Speech & Language Therapy Team

Address

Phone Number

**Private & Confidential**

Date of Report:

**FEES (Fibreoptic Endoscopic Examination of Swallowing) Report**

**Date of assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** |  |  |  |
| **DOB:** |  | **Consultant:** |  |

|  |
| --- |
| **Diagnosis:** |
| **Treatment history:** |
| **Other relevant Medical History:** |

|  |
| --- |
| **Summary:** |

|  |
| --- |
| **Recommendations:** |

**ASSESSMENT INFORMATION**

***A-D Indicate if Within Normal Limits (WNL), Outside Normal Limits (ONL) or Unable to Assess (UTA). Comments in box.***

**A NASOPHARYNX & SOFT PALATE**

|  |  |  |
| --- | --- | --- |
| Anatomy |  |  |
| Symmetry of movement |  |  |
| Speed of movement |  |  |
| Range of movement |  |  |

**B BASE OF TONGUE & OROPHARYNX**

|  |  |  |
| --- | --- | --- |
| Anatomy |  |  |
| Symmetry of movement |  |  |
| Speed of movement |  |  |
| Range of movement |  |  |

**C HYPOPHARYNX & LATERAL PHARYNGEAL WALLS**

|  |  |  |
| --- | --- | --- |
| Anatomy |  |  |
| Symmetry |  |  |
| Speed of movement |  |  |
| Range of movement |  |  |
| Pharyngeal squeeze manoeuvre |  |  |

**D LARYNX AND SUPRAGLOTTIS**

|  |  |  |
| --- | --- | --- |
| Anatomy |  |  |
| Symmetry at rest |  |  |
| Speed of abduction |  |  |
| Range of movement |  |  |
| Symmetry of closure & phonation |  |  |
| Vocal fold lengthening |  |  |
| Vertical laryngeal movement |  |  |
| Epiglottic retroflexion during swallow |  |  |

**E AIRWAY PROTECTION**

*(Murray 1999)*

UTA

Laryngeal closure not achieved   
Transient true fold closure   
Sustained true fold closure   
Transient ventricular fold closure   
Sustained ventricular fold closure

**F SECRETION RATING**

**New Zealand Secretion Scale (adapted from Miles et al. 2017):**

|  |  |  |
| --- | --- | --- |
| **Category** | **Symptom** | **Score** |
| Consistency |  | N/A |
| Location |  |  |
| Amount in Pyriforms |  |  |
| Response |  |  |
| **Total Score** |  | **/7** |

**Was secretion management formally assessed (food dye test)?**

**If yes, indicate SSRS score:**

**SECRETION SEVERITY RATING SCALE** *(Murray 1999)*

O Normal rating: ranges from no visible secretions anywhere in the hypopharynx, to some transient secretions visible in the valleculae and pyriform sinuses. These secretions are not bilateral or deeply pooled.

1 Any secretions evident upon entry or following a dry swallow in the protective structures surrounding the laryngeal vestibule that are bilaterally represented or deeply pooled. This rating would include cases in which there is transition in the accumulation of secretions during observation segment.

2 Any secretions that change from “1”” to a “3” rating during the observation period.

3 Most severe rating. Any secretions seen in the area defined as laryngeal vestibule. Pulmonary secretions are included if they are not cleared by swallowing or coughing by the close of the segment.

**G ORAL TRIALS OF FOOD/FLUIDS**

**PENETRATION – ASPIRATION SCALE (PAS)** *(Rosenbek 1996)*

1. Material does not enter the airway
2. Material enters the airway, remains above the vocal folds and is ejected from the airway
3. Material enters the airway, remains above the vocal folds, and is not ejected from the airway
4. Material enters the airway, contacts the vocal folds, and is ejected from the airway
5. Material enters the airway, contacts the vocal folds, and is not ejected from the airway
6. Material enters the airway, passes below the vocal folds, and is ejected into the larynx or out of the airway
7. Material enters the airway, passes below the vocal folds, and is not ejected from the trachea despite effort
8. Material enters the airway, passes below the vocal folds, and no effort is made to eject

**OVERALL RESIDUE SCORE (ORS)** *(Boston Medical Centre)*

0. Absent or Normal None, coating or trace

1. Mild ¼ valleculae, lateral channels, or pyriforms filled/ beyond coating on BOT, pharyngeal walls

2. Moderate nearly or completely fills valleculae, pyriforms, or lateral channels, or ¼ of several cavities

3. Severe nearly or completely fill 2 or more cavities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Lowest point of pre-swallow spillage** | **Pre-swallow spillage time (secs)** | **ORS** | **Clearing swallows** | **PAS** | **Timing of aspiration** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PHARYNGEAL RESIDUE SEVERITY SCALE (PRSS)** *(Kelly 2006)*

0. None No pharyngeal coating or residue

1. Coating Coating of the pharyngeal mucosa; no pooling

2. Mild Mild pooling/residue

3. Moderate Moderate pooling/ residue

4. Severe Severe pooling/residue

|  |  |  |  |
| --- | --- | --- | --- |
| **Residue Location** |  |  |  |
| Lateral pharyngeal wall |  |  |  |
| Posterior pharyngeal wall |  |  |  |
| Tongue base |  |  |  |
| Valleculae |  |  |  |
| Tip of epiglottis |  |  |  |
| Lateral channels |  |  |  |
| Pyriform sinuses |  |  |  |
| Arytenoids |  |  |  |
| Aryepiglottic folds |  |  |  |
| Inter-arytenoid space |  |  |  |

(Right (R)/Left (L)/Bilateral (B))

**H MANOEUVRES & STRATEGIES and OUTCOME**

|  |  |
| --- | --- |
| **Strategy** | **Outcome** |
|  |  |
|  |  |
|  |  |

**I BIOFEEDBACK**

**Was biofeedback used?**  **If yes, was it helpful?**

|  |
| --- |
| **Comments:** |

**J SENSATION**

|  |
| --- |
| **Touch Test completed?**  **If yes, what was outcome?**  **Overall impression & comments:** |

**K OTHER COMMENTS**

|  |
| --- |
| **Comments:** |

**Speech and Language Speech and Language**

**Therapist Therapist**

**Cc:**