

Occupational Therapists' Role in Feeding, Eating and Swallowing

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Position

The Alberta College of Occupational Therapists regulates the practice of occupational therapy in the province of Alberta and acknowledges the clinical skills and knowledge that occupational therapists possess with relation to feeding, eating and swallowing. The Alberta College of Occupational Therapists sanctions the role of occupational therapists in feeding, eating and swallowing practice.

Introduction

Every person must eat every day in order to sustain life. Therefore, feeding, eating and swallowing are essential activities of daily living. Problems with any aspect of feeding, eating and/or swallowing (e.g. with or without dysphagia) can be severely detrimental to the health and quality of life of an individual. Inadequate nutrition, compromised respiratory status, social isolation, loss of self esteem, and anxiety are some of the outcomes associated with problems of feeding, eating and swallowing (Ekgurg et al, 2002). Occupational therapists have demonstrated long-standing expertise in management of the full range of activities of daily living, including feeding, eating and swallowing. Occupational therapists, in roles ranging from sole-practitioners to members of transdisciplinary teams, have the knowledge and skills necessary for the comprehensive and effective management of feeding, eating and swallowing.

In Alberta, approximately 2/3 of all occupational therapists registered to practice in 2008 indicate that feeding, eating and swallowing are a component of their practice. Of those occupational therapists, 75% practice within an interdisciplinary team, 92% screen for feeding, eating and swallowing functions, 93% assess feeding and eating functions, 68% assess swallowing functions and 18% perform instrumental assessments (ACOT, 2008).

Definitions

Feeding is the term used to describe “the process of setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding” (AOTA, 2006a).

Eating is defined as “the ability to keep and manipulate food or fluid in the mouth and swallow it; eating and swallowing are often used interchangeably” (AOTA, 2006a).

Swallowing involves a complicated act in which food, fluid, medication, or saliva is moved from the mouth through the pharynx and esophagus into the stomach (AOTA, 2006a).

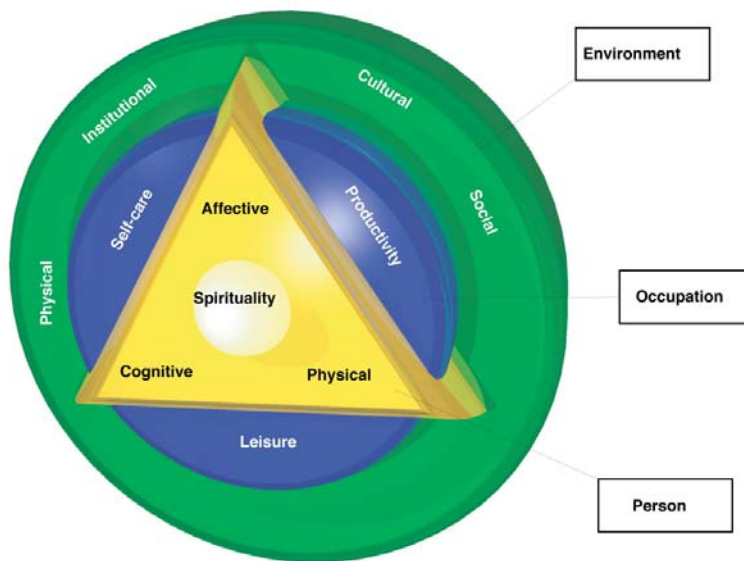
Dysphagia refers to any difficulties which may occur in the oral, pharyngeal or esophageal stage of the swallow, including any difficulty in the passage of food, liquid or medicine during any stage of swallowing that impairs the client’s ability to swallow independently or safely (AOTA, 2007).

Background

Occupational Therapy practice has a long history dating back to World War I with assessment and treatment of veterans with specific focus on promoting recovery of occupations and re-integration post-injury (Dunton, 1919; Trent, 1919; Driver, 1968). Occupation has been defined as “a set of meaningful activities performed with some consistency” (Polatajko et al., 2004) and includes the activities of feeding, eating and swallowing (Reilly, 1962). Occupational therapy has played an integral part in feeding, eating and swallowing for many years, referenced in journals from the 1960s, 1970s and 1980s, (Holser-Beuler, 1966; Silverman & Elfant, 1979; Mody & Nagai, 1989; AOTA, 1979) and as part of Occupational Therapy text books and education since 1963 (Kohlmeyer, 2003).

Engagement in meaningful activities is central to the attainment and maintenance of health. The Canadian Model of Occupational Performance (Figure 1), a client/family-centred practice model utilized by Canadian occupational therapists honours the importance of engagement in purposeful activities to all persons (CAOT, 1997).

