



Dysphagia Exercises - Oral Motor

Name: _____ Date: _____

Completing the following exercises as part of a daily routine will facilitate maintaining strength, coordination, and/or range of motion gained during therapy.

Key Things to Remember:

- ✓ STOP exercises and consult your doctor or therapist if you experience pain, dizziness or difficulty breathing.
- ✓ Allow adequate resting periods between repetitions and exercise sets.
- ✓ Ensure oral care is performed.
- ✓ Use good posture while exercising.
- ✓ Use a mirror for visual feedback.

Tongue Exercises

- Move your tongue from corner to corner.
- Move your tongue up and down.
- Touch the roof of your mouth with the tip of your tongue.
- With your tongue in your cheek, push against your cheek and tongue with your finger.

Complete _____ repetitions _____ sets _____ times per day

Lip Exercises

- Smile. Hold for _____ seconds and relax.
- Pucker. Hold for _____ seconds and relax.
- Alternate smile and pucker.
- Press lips tightly together for _____ seconds.
- Puff cheeks, with no air escaping. Alternate air from one cheek to the other

Complete _____ repetitions _____ sets _____ times per day

Jaw Exercises

- Open jaws wide, stretch, and hold for _____ seconds.
- Move your jaw left and hold for _____ seconds, then right and hold for _____ seconds.

Complete _____ repetitions _____ sets _____ times per day

Additional Exercises

- _____
- _____
- _____

Complete _____ repetitions _____ sets _____ times per day

Contact clinicalteam@reliant-rehab.com for more information.



Dysphagia Exercises - Pharyngeal/Laryngeal

Name: _____ Date: _____

Completing the following exercises as part of a daily routine will facilitate maintaining strength and coordination gained during therapy.

Key Things to Remember:

- ✓ STOP exercises and consult your doctor or therapist if you experience pain, dizziness or difficulty breathing.
- ✓ Allow adequate resting periods between repetitions and exercise sets.
- ✓ Ensure oral care is performed.
- ✓ Use good posture while exercising.
- ✓ Use a mirror for visual feedback.

Supraglottic Swallow

- Take a deep breath, hold it; place small sip of liquid in mouth and swallow while holding breath, swallow then cough, swallow again. Breathe.

Complete _____ repetitions _____ sets _____ times per day

Mendelsohn Maneuver

- Swallow saliva, stopping mid-swallow; keep your Adam's apple in its highest position and hold for up to 5 seconds; release and complete the swallow.

Complete _____ repetitions _____ sets _____ times per day

Effortful Swallows

- Swallow hard with effort.

Complete _____ repetitions _____ sets _____ times per day

Masako Maneuver

- Stick out your tongue, hold tongue gently between front teeth while swallowing hard.

Complete _____ repetitions _____ sets _____ times per day

Shaker Exercise

- Lie flat on your back.
- Lift only head and look at your toes.
- Hold this position for one second, and then lower head.

Complete _____ repetitions _____ sets _____ times per day

Additional Exercises

- _____
- _____
- _____

Complete _____ repetitions _____ sets _____ times per day

Contact clinicalteam@reliant-rehab.com for more information.



Speech Exercises – Voice

Name: _____ Date: _____

Completing the following exercises as part of a daily routine will facilitate maintaining vocal skills gained during therapy.

Key Things to Remember:

- ✓ STOP exercises and consult your doctor or therapist if you experience pain, dizziness or difficulty breathing.
- ✓ Allow adequate resting periods between repetitions and exercise sets.
- ✓ Use good posture while exercising.

Breath Support

- Take a deep breath, push from your diaphragm as you say, “AH,” “OH,” “OO,” and “EE” and hold the sound for ____ seconds.
- Take a deep breath and pretend to “blow out candles” slowly, holding the blow for ____ seconds.

Complete ____ repetitions ____ sets ____ times per day



Focus on the impaired area (breath support, loudness, pitch, etc.) while you:

- Read out loud daily.
- Sing your favorite songs!
- Engage in conversation.

Volume

- Repeat familiar lists or commonly used phrases, using your loudest voice to project (alphabet, numbers, days of the week, “Pass me the pepper,” etc.).

Complete ____ repetitions ____ sets ____ times per day

Pitch Glides

- Take a deep breath, push from your diaphragm while alternating between “OO” and “EE” sounds while changing pitch.

Complete ____ repetitions ____ sets ____ times per day

Additional Exercises

- _____
- _____
- _____

Complete ____ repetitions ____ sets ____ times per day



Speech Exercises – Motor Speech

Name: _____ Date: _____

Completing the following exercises as part of a daily routine will facilitate maintaining intelligibility skills gained during therapy.

Key Things to Remember:

- ✓ Consult your doctor or therapist if you experience any changes in communication or cognitive skills.
- ✓ STOP exercises and consult your doctor or therapist if you experience pain, dizziness or difficulty breathing.
- ✓ Allow adequate resting periods between repetitions and exercise sets.
- ✓ Use good posture while exercising.

