

Supplemental Digital Content 2

Evaluation and management of dysphagia in amyotrophic lateral sclerosis: Survey of speech-language pathologists' practice patterns

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Individual answers from the 45 Speech-Language Pathologist respondents to question 6: How soon do/would you recommend a FEES or MBS following your initial assessment?

1. Varies by patient and their situation
2. Depends entirely on the specific symptoms reported and signs noted. Usually, by the time the patient is referred to me there is a problem, so right away
3. As needed and not always
4. It would depend on what you found on initial assessment
5. Dependent on patient: could be immediately to offered at 3-month follow-up dependent of need for assessment
6. Complete MBSS if concern for pharyngeal dysphagia or if significant bulbar symptoms; repeat as necessary
7. As needed
8. N/A
9. No time frame
10. Depends on the results of the bedside swallow examination
11. Within a few days to obtain a baseline, if nothing else
12. Depends on results of CSE
13. Approximately 20% of the time, when the patient is able to tolerate transport and the MBS would change the outcome for the patient
14. 1-2 months
15. N/A
16. ASAP, required an outpatient appointment for MBSS/FEES when working in SNF.
17. If patient had not recently had instrumental assessment, it would be recommended ASAP. However, as I see patients in their home, oftentimes they have recently had MBS performed, and ALS clinic has referred to home-care
18. Only if I think it would help
19. ASAP
20. Varies, dependent on status of patient
21. Immediately
22. It would depend on what you found on initial assessment
23. Depends on when last one was or ASAP
24. Could be same day, or next day... Depends on scheduling and time of day original assessment
25. At initial complaints of or signs/symptoms of pharyngeal dysphagia
26. Immediately

27. During the initial visit if not completed prior to the ALS clinic visit
28. Immediately to gain baseline information
29. Same or next day
30. I typically only recommend an objective assessment if there are symptoms not consistent with the typical clinical picture of dysphagia in ALS
31. Within 1-2 days
32. Usually as soon as symptoms occur
33. Immediately following
34. Immediately and at certain intervals following the initial assessment once that plan is discussed with MD
35. Pending if the patient has had one recently, I would not do another repeat initially. If their dysphagia is worsening and are showing signs and symptoms with consistencies they have been on for some time, an MBS would be warranted
36. Rarely recommend a MBSS. Depends on apparent speed of decline. Have found that the information obtained in an instrumental can become irrelevant quickly if person is progressing quickly
37. N/A
38. It would be as soon as possible to get a good idea of the patient's swallow function
39. If suspect any aspiration or based on patient/family report of other symptoms not identified or noted during bedside evaluation
40. Fairly immediately if needed
41. I generally do not recommend formal imaging on my ALS patients
42. Initial clinic visit
43. N/A
44. Promptly
45. Determined by the bedside evaluation results

Authors' note

No corrections made except for legibility (e.g. eval changed to evaluation). Capitalization, punctuation and typos corrected. Otherwise, answers verbatim and content intact.