



Ελληνική Δημοκρατία
Τεχνολογικό Εκπαιδευτικό
Ίδρυμα Ηπείρου

Αγγλική Ορολογία

Ενότητα 13: Η Αγγλική Ορολογία στις Διαταραχές
Κατάποσης – Δυσφαγία.

Μελομένη (Μελίνα) Νησιώτη



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης





Τμήμα Λογοθεραπείας

Αγγλική Ορολογία

Ενότητα 13: Η Αγγλική Ορολογία στις Διαταραχές Κατάποσης – Δυσφαγία.

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Σκοποί ενότητας

- Εισαγωγή στο βασικό λεξιλόγιο που αναφέρεται στις διαταραχές της κατάποσης και την δυσφαγία.
- Η ανάπτυξή του γίνεται μέσω ασκήσεων ακρόασης (listening), αναγνωστικής κατανόησης επιστημονικών κειμένων (reading comprehension), συγγραφής (writing) και μετάφρασης (translation).



Περιεχόμενα ενότητας

- Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)
- Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)
- Άσκηση Μετάφρασης (Translation)
- Άσκηση Ακρόασης (Listening)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (1 από 85)

- Please underline the terminology you can seek in the text, on the following templates.



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (2 από 85)

Overview

- Feeding and swallowing disorders (also known as dysphagia) include difficulty with any step of the feeding process—from accepting foods and liquids into the mouth to the entry of food into the stomach and intestines. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (3 από 85)

Overview

- **Feeding** and **swallowing disorders** (also known as **dysphagia**) include difficulty with any step of the **feeding process**—from **accepting foods** and liquids into the **mouth** to the entry of **food** into the **stomach** and **intestines**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (4 από 85)

Overview

- A feeding or swallowing disorder includes developmentally atypical eating and drinking behaviors, such as not accepting age-appropriate liquids or foods, being unable to use age-appropriate feeding devices and utensils, or being unable to self-feed. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (5 από 85)

Overview

- A feeding or swallowing disorder includes **developmentally atypical eating and drinking** behaviors, such as not accepting **age-appropriate** liquids or foods, being unable to use age-appropriate **feeding devices** and **utensils**, or being unable to **self-feed**. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (6 από 85)

Overview

- A child with dysphagia may refuse food, accept only a restricted variety or quantity of foods and liquids, or display mealtime behaviors that are inappropriate for his or her age. Dysphagia can occur in any phase of the swallow. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (7 από 85)

Overview

- A child with dysphagia may **refuse food**, accept only a restricted variety or quantity of foods and liquids, or display **mealtime behaviors** that are **inappropriate** for his or her age. **Dysphagia** can occur in any phase of the swallow. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (8 από 85)

- Although there are differences in the relationships between anatomical structures and in the physiology of the swallowing mechanism across the age range (i.e., infants, young children, adults), typically, the phases of the swallow are defined as
 - Oral Preparation Stage—preparing the food or liquid in the oral cavity to form a bolus-including sucking liquids, manipulating soft boluses, and chewing solid food. [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (9 από 85)

- Although there are differences in the relationships between **anatomical structures** and in the physiology of the **swallowing mechanism** across the age range (i.e., infants, young children, adults), typically, the phases of the swallow are defined as
 - **Oral Preparation Stage**—**preparing** the food or liquid in the oral cavity to form a **bolus-including sucking liquids, manipulating soft boluses,** and **chewing solid food.** [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (10 από 85)

- Oral Transit Phase—moving or propelling the bolus posteriorly through the oral cavity.
- Pharyngeal Phase—initiating the swallow; moving the bolus through the pharynx.
- Esophageal Phase—moving the bolus through the cervical and thoracic esophagus and into the stomach via esophageal peristalsis (Logemann, 1998). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (11 από 85)

- **Oral Transit Phase**—**moving** or propelling the bolus **posteriorly** through the **oral cavity**.
- **Pharyngeal Phase**—**initiating** the swallow; moving the **bolus** through the pharynx.
- **Esophageal Phase**—**moving** the bolus through the cervical and thoracic esophagus and into the **stomach** via **esophageal peristalsis** (Logemann, 1998). [\[1\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (12 από 85)

