

## Appendix-1

| Exercises  | Phase-1<br>Rehabilitative<br>Strategies |  |  |  |  | Phase-2<br>Rehabilitative<br>strategies +<br>compensatory<br>strategies with food<br>administration |  |  |  |  | Phase-3<br>Food admin with and<br>without<br>compensatory<br>strategies |  |  |  |  | Phase-4<br>Counsel<br>ling and<br>dischar<br>ge |  |  |
|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|
|  | 5 sessions:                             |  |  |  |  | 7 sessions:   |  |  |  |  | 7 sessions:   |  |  |  |  | 1<br>session                                    |  |  |
| Rehabilitative strategies                        |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Mendelsohn manoeuvre                             |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Supraglottic swallow                             |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Super-supraglottic<br>swallow                    |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Masako   |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Shakers  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Tongue pressure<br>resistance exercise<br>(TPRT) |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Chin tuck against<br>resistance (CTAR)           |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| TNES   |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Compensatory exercises                           |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Chin tuck /                                      |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Sensory stimulation<br>technique                 |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Postural modification                            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |
| Food administration                              |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |

## Appendix 2

### Demographic details of experts who participated in item rating and correlation, and the 19 items given for rating.

| Participants | Profession    | Age (years) | Years of experience |
|--------------|---------------|-------------|---------------------|
| MS           | SLP           | 45          | 22                  |
| PS           | SLP           | 47          | 22                  |
| PK           | SLP           | 46          | 20                  |
| BD           | SLP           | 38          | 20                  |
| SKM          | Laryngologist | 52          | 20                  |

| Items   | Item no. | MS | PS | PK | BD | SKM |
|---|----------|----|----|----|----|-----|
| The Mendelsohn manoeuvre will be useful for hyolaryngeal excursion and strengthening  | 1        | 3  | 3  | 3  | 3  | 3   |
| The supraglottic swallow will be effective in airway protection   | 2        | 3  | 2  | 3  | 3  | 3   |
| Super-supraglottic swallow will be effective in protecting the airway from penetration-aspiration and muscular strengthening  | 3        | 2  | 3  | 3  | 3  | 3   |
| Masako will be beneficial for tongue back strengthening   | 4        | 3  | 3  | 3  | 3  | 3   |
| Shakers will be helpful to dilate the upper esophageal sphincter and increase the duration of opening   | 5        | 3  | 3  | 3  | 3  | 3   |
| Tongue pressure resistance exercise (TPRT) will be useful in developing tongue strength and coordination  | 6        | 3  | 3  | 3  | 3  | 3   |
| Chin tuck against resistance (CTAR) will be beneficial for UES strengthening  | 7        | 3  | 3  | 3  | 3  | 3   |
| NMES will be useful in adjuvant modality for muscular strengthening   | 8        | 3  | 3  | 3  | 3  | 3   |
| Chin tuck will be useful for a safe and efficient swallow   | 9        | 3  | 3  | 3  | 3  | 3   |
| The sensory stimulation technique will be useful  | 10       | 3  | 3  | 3  | 3  | 3   |
| Postural modification can be used during food administration only   | 11       | 3  | 3  | 3  | 3  | 3   |
| Food administration from the 6 <sup>th</sup> session would be good  | 12       | 3  | 3  | 3  | 3  | 3   |
| A total of 20 sessions would be beneficial  | 13       | 3  | 3  | 3  | 3  | 3   |
| Thrice in a week would be beneficial  | 14       | 3  | 3  | 3  | 3  | 3   |
| 10 minutes termination phase counselling for good carryover at home   | 15       | 3  | 3  | 3  | 3  | 3   |
| 5 sessions dedicated to rehabilitative strategies only will be beneficial   | 16       | 3  | 3  | 3  | 3  | 3   |
| Transition on the 6 <sup>th</sup> session and combining Rehabilitative strategies + compensatory strategies with food administration for the next 7 sessions will be beneficial | 17       | 2  | 3  | 3  | 3  | 3   |

|   |    |   |   |   |   |   |
|---|----|---|---|---|---|---|
| Transition on the 13th session by compensatory strategies with food administration for the next 7 sessions will be beneficial | 18 | 3 | 3 | 3 | 3 | 3 |
| Termination of therapy on the 20th session and releasing the patient based on the improvement will be beneficial              | 19 | 2 | 3 | 2 | 3 | 3 |