A Brief Overview...

The McNeill Dysphagia Therapy Program (MDTP) uses the act of swallowing as an exercise incorporating a single swallowing technique (hard swallow) and a specific hierarchy of feeding tasks, which challenge a patient’s swallowing system.

Based on the patient’s performance on these tasks, the clinician can advance, maintain, or regress the patient.
What Makes it Different?

The McNeill Dysphagia Therapy Program differs from more traditional approaches in that it:

1. Follows a systematic exercise-based framework to advance safe oral intake and improve strength and coordination of the swallow mechanism.

2. Has patients start with foods deemed safest for their current level and then has them work up to more difficult consistencies.

3. Done with a therapist in sessions five days a week for three weeks.
Sought to compare the performance of the McNeill Therapy Program with traditional swallowing therapy paired with surface electromyography (sEMG) feedback.

Results:

- Patients treated with the MDTP were 13 times more likely to improve their swallowing ability compared with a matched control.
- The MDPT resulted in high outcomes compared with traditional dysphagia therapy augmented with sEMG biofeedback.
Normalization of Temporal Aspects of Swallowing Physiology After the McNeill Dysphagia Therapy Program

(Lan, Ohkubo, Berretin-Felix, Sia, Carnaby-Mann, & Crary, 2012)

Looked at the timing of physiological swallowing events in patients before and after completing the McNeill Dysphagia Therapy Program and compared their performance to healthy individuals.

- Results:
  - Physiological swallow events are faster after MDTP
    - thin liquids
  - Temporal coordination of swallow components after therapy were nearing the normal timing of healthy adults
Measured the maximum hyoid and laryngeal excursion magnitude and excursion duration (velocity) in patients before and after completing the MDTP.

Results

- Increased hyoid and laryngeal excursion anteriorly and superiorly.
- Increased hyoid excursion duration (pudding and thin).
- Increased hyoid excursion velocity (thin and thick).
- Helps us better understand the actual improvements patients are making given MDTP.
To investigate functional and physiological changes in swallowing performance of adults with chronic dysphagia after an exercise-based dysphagia therapy.

Results:
- Clinical and functional swallowing performances improved significantly and were maintained at a 3-month follow-up examination
- 4 out of 7 subjects who were initially feeding tube dependent progressed to total oral intake after 3 weeks of intervention
Conclusions

It works!

- All four studies showed clinically significant improvement in swallowing after following the MDTP

However...
Conclusions

Conflict of Interest?

Giselle Carnaby-Mann & Michael Crary are listed as authors on every study about the MDTP
References