Incidence and Prevalence

- The 'incidence' of pediatric dysphagia refers to the number of new cases identified in a specified time period. The 'prevalence' of pediatric dysphagia refers to the number of children who are living with pediatric dysphagia in a given time period. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (13 από 85)

Incidence and Prevalence

- The **'incidence'** of **pediatric dysphagia** refers to the number of new cases identified in a specified time period. The **'prevalence'** of pediatric dysphagia refers to the number of children who are living with pediatric dysphagia in a given **time period**. [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (14 από 85)

- Estimated reports of the incidence and prevalence of pediatric feeding/swallowing impairment vary widely due to multiple factors, such as variations in the populations sampled, how feeding and/or swallowing impairment is defined, and the choice of assessment methods and measures (Arvedson, 2008; Lefton-Greif, 2008). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (15 από 85)

- **Estimated reports** of the incidence and prevalence of pediatric **feeding/swallowing impairment** vary widely due to multiple factors, such as variations in the **populations** sampled, how feeding and/or swallowing impairment is defined, and the choice of **assessment methods** and **measures** (Arvedson, 2008; Lefton-Greif, 2008). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (16 από 85)

- Significant feeding problems resulting in severe consequences (e.g., growth failure, susceptibility to chronic illness) have been reported to occur in 3%-10% of children, with a higher prevalence found in children with physical disabilities (26%-90%) and medical illness and prematurity (10%-49%; Manikam & Perman, 2000). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (17 από 85)

- Significant **feeding problems** resulting in severe consequences (e.g., **growth failure**, **susceptibility to chronic illness**) have been reported to occur in 3%-10% of children, with a **higher prevalence** found in children with physical disabilities (26%-90%) and medical illness and **prematurity** (10%-49%; Manikam & Perman, 2000). [\[2\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (18 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - back arching;
 - breathing difficulties when feeding that might be signaled by
 - increased respiratory rate during feeding,
 - skin color change such as turning blue, apnea,
 - stopping frequently due to uncoordinated suck-swallow-breathe pattern, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (19 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - back arching;
 - breathing difficulties when feeding that might be signaled by
 - increased respiratory rate during feeding,
 - skin color change such as turning blue, apnea,
 - stopping frequently due to uncoordinated suck-swallow-breathe pattern, [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (20 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - desaturation (decreasing oxygen saturation levels);
 - changes in normal heart rate (bradycardia or tachycardia) in association with feeding;
 - coughing and/or choking during or after swallowing;
 - crying during mealtimes; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (21 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - desaturation (decreasing oxygen saturation levels);
 - changes in normal heart rate (brachycardia or tachycardia) in association with feeding;
 - coughing and/or choking during or after swallowing;
 - crying during mealtimes; [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (22 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - decreased responsiveness during feeding;
 - dehydration;
 - difficulty chewing foods that are texturally appropriate for age (may spit out partially chewed food);
 - difficulty initiating swallowing;
 - difficulty managing secretions (including non-teething related drooling of saliva); [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (23 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - decreased responsiveness during feeding;
 - dehydration;
 - difficulty chewing foods that are texturally appropriate for age (may spit out partially chewed food);
 - difficulty initiating swallowing;
 - difficulty managing secretions (including non-teething related drooling of saliva); [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (24 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - noisy or wet vocal quality noted during and after feeding;
 - prolonged feeding times; refusing foods of certain textures or types;
 - taking only small volumes, over-packing the mouth, and/or pocketing foods; vomiting (more than typical "spit up" for infants);
 - weight loss or lack of appropriate weight gain. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (25 από 85)

- Signs and symptoms of swallowing and feeding disorders vary based on the age of child, but may include
 - noisy or wet vocal quality noted during and after feeding;
 - prolonged feeding times; refusing foods of certain textures or types;
 - taking only small volumes, over-packing the mouth, and/or pocketing foods; vomiting (more than typical "spit up" for infants);
 - weight loss or lack of appropriate weight gain. [\[3\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (26 από 85)

