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ASSESSMENT OF DYSPHAGIA IN THE FIELD OF PHYSICAL MEDICINE AND REHABILITATION

Wanarani A

Department of Medical Rehabilitation, Faculty of Medicine, Universitas Indonesia

Dysphagia is difficulty, or partial inability to swallow as a result of injury to parts of the brain that control the muscles involved in swallowing, or the muscles or nerves that control swallowing. Dysphagia is common following stroke and is associated with the development of pneumonia. Paciaroni et al (2004) reported that 34.7% of 406 patients with stroke present with dysphagia. Five years mortality rates of approximately 20 % have been reported to be related to aspiration pneumonia (Iwamoto et al 2005). Prevalence of neurogenic dysphagia in patients with stroke worldwide is around 22-65%, and Wahyuni (2005) reported that the incidence of neurogenic dysphagia related to stroke at Cipto Mangunkusomo is 23.3%. The incidence of aspiration pneumonia that occurs in stroke is 34 %.

Many dysphagia treatment options are available, the main purpose is to maintain functional oral feeding and prevent aspiration. For re-attaining the function, we need well-established evidence to support the use of any of the available treatments and multidisciplinary approach such as a neurologist, otolaryngologist and physiotherapist. Thorough history taking and careful physical examination and functional swallowing ability are important in the diagnosis and treatment of dysphagia. At Cipto Mangunkusumo Hospital, we established the treatment for dysphagia which includes behavioral interventions, postural intervention, swallowing maneuver, and using TES (Transcutaneous Electrical Stimulator) for nerve and muscle stimulation, modified food consistencies, NMES, home care rehabilitation to increase biosocial function and conduct some research to improve our treatment.

Our latest research about The Effect of Neuromuscular Therapy Electrical Stimulation (NMES) to Functional Swallow Ability in Patient with Stroke, which used experimental study gave a result that NMES therapy may increase the pharyngeal phase of swallowing stroke patients with neurogenic dysphagia, it can be seen in an increase in scores from all test items and examination fees MASA which include increased gag reflex score, elevation of the vellum, reflex cough, cough voluntarily, the sound quality, response of the pharynx, pharyngeal constrictor contraction and adduction plika vocalist. NMES therapy may decrease the incidence of standing secretion, residue and penetration in stroke patients with neurogenic dysphagia.