



Title of workshop: Imagining new options for behavioural rehabilitation of dysphagia

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Abstract: Over 50 years ago, esteemed clinical scientist Chuck Larson commented on rehabilitation of dysphagia: “*<the patient> is taught **the importance of regulating his swallowing volitionally rather than on a reflex basis.** In other words, swallowing is made subject to intellectual control... He will be taught to “think swallow” and then swallow.*” (p. 189- 90).¹

Despite this early guidance, in the ensuing years our behavioural rehabilitation approaches focused heavily on peripheral muscle strengthening to effect a change in swallowing biomechanics. More recent approaches have ventured from peripheral, to central, **extrinsic** neural stimulation, with some of these techniques showing positive effects. This workshop will focus on **intrinsic** neural stimulation through behavioural approaches – or skill-based swallowing training.

The first part of the workshop will provide evidence related to the impact of imagined movement on behavioural and neural change. This will lead to a review of biofeedback modalities in effecting a change not only in biomechanics of swallowing, but also in underlying pathophysiology that gives rise to biomechanical impairment. This discussion will integrate principles of motor learning and experience dependent neural plasticity in to treatment plan development. Finally, small groups will spend time problem solving clinical cases and creating novel rehabilitation approaches that may be incorporated into clinical practice.

¹Larsen GL. Rehabilitation for dysphagia paralytica.

J Speech Hear Disord. 1972;37(2):187-94.