Common causes of pediatric dysphagia include

- medication side effects (e.g., lethargy, decreased appetite);
- sensory issues as a primary cause or secondary to limited food availability in early development (e.g., in children adopted from institutionalized care; Beckett et al., 2002, Johnson & Dole, 1999);
- behavioral factors (e.g., food refusal);
- social, emotional, and environmental issues (e.g., difficult parent-child interactions at mealtimes). [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (27 από 85)

Common causes of pediatric dysphagia include

- medication side effects (e.g., lethargy, decreased appetite);
- sensory issues as a primary cause or secondary to limited food availability in early development (e.g., in children adopted from institutionalized care; Beckett et al., 2002, Johnson & Dole, 1999);
- behavioral factors (e.g., food refusal);
- social, emotional, and environmental issues (e.g., difficult parent-child interactions at mealtimes). [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (28 από 85)

Common causes of pediatric dysphagia include

- developmental disability (i.e., disability with onset before the age of 22 that warrants lifelong or extended medical, therapeutic, and/or residential supports and is attributable to a mental or physical impairment or a combination of mental and physical impairments);
- neurological disorders (e.g., cerebral palsy, meningitis, encephalopathy, pervasive developmental disorders, traumatic brain injury, muscle weakness in face and neck);
- factors affecting neuromuscular coordination (e.g., prematurity, low birth weight); [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (29 από 85)

Common causes of pediatric dysphagia include

- **developmental disability** (i.e., disability with onset before the complex medical conditions (e.g., **heart disease, pulmonary disease, gastroesophageal reflux disease [GERD], delayed gastric emptying**));
- **structural abnormalities** (e.g., **cleft lip and/or palate, laryngomalacia, tracheoesophageal fistula, esophageal atresia, head and neck abnormalities, choanal atresia**);
- **genetic syndromes** (e.g., Pierre Robin, Prader-Willi, Treacher-Collins, 22q11 deletion); [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (30 από 85)

Common causes of pediatric dysphagia include

- medication side effects (e.g., lethargy, decreased appetite);
- sensory issues as a primary cause or secondary to limited food availability in early development (e.g., in children adopted from institutionalized care; Beckett et al., 2002, Johnson & Dole, 1999);
- behavioral factors (e.g., food refusal);
- social, emotional, and environmental issues (e.g., difficult parent-child interactions at mealtimes). [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (31 από 85)

Common causes of pediatric dysphagia include

- medication side effects (e.g., lethargy, decreased appetite);
- sensory issues as a primary cause or secondary to limited food availability in early development (e.g., in children adopted from institutionalized care; Beckett et al., 2002, Johnson & Dole, 1999);
- behavioral factors (e.g., food refusal);
- social, emotional, and environmental issues (e.g., difficult parent-child interactions at mealtimes). [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (32 από 85)

- Results or long-term effects for a child diagnosed with pediatric dysphagia include
 - poor weight gain velocity and/or under nutrition (failure to thrive),
 - aspiration pneumonia and/or compromised pulmonary status,
 - food aversion,
 - oral aversion, [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (33 από 85)

- Results or long-term effects for a child diagnosed with pediatric dysphagia include
 - poor weight gain velocity and/or under nutrition (failure to thrive),
 - aspiration pneumonia and/or compromised pulmonary status,
 - food aversion,
 - oral aversion,[\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (34 από 85)

- Results or long-term effects for a child diagnosed with pediatric dysphagia include
 - rumination disorder (unintentional and reflexive regurgitation of undigested food that may involve re-chewing and re-swallowing of the food),
 - dehydration,
 - ongoing need for enteral or parenteral nutrition. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (35 από 85)

- Results or long-term effects for a child diagnosed with pediatric dysphagia include
 - rumination disorder (unintentional and reflexive regurgitation of undigested food that may involve re-chewing and re-swallowing of the food),
 - dehydration,
 - ongoing need for enteral or parenteral nutrition. [\[4\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (36 από 85)

