

Swallowing Exercises to Practice BEFORE, DURING, and AFTER Your Treatment

Research supports evidence that individuals participating in swallowing exercises **before, during, and after radiation treatment** have led to more improved swallowing function and a better quality of life. We strongly encourage you to adhere to the following exercises:

Jaw Stretches

Duration

Practice this stretch for
____ repetitions, ____
times a day

Instructions:

- a) Open the jaw as wide as possible
- b) Keep your mouth open in this position for 30 seconds
- c) Slowly close and relax your mouth

Tip: Or, you can gently push against your chin to feel a nice jaw stretch

Effortful Swallow

Duration

Practice this exercise for
____ repetitions, ____
times a day

Instructions:

- a) Inhale a large amount of air
- b) Close your mouth tightly
- c) Swallow hard (as if you were swallowing a golf ball)

Tip: We recommend you practice the effortful swallow with small sips of water

Tongue Hold Maneuver

Duration

Practice this exercise for
____ repetitions, ____ times a
day

Instructions:

- a) Stick out your tongue slightly. To help with this, you can gently pinch the tip of your tongue between your teeth (or fingers).
- b) Swallow with your tongue held out or pinched between your teeth/fingers.

Tip: Take small sips of water in between repetitions to help moisten your mouth

Please note: When performing the “jaw stretch” exercise, you should not feel any pain while stretching. If you do, please slightly reduce your effort to a nice comfortable stretch.

Exercise Diary Sheet

Treatment Exercises	Day of the week	Before Radiation Treatment		During Radiation Treatment (7 weeks)							After Radiation Treatment	
		<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>	<u>Week 7</u>	<u>Week 8</u>	<u>Week 9</u>	<u>Week 10</u>	<u>Week 11</u>
Jaw Stretch _____ <i>reps</i> _____ <i>sets</i> _____ <i>days</i>	Mon											
	Tues											
	Wed											
	Thurs											
	Fri											
Effortful Swallow _____ <i>reps</i> _____ <i>sets</i> _____ <i>days</i>	Mon											
	Tues											
	Wed											
	Thurs											
	Fri											
Tongue Hold Maneuver _____ <i>reps</i> _____ <i>sets</i> _____ <i>days</i>	Mon											
	Tues											
	Wed											
	Thurs											
	Fri											

This is your **personalized exercise diary sheet**. Please fill in each block with the *amount of repetitions* and the *number of sets* completed each day.