

Appendix: Dysphagia Screen

Modified Mann Assessment of Swallowing Ability (MMASA)

INSTRUCTIONS:

Circle the most appropriate clinical findings for each indicator.

Calculate the total score by adding the points for each indicator.

Patient Name _____

Date _____

1. Alertness

Task: Observe and evaluate the patient's response to speech, limb movement, or painful stimulation

Grade:

- 10 = Alert
- 8 = Drowsy-fluctuating awareness/alert level
- 5 = Difficult to arouse by speech or movement
- 2 = Coma or nonresponsive

2. Cooperation

Task: Gain patient's attention and attempt to initiate communication or activity

Grade:

- 10 = Cooperative—engages in some form of verbal or nonverbal exchange
- 8 = Fluctuating co-operation
- 5 = Reluctant co-operation
- 2 = No co-operation/response

3. Respiration

Task: Assess status of patient's Task: Assess status of patient's

Grade:

- 10 = Chest clear, no clinical or radiographic evidence of abnormality
- 8 = Sputum in the upper airway or other respiratory condition (e.g., asthma/bronchospasm, chronic obstructive pulmonary disease)
- 6 = Fine basal crepitations/self-clearing
- 4 = Coarse basal crepitations
- 2 = Suspected infection/frequent suctioning/respirator dependent

4. Expressive Dysphasia

Task: Assess for disturbances expression

Grade:

- 5 = No abnormality
- 4 = Mild difficulty finding words/expressing ideas
- 3 = Expresses self in a limited manner/short phrases or words
- 2 = No functional speech sounds or undecipherable single words
- 1 = Unable to assess

5. Auditory Comprehension

Task: Ability to understand basic verbal communication

Grade:

- 10 = No abnormality
- 8 = Follows ordinary conversation with little difficulty
- 6 = Follows simple conversation/instructions with repetition
- 4 = Occasional response if cued
- 1 = No response

6. Dysarthria

Task: Assess articulation

Grade:

- 5 = No abnormality
- 4 = Slow with occasional hesitation and slurring
- 3 = Speech intelligible but obviously defective rate/range/strength/coordination
- 2 = Speech unintelligible
- 1 = Unable to assess

7. Saliva

Task: Observe patient’s control of of saliva;
note any escape of secretions from the side
of the mouth

Grade:
5 = No abnormality
4 = Frothy/expectorated into cup
3 = Drooling at times, during speech, while side lying or fatigued
2 = Some drool consistently
1 = Gross drooling, unable to control drooling

8. Tongue Movement

Task: Assess tongue movement
Protrusion: Have patient extend tongue as
forward as possible, and then retract
Lateralization: Have patient touch each
corner of the mouth, then repeat
alternating lateral movements
Elevation: With mouth wide open,
have patient raise tongue up to palate; alternate
elevation and depression in this way

Grade:
10 = Full range of movements/no abnormality detected
8 = Mild impairment in range
6 = Incomplete movement
4 = Minimal movement
2 = No movement or unable to perform

9. Tongue Strength

Task: Assess bilateral tongue strength
Have patient push laterally and
anteriorly against tongue blade

Grade:
10 = No abnormality
8 = Minimal weakness
5 = Obvious unilateral weakness
2 = Gross weakness or unable to perform

10. Gag

Task: Contact posterior pharyngeal wall
on either side separately

Grade:
5 = No abnormality
4 = Diminished bilaterally
3 = Diminished unilaterally
2 = Absent unilaterally
1 = No gag response

11. Cough Reflex

Task: Ask patient to cough as strong
as possible
Observe strength and clarity
of cough

Grade:
10 = No abnormality
8 = Cough attempted, but hoarse in quality
5 = Attempt inadequate
2 = No attempt or unable to perform

12. Palate

Task: Ask patient to produce a strong
“AH” several times and sustain each one for
several seconds
Observe for hypernasality and note action
of palate elevation

Grade:
10 = No abnormality
8 = Slight asymmetry noted; mobile palate
6 = Unilaterally weak and inconsistently maintained
4 = Minimal movement, nasal regurgitation, nasal air escape
2 = No elevation of palate or unable to perform

MMASA SCORE = _____

Interpretation

Score ≥ 95: Start oral diet and progress as tolerated. Monitor first oral intake and consult SPEECH PATHOLOGY if patient has difficulty eating or drinking.

Score ≤ 94: Nothing by mouth and consult SPEECH PATHOLOGY for a formal swallow evaluation.