Roles and Responsibilities

- Speech-language pathologists play a central role in the assessment, diagnosis, and treatment of infants and children with swallowing and feeding disorders. The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, education, administration, and research. (ASHA, 2007). [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (37 από 85)

Roles and Responsibilities

- Speech-language pathologists play a central role in the **assessment, diagnosis**, and treatment of infants and children with **swallowing** and **feeding disorders**. The professional roles and activities in speech-language pathology include clinical/educational services (**diagnosis, assessment, planning, and treatment**), **prevention** and **advocacy, education, administration**, and research. (ASHA, 2007). [\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (38 από 85)

- As indicated in the Code of Ethics (ASHA, 2010), SLPs who serve this population should be specifically educated and appropriately trained to do so. Experience in adult dysphagia does not qualify an individual to provide dysphagia assessment or management services to children. An understanding of adult anatomy and physiology of the swallow provides a good basis for understanding dysphagia in children; however, additional knowledge and skills pertaining to the pediatric dysphagia population are needed.[\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (39 από 85)

- As indicated in the **Code of Ethics** (ASHA, 2010), SLPs who serve this population should be specifically educated and appropriately trained to do so. Experience in adult dysphagia does not **qualify** an individual to provide **dysphagia assessment** or **management** services to children. An understanding of adult **anatomy** and **physiology** of the **swallow provides** a good basis for understanding dysphagia in children; however, **additional knowledge** and skills pertaining to the pediatric **dysphagia population** are needed.[\[5\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (40 από 85)

Assessment

- Overview
- The assessment of swallowing and feeding disorders forms the basis for developing management strategies. SLPs may need to use multiple forms of assessment to make informed treatment decisions. The purpose of a pediatric swallowing/feeding assessment is to [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (41 από 85)

Assessment

- Overview
- The **assessment** of swallowing and feeding disorders forms the basis for **developing management strategies**. SLPs may need to use **multiple forms** of assessment to make informed **treatment decisions**. The purpose of a **pediatric swallowing/feeding assessment** is to [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (42 από 85)

- diagnose a swallowing and/or feeding disorder, also determine which phase(s) of swallowing may be involved in the disorder, and provide a profile of contributing causes that will enable the clinician to determine if the infant or child should be referred to an interdisciplinary team for comprehensive clinical assessment of feeding skills, determine whether additional instrumental assessment is needed to further delineate the child's dysphagia characteristics,
- determine if collaborative medical or allied health evaluations are needed, select and recommend appropriate, symptom-specific interventions and a program plan. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (43 από 85)

- diagnose a **swallowing** and/or **feeding disorder**, also determine which phase(s) of swallowing may be involved in the disorder, and provide a profile of **contributing causes** that will enable the clinician to determine if the infant or child should be referred to an interdisciplinary team for **comprehensive clinical assessment** of feeding skills, determine whether **additional instrumental assessment** is needed to further delineate the child's dysphagia characteristics,
- determine if collaborative medical or allied health evaluations are needed, select and recommend appropriate, **symptom-specific interventions** and a **program plan**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (44 από 85)

- SLPs conduct assessments in a manner that is sensitive to the family's cultural background, religious beliefs, and preferences for medical treatment. Families are encouraged to bring food and drink common to their household and utensils/implements typically used by the child; typical feeding practices are observed during assessment (e.g., if the child is typically fed sitting on a parent's lap, then this is observed during the assessment).[\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (45 από 85)

- SLPs conduct assessments in a manner that is sensitive to the family's **cultural background**, **religious beliefs**, and preferences for **medical treatment**. Families are **encouraged** to bring food and drink common to their household and **utensils/implements typically** used by the child; typical feeding practices are observed during assessment (e.g., if the child is **typically fed sitting** on a parent's lap, then this is observed during the assessment). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (46 από 85)

Precaution

- The U.S. Food and Drug Administration (FDA) has cautioned consumers about the use of commercial, gum-based thickeners for infants from birth to 1 year of age, especially when the product is used to thicken breast milk. SLPs should be aware of these cautions and consult as appropriate in their facility to develop guidelines for using thickened liquids with infants. (See FDA consumer cautions, 2011, 2013). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (47 από 85)

