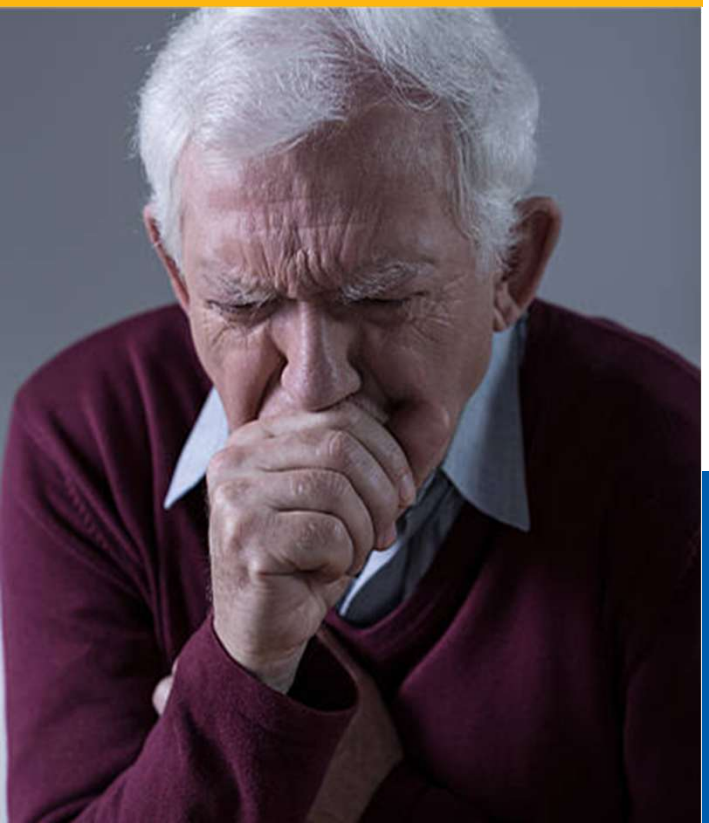
Dysphagia Realities

80% of SNF residents show signs and symptoms of an abnormal swallow.

Two-thirds of stroke patients will exhibit oral-pharyngeal dysphagia.

Dysphagia symptoms such as aspiration can often result from unidentified impairment of esophageal clearance and gastric emptying.



The CSA™ Advantage

- Very cost effective compared to MBS at a hospital
- No need to send patients out
- Quick appointment times with no referral minimums
- All procedure materials provided
- All CPT codes provided
- Highly-trained endoscopists provide a comprehensive summary and assistance with treatment planning.

Procedure published in *The Journal of Clinical Medicine* (2024)

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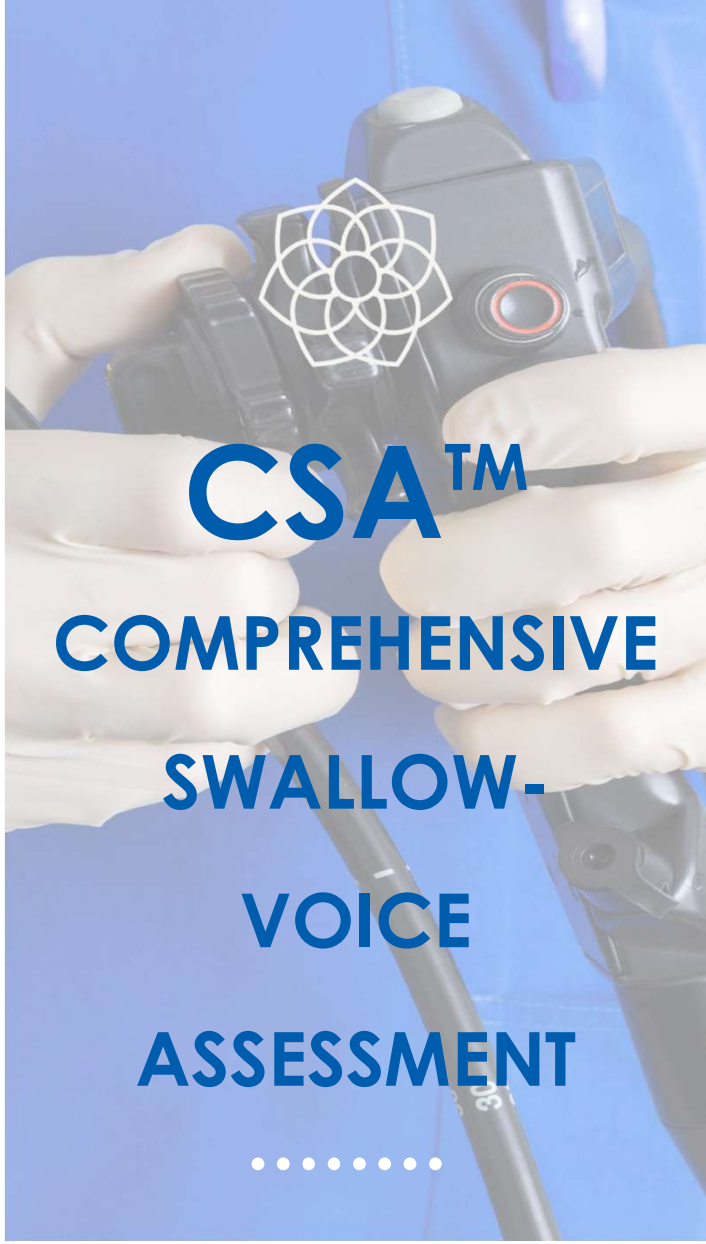
Audiology evaluation services available via contract addendum.



CSA™ COMPREHENSIVE SWALLOW-VOICE ASSESSMENT

SBA

Southeastern Biocommunication Associates, LLC

Why Instrumental Assessment?

40-60% of clinical swallow evaluations miss dysphagia, which can lead to malnutrition/dehydration, poor wound healing, aspiration pneumonia, and death.

Improperly managed dysphagia can result in:

- ✓ **Extended and repeat hospital stays.**
- ✓ **Increased overall healthcare costs.**
- ✓ **Expensive nutritional and respiratory support.**
- ✓ **Poor overall patient outcomes.**

Instrumental assessment ensures:

- ✓ **Definitive diagnosis**
- ✓ **Identification of aspiration risks**
- ✓ **Visualization of the pharynx and vocal folds**
- ✓ **Evidence-based plans of care**
- ✓ **Increased reimbursement for dysphagia therapy**
- ✓ **Fewer denied claims.**

Clinical Indicators for Instrumental Assessment

- Medically high risk for dysphagia
- Traditional signs and symptoms of dysphagia (coughing, choking, poor intake)
- Inconsistent clinical symptoms
- Weight loss, impaired bowel function, regurgitation, reflux
- Voice disturbance (unexplained hoarseness or loss of voice)
- Need for diet advancement
- Deficits that preclude accurate clinical swallow evaluation

Why CSA™?

TRULY COMPREHENSIVE

- Clinical swallow exam
- FEES (fiberoptic endoscopic evaluation of swallowing)
- Perceptual and acoustic voice analysis
- Videostroboscopy of vocal folds
- Reflux Finding Score (RFS)
- Modified TNE (transnasal esophagoscopy)
- Screening for gastric emptying

*CSA™ has a high diagnostic yield for treatment planning and making referrals. It is a safe, comfortable, and evidence-based procedure. It has a 15-year history with over **20,000 procedures safely performed.***