Results of the examined studies revealed suggestive evidence that tongue strengthening can improve swallowing function in adults with dysphagia. Further research is required in larger, homogeneous participant samples in order to determine if treatment effects can be generalized.

Introduction

Dysphagia refers to an impairment or disorder of the process of deglutition (swallowing) affecting the oral, pharyngeal and/or esophageal stages of swallowing (CASLPO PSG, 2007). Dysphagia occurs as a secondary consequence to neurogenic, oncologic, surgical, congenital, structural, psychogenic and/or iatrogenic pathologies (CASLPO PSG, 2007). CASLPO (2007) states that more than 200, 000 people are living with dysphagia at any given time. Dysphagia places individuals at risk for aspiration pneumonia, malnutrition and dehydration and contributes to decreased quality of life (QOL) and considerable economic consequences to the health care system (CASLPO PSG, 2007).

Current dysphagia intervention includes compensatory and/or behavioural modifications. These practices can negatively impact QOL and inhibit the patient from resuming an active role in their recovery (Robbins, Kays, Gangnon, Hind, Hewitt, Gentry & Taylor, 2007). One of the most common strategies for managing aspiration risk in oropharyngeal dysphagia is texture modification (Robbins, Gangnon, Theis, Kays, Hewitt & Hind, 2005). Patients on a modified diet are more prone to dehydration and malnutrition suggesting that alternative interventions are important in the return of functiona

controls. Significant improvements were revealed in the experimental group when compared to the controls on the energy, family role and mood parameters of the SS-QOL.

Kang et al. (2012) demonstrated significant differences on a number of measurements related to swallowing function in the experimental group when compared to a control group. Some limitations to the study include: relatively small sample size, tongue exercises were not targeted in isolation, patients with severe dysphasia and tracheostomies were excluded and a detailed description of the exercise protocols was lacking. VFSSs only

to assess the participant's functional swallowing abilities in the natural context. In addition, 3 out of the

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