ISPRM OPERATIONAL GUIDELINES -

ISPRM Dysphagia Special Interest Group (SIG)

August 2026

1. Name

ISPRM Dysphagia Special Interest Group

2. Mission

Dysphagia is a major global health problem affecting individuals throughout the entire lifespan, from infancy to old age, and is encountered in a broad spectrum of conditions, particularly neurological, neuromuscular, geriatric, oncological, and critical care disorders. It is associated with severe complications, including malnutrition, dehydration, aspiration pneumonia, prolonged hospitalization, reduced quality of life, and increased mortality.

Despite its clinical importance, dysphagia remains underdiagnosed and undertreated in many parts of the world. In conditions with high morbidity and mortality, medical stabilization is often prioritized, leading to delays in swallowing assessment and rehabilitation. Moreover, socioeconomic, demographic, and cultural differences contribute to significant variability in diagnostic and therapeutic approaches. For example, while the prevalence of aspiration pneumonia after stroke-related dysphagia is commonly reported to be around 14%, rates as high as 80% have been observed in healthcare settings of some countries, reflecting disparities in awareness, screening, and management strategies.

Currently, there is no universally accepted, comprehensive algorithm covering the screening, diagnosis, treatment, and long-term follow-up of dysphagia across different patient populations and healthcare systems. The development of internationally applicable recommendations under the leadership of ISPRM would facilitate the standardization of care while allowing adaptation to regional and systemic differences. Furthermore, multicenter and multinational collaborative studies conducted through this working group could help identify global disparities and generate evidence-based solutions.

Dysphagia management is inherently multidisciplinary, requiring close collaboration among rehabilitation physicians, speech and language therapists, dietitians, physiotherapists, occupational therapists, neurologists, otolaryngologists, gastroenterologists, intensivists, and other healthcare professionals. PRM specialists are uniquely positioned to coordinate this multidisciplinary process because they focus on functional recovery, participation, and long-term outcomes. In addition to rehabilitation, PRM physicians can contribute actively to diagnostic procedures such as videofluoroscopic and endoscopic swallowing evaluations, integrating swallowing findings with respiratory function, nutritional status, comorbidities, caregiver capacity, and overall rehabilitation goals.

Another major objective of this working group would be to strengthen education and professional development in dysphagia. International online and face-to-face educational programs, workshops, and training courses could promote standardized assessment methods, establish a common professional language, and encourage the development of innovative diagnostic and therapeutic protocols. These activities would also help disseminate best practices to regions where access to specialized dysphagia services is limited.

Our mission is to improve the prevention, assessment, and rehabilitation of dysphagia across the lifespan through the leadership of Physical and Rehabilitation Medicine by fostering international and multidisciplinary collaboration, advancing education and research, and promoting the development of evidence-based clinical recommendations.

3. Goals

- To create an international network of PRM physicians and multidisciplinary professionals interested in dysphagia.
- To promote evidence-based approaches for dysphagia screening, assessment, and rehabilitation.
- To support the development of standardized clinical algorithms and recommendations.
- To organize educational activities, including webinars, workshops, and courses.
- To encourage multicentre collaborative research projects.
- To promote innovation in dysphagia assessment methods, including bedside screening, videofluoroscopic swallowing study (VFSS), flexible endoscopic evaluation of swallowing (FEES), ultrasonography, electrophysiological assessment, and other emerging technologies.
- To increase awareness of dysphagia as an important rehabilitation issue in neurological, geriatric, pediatric, cardiopulmonary, oncological, and intensive care populations.

4. Membership

a. **Number:** Unlimited
b. **Eligibility:** must be a registered ISPRM Member active in the current year (**registration page here**) and Members must be a professional and academic interest in dysphagia assessment, management, education, or research.
c. **Joining:** Candidates must complete the **ISPRM Group Membership Application Form**: https://isprm.org/isprm-group-membership-application-form/ and are joined following approval by the group chair(s) with subsequent updating of the group's list on the ISPRM webpage.
d. **Term:** Members join for a period of 2 years, with the option to renew for 3 terms (each term is 2 years, changes with the ISPRM President).

5. Organizational structure (offices, terms of service, election terms, and duties)

ISPRM Dysphagia Special Interest Group Task Force Structure
ISPRM President's Cabinet (PC) Liaison. Levent Ozcakar
Chair:Ebru Umay (2026-2028)
Co-chair:Sibel Eyigor (2026-2028)

6. Reporting mechanism

An annual activity report will be submitted for the book of reports when requested.

The SIG will hold at least one official meeting during each ISPRM World Congress.

Virtual meetings will be organized every 2–3 months.

Major activities and achievements will be regularly communicated to the ISPRM President's Cabinet.

7. Required resources

The SIG will primarily use the ISPRM online group platform for communication and document sharing.

Additional online meeting platforms may be used when necessary.

Members will be encouraged to actively participate in discussions, educational activities, and collaborative projects.

The group will meet online at least once every three months, with additional meetings scheduled according to the needs of ongoing projects and planned activities.

8. Procedures

The SIG will conduct an annual review of active membership and will carry out an annual survey to assess members' willingness to remain actively engaged in the group's activities. Active participation in meetings, educational initiatives, and collaborative projects will be encouraged. The SIG will support the development of educational programs and consensus documents, promote multicentre research initiatives, and establish task forces for specific projects when required. The group's objectives and achievements will be regularly evaluated to ensure continuous growth, sustainability, and alignment with the mission of ISPRM.