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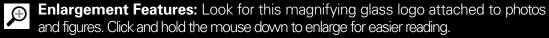
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Happy National Rehab Week



- ★ Do you and your colleagues work together like a finely-tuned engine?
- ★ Have you established a unique multidisciplinary program to meet the needs of your specific patient population?
- ★ Do you co-treat in creative ways?
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VISIT OUR WEBSITE FOR MORE INFORMATION: www.advanceweb.com/SPRehabWeekEntry

Check the website on September 16—the first day of National Rehab Week—for the profiles of every team that has submitted an entry. PTs, OTs and speech therapists across the country will be able to read stories of successful teamwork by their peers that has made a positive impact on patient care.



for Speech-Language Pathologists & Audiologists®

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ADVANCE FOR SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

VOL. 22 | NO. 8 | AUGUST 20, 2012

COVER STORY

6 Ketogenic Diets

For children who have seizures that medications cannot control, the ketogenic diet has helped. Compromised of mostly fats with strict control of carbohydrates, this diet can present challenges for SLPs. Since Avery Sheffer, 2, began the diet with guidance from a dietitian at Wellspan Health, York, PA, she was fussy, but now she's a fun-loving toddler who is able to participate in therapy. (cover image by Jeffrey Leeser)



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COMING SOON

When caring for a patient who is in the public eye — as speech-language pathologists at TIRR Memorial Hermann Hospital, Houston, did last year when caring for former U.S. Rep. Gabby Giffords — the SLPs' objective doesn't change: provide excellent care while protecting the patient's privacy.

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THIS WEEK

▶ Building a Trachea

The first child to have a stem-cell supported trachea transplant grows up.

>> Webinar: Social Networking

In this free webinar learn how to integrate social media into the workplace.

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▶ Early Intervention

Stephanie Bruno Dowling, MS, CCC-SLP, asked parents to answer a survey on what they think of El services their child received. Read their answers in her Parents Speak series.

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▶ New Ways to Get Job Postings!

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What Books Do You Tell Colleagues "You Must Read This!"?



hen I hear about a book that perks my interest, instead of reaching for a sticky note to write down the title (only to misplace it within hours), I log on to Goodreads.com.

If you've never been to it, this website allows you to create a virtual bookshelf — jotting down what you plan to read next, rating books

you've read and sharing with your friends the title(s) you're currently reading.

Goodreads.com is also home to thousands of virtual book clubs, where readers can discuss books with friends, strangers and colleagues. A search of "speech therapy" showed only a few groups whose members are SLPs. For instance, CDA Therapy Resources is devoted to "sharing books for therapy with adults or children, in articulation, language, social, or any other type you may be working with." Titles on its bookshelf include *Choices in Deafness: A Parents' Guide to Communication Options* and the children's book *Up*, *Up*, *Down!*

Dusty Richards, a fourth-year audiology students, who blogs for our sister publication, *ADVANCE for Hearing Practice Management*, recently wrote how his preceptor has been sharing titles to help him blossom in his audiology career.

As Dusty writes, retired NBA coach Phil Jackson often did the same thing to elevate his players personally and professionally — recommending *Zen and the Art of Motorcycle Maintenance*, the novel *Montana 1948* and Barack Obama's autobiography *Dreams of My Father*.

In my profession — editing/writing — *Elements of Style* by E.B. White and William Strunk or Stephen King's memoir *On Writing* often are go-to "you-must-read-this" titles. When a co-worker suggested a book of short stories to me nearly a decade ago, my love of the writing of Andre Dubus has continued.

What books do you recommend to fellow therapists or have been recommended to you? Are there ones where you've learned something to improve a patient's care or just a leisurely read that quickly became a favorite?

Share some of your favorite titles that have been shared with you. Go to www.advanceweb.com/SpeechForums. Add a book title (or two) to the discussion "Book Recommendations." I'd like to compile recommendations and publish a list next month!

Stacey Miller, editor, can be reached at smiller@advanceweb.com or 800-355-5627, ext. 1630



Thick-It®, the trusted name in Dysphagia Nutrition Solutions, introduces AquaCareH₂O® Beverages—ready-to-drink, xanthan-based thickened beverages for people with swallowing difficulties. Made with Artesian mineral water, our entire line of products, including clear, natural-tasting water, premium roast coffee, and naturally sweet fruit juices, has the taste your patients will enjoy.

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CHILDREN ON A SPECIAL DIET TO CONTROL SEIZURES PRESENT CHALLENGES DURING SWALLOWING ASSESSMENTS

By Julie Stefanski, MEd, RD, LDN, CDE

or more than a few parents, surprise is but one of the many emotions a caregiver may have when first learning about the ketogenic diet. A nutrition therapy for intractable seizures in children, the ketogenic diet exists in nearly complete opposition with the USDA's Choose My Plate and relies on building blocks of fats such as heavy cream, butter, oils, and avocados. Common foods such as milk, bread, rice, cereal and pasta are noticeably absent from meals and snacks composed of roughly 90% fat.

Through the manipulation of the amount and types of nutrients provided, seizure control may be improved. For speech-language pathologists, working with a child on the ketogenic diet can prove challenging when utilizing standard interventions.

More Ketones, Fewer Seizures

Without sufficient carbohydrates present in daily food choices, the human body must switch to breaking down fat for energy. This conversion to a back-up fuel system induces the presence of ketone bodies in the blood.

Although the complete action of the ketogenic diet remains under investigation, increased levels of blood ketones often correlates with a reduction in seizures for children who other more common interventions have not worked. Even if seizure activity is not greatly reduced, neurologists are sometimes able to reduce the number or dosage of seizure medications. For some children, parents and healthcare workers have witnessed improved development in language, alertness and motor skills while closely following the diet.

The ketogenic diet is a delicate balance between fat, protein and minimal amounts of carbohydrate, calculated and prepared by weighing exact amounts of food to achieve what is known as the ketogenic ratio. On a typical 4:1 ratio, each meal and snack provides approximately one part protein plus one part carbohydrate for every four parts fat consumed. While the average slice of bread may contain 15 grams of carbohydrate, a child on the ketogenic diet may receive an allotment of less than 5 grams of carbohydrate for the entire day.

Due to the structured nature of the diet, a ketogenic diet team including a neurologist, registered dietitian and nursing personnel must closely follow every child on the diet. Serum levels of nutrients are closely monitored and vitamin and mineral supplements are mandatory while children are following the diet.

