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Chin tuck against resistance contraindications

Background: Chin tuck against resistance (CTAR) exercise has been recently reported to be a new therapeutic exercise method that can help improve swallowing function in patients with dysphagia. However, due to the differences in exercise protocols, methods and the tools used across studies of CTAR exercise, an overall systematic review of these studies is necessary. Objective: The present study investigated the exercise protocols, methods and tools used in various studies of CTAR exercise and summarised their findings. Methods: We searched for studies related to CTAR exercise using electronic databases and selected nine articles for review. The articles were categorised on the basis of four criteria: study design and quality, training protocol, outcome measures and clinical effect. Results: Four articles reported that CTAR exercise not only helped activate the suprahyoid muscle in healthy adults, but also activated the sternocleidomastoid muscle less than Shaker exercise. In addition, five articles reported that CTAR exercise was effective in improving swallowing function and oral diet stage in the pharyngeal phase, including reduction of airway aspiration in patients with dysphagia after stroke. Conclusions: CTAR exercise more selectively activates the suprahyoid muscle and is an effective therapeutic exercise for improving swallowing function in patients with dysphagia. Because it is less strenuous than Shaker exercise, it requires less physical burden and effort, allowing greater compliance. Keywords: Shaker exercise; chin tuck; deglutition; deglutition disorder; suprahyoid; swallowing rehabilitation. Chin Tuck Against Resistance Exercise for Dysphagia Rehabilitation: A Systematic Review Journal of Oral Rehabilitation Park, J.-S., & Hwang, N.-K. (2021). Journal of Oral Rehabilitation, 48(8), 968-977. This systematic review investigates the effect of the chick tuck against resistance (CTAR) exercise on swallowing-related outcomes in healthy adults and in adults status post stroke. Not stated 2010 to December 2018 Peer reviewed studies excluding case reports and expert opinion articles 9 Findings demonstrated significant improvements in swallow function following use of the chin tuck against resistance (CTAR) exercise in individuals with dysphagia status post stroke. These improvements included increased laryngeal elevation, epiglottic closure, and pharyngeal clearance, with overall improvements in the oral and pharyngeal phases on the videofluoroscopic dysphagia scale. Use of the CTAR exercise was additionally associated with improvements on the penetration-aspiration and functional oral intake scales. Reduced number of studies investigating the effects of CTAR, heterogeneity between tools utilized to perform the CTAR exercise, and heterogeneity in outcome measures are limitations to this review. Further research is indicated. Sit up straight Place a rolled-up hand towel gently against your neck Push your chin down—hard—into the towel and hold for 60 seconds Next, push your chin down hard into the towel and hold for 3 seconds Relax briefly Repeat the 3-second hold then relax up to 30 times Instead of a rolled-up hand towel, patients can use an inflatable rubber ball or dedicated device (such as the PhagiaFLEX™ device). Chin tuck against resistance is not recommended for patients with chronic neck pain, a history of neck surgery, or a tracheostomy. For pre-made dysphagia handouts and treatment guides, check out The Adult Speech Therapy Starter Pack! More Dysphagia Posts: Swallowing Exercises & Strategies Effortful Swallow Dysphagia Diets Chin tuck against resistance is an evidenced-based swallowing exercise.



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Impact of Dysphagia Rehabilitation in Adults on Swallowing Physiology Measured With Videofluoroscopy: A Mapping Review. American journal of speech-language pathology, 31(5), 2195–2228. Park, J. K. (2021). Chin tuck against resistance exercise for dysphagia rehabilitation: A systematic review. Journal of Oral Rehabilitation, 48(8), 968-977. Speyer, R., Cordier, R., Sutt, A.-L., Remijn, L., Heijnen, B. J., Balaguer, M., Pommée, T., et al. (2022). Behavioural Interventions in People with Oropharyngeal Dysphagia: A Systematic Review and Meta-Analysis of Randomised Clinical Trials. Journal of Clinical Medicine, 11(3), 685. MDPI AG. Retrieved from For evidence-based patient handouts, worksheets, templates, and much more, check out The Adult Speech Therapy Starter Pack! Background: The incidence of stroke is high in China. The dysphagia caused by cerebral infarction (CI), seriously affects patients' life quality, and even endangers patients' lives. It is necessary to explore how to improve dysphagia caused by CI. Aim: To compare the effects of rehabilitation training on dysphagia and psychological state after CI between Shaker exercise and chin tuck against resistance (CTAR) exercise. Design: Control study. Blind. Setting: Inpatients. Population: A total of 90 patients with dysphagia after CI were divided into CTAR group, Shaker group and control group by random digit table (each group with 30 patients). Methods: Video fluoroscopic swallowing study (VFSS) and Self-Rating Depression Scale (SDS) were performed on all patients before intervention. VFSS was evaluated based on Penetration-Aspiration Scale. All patients received routine treatments including internal medicine, traditional rehabilitation training and routine nursing. The patients in control group only receive the routine treatments. Besides the routine treatments, the patients in CTAR group also received CTAR exercise, and the patients in Shaker group also received Shaker exercise. VFSS was performed again on all patients, respectively, 2, 4, and 6 weeks after exercise. SDS was performed again on all patients 6 weeks after exercise. Results: There were no statistical differences amongst the three groups in VFSS and SDS before intervention (P>0.05). After intervention, all patients had various degrees of improvement for dysphagia in the three groups, especially between 2 and 4 weeks in CTAR and Shaker groups. The total effective rate was significantly higher in CTAR group (86.67%) and Shaker group (76.67%) than in control group (43.33%) (all P<0.05). The scores of SDS was significantly lower in CTAR group than in Shaker group and control group 6 weeks after intervention (all P<0.05). Conclusions: For the patients with dysphagia after CI, CTAR exercise can significantly relieve depression and has the similar effect on improving swallowing function as compared with Shaker group. Clinical rehabilitation impact: This study suggests that in conscious patients CTAR exercises have greater impact on CI-related depression than Shaker exercises.