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Nota di bibliografia	Includes bibliographical references at the end of each chapters and index.
Nota di contenuto	1. Building a Foundation and Defining Terms -- 2. Screening Basics: Differentiating a Screen from a Diagnostic Tool -- 3. Criteria Necessary for a Successful and Reliable Swallow Screen -- 4. Development of a Programmatic Line of Research for Swallow Screening for Aspiration Risk: The First Step -- 5. Development of a Protocol: Why You Need More Than Just an Isolated 3-Ounce Water Swallow Challenge -- 6. Generalizing the Yale Swallow Protocol to Different Patient Populations: Time to Change -- 7. Recommending Specific Oral Diets Based on Passing the Yale Swallow Protocol -- 8. Yale Swallow Protocol Administration and Interpretation: Passing and Failing -- 9. Implementation of the Yale Swallow Protocol by Other Health Care

Professionals -- 10. Question: What about silent aspiration? Answer: Silent aspiration is volume-dependent -- 11. In Support of Use of the Yale Swallow Protocol: Longer-Term Success of Diet Recommendations and Oral Alimentation -- 12. Final Thoughts -- 13. The Yale Swallow Protocol Administration Forms.

#### Sommario/riassunto

The Yale Swallow Protocol is an evidence-based protocol that is the only screening instrument that both identifies aspiration risk and, when passed, is able to recommend specific oral diets without the need for further instrumental dysphagia testing. Based upon research by Drs. Steven B. Leder and Debra M. Suiter, an easily administered, reliable, and validated swallow screening protocol was developed and can be used by speech-language pathologists, nurses, otolaryngologists, oncologists, neurologists, intensivists, and physicians assistants. In addition, the protocol can be used in a variety of environments, including acute care, rehabilitation, and nursing homes. The Yale Swallow Protocol meets all of the criteria necessary for a successful screening test, including being simple to administer, cross-disciplinary, cost effective, acceptable to patients, and able to identify the target attribute by giving a positive finding when aspiration risk is present and a negative finding when aspiration risk is absent. Additionally, early and accurate identification of aspiration risk can significantly reduce health-care costs associated with recognized prandial aspiration.