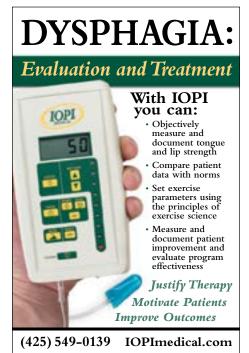
Unlike low-carbohydrate diets utilized for weight loss, children's calorie and protein needs are calculated to provide adequate nutrition for development. The keto-diet team monitors growth and seizure activity closely, and nutrients provided are adjusted in response to each individual child and their lab values.

Avoiding Excess Carbs

While following the diet, even a small amount of carbohydrate can create an imbalance. For this reason, the diet must be followed closely at all times and carbohydrate is even restricted in the form of medications, supplements, toothpastes and lotions. Therapists must be careful to adhere to approved products to prevent introduction of excess carbohydrates.

Newer approaches to diet therapies for seizures include the Modified Atkins diet and the Low Glycemic Index diet. Both of these diets focus on the restriction of dietary carbohydrate to a certain level, but food is not weighed on a gram scale and the allotment of carbohydrate is slightly higher than the ketogenic diet. These diets are often used for teenagers and adults.

For children with dysphagia, the simple ion of a commercial thickening agent or COVER STORY continued on page 23 addition of a commercial thickening agent or













Avery, 2, with her parents, Andy and Adrienne Sheffer, is thriving on the ketogenic diet overseen by Wellspan Health clinical dietitian Julie Stefanski, MEd, RD, LDN, CDE. Stefanski (center photo, left) collaborates care with Katie Hein, MS, CCC-SLP, pediatric SLP (right).

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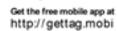
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BUYER BEWARE

State health officials to alert consumers to the potential risks of buying hearing aids online



ational and international professional organizations dedicated to hearing healthcare have sent letters to state health departments urging officials to alert consumers to the potential risks of purchasing hearing aids over-the-counter or through the Internet without first obtaining a comprehensive hearing evaluation by a licensed hearing healthcare professional.

The letter — signed by the Academy of Doctors of Audiology, the American Academy of Audiology, the American Academy of Otolaryngology - Head and Neck Surgery, the American Speech-Language-Hearing Association and the International Hearing Society provided an excellent opportunity for communicating the information.

"The potential risks that result from the omission of a comprehensive hearing evaluation and treatment by a licensed hearing healthcare professional include failure to detect an underlying medical cause of the hearing loss, additional hearing loss as a result of improper fitting and/or programming of hearing aids and ear trauma sustained as the result of improper fitting and/or insertion of ear molds or hearing aids."

The five organizations issued a statement that highlighted the "health about the use of consumer-administered hearing tests and the direct sale of hearing aids to the consumer."



A Little Incentive

Children's Hear Center at Children's Hospital of Alabama rewards kids for wearing hearing aids. Read about their program on our sister publication *ADVANCE* for Hearing Practice Management, www.advanceweb.com/audiology

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FOSTERING INNOVATION

Why leaders need to create a culture of tolerance to promote a spirit of innovation. By Joel A. Garfinkle

orporations in nearly every sector of the economy are on a quest for innovation — be it a new techno gadget, a more effective means of delivering a critical service or strategies for breaking into new markets. Silicon Valley is especially prized for its ability to innovate, and companies across the country hope to bring that same level of energy and creativity to their own industries.

Unfortunately, many people believe that innovation is an almost magical quality that only a few prodigies possess. In reality, nearly every employee is capable of at least some level of innovation. Executives, managers and other leaders just need to understand what innovation is and what it isn't — and how to create a workplace culture that promotes innovation.

Innovation: What It Is & Isn't

Innovation, broadly speaking, is about change or a novelty that provides an advantage. When a company innovates, it revises an existing product or service to add value or creates something new that promotes growth. Typically, innovation is not: "right-brain" creativity, sudden or something only executives can mandate.

On the contrary, hard work, focus and investigation drive innovation.

One common mistake corporations make is looking at innovation as a quest for blockbuster ideas. Most companies' continued success depends far more on a steady stream of small innovations than a huge innovation windfall. Emphasizing small but regular improvements is critical.

Leaders who want to promote innovation in the workplace should focus on their organization's culture and organizational processes. Creating a physical and social environment conducive to innovation will help them realize their ambitions.

4 Principles for Fostering Innovation

- Time & Autonomy
- A Critical Mass of Talent
- Space for Collaboration & Solitude
- Tolerance for Failure

Joel A. Garfinkle is an executive coach who has worked with many of the world's leading companies, including Google, Amazon, Starbucks, Deloitte, Cisco Systems, etc. He is the author of "Getting Ahead: Three Steps to Take Your Career to the Next Level."

ADVANCE is pleased to offers its Nineth Annual Continuing Education Directory. This listing of continuing education providers is categorized into specific practice areas for your convenience in finding CE opportunities on the topics of your choice.

The directory includes provider and contact information from companies and organizations that offer continuing education in various areas of expertise.

You can plan your continuing education for the year by contacting these advertisers directly to find out where and when they are offering courses in the coming year.

For convenient access all year long, the Eighth Annual Continuing Education Directory also will be made available on our website at www. advanceweb.com/speech. In addition, courses that offer CE credits can be found in the Education Opportunities section of this week's ADVANCE or in the calendar section of our website.

We hope you find this directory to be a useful tool in keeping up with your CE credits. We welcome your feedback for next year's directory. Please contact Ed Zeto at ezeto@advance web.com.

Amplification

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PATHWAY TO FEEDING SUCCESS

When it comes to establishing an infant-driven feeding program, communication and patience are key by Brenda Gameri, MS, CCC-SLP

s a speech-language pathologist in a NICU for the past 10 years, I have experienced the pleasure and the growing pains of establishing an infant-driven feeding program and feeding pathway in our unit.

As SLPs, we are an integral part of the team that provides developmental feeding opportunities in the NICU. We offer in-services, attend interdisciplinary rounds, communicate with neonatologists and neonatal nurse practitioners, and educate nursing staff and families at the bedside.

With perseverance, patience, daily education, networking and the development of relationships, SLP's can establish a feeding program that fits their unit's individual needs.

The ups and downs in our unit created the opportunity to provide more consistent care in the NICU. In our unit, speech pathology screens all infants born between 35 and 36 weeks gestation and evaluates all infants who are 34 weeks gestation or younger.

