SCAS-PD is a clinical appraisal comprising of 12 things that distinguish the event of explicit modifications in the oral and pharyngeal periods of gulping [14] (see Table 1). The convention is led utilizing three textures of nourishment: 20 ml fluid (water), 10 ml glue (fluid with pudding consistency utilizing the Thick and Easy nourishment thickener), and one unit of strong (salt saltine). Use of SCAS-PD endures roughly five minutes, since it includes exclusively watching the three swallows. This assessment has a range of 0 to 354 points, where the sum of the points can suggest symptoms of dysphagia. A score was attributed to each item according to its relevance in the literature. The following aspects are evaluated in the oral phase: prehension of food (1.0 point), labial discharge (1.0 point), oral transit time (2.0 points), and presence of residue (2.0 points). The oral phase can reach a maximum score of 18 after the three evaluated swallows. The following items are evaluated during the pharyngeal phase: multiple deglutition (2.0 points), laryngeal elevation (10 points), and cervical auscultation (10 points), with a maximum total of 66 points. The signs of laryngotracheal PA that make up the SCAS-PD test are throat clearing (10 points), cough (15 points), change in vocal quality (15 points), choking (20 points), and respiratory impairment (30 points), with a maximum total of 270 points. During the oral stage, delayed oral travel was viewed as longer than four seconds. Nearness of buildup alludes to any nourishment buildup left anyplace in the oral depression in the wake of gulping. The activating of the oral and pharyngeal periods of gulping is confirmed through cervical auscultation, a procedure through which one can hear the hints of gulping by utilizing an enhancement instrument, for example, a stethoscope. This guides the assessment of the pharyngeal period of gulping through an endeavor to decide the uprightness of the air section's insurance system and by setting up the length of the sounds related with gulping. For this examination, a Littmann Classic II Pediatric stethoscope was utilized during the gulping all things considered and textures, and any modifications previously, during, or in the wake of gulping were noted. A cervical auscultation was viewed as uproarious if there were sounds during the breath, swallow, and breath grouping that had not been seen before the nourishment was advertised. Vocal quality was evaluated after each swallow, since a wet voice can show a nearness of nourishment buildup in the pharynx or vocal lines. The event of throat clearing was thought about when an endeavor to clear nourishment buildup in the wake of gulping was watched. The nearness of automatic hacking was likewise thought about for every scene, freely of it occurring previously, during, or subsequent to gulping. Stifling is characterized as an incomplete or complete check of wind stream, coming about because of the passageway of a remote body in the lower air sections, potentially prompting cyanosis or suffocation. Gagging was viewed as when there was a speedy recuperation without the event of cyanosis and when there was a brisk recuperation of the base respiratory recurrence and the conceivable event of cyanosis or with a troublesome recuperation of the base respiratory recurrence. Breath was assessed after each swallow, with an adjustment in the respiratory example being thinking about any occasion, for example, a change in respiratory recurrence, modification in the coordination breathing/gulping, dyspnea, and weakness, for every nourishment offering tried. The SCAS-PD score was developed to stratify the levels of severity of dysphagia, with a preliminary cutoff defined as normal ≤2, functional swallowing as >2 ≤ 15, mild dysphagia as >15 ≤ 35, moderate dysphagia as >35 ≤ 60, and severe dysphagia as >60.