



Mendelsohn maneuver

- * This technique is designed to keep the larynx, or voice box, at its highest point. It is used if you have food sticking in your throat which might fall into your airway.
- * One study suggests the implementation of the Mendelsohn maneuver and effortful swallow (in combination with other treatment modalities) act in a “preventative” manner to help improve swallowing outcome in head and neck cancer patients when delivered prior to chemo-radiation treatment.[1]
- * It is known that some of these swallow exercises (specifically, the Mendelsohn maneuver and effortful swallow) increase motor output (activation) of swallowing muscles, such as the submental muscle group.[1]

Goal

- * To increase the extent of hyolaryngeal elevation during the swallow
- * To increase the width and prolong the cricopharyngeal opening
- * To reduce pooling in the pyriform sinuses.
- * To improve coordination of the whole swallow sequence

Used for

- * Aspiration after the swallow from the pooled material in the pyriform sinuses.

Objectives

Patient will use Mendelsohn maneuver for _____ consistencies 10x/day for 8 weeks.



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Therapeutic Procedure Steps



- 1) Take a small bite of food or sip of liquid.
- 2) Hold the food in your mouth.
- 3) Position index finger and thumb around your Adam's apple.
- 4) Swallow.
- 5) Feel the upward movement (the elevation) of the Adam's apple (thyroid notch) when you swallow
- 6) When the Adam's apple (larynx) reaches its highest point of elevation, hold it up with your muscles for 5 seconds.
- 7) Release.
- 8) Repeat steps 1-7 with each swallow.

In Children

- * The Mendelsohn maneuver requires that the child swallow normally and become aware of the laryngeal motion associated with swallowing.
- * The clinician can point the child's attention to the movement of the voice box in the throat or of something going forward and up as swallowing occurs.
- * When the child is aware of this movement, the clinician can ask him or her to swallow normally.
- * When the child feels the voice box lift, ask him or her to “grab it” with his or her muscles (not his or her hand) and not let the larynx down but to hold the larynx up for several seconds.
- * The child can watch in a mirror or a surface electromyography (EMG) can be used on the laryngeal elevator muscles to give the child greater awareness of laryngeal elevation.



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Work cited

1. Sapienza, C., et al., *Exercise Prescription for Dysphagia: Intensity and Duration Manipulation*, in *Perspectives on Swallowing and Swallowing Disorders*. 2008. p. 50-58.



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