

Document title: SOP: IQoro treatment, general	Scope: Valid for clinicians working in ANYTOWN NHS Trust
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Standard Operating Procedure: IQoro treatment, general

Purpose

This Standard Operating Procedure (SOP) will provide a framework for staff working with IQoro within NHS care environments (insert specific area here). It will ensure a high standard of care is delivered to patients by competent practitioners.

Scope

Staff working within (insert specific area here) must follow this SOP when treating patients who are under the care of this service. This may be within an acute, rehab or community setting.

Responsibilities

It is the responsibility of the clinician or their lead to ensure staff are made aware of this SOP and have received the appropriate training. It is the responsibility of each clinical practitioner to maintain their competency and escalate any concerns appropriately.

Introduction

IQoro is an innovative neuromuscular training device which may be unfamiliar to some practitioners. It is relatively simple to use but an SOP is provided to guide best practice.

IQoro is deployed pre-dentally and is pulled forwards against sealed lips to create a low-pressure area in the oral cavity and beyond. The tongue, hyoid bone and other components move as if in a functional swallow and trigger four Cranial sensory nerves to send afferent signals to the brain stem. This provokes a sensory motor reflex arc that activates all the muscles in the swallowing chain down to the diaphragmatic muscles around the hiatal canal. These muscles, and the nerve pathways that control them are thus exercised and rehabilitated and, in the case of stroke patients (for example), neuroplasticity is promoted and accelerated.

IQoro is thus useful and effective in treating patients with swallowing dysfunction (dysphagia) of all types, and those suffering from reflux-based diseases which are usually caused by a Hiatus hernia – weakened musculature around the hiatal canal.

IQoro is a CE-marked Class1 Medical Device approved for single patient use. An IQoro is thus personal to a patient and may not be shared across individuals.

Indications

This SOP is relevant to patients in critical care, rehab, or a community setting with dysphagia or reflux-based diseases. Most patients can usually perform the training exercise themselves, but others, for example with upper body paralysis or non-responsive states, will need to be assisted by a clinician or carer.

Contra-indications

IQoro should not be used in cases of Trigeminal Neuralgia, Paraesophageal Hernia or Achalasia Cardiae, and should be used with care in cases where tinnitus or peripheral facial palsy is present. The manufacturer's website has a current list of contra-indications. As with all interventions, therapists deploying IQoro should apply their usual clinical judgement in only starting slowly and gently where patients' conditions indicate a careful approach to be appropriate. This latter category is most likely to apply in dysphagia patients – perhaps in complex rehab settings – rather than Hiatal hernia sufferers.

Complications / Risks

Patients with Tinnitus may sometimes experience a change in the nature of the sounds perceived, a graded approach to treatment duration, intensity and frequency is recommended in these cases.

Where muscles are exercised, especially those that have been delinquent in the recent past, delayed onset muscle soreness (DOMS) can occur. This is natural and to be expected, but may need to be explained to the patient. A short rest and a reduced training regime will usually be appropriate.

Patients with Hiatal hernia may unknowingly be suffering from irritation and bleeding in the esophagus. Training with IQoro can cause traces of this blood to come into the oral cavity. Patients may need to be reassured that the IQoro training is not causing the bleeding but is merely making it visible. Another cause of blood traces in the mouth can be irritated gums, in correct use IQoro does not abrade the gums and technique may need to be reviewed.

Initial assessment

Patients presenting with dysphagia or other conditions – maybe as a legacy of stroke – will generally be appropriate for IQoro treatment, as will those with reflux-based conditions.

SLTs may deploy assessment tools like FAT, SWALQOL, TWST or others where they judge necessary. Patients with dysphagia may be assessed for the optimum IDDSI levels for food and drink consistency.

The individual may need to be supported with information about the device and how it works and to assess the patient's suitability for the training regime required, including the patient's commitment. The manufacturer of IQoro is able to provide advice, materials and information to support the clinician in this task.

Procedure for IQoro use

Action	Rationale
Confirm that the condition is one of those that can successfully be treated with IQoro.	IQoro is referenced by name in the NICE healthcare pathways for treatment of dysphagia and reflux-based diseases. It is used in treating swallowing difficulties, facial and speech weakness, hoarse or gurgly voice, post-nasal drip, drooling, impaired postural control and conditions caused by refluxed stomach acids.
Introduce, explain and discuss IQoro treatment with the patient as appropriate.	To relieve patient anxieties and gain patient consent and co-operation.
Assess the patient's suitability for the training regime recommended, including the patient's ability and commitment to engage.	To ensure that the patient is likely to be able and willing to commit to the required training regime of up to 30 seconds three times per

	day for a period which can stretch to several months.
Provide the patient with the necessary information to get started. In the case of an otherwise-fit Hiatal hernia patient this may be no more than advising to read the enclosed manual thoroughly, follow the instructions and contact the manufacturer for support if necessary. In the case of a patient, for example with dysphagia, the SLT will include IQoro therapy as a part of an ongoing treatment plan.	The patient should understand the importance of following the instructions provided and be aware of the ability to gain free-of-charge support from the manufacturer as necessary.
Maintenance training. Explain that ongoing training may be required in some cases.	<p>As with most rehab regimes, IQoro training should continue as long as improvements are still being seen.</p> <p>Patients treated for dysphagia, for example after stroke, will usually find that once their ability is restored there will be no need for continued IQoro training.</p> <p>Where patients have successfully treated a Hiatal hernia it is often the case that an ongoing, lower intensity, training regime is required as 'maintenance training' to retain ability.</p>
Patients treating reflux-based diseases will usually experience a reduced need for medication, the rate at which these are reduced should be managed by the clinician in step with symptom reduction.	Patients should not reduce their intake of prescribed drugs without reference to the clinician that prescribed them.
Continuous review by the SLT will be required as part of the treatment plan. Patients treating dysphagia will usually be able to manage food and drink consistencies that are less modified, this process should be managed by the SLT. Recommendations on removing enteral feeds (where fitted) should be made by the SLT.	The SLT should be involved in decisions regarding diet and feeding methods where swallowing is not fully re-established.

References

NICE Medtech Innovation Briefing 175. Mar 2019

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