Precaution

- The U.S. Food and Drug Administration (FDA) has cautioned consumers about the use of commercial, **gum-based thickeners** for infants from birth to 1 year of age, especially when the product is used to **thicken breast milk**. SLPs should be aware of these cautions and consult as appropriate in their **facility** to develop guidelines for using **thickened liquids** with infants. (See FDA consumer cautions, 2011, 2013). [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (48 από 85)

Clinical Evaluation

- A clinical evaluation of swallowing and feeding is usually the first step in a comprehensive evaluation to determine the presence or absence of a swallowing disorder. This evaluation may be completed during an individual session by a SLP with expertise in pediatric swallowing and feeding issues or as part of a more comprehensive evaluation conducted by a feeding team. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (49 από 85)

Clinical Evaluation

- A clinical evaluation of **swallowing** and feeding is usually the first step in a **comprehensive** evaluation to **determine** the **presence** or absence of a swallowing disorder. This evaluation may be **completed** during an **individual session** by a SLP with expertise in pediatric swallowing and feeding issues or as part of a more **comprehensive evaluation** conducted by a **feeding team**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (50 από 85)

Clinical Evaluation Considerations for Infants Including NICU

- The clinical evaluation for infants (birth to 1 year, including those in the Neonatal Intensive Care Unit [NICU]) includes evaluation of prefeeding skills, assessment and promotion of readiness for oral feeding, and evaluation of breast- and bottle-feeding ability. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (51 από 85)

Clinical Evaluation Considerations for Infants Including NICU

- The **clinical evaluation** for infants (birth to 1 year, including those in the **Neonatal Intensive Care Unit** [NICU]) includes evaluation of **prefeeding** skills, assessment and **promotion** of **readiness** for oral **feeding**, and evaluation of **breast-** and **bottle- feeding** ability. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (52 από 85)

- SLPs should have extensive knowledge about embryology, pre-natal and perinatal development, and medical issues common to the preterm and medically fragile newborn, as well as typical early infant development. The underlying neurophysiology, family-focused environment, infant-family bonding, as well as specific oral sensorimotor function, form the basis for evidence-based practice in the NICU. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (53 από 85)

- SLPs should have extensive knowledge about **embryology, pre-natal** and **perinatal development**, and medical issues common to the preterm and medically fragile **newborn**, as well as typical early infant development. The underlying neurophysiology, family-focused **environment, infant-family bonding**, as well as specific oral sensorimotor function, form the basis for **evidence-based** practice in the NICU. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (54 από 85)

Evaluation

- The school-based dysphagia team conducts a multidisciplinary observation and clinical evaluation of the student during snack- or meal- times at school. Modifications and/or strategies are part of the diagnostic process. The information from this evaluation may be used to draft a swallowing and feeding plan, which may be temporary depending on the need for further diagnostics. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (55 από 85)

Evaluation

- The **school-based dysphagia** team conducts a **multidisciplinary observation** and clinical evaluation of the student during **snack-** or **meal-** times at school. Modifications and/or strategies are part of the diagnostic process. The information from this **evaluation** may be used to draft a swallowing and feeding plan, which may be **temporary depending** on the need for further diagnostics. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (56 από 85)

Videofluoroscopic Swallow Study (VFSS)

- VFSS, also known as modified barium swallow, is a radiographic procedure that provides a direct, dynamic view of oral, pharyngeal and upper esophageal function. During this radiographic procedure, the SLP presents food and liquid mixed with barium in order to assess the dynamic function of the oral, pharyngeal and upper esophageal function of the swallow. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (57 από 85)

Videofluoroscopic Swallow Study (VFSS)

- VFSS, also known as modified barium swallow, is a radiographic procedure that provides a direct, **dynamic** view of **oral**, **pharyngeal** and upper **esophageal** function. During this radiographic procedure, the SLP presents **food** and **liquid** mixed with **barium** in order to assess the dynamic function of the **oral**, **pharyngeal** and **upper esophageal function** of the swallow. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (58 από 85)