Figure 1: Canadian Model of Occupational Performance



Spirituality - clients’ unique self, motivation and drive to eat; values and beliefs

Person - thinking, feeling and doing as it relates to appetite and eating

Occupation - activities related to feeding, eating and swallowing such as meal preparation and family meal time

Environment - the clients’ contexts

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Occupational therapists promote quality of life, independence, autonomy, safety and balanced risk for persons from birth to end of life, from diverse cultural contexts and across the full spectrum of health concerns, including feeding, eating and/or swallowing issues.

Occupational therapists are trained professionals who provide an essential service to clients with problems in feeding, eating and swallowing. In Alberta, occupational therapy's scope of practice includes management of feeding, eating and swallowing and is compliant with all regulations of the provincial Health Professions Act. With respect to feeding, eating and swallowing, occupational therapy university education includes anatomy and physiology, evaluation and intervention strategies and introductions to instrumental evaluations. Upon graduation, occupational therapists possess entry-level competency to provide service in many aspects of feeding, eating and swallowing, for example: assessment of safety and modification of foods/liquids, application of adaptive feeding utensils, optimal positioning, trunk control, environmental modification, and oral sensory-motor exam. As part of targeted continuing competency activities, occupational therapists can develop advanced expertise in feeding, eating and swallowing, for example: Video Fluoroscopic Swallowing Studies (VFSS), specific sensory processing therapies, and Fiberoptic Endoscopic Evaluation of the Swallow (FEES). These advanced competencies are achieved through education, mentorship and supervision and are regulated by the Alberta College of Occupational Therapists under the authority of the Health Professions Act.

Occupational tasks of eating are strongly influenced by psychosocial, cultural, and environmental factors, and are an integral part of an occupational therapist's eating, feeding and swallowing assessment. Occupational therapists use numerous approaches to assess clients' eating, feeding and swallowing (interviews, questionnaires, bedside swallow assessments, standardized assessments, instrumental screens and assessments (e.g. VFSS, FEES)). The screening and assessment data is then used by the occupational therapist and the client/family to develop personalized goals and treatment plans. Treatment plans reflect the clients' personal needs and preferences, signs and symptoms, risk factors, motor skills, sensory skills, ingestive skills, behaviours, intake, the phases and safety of swallowing, and the overall functioning of an individual. Occupational therapy treatment is responsive to the functional needs of the client based on the body structure and function, the activity, and ability to participate in key roles.

Examples of treatment interventions include:

- Modify foods/liquids to increase swallow safety, nutrition/hydration and independence of oral eating
- Train client/caregiver in methods of compensation
- Provide treatment strategies to strengthen musculature and to reduce effects of abnormal muscle tone and sensory responsiveness
- Counsel to facilitate positive parent/child and/or caregiver/client interactions
- Modify environment to promote safety, independence and function

Occupational therapists provide services in feeding, eating and swallowing in collaboration, at a minimum, with their client/family and may include many members of the clinical team. Occupational therapists acknowledge and respect the expertise of all clinical team members and seek at all times to participate in collaborative clinical relationships. Through supervision of assistant staff on the clinical

team (e.g.: therapy assistants; personal care attendants), occupational therapists ensure that delegated activities are appropriate and that assistant staff are able to fulfill the assigned responsibilities.

Occupational therapists are employed in various rural and urban settings including hospitals, public and community health centers and programs, schools, and homes and therefore touch every level of care in the greater community.

Summary

Occupational therapists have the knowledge and skills required to take a lead role in **screening** and **assessment of** and **intervention** with clients with feeding, eating and swallowing problems.

Information for Facilities/Organizations Employing Occupational Therapists

Because occupational therapists are capable, qualified, and legally authorized under the Health Professions Act to perform feeding, eating, and swallowing screens, assessments and interventions, they should:

- 1) Be identified as part of feeding, eating and swallowing strategies employed in the clinical setting and as such, be consulted to perform feeding, eating, and swallowing screens, assessment, and management.
- 2) Work within a client-centered, interdisciplinary and collaborative care model that:
 - a) respects and acknowledges occupational therapists' authority to practice in the areas of feeding, eating and swallowing and
 - b) acknowledges the regulatory function of the Alberta College of Occupational Therapists in protecting the public through registration, monitoring of continuing competency and, if required, review and discipline of occupational therapists in Alberta.
- 3) Participate and/or lead research activities related to feeding, eating and swallowing.
- 4) Engage in ongoing competency enhancement activities (for example, accessing critiquing research literature, utilizing mentorship, attending workshops) and encourage employers to support such activities.

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