Oral Motor Exercises

- Open lips as far as possible and hold at maximum stretch for ____ seconds.
- Pucker lips as tight as possible and hold for ____ seconds.
- Extend tongue out as far as possible and hold for ____ seconds.
- Pull tongue back in as far as possible and hold for ____ seconds.
- Press tongue up to the hard palate firmly and hold for ____ seconds.
- Move tongue from side to side.
- Other:

Complete ____ repetitions ____ sets ____ times per day

Articulation Practice

- | | | |
|---|---------|---------|
| • Word, phrase, or sentence drills | • _____ | • _____ |
| • Automatic speech (e.g., counting to 10) | • _____ | • _____ |
| • Repeating phrases | • _____ | • _____ |
| • Reciting familiar material (e.g., poem) | • _____ | • _____ |
| • Reading passages aloud | • _____ | • _____ |
| • Describing pictures aloud | • _____ | • _____ |



Focus on the impaired area(s) (tongue, lips, face) while practicing!



Cognitive-Communication Exercises

Name: _____ Date: _____

Completing the following exercises as part of a daily routine will facilitate maintaining cognitive-linguistic skills gained during therapy.

Orientation

- Discuss the day, time of day, date, and season.
- Ask questions to gauge and stimulate orientation skills.
- Refer to clocks and calendars.

Memory

- Review memory book.
- Discuss current events.
- Use and review familiar names of friends and family/caregivers.
- Review upcoming tasks, activities, and events in daily schedule.

Safety Awareness

- Review any fall, dietary, or environmental precautions.
- Medication management review.

Other



Maintain those skills!

- Minimize distractions during challenging tasks.
- Engage in daily conversations.
- Continue with preferred hobbies.
- Try challenging puzzles and brain exercises



Discharge Recommendations - Dysphagia

Name: _____ Date: _____

Diet Texture _____

Liquid Consistency _____

Food Allergies _____

Safe Swallow Precautions:

- Small bites
- Small sips
- No straws
- Upright for all PO
- Supervision with all PO
- Chin tuck
- Double swallow
- Cue cough/throat clears following PO
- Other

Additional Needs:

- Provale Cup®
- Nosey Cup®
- Maroon Spoon®
- Thickener
- Other

Discharge precautions and recommendations reviewed by: _____

Reviewed with: Resident Caregiver Family Member
 Health Care Proxy who verbalized understanding

Signature _____



Discharge Recommendations - Speech & Language

Name: _____ Date: _____

I have a speech and language impairment affecting:

- Word finding
- Articulation
- Voicing
- Expressive language
- Receptive language
- Other _____

Means of communication (check all that apply)

- Verbal
- Sign Language
- Communication Board
- Gestural
- Other _____

Communication Strategies

- Minimize distractions
- Ensure use of hearing aids
- Yes and No questions preferred
- Dry erase board/marker
- Communication board
- AAC device
- Cuing needed for increased loudness
- Provide frequent repetitions
- Allow extra time for processing information
- Allow extra time for responses
- Other _____

Discharge precautions and recommendations reviewed by: _____

Reviewed with: Resident Caregiver Family Member
 Health Care Proxy who verbalized understanding

Signature _____



Discharge Recommendations - Cognitive-Communication

Name: _____ Date: _____

I have cognitive impairments impacting:

- Long term memory
- Short term memory
- Working memory
- Orientation
 - Person
 - Place
 - Time
- Word-finding
- Problem solving
- Sequencing
- Pragmatics
- Executive functioning
- Other _____

Cognitive-Communication Strategies

- Refer to memory book
- Review orientation daily
- Assist with medication management/financial tasks/appointments
- Frequently remind of upcoming events/activities
- Other _____



Helpful Tips!

- Give tasks or motions similar to job or life hobby.
- Do not argue or correct reality.
- Do tasks "with" me, not "for" me.

Discharge precautions and recommendations reviewed by: _____

Reviewed with: Resident Caregiver Family Member
 Health Care Proxy who verbalized understanding

Signature _____



Discharge Recommendations - Speech Therapy

Name: _____ Date: _____

The following exercise sheets were reviewed with resident and encouraged to complete daily:

- Dysphagia Exercises - Oral Motor
- Dysphagia Exercises - Pharyngeal/Laryngeal
- Speech Exercises - Voice
- Speech Exercises- Motor Speech
- Cognitive-Communication Exercises
- Other _____



Home Safety Tips:

- Ensure any diet recommendations and swallowing precautions are followed.
- All communication partners should be familiar with communication strategies.
- Caregivers should be aware of any cognitive deficits and strategies.
- Notify physician regarding any changes with swallowing, communication, and/or cognition.

Discharge precautions and recommendations reviewed by: _____

Reviewed with: Resident Caregiver Family Member
 Health Care Proxy who verbalized understanding

Signature _____