** This paper was created as a required assignment for the CSD9639 Evidence Based Practice for Clinicians course at Western. While it has been evaluated by course instructors for elements of accuracy and style, it has not*

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care community of current evidence, and to adapt clinical practice accordingly.

Objectives

The primary objective of this paper is to critically evaluate existing literature that compares the use of VFSS and FEES and determine whether these tools have been demonstrated to be equally sensitive to abnormal swallowing signs in adults with dysphagia. The secondary objective is to provide evidence-based recommendations for clinical practice surrounding the use of these instrumental swallowing evaluation tools.

Methods

Search Strategy

Articles were obtained through online computerized

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in detecting five of the six above-listed swallow signs (lower sensitivity to premature spillage). They suggested that FEES may yield fewer false negative results and that it is a more reliable method than VFSS for detecting swallowing safety.

A substantial limitation of the study is that the experimenters reported primarily qualitative data (i.e., number of swallows that were unsafe as a proportion of total number of swallows). Only one statistic that demonstrated FEES to be significantly more sensitive in assessing the cough reflex was reported. Since the data presented in the article displays no statistical rigor, it is difficult to fully support the authors' conclusions. In addition, the authors acknowledge that not conducting

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