Dysphagia, or impairment of swallowing, is a well documented symptom of many neurologic ailments. While anecdotal evidence suggests dysphagia is a problem for traumatic brain injury (TBI) patients, prevalence and outcomes haven’t been well described. Dysphagia has been well studied in other groups such as dementia patients (1), survivors of stroke (2) and head and neck cancers (3).

Dysphagia poses similar challenges for members of all these groups. Dysphagia is associated with aspiration pneumonia, malnutrition, cognitive difficulties (4), and fever of unknown origin (2).

There is a high incidence of TBI in the US (about 140 per 100,000 people) and TBI treatment is costly and lengthy. Our project aims to find the prevalence of dysphagia among TBI patients and the effects of interventions or other factors on patient outcomes.

The following information has been collected from records of Howard A. Rusk Rehabilitation Center: age, gender, racial/ethnic group, TBI dates, admission and discharge, discharge disposition, presence and type of dysphagia, NPO order, BMI, Functional Independence Measure scores, liquid levels, and diet orders.

Patient involvement in the following interventions will be noted: oral motor exercises, trials of thickened liquids, swallowing exercises and trials, sensory procedures, neuromuscular electrical stimulation, and/or meal group participation.

Our hope is to use this data to learn more about how often dysphagia occurs in the TBI population and if there is correlation between dysphagia and age, BMI, length of stay, and discharge disposition. Additionally, our hope is to prompt further study of dysphagia therapies to help build a standard protocol for treatment.