Videofluoroscopic Swallow Study (VFSS)

- The barium is necessary to view structures during the swallow. The VFSS delineates the biomechanics of the swallow and the patterns of bolus motility, including but not limited to, swallow reflex time, nasopharyngeal reflux, pharyngeal clearance, and laryngeal penetration and aspiration. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (59 από 85)

Videofluoroscopic Swallow Study (VFSS)

- The barium is necessary to view structures during the swallow. The VFSS **delineates** the biomechanics of the swallow and the patterns of **bolus motility**, including but not limited to, **swallow reflex time**, **nasopharyngeal reflux**, **pharyngeal clearance**, and **laryngeal penetration** and **aspiration**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (60 από 85)

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with or without Sensory Testing (FEESST)

- During the FEES procedures, a fiberoptic endoscope is inserted through the nose and into the throat to provide a direct visualization of structures as well as a dynamic view of the oral-pharyngeal transfer and an indirect evidence of the pharyngeal-esophageal transfer during swallows. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (61 από 85)

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with or without Sensory Testing (FEESST)

- During the FEES procedures, a **fiberoptic endoscope** is inserted through the nose and into the throat to provide a **direct visualization** of structures as well as a dynamic view of the **oral-pharyngeal transfer** and an indirect evidence of the **pharyngeal-esophageal transfer** during swallows. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (62 από 85)

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with or without Sensory Testing (FEESST)

- Saliva swallowing can be evaluated, and the anatomy and physiology of saliva swallow can be viewed in the absence of acceptance of food and/or liquids. The swallow is then assessed with presentation of food and liquid. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (63 από 85)

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with or without Sensory Testing (FEESST)

- **Saliva swallowing** can be evaluated, and the anatomy and physiology of saliva swallow can be viewed in the absence of **acceptance** of food and/or liquids. The **swallow** is then assessed with **presentation** of **food** and **liquid**. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (64 από 85)

- The FEESST, a modification of FEES, is a test of the Laryngeal Adductor Response (LAR), a reflexive vocal fold adduction in response to a pressure- and duration-calibrated air puff delivered anterior to the arytenoids along the aryepiglottic folds. It provides an intensity level at which the LAR is elicited. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (65 από 85)

- The FEESST, a modification of FEES, is a test of the **Laryngeal Adductor Response (LAR)**, a **reflexive vocal fold adduction** in response to a **pressure-** and **duration-calibrated** air puff delivered anterior to the arytenoids along the **aryepiglottic folds**. It provides an intensity level at which the LAR is elicited. [\[6\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (66 από 85)

- The primary goals of feeding and swallowing intervention for children are to
 - safely support adequate nutrition and hydration,
 - determine the optimum feeding methods/technique to maximize swallowing safety and feeding efficiency,
 - collaborate with family to incorporate dietary preferences,
 - attain age-appropriate eating skills in the most normal setting and manner possible (i.e., eat and chew meals with peers in the preschool), [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (67 από 85)

- The primary goals of feeding and swallowing intervention for children are to
 - safely support adequate nutrition and hydration,
 - determine the optimum feeding methods/technique to maximize swallowing safety and feeding efficiency,
 - collaborate with family to incorporate dietary preferences,
 - attain age-appropriate eating skills in the most normal setting and manner possible (i.e., eat and chew meals with peers in the preschool), [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (68 από 85)

- The primary goals of feeding and swallowing intervention for children are to
 - minimize the risk of pulmonary complications,
 - maximize the quality of life,
 - prevent future feeding issues with positive feeding/oral experiences as able given medical situation,
 - help the child eat and drink efficiently and safely to whatever degree is possible. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (69 από 85)

- The primary goals of feeding and swallowing intervention for children are to
 - minimize the risk of pulmonary complications,
 - maximize the quality of life,
 - prevent future feeding issues with positive feeding/oral experiences as able given medical situation,
 - help the child eat and drink efficiently and safely to whatever degree is possible. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (70 από 85)

