

## Comparison of Addressing Dysphagia in Medical Settings and the Educational Setting

School Setting	Medical Setting	Both School and Medical Settings
Typically the result of neurological disorders, such as cerebral palsy, syndromes, such as Down's, developmental delays, and behavioral feeding disorders.	Typically the result of stroke, dementia, Parkinson's, and other adult-onset disorders.	Some disorders are degenerative and require frequent monitoring and adjusting of swallowing and feeding plans.
Most students with dysphagia are medically stable.	Many clients are medically unstable and are frequently recuperating from an illness.	Person responsible for the daily feeding of the clients is typically a trained support staff such as a paraprofessional /classroom assistant in the schools and certified nursing assistant in medical settings.
Dysphagia identification and treatment is a small percentage of the SLP's job.	Dysphagia identification and treatment is a large percentage of the SLP's job.	Cafeteria staff members prepare texture and liquid modifications.
Dysphagia teams rely on parents to communicate with physicians and obtain health history.	SLPs are able to communicate directly with patient's physicians and work with family members to gather additional information.	Dysphagia is approached in both settings by interdisciplinary teams.
Minimal on-site medical support.	On-site medical support.	SLPs serve as the primary professional managing the patient/students swallowing and feeding needs.
		Rely on prescriptions from physicians to modify diets and monitor health.

Homer, E. (2016). Getting started: addressing swallowing and feeding in the school setting. In Homer, E. (Eds.), *Management of Swallowing and Feeding Disorders in Schools*. Plural. San Diego. 7.

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