervical spine motion assessed for adequacy of movement in compensatory strategies: N/A Flexion Extension Rotation R/L
Adequate _____ Inadequate _____ N/A _____
6. Order Sheet to Chart

Radiologist Signature _____