- The overall health of the child is the primary concern in treatment of pediatric dysphagia. Families may have strong beliefs regarding the medicinal value of some foods or liquids. Such beliefs and holistic healing practices may be contraindicative to recommendations made. The intervention processes and techniques must never jeopardize the child's safety, nutrition and pulmonary status. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (71 από 85)

- The **overall health** of the child is the primary concern in treatment of **pediatric dysphagia**. Families may have strong beliefs regarding the medicinal value of some **foods** or **liquids**. Such beliefs and holistic healing practices may be **contraindicative** to **recommendations** made. The **intervention** processes and techniques must never **jeopardize** the child's **safety, nutrition** and **pulmonary status**.[\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (72 από 85)

- Medical, surgical, and nutritional considerations are all important components of a treatment plan. For example, if gastroesophageal reflux is a factor, adequate management is fundamental to other aspects of treatment. Underlying disease state(s), chronological and developmental age of the child, social/environmental arena, and psychological/behavioral factors all affect treatment recommendations. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (73 από 85)

- **Medical, surgical, and nutritional** considerations are all important components of a treatment plan. For example, if **gastroesophageal reflux** is a factor, adequate management is fundamental to other aspects of treatment. Underlying disease state(s), **chronological** and **developmental** age of the child, **social/environmental arena**, and **psychological/behavioral factors** all affect treatment recommendations. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (74 από 85)

- Treatment needs to address oral-motor function, positioning, seating, muscle tone, and sensory-motor issues. Functional intervention approaches focus as directly as possible on training the specific swallowing or feeding task to minimize inappropriate and maladaptive behaviors. Questions to ask in order to develop an appropriate treatment plan include: [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (75 από 85)

- Treatment needs to address **oral-motor function, positioning, seating, muscle tone, and sensory-motor issues**. Functional intervention approaches focus as directly as possible on training the specific swallowing or feeding task to **minimize** inappropriate and **maladaptive behaviors**. Questions to ask in order to develop an appropriate treatment plan include: [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (76 από 85)

- Can the child eat and drink safely?
- Consider the child's pulmonary status, nutritional status, overall medical condition, mobility, swallowing abilities and cognition, in addition to the child's swallowing function and how these factors impact feeding efficiency/safety.[\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (77 από 85)

- Can the child eat and drink safely?
- Consider the child's pulmonary status, nutritional status, overall **medical condition, mobility, swallowing abilities** and **cognition**, in addition to the child's swallowing function and how these factors impact **feeding efficiency/safety**.[\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (78 από 85)

- Can the child receive adequate nutrition and hydration by mouth alone, given length of time to eat, efficiency, and fatigue factors?
- If the child cannot meet nutritional needs by mouth, what recommendations need to be made concerning supplemental non-oral intake and/or the inclusion in the child's diet of orally fed supplements? Consider tube feeding schedule, type of pump, rate, calories, etc. [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (79 από 85)

- Can the child receive **adequate nutrition** and hydration by mouth alone, given length of time to eat, efficiency, and fatigue factors?
- If the child cannot meet nutritional needs by mouth, what **recommendations** need to be made concerning supplemental **non-oral intake** and/or the **inclusion** in the child's diet of **orally fed supplements**? Consider tube feeding schedule, type of pump, rate, calories, etc. [\[8\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (80 από 85)

- How can the child's functional abilities be maximized?
- This might involve decisions about whether the individual can safely eat an oral diet that meets nutritional needs, whether that diet needs to be modified in any way, or whether the individual needs compensatory strategies in order to eat the diet. Does the child have the potential to improve swallowing function with direct treatment? [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (81 από 85)

- How can the child's functional abilities be maximized?
- This might involve **decisions** about whether the individual can safely eat an oral diet that meets **nutritional needs**, whether that diet needs to be modified in any way, or whether the **individual needs compensatory strategies** in order to eat the diet. Does the child have the potential to improve **swallowing** function with **direct** treatment? [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (82 από 85)