Babies at 33 or 34 weeks gestation are followed 1 to 3 times a week to monitor tolerance with feedings, provide education to nursing and families and troubleshoot if any problems develop. Babies born at 32 weeks gestation or earlier are followed 3 to 5 times a week as this population tends to be at an increased risk for respiratory issues related to prematurity. At 30 weeks gestation, speech





pathology initiates care to provide positive facial and oral stimulation to the infant's face and oral structures in order to buffer some of the negative but life-saving stimulation.

Focus on Quality

Around 32 to 33 weeks corrected gestational age, mothers are encouraged to initiate "recreational" breastfeeding, when the infant is cueing. "Recreational" means the mother empties by pumping and then allows the infant to nuzzle at the breast. When the infant's feedings are condensed over a half hour, then the mother is encouraged to breastfeed on a cue-based schedule. Nipple feeding by bottle typically occurs around 33 or 34 weeks corrected gestational age and is always initiated with a slow flow nipple.

Feeding generally occurs in a swaddled sidelying position, with the infant's head slightly elevated. Infants are externally paced at a 3:1 ratio of 3 sucks to 1 breath burst. A sidelying position minimizes pooling of residuals in the pharynx, allows ease with external pacing, allows assessment of respiratory activity during feedings, as the infant's head and chest are cradled in the caregiver's hand, and minimizes distractions for the infant during feedings.¹

With the support of management, neonatal nurse practitioners and physicians, the goal of our unit was to encompass an infant-driven feeding culture. In an infant-driven culture, the focus is not on intake but on quality and safety.² It allows the

infant to take the feeding versus the feeding being given to the infant.

The nursing staff follows specific guidelines with each feeding yet continues to have the autonomy to determine whether to feed the infant or not based on readiness cues. They have been educated and trained to support the infant as an active feeder. Negative feeding opportunities have a life-long impact on the development of these fragile infants.

There should be no focus on "getting the feeding in" or an empty bottle as the goal.³ Feeding is maturational and will come with time. As long as we provide supportive feeding opportunities, we can ease the transition to full nipple feedings. A feeding pathway is used as a guideline. Our feeding pathway is simple and user friendly, yet consistent and descriptive. All nursing alcoves have a feeding pathway, index of terminology used by speech pathology, decision tree for transitioning to standard nipple and guidelines for feeding in the NICU.

Feeding & Swallowing Guidelines

The guidelines include:

- First bottle feeding to be completed by parents
- Initiate nippling with slow-flow nipple for all infant less than 37 weeks gestation
- Initiate nippling with slow-flow nipple if mother intends to breastfeed
- Utilize decision tree for transitioning infants close to 38 weeks gestation to standard nipple

• Nursing staff to read speech pathology's notes daily

When a swallow study is indicated, the SLP performs it in radiology. Swallow studies are not completed until 38 weeks gestation to allow infant's nippling skills to mature. Often, swallow studies are not completed until after the infant has reached full term. We mix 30 cc sterile water with 3 teaspoons powder barium to create a thin consistency.

From there, we provide thick 1 consistency (30 cc barium with half a teaspoon ground rice cereal), thick 2 consistency (30 cc barium with 1 teaspoon ground rice cereal) and thick 3 consistency (30 cc barium with 1-and-a-half teaspoon ground rice cereal).

Hand mixers at the bedside ensure a cohesive consistency. The infant is placed in a sidelying position with head slightly elevated. Thin barium is provided via slow-flow nipple with thickened viscosities provided by modified nipple. In our unit, we use variable-flow nipples with thickened feedings to avoid cutting nipples and provide consistency from feeding to feeding. We collaborate with the dietitian daily to meet the nutritional needs of our babies.

I encourage other SLPs to take the opportunity to learn whenever you can. This article is descriptive about our unit, but not all inclusive of the information needed to know to specialize in pediatric dysphagia. I encourage professionals to attend NICU feeding conferences, review infant head and neck anatomy, obtain additional training in interpreting modified barium swallows in infants and continually learn.

The nursing staff continue to have autonomy, and I rely on them heavily to provide developmental feeding opportunities. Communication is key and input from all of the staff allows us to make the best decision for our tiny patients

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For the past 10 years, Brenda Gamerl has provided feeding and swallowing services in a Level 3 NICU in Omaha, NE. She can be reached at bgamerl@ alegent.org



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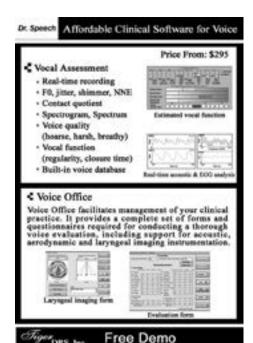


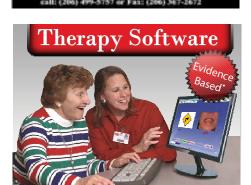


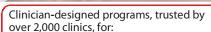
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LOVING LONG-TERM CARE

Speech-language pathologists find their niche working in skilled nursing facilities By Rose Quinn

or Heather Kosarek, MS, CCC-SLP, her day is made whenever she can make her patients at Meadowbrook Acres smile.

"That makes my job completely worth it," said Kosarek, who has been working at the 60-bed facility in Charlestown, WV, for a year. At 29, she believes she has found her professional niche in long-term care.

"It can be very challenging, but very rewarding," she told *ADVANCE*. "I wake up every morning, and I am excited to come to work. I absolutely love what I do."

Meadowbrook is owned by Nursing Care Management in Ohio and is under contract with Genesis HealthCare System. Kosarek began working for Genesis as a new graduate — Jan. 3, 2013, will mark her 6th anniversary. When the Penn State University undergrad started her master's program at Clarion University of Pennsylvania, she saw herself working in a school setting. But she quickly recognized some limitations during a stint at a school in Oil City, PA. Without an office, she was put to work in a stairwell, treating 85 kindergarten through secondgrade students, four every 30 minutes or so.

"I felt like I was ineffective," she said. With the children, she said, "You needed cooperation from so many outside sources. It was difficult to coordinate."

At Meadowbrook, "I have more of a captive audience. There is time to establish and work toward goals. We see progress quicker," she explained. She also appreciates the opportunity to get to know her patients and family members, as well as the support she receives from colleagues.

One of the Best Jobs

According to 2011 American Speech-Language-Hearing Association statistics, 38% of certified SLPs are employed in healthcare settings. Of those, 9% (10,260) are employed in skilled nursing facilities, behind the 13% (14,820) in hospitals.

According to the *U.S. News and World Report* Best Job 2012 list, speech-language pathologists ranked No. 14.

Countless Rewards

On a typical day at Meadowbrook, Kosarek cares for 12 residents, typically between the ages of 70 and 90, usually with dementia, Alzheimer's or Parkinson's diseases. Among her roles is to ensure they are oriented in their setting, which might include helping them to know the date on a particular day or where to go to play Bingo. To do that, she will set up cueing and redirection goals for residents, especially for newcomers requiring cognitive retraining.

"Making the transition from home to longterm care, there is the risk for depression," she said. "Helping patients meet other people helps them to feel more at home."

She would like every patient to participate in three to five activities a week independently. Kosarek's days begin about 7 a.m. and end at 4 p.m. She sees her patients 5 times a week. Basic therapy lasts 30 or 60 minutes.

Like many, Kosarek used to equate nursing homes with death. "It's not like that," she stressed.

While it is frequently the last home for many residents, she was quick to note there are others with goals of returning home. "This is a new generation of long-term care," she said.

Working as a manager in Pennsylvania, Kosarek took a staff position when her husband's promotion required a move. Genesis found the new position, and relocated her. "It was a true testament to this company and how it values its employees," she said.

Compassion & Flexibility

Kosarek thinks it takes a compassionate person to work in long-term care, as well as someone who can be flexible. Recently she had to do six evaluations on a day in which she already had 8 hours of treatments scheduled. "You have to be able to roll with the punches," she said.

Kosarek usually works solo, but had the assistance of an intern for part of the summer. As Kosarek spoke, Shannon Nease was treating an 82-year old man with dysphagia and cognitive therapies.

"It's been a busy morning," Kosarek said. It was only 10 a.m. and between them, they'd treated seven patients.

On this particular day, the bulk of the patients required dysphagia therapy. Kosarek prefers the direct method. She will sit with a patient as they eat and watch for any problems. Her goal is not only to keep them safe as they eat a meal, but to allow them to remain on an unrestricted diet as

for stuttering diagnostics and therapy.

long as possible. Kosarek will often roam from table to table in the dining room to work with her patients.

Like Kosarek, Nease never envisioned herself working in a long-term care facility. Admittedly, it was "on the bottom" of her list.

"I started working here, and I got attached," she said. Nease graduated Aug. 11 from Marshall University, one of 24 in the graduate program. On Aug. 20 she begins her career at The Arbors at Fairmont as a clinical fellow. ■

Rose Quinn is a frequent contributor to ADVANCE.



Geriatrics & Adult Services Blog

Like Heather Kosarek, MS, CCC-SLP, Jennifer Kay-Williams, MS, CCC-SLP, has found a career as an SLP in a skilled nursing facility to be rewarding and challenging. Read her blogs at www. advanceweb.com/Speechblog

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THERAPY & RACE

Study suggests racial disparities may exist in larynx preservation therapy for cancer patients

study of laryngeal (voice box) cancers suggests racial disparities may exist with black patients less likely to undergo larynx preservation than white patients, according to a report published by *Archives of Otolaryngology – Head & Neck Surgery*.

Annually about 12,000 cases of laryngeal cancer are diagnosed in the U.S., and the standard of care historically has been total laryngectomy (removal of the voice box) followed by radiation for locally advanced cancer. However, studies have now resulted in widespread acceptance of larynx preservation using radiation with chemotherapy as the initial treatment, with total laryngectomy reserved for "salvage" therapy, according to the study background.

Wei-Hsien Hou, MD, PhD, of the University of California Davis School of Medicine, Sacramento, and colleagues used the Surveillance Epidemiology and End Results (SEER) database to identify white, black, Hispanic and Asian patients with stage III and stage IV laryngeal cancers diagnosed during 1991 through 2008.

The authors report among white patients, 2,254 (80.3 percent) had larynx preservation and among black patients, 483 (74.5 percent) had larynx preservation.

"After controlling for potentially confounding variables including age, sex, year of diagnosis, stage and subsite, we demonstrated that blacks were less likely to undergo larynx preservation than whites. Following the trend within the general population, the use of larynx preservation has also increased among black patients over time, and our data suggest the observed racial disparity may in fact be narrowing," the authors note.

On univariate analysis, blacks were significantly less likely to undergo larynx preservation, and this racial disparity persisted on multivariate analysis for blacks and was still observed among patients treated more recently between 2001 and 2008, according to the study results.

Researchers note possible explanations for their results may include a lack of health literacy and social factors such as financial barriers and health insurance.



Head & Neck Cancer

African-Americans are more likely than Caucasians to be diagnosed with head and neck cancers. For more information, go to www. advanceweb.com/Speech

SWALLOWING EXERCISES

Short-term improvement in function among patients with head & neck cancer

ount Sinai School of Medicine researchers have found targeted swallowing exercises can help alleviate swallowing dysfunction — a debilitating side effect in people undergoing chemoradiation therapy (CRT) for head and neck cancer. The study, published in the April issue of Archives of Otolaryngology – Head & Neck Surgery, suggests clinicians should consider giving all patients undergoing CRT an exercise regimen to improve their quality of life after treatment.

"This study provides clear evidence aggressive swallowing therapy is an important way to improve outcomes after chemoradiation treatment," said Eric Genden, MD, professor and chair of otolaryngology, Mount Sinai School of Medicine, and renowned expert on the use of minimally invasive robotic surgery to treat head and neck cancer.

The Mount Sinai team, led by Genden and Tamar Kotz, MS, CCC-SLP, conducted a randomized controlled trial of 26 patients with head and neck cancer who were receiving CRT. Half were randomized to the intervention group, performing five targeted swallowing exercises throughout their CRT and participating in weekly swallowing therapy sessions. The other half were randomized to the control group and conducted no swallowing exercises. They were referred for swallowing treatment after completion of CRT.

Assessing Swallowing

Patients were assessed using two measurement tools: the Functional Oral Intake Scale (FOIS), which measures ability to swallow food, and the Performance Status Scale for Head and Neck Cancer, which includes subscales for Eating in Public, Understandability Of Speech, and Normalcy of Diet. Patients in the intervention group showed significantly better scores on both scales at three and six months following treatment.

"CRT is a very arduous treatment regimen for patients, and it is difficult for many of them to adhere to a rigorous prophylactic swallow exercise program while undergoing this type of treatment," said Kotz. "In our study, 69 percent of the patients assigned to the intervention arm were no longer able to tolerate performing the swallowing exercises after week 5 of the radiation treatment. However even without adherence to the swallowing exercises regimen through the completion of the CRT, these patients still showed meaningful improvements in their swallowing function after treatment."

After CRT, tissue in the neck and at the base of tongue is damaged by radiation and becomes stiff, resulting in loss of function. Strengthening the muscles around the damaged tissue may allow them to compensate for the tissue.

"Research showing the efficacy of swallowing exercises has been criticized in the past due to a lack of randomization in certain studies," said Kotz. "Our study is the first randomized trial to demonstrate a strong quality of life benefit at 3 and 6 months in patients

undergoing CRT."

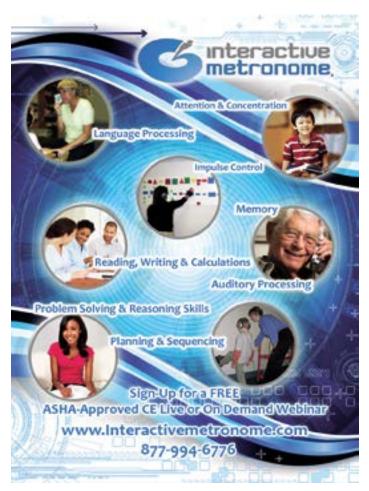
The authors plan to study the benefit of swallowing exercises at 9 and 12 months using a larger sample size than the one used to study the effects after 3 and 6 months. The current study found no significant difference between the groups at nine and 12 months.

"This study demonstrates the intensive team approach required for patients to have the best possible outcome after head and neck cancer treatment," Genden said. "Mount Sinai's oncologists, surgeons and speech-language pathologists work together on a tailored treatment and rehabilitation regimen for our patients, resulting in much improved quality of life."



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This Introduction Workshop is designed for SLPs working with child or adult speech-production disorders. The course consists of three days hands-on, workshop. PROMPT is based on a client-centered philosophy, which embodies neuro-motor and linguistic principles. 1.8 CEUs. **Contact:** 505-466-7710; 505-466-7714 (fax); or www.promptinstitute.com to register online.

SEPT. 14-15, 2012

JACKSONVILLE, FL

Swallowing & Communication Function in Trach/Vent Patients

This course offers a comprehensive, systematic approach to management of communication and swallowing function in medically fragile patients, particularly those who are tracheostomized and/or ventilator dependent. This interactive course will give you the skills to make decisions with regard to safe and efficient nutrition, management of swallowing disorders, and functional communication systems. Treatment implications for each medical method for altered respiration-trach/vent dependency, and laryngectomy-will be discussed in detail. Participants will gain confidence working with this complex population. Instructor: Julie Stierwalt. Contact: Education Resources, Inc., 508-359-6533; 800-487-6530 (outside MA); www.educationresourcesinc.com

SEPT. 14-15, 2012

SIOUX FALLS, SD

SD Speech-Language-Hearing Association Annual Convention

The South Dakota Speech-Language-Hearing Association (SDSLHA) will host its Annual Conference, Sept. 14-15, 2012 at the Sioux Falls Convention Center in Sioux Falls, SD. The conference will feature Local, State and National speakers, discussing the latest information in the speech and hearing occupations. Information will be presented in lecture and

poster session formats. This conference will showcase the latest research and developments focusing on Speech and Hearing. **Contact:** SDSLHA, 605-274-2423; www.sdslha.org for more information

SEPT. 15, 2012

PHILADELPHIA, PA

iPad Apps & Low-Tech Visual Strategies for Students w/ Autism

Participants will receive a wealth of information and resources for using visual strategies from "low" tech to "high" tech to meet the unique learning and behavior needs of students with ASD with the ultimate goal of increasing their independent functioning. High tech strategies to be explored include: use of video-modeling, computer-aided instruction, and the revolutionary iOS devices (iPhone, iPod touch and iPad). Instructor: Susan Stokes, MA, CCC-SLP. Contact: Austill's Rehabilitation Services, Tina Larsen, tina@austills.com or www.austills.com

SEPT. 20-21, 2012 OCT. 19-20, 2012 NOV. 16-17, 2012 BAYSIDE, NY CINCINNATI, OH MIAMI, FL

Intervention for the High Risk Infant: NICU, Home and El

This seminar offers practical strategies toward a contextual approach to behavioral, developmental and feeding assessment and intervention. Video, demonstration and case examples will be used to introduce the NICU Network Neurobehavioral Scale (NNNS), to illustrate feeding assessment and intervention and to train participants in administration and scoring of the Posture and Fine Motor Assessment of Infants. Participants will enhance their clinical skills through creative problem-solving. Instructor: Rosemarie Bigsby. **Contact:** Education Resources, Inc., 508-359-6533; 800-487-6530; www.educationresources inc.com

SEPT. 20-22, 2012 SEPT. 21-23, 2012 OCT. 25-27, 2012 OAKDALE, CT ROCKVILLE CENTER, NY BEMIDJI, MN

Bridging PROMPT

Technique to Intervention

This workshop will cover a brief review of technique & help the clinician more thoroughly understand & apply Parameter, Syllable, Complex & Surface prompting w/ different motor systems & conditions. A major focus of the workshop will be to understand planes of movement (vertical, horizontal, anterior-posterior) and how these apply to lexicon development & word choices. Clinicians will be guided through the development of holistic (considering all domains) intervention plans that entail selecting goals, writing objectives & developing activities. These will include all domains & motor to phoneme selections & working to develop plans that involve parents or caregivers utilizing these goals in naturalistic environments. 1.8 CEUs. **Contact:** www.promptinstitute.com for further information.

SEPT. 21-22, 2012

ASHEVILLE, NC

2012 Fall Conference

AAA-NC and The North Carolina Speech, Hearing and Language Association will host the 2012 Fall Conference, Sept. 21-22, 2012 at the Asheville Renaissance Hotel in Asheville, NC. The conference will feature topics discussing improving hearing aid outcomes, audiology, cognition and amplification, understanding and managing Tinnitus, augmentative communication, dysphagia, autism, ethics, and bilingual caseloads and more. Information will be presented in workshop and poster session formats. Contact: NCSHLA, 919-832-0445; www.ncshla.org/fall Con for more information.

SEPT. 21-23, 2012 OCT. 12-14, 2012 ATLANTA, GA HOLLYWOOD, FL

Oral Motor, Feed/Swallow & Respiratory Function Challenges

This course delivers clinically relevant assessment and treatment strategies for infants and children with neuromotor impairments and challenges to their oral motor, feeding/swallowing and respiratory function. A special emphasis is on postural alignment and control as well as on sensory factors that can influence a child's feeding and swallowing. Effective treatment strategies to improve cheeks/lips, tongue, jaw and rib cage function will be highlighted. Instructor: Rona Alexander. Contact: Education Resources, Inc., 508-359-6533; 800-487-6530 (outside MA); www.educationre sourcesinc.com

SEPT. 22-23, 2012

BOSTON, MA

NICU Feeding Frustrations: A Cue-Based Approach

Catherine Shaker, MS/CCC, BRS-S & Sue Thoyre, PhD, RN. Published authors on neonatal feeding with a combined 50+ years NICU experience. Change the culture in your NICU! Cue-based co-regulated approach essential to collaborative feeding practice and improved outcomes. Learn to use/score The Early Feeding Skills Assessment - a research-based tool. Profile engagement, oral-motor, swallowing, physiologic stability coordination of SSB. Videos of neonates feeding to analyze/score. Learn essential interventions for "infant" focused not "volume" focused care. Problem-solve typical team issues. Bring your team! Other courses: NICU, Trachs, peds dysphagia, swallow studies. **Contact:** 407-217-2959; or www.Shaker4SwalllowingandFeeding.com

SEPT. 22-28, 2012 OCT. 6-12, 2012 JAN. 12-18, 2013 BUCKINGHAM, VA NEW YORK, NY SARASOTA, FL

Yoga for the Special Child[®], LLC Certification Programs

This comprehensive program of Yoga techniques is designed to stimulate the development of children w/ special needs. Our teaching methods are gentle restorative; safe for babies & children w/ Down Syndrome, Cerebral Palsy, Microcephaly, Autism, & other developmental disabilities. These methods also provide an effective Tx for children diagnosed w/ ADD/ADHD & learning disabilities. Taught by internationally renowned Yoga therapist & author Sonia Sumar, our certification program curriculum includes instruction in Yoga poses, breathing exercises, infant massage & deep relaxation techniques. **Contact:** 888-900-YOGA; or www.specialyoga.com for a complete list of program dates & locations.

SEPT. 28-29, 2012

MANCHESTER, NH

Feeding the Most Fragile: From NICU to Early Intervention

This feeding workshop is designed for those who work with infants in or just discharged from the NICU. Practical information from a developmental specialist will help practitioners to increase their knowledge about factors that impact successful oral feeding. The presenter will include information on preterm and ill term infants. Strategies to facilitate infant abilities will be emphasized. Facilitating caregiver interactions to support the acquisition of appropriate feeding skills, utilizing a multi-disciplinary supportive team in the NICU and after discharge to Early Intervention follow up services. Instructor: Erin Sundseth Ross. **Contact:** Education Resources, Inc., 508-359-6533; 800-487-6530; www.edu cationresourcesinc.com



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SEPT. 28-29, 2012 OCT. 26-27, 2012 ALLENTOWN, PA STAFFORD, TX

Effective Ways to Manage Behavior in Autism

Effectively treat children with sensory integration and behavior problems using a new approach that combines sensory integration and behavioral techniques into your current pediatric therapy. Emphasizes practical evidence-based strategies involving handling, play, art, music and movement activities. Approach synthesizes Sensory Integration, Behavioral, NDT, NeuroPsychology, Sensory Massage and Trager Body Work. Instructor: John Pagano. Contact: Education Resources, Inc., 508-359-6533; 800-487-6530; www.educationresourcesinc.com

SEPT. 28-29, 2012 DEC. 7-8, 2012 MATTHEWS, NC HOUSTON, TX

Therapeutic Interventions in the NICU

This course focuses on developmental and therapeutic interventions in the NICU. It covers assessment and treatment, transition to home, post discharge follow-up and identification of emerging disabilities. Strategies to optimize behavior, development and feeding of the neonate will be offfered in addition to practical approaches to facilitating teamwork and caregiver engagement. Instructor: Tracilyn Urruela. **Contact:** Education Resources, Inc., 508-359-6533; 800-487-6530 (outside MA); www.educationresourcesinc.com

SEPT. 29-30, 2012 OCT. 20-21, 2012 SAN FRANCISCO, CA DALLAS, TX

The Compton P-ESL Accent Modification Method

Conduct pre and post assessments, use direct instructional methods addressing phonology and intonation, and deliver measurable results to paying clients using the most comprehensive and recognized approach to foreign and regional accent modification. Earn your certified instructor status at our 2-day workshops or with our new web-based training classes at www.ilpacademy.com. Online or in person, certification includes a Trainer reference guide, 5 testing protocols, assessment kit, and a valuable introduction to business formation and marketing strategies. Build your own clientele or add to your existing services. **Contact:** 800-526-4824; or www.800language.com for registration, free e-book and more information.

OCT. 1-2, 2012

LAS VEGAS, NV

Pediatric Feeding: Assessment & Treatment

This course presents the foundation or "nuts and bolts" necessary for clinicians to understand the medical, psychosocial, sensory and oral-motor factors influencing feeding development. PCDA's interdisciplinary team will discuss the essential components of assessment and treatment to support advancing mealtime independence, weight gain and growth, and supporting pleasurable mealtime participation. Video case studies and modified barium swallow studies will be utilized in discussion of common feeding concerns such as oral feeding safety, selective eating, oral aversion, and difficulty with texture progression. 14 hours of CEUs through ASHA, AOTA, and CBOT Advanced Practice, Instructors: Diane Cullinane, MD; Julie Miller, MOT, OTR/L, SWC; Anne Davis, MS, CCC-SLP; Patricia Novak, MPH, RD. Contact: Katherine Getts, 626-793-7350, ext 219; Katherine@pasadenachild development.org or visit: www.pasadenachilddevelopment. org/conferences.html for brochure.

OCT. 4-5, 2012

EDISON, NJ

20th Annual SLP/Audiology Education Series

This 1 1/2 day conference for Audiologists and Hearing Aid Dispensers entitled "Hearing Aid Evaluation & Management:

Best Business & Best Practice" will begin with a three-hour evening session presented by Debbie Abel, AuD, focusing on changes due to the Affordable Care Act and the shifting landscape of the hearing aid delivery model. It will describe what is required to be in compliance as well as, pathways to optimize Medicare and other reimbursements. The second day will be presented by Michael Valente, PhD, who will be using lecture and demonstration to discuss the selection, verification, and validation in the performance of hearing aids dispensed to adult patients. This conference is sponsored by JFK Johnson Rehab Institute. Early bird rates in effect until Sept. 6th. **Contact:** Marianne Mohary, 732-632-1570; or e-mail: mmohary@jfkhealth.org to register or receive a brochure.

OCT. 5-8, 2012 OCT. 24-28, 2012 PHILADELPHIA AREA, PA NEW YORK CITY, NY

Pediatric Swallowing/Feeding, Swallow Studies and NICU

Three courses in one location. Attend as many days as you want. Catherine Shaker, ASHA Board Recognized Specialist in Swallowing, presents her acclaimed evidence-based series on Pediatric Swallowing/Feeding, Pediatric Swallow Studies and NICU Feeding and Swallowing. Benefit from her 35 years of experience with complex NICU/pediatric cases, case studies, videos, networking with colleagues. Essentials of practice, questions and answers, learn from a clinical leader. The most practical and best clinical series you can find! **Contact**: 407-217-2959; or www.Shaker4SwallowingandFeeding.com

OCT. 8, 2012

FORT WASHINGTON, PA

Frontal Lisp, Lateral Lisp, Distorted R

Pam Marshalla, MA, CCC-SLP. This seminar presents practical therapy techniques for the remediation of all the Sibilants and R. A wide variety of techniques will be discussed. Class includes lecture, examples and small group learning activities. Techniques are presented in light of the evidence-based practice model and are drawn from the rich history of traditional articulation therapy updated with the newest information about tongue movement from electropalatography, film, and MRI studies. 6 CEUs, light breakfast provided. **Contact:** Abington Speech Pathology Services, Inc., 215-659-5599; info@abingtonspeech.com

OCT. 11-12, 2012

PORTLAND, ME

Picture Exchange Communication System (PECS)

PECS is a language training package that is used to teach communication skills rapidly to those with limited functional speech. In this two day workshop you will learn how to implement the six phases of PECS, including attributes, through presenter demonstrations, video examples and role play opportunities. Participants will gain an understanding of how to implement PECS with individuals with autism, related developmental disabilities, and/or limited communications skills. Download brochure at www.mrhassociates.com Contact: Mark R. Hammond Associates, Inc., 222 Auburn St., Portland, Maine 04103; 207-797-8255, ext 102; 207-797-5560 (fax); E-mail: chammond@mrhassociates.com

OCT. 12-13, 2012 NOV. 3-4, 2012 DENVER, CO AKRON, OH

Rehab for Persons w/ Dementia: Making Therapy Worth It

Provides SLPs with interdisciplinary evaluation & treatment strategies that are critical to improve outcomes for this rapidly growing patient population. Strategies for communication, ADLs, mobility, common eating & nutritional problems, cardiopulmonary & pain issues, sensory stimulation, seating & positioning, restraints, behavioral problems & strength based activities. Understand different types of dementia

with specific communication & approach strategies for success. An evidence based 20 hour seminar with an extensive handout. Speaker Susan Staples, PT, GCS, has worked closely with SLPs & this patient population for years. ASHA Approved. **Contact:** 877-794-7328; or www.greatseminarsandbooks.

OCT. 14-15, 2012

NEW YORK, NY

Pediatric Dysphagia: Assessment and Treatment

This course is designed for the practicing pediatric clinician with particular emphasis on the early intervention population, but with treatment discussions through adolescence beyond the acute care setting. This course will review treatment options within a developmental context, discuss complex medical cases within the framework of several broad assessment areas, and answer two important questions: where do I begin? and What do I do next? This course is appropriate for SLPs that have a large caseload of feeding/swallowing disorders or those who work with complex cases outside of the acute care setting, including schools, outpatient/private clinics, and early intervention. Instructor: Donna Scarborough, PhD, CCC-SLP, BRS-S. Contact: Therapeutic Services, 718-692-1929; 888-7-THERAPY; www.therapeuticservicesinc.com

OCT. 21, 2012

BROOKLYN, NY

Treating Eating Problems in Children w/ Special Needs

In this 6 hour Sunday course focusing on young children birth to five, Dr Keith Williams, PhD, BCBA-D, will present behavioral procedures frequently included in treatments for food refusal, methods commonly used in the assessment of feeding problems and development of an intervention for the treatment of food selectivity. Light breakfast and lunch provided. (Kosher) Earn BCBA, ASHA CEUs, NBCOT PDUs. Contact: 718-851-3300, ext 155; or shoshana.challenge@thejnet.com

OCT. 21-22, 2012

NEW YORK, NY

DIR®/Floortime & the Science that Supports the Theory

This course focuses on DIR®/Floortime Approach to treat children with autism, regulatory disorders or other challenges in relating and communicating. DIR - Developmental, Individual-Difference, Relationship Based Treatment. DIR provides an understanding of the child's functional emotional levels including regulation and attention; mutual engagement; purposeful interaction with gestures; problem solving; elaborating ideas (pretend play, creating symbols); and building bridges between ideas (emotional thinking). This course is a progression from Rosemary's earlier DIR courses bringing in videos from recent years. All sessions emphasize coaching parents, therapists, teachers & aides in DIR. Instructor: Rosemary White, OTR/L. Contact: Therapeutic Services, 718-692-1929; 888-7-THERAPY; www.therapeuticservicesinc.com

OCT. 25-26, 2012

IOWA CITY, IA

Iowa Speech-Language Hearing Association Annual Convention

The Iowa Speech-Language Hearing Association (ISHA) will host its Annual Conference, October 25-26 at the Sheraton Iowa City in Iowa City, IA. The conference offers three concurrent tracks: SLP Pediatrics and Schools, SLP Medical and Private Practice, and Audiology. In addition to the concurrent sessions, information will be presented through a poster session and an educational exhibitor session. **Contact:** ISHA, 515-282-8192; isha@isha.org or www.isha.org

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OCT. 25-27, 2012 BLOOMINGTON (MINNEAPOLIS), MN

Taking SOS to the Next Level: Advanced Training in Feeding

These workshops, presented by Kay Toomey and Erin Ross, have been designed to further the skills of professionals who have already completed the Basic SOS Approach to Feeding training. These courses will delineate special concepts & treatment variations which are helpful for specific populations of feeding problems. The workshops will also expand the professionals' current skill level by giving additional & more refined strategies for: making food choices, how to best adhere to systematic desensitization criteria, improving growth & partnering with parents to achieve a more rapid & thorough carry-over into the home. Topics include: Infants, 6-16 month olds, Severely Impaired Children, GERD, Transitioning off G-Tubes, Food Tolerance, Food Science, Children on the Autism Spectrum, Parents as Partners. Sponsored by Capernaum Pediatric Therapy. Contact: Sandy, 763-533-0363; or e-mail: SandyG@capernaumpeds.com

OCT. 28-NOV. 18, 2012

BROOKLYN, NY

Applied Behavior Analysis for Young Learners w/ Autism

This Introductory Level, 3 Part Course for Early Intervention and Preschool Professionals will take place on 3 consecutive Sundays from 8:30-4pm. Dates are Oct 28, Nov 4, and Nov 18. Instructor, Mary McDonald, PhD, BCBA-D, has over 20 years experience directing programs for students with autism of all ages. This interactive and informative course is approved for 1.8 ASHA CEUs, 18 NBCOT PDUs, 21.6 NYPTA CEUs. Tuition of \$450 includes handout materials, refreshments, light breakfast and lunch (kosher). **Contact:** Shoshana at Challenge Early Intervention, 718-851-3300, ext 155; or E-mail: shoshana.challenge@thejnet.com for more information or to register for this course.

NOV. 15-16, 2012

FRAMINGHAM, MA

13th Annual Therapies in The School Conference

Register early for this popular conference which closed out last year to learn creative and effective strategies and help you to prioritize your interventions in a collaborative model. Topics include outcomes in ASD, the Socially Speaking™ Social Skills Curriculum, using iPads in the 21st Century classroom, and stress in students with LD and ADHD. Multi-Faculty. **Contact:** Education Resources, Inc., 800-487-6530; 508-359-6533; www.educationresourcesinc.com

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COVER STORY continued from page 6

rice cereal to their liquids can have adverse consequences when trying to maintain high levels of ketosis. For this reason, traditional thickening agents cannot be offered due to the carbohydrate content. Unlike thickening agents based on modified corn starch, thickeners such as guar gum or xanthan gum are incorporated due to their incomplete absorption by the body.

Pure forms of these gums can be purchased through some health food store or via the Internet. One commercial example of this type of thickener, Simply Thick, a xanthan gum based liquid, can also be used when a thickening agent is needed.

According to Beth Zupec Kania, RD, CD, owner of Ketogenic Seminars and consultant for The Charlie Foundation, "success in maintaining good seizure control during both testing for swallowing issues and upgrading the ketogenic diet is found by working closely with the registered dietitian who is monitoring each child. Since the typical first foods used for swallow studies and therapies are severely restricted in type and amount on the ketogenic diet, dietitians must pair foods such as applesauce with a source of fat to maintain ketosis."

Some children may begin the ketogenic diet receiving all or nearly all of their calories from a ketogenic tube feeding such as KetoCal, manufactured by Nutricia, or Ross Carbohydrate Free (RCF) formula by Abbott Nutrition. For some children, if seizures decrease and development improves, more calories may be an option from oral sources in the form of snacks or meals. A child's registered dietitian can calculate small snacks of heavy whipped cream with pureed fruit. As children begin consuming more by mouth, enteral feedings can be reduced if excess weight gain occurs.

Although fruits juices are typically avoided, beverages which are carbohydrate free such as certain flavored waters or a few approved caffeine-free diet sodas can be used for oral stimulation. These beverages can also be frozen and presented at the temperature desired.

Many products labeled as sugar free, including lollipops and gum, still contain carbohydrates or sugar alcohols which interfere with ketosis. Even sugar free gelatin, which contains protein, must be paired with whipped heavy cream to maintain appropri-

ate levels of ketones in the blood.

Zupec Kania states, "One misconception I have encountered is when parents have allowed their kids to taste a food by licking it, thinking since they are not ingesting it, that it doesn't contribute calories. They often experience a problem with either ketones and or seizures."

Add a Little Zest

For swallowing and motility studies, calculated snacks should be provided by the family to prevent immediate cessation of ketosis which can precipitate a seizure. The radiologic product added to the child's food should also be free of carbohydrate.

Heidi Pfeifer, RD, LDN, clinical dietitian specialist with Massachusetts General Hospital, Boston, tries different flavors to increase the volume of food consumed. "The addition of a very small amount of hot sauce to an item such as mayonnaise or ketogenic chicken fingers can help to change the flavor and boost a child's intake."

Although commonly used foods may need to be avoided during feeding and speech therapy, a little creativity and knowledge about the diet can make a big difference in working with these children and helping to maintain their seizure control.

Resources

- The Charlie Foundation to Help Cure Pediatric Epilepsy: www.charliefoundation.org
- 2. Matthews Friends: Dietary Treatments for Epilepsy: www.matthewsfriends.org
- 3. My KetoCal: www.myketocal.com

Julie Stefanski is the registered dietitian for the ketogenic diet program and feeding clinic at Wellspan Health, York, PA, and is an adjunct professor in the nursing department at York College. She has written a chapter for the textbook Nutrition and Diet Therapy for Nurses by S. Tucker and V. Dauffenbach.



More on the Web

Medications were not controlling 2-year-old Avery Sheffer's seizures, but her parents, Adrienne and Andy, have watched their daughter blossom, play and learn since she began the ketogenic diet a year ago. Hear their story and more about the feeding clinic at Wellspan Health, York, PA, in a video, Comfort Foods, at www.advanceweb.com/Speech

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NEW ENGLAND

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SPEECH THERAPIST

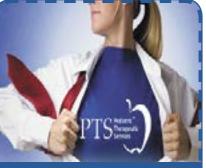
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Contrat Dahhia

Contact Debbie:

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HLAA Comments on Movie Captioning

In December the Hearing Loss
Association of America (HLAA) asked its
members and constituents to provide
comments for the review of movie
captioning regulations by the U.S.
Department of Justice. Recently, HLAA
reported receiving more than 950 comments, which were then filed in that
proceeding. The organization filed its
own comments with the department on
Jan. 24. The comments can be viewed
at www.regulations.gov or on the
HLAA Regulatory Filings page at
www.hearingloss.org.

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E0E

Methacton School District Montgomery County, PA

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