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Stroke is the leading cause of swallowing disorders (i.e., dysphagia), accounting for more than 420,000 cases

Persistent dysphagia is associated with long-term disability, institutionalization, and poor quality of life²⁰⁻²². Our proposed quality study addresses physiological, functional, and perceived-functional outcomes in post-stroke dysphagia as currently used by the SLPs at SRAlab. Additionally, it will incorporate the Mobili-T® device for visual biofeedback to help measure task accuracy and performance during the intervention (Figure 1). During the implementation process of Mobili-T® at SRAlab, SLPs participated in training sessions about biofeedback and sEMG, and a group of five core clinicians was trained to initiate the use of Mobili-T® in therapy. Therefore, our skill-based intervention program will incorporate this new device and adapt and refine the use of Mobili-T® for skill-based training.

We will follow Steps 1-4 during the planning process. ***Step 1 Development:*** The development phase will include (i) a critical review and analysis of the swallowing literature for existing skill-based programs and (ii) the design of the skill-based intervention program using the EFS ensuring task specificity, task challenge, and biofeedback, specific goals for each swallowing eac