- How can the child's quality of life be preserved and/or enhanced?
- Consider how long it takes to eat a meal, fear of eating, pleasure obtained from eating, social interactions while eating, and so on (Huckabee & Pelletier, 1999). The family's customs and traditions around mealtimes and food should be respected and explored.[\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (83 από 85)

- How can the child's **quality** of life be **preserved** and/or enhanced?
- Consider how long it takes to eat a meal, fear of eating, pleasure obtained from **eating**, **social interactions** while **eating**, and so on (Huckabee & Pelletier, 1999). The family's customs and traditions around mealtimes and food should be respected and explored.[\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (84 από 85)

- Are there behavioral and sensory-motor issues that interfere with feeding and swallowing?
- Do these behaviors result in **family/caregiver frustration** or increased conflict during meals? Is a **sensory-motor based intervention** for **behavioral issues** indicated? [\[7\]](#)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (85 από 85)

- Are there behavioral and sensory-motor issues that interfere with feeding and swallowing?
- Do these behaviors result in **family/caregiver frustration** or increased conflict during meals? Is a **sensory-motor based intervention** for **behavioral issues** indicated? [\[7\]](#)



Ερωτήσεις (Students Questions)

1. What are the symptoms that must be treated during therapy?
2. What are the symptoms of this disorder?
3. What is the impact of the disorder to patient's life?
4. Is there a final cure to this disorder or we just cope with it for life time?
5. In text what are the to evaluation and diagnostic procedures?



ΤΕΙ ΗΠΕΙΡΟΥ



ανοικτά μαθήματα
opencourses

Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)



Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)

Please make a summary/abstract of the text given in templates No 60 till No 75.



Άσκηση Μετάφρασης (Translation)



Άσκηση Μετάφρασης (Translation)

Please translate templates No 2 till No 26.



Άσκηση Ακρόασης (Listening)



Άσκηση Ακρόασης (Listening) (1 από 3)

- Swallow: A Documentary – Dysphagia

<https://www.youtube.com/watch?v=MrbEUDO6S5U>

- Swallowing Disorders and Treatment Options

<https://www.youtube.com/watch?v=1pNOntCtRxM>



Άσκηση Ακρόασης (Listening) (2 από 3)

1. Please collect all the terminology you can here during this video.
2. What is the end point of this video?
3. What are the techniques that there used during therapy?
4. What are the symptoms of this disorder?
5. What is the impact of the disorder to client's life?
6. What are the causes of this disorder?



Άσκηση Ακρόασης (Listening) (3 από 3)

7. What are the clinical symptoms of this disorder?
8. Is there a final cure to this disorder or we just cope with it for life time?
9. In this video the speakers referred to evaluation and diagnostic procedures?
10. What are the benefits of speech and language therapy upon the disorder mentioned in these videos?



Αναφορές Κειμένων

1. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Overview>
2. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Incidence and Prevalence](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Incidence_and_Prevalence)
3. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Signs and Symptoms](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Signs_and_Symptoms)
4. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Causes>
5. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Roles and Responsibilities](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Roles_and_Responsibilities)
6. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Assessment>
7. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Treatment>
8. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=References>



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Σημείωμα Αναφοράς

Νησιώτη Μ. (2015). Αγγλική Ορολογία. ΤΕΙ Ηπείρου. Διαθέσιμο από :

<http://eclass.teiep.gr/courses/LOGO129/>

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Τέλος Ενότητας

Επεξεργασία: Ταφιάδης Διονύσιος
Ιωάννινα, 2015



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΩΝΙΚΟ ΤΑΜΕΙΟ





Σημειώματα



Διατήρηση Σημειωμάτων

Οποιαδήποτε αναπαραγωγή ή διασκευή του υλικού θα πρέπει να συμπεριλαμβάνει:

- το Σημείωμα Αναφοράς
- το Σημείωμα Αδειοδότησης
- τη Δήλωση Διατήρησης Σημειωμάτων
- το Σημείωμα Χρήσης Έργων Τρίτων (εφόσον υπάρχει)

μαζί με τους συνοδευόμενους υπερσυνδέσμους.

Τέλος Ενότητας



Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης