

**Table 1.** FEES vs. VFSS: Key comparisons across clinically relevant domains.

Domain	FEES	VFSS
<b>Study setting</b>	Otolaryngology clinic or bedside; ENT + SLP present	Radiology fluoroscopy suite; radiologist + SLP present
<b>Phases assessed</b>	Primarily pharyngeal (with possible direct view of oral preparatory phase)	Oral preparatory, oral, pharyngeal, cervical esophageal
<b>View type</b>	Direct endoscopic view of structures and mucosa	Lateral fluoroscopic view of structures
<b>Bolus material</b>	Patient's typical food/drink, including breastfeeding	Barium; requires minimum intake
<b>Radiation</b>	None; can be repeated as needed	Low dose; study duration limited
<b>Secretion assessment</b>	Comprehensive: pooling, character, aspiration of secretions, patient response	Baseline secretions not visible unless mixed with barium
<b>View of swallow</b>	"White out" - lose view lost at peak pharyngeal contraction	Continuous fluoroscopic capture; serial imaging may be needed across feeding duration
<b>Structural anatomy</b>	Direct view: VF mobility and closure, assessment of interarytenoid and postcricoid regions	Lateral structural view; oral/pharyngeal coordination pattern
<b>Upper esophageal sphincter (UES) assessment</b>	May visualize closed post-swallow segment; incidental reflux	Clear view of UES opening; restriction in opening apparent
<b>Portability</b>	Can transport to patient bedside if necessary	Requires fluoroscopy suite; scheduling and transport needed
<b>Patient acceptance</b>	Contingent on conditioning to scope presence	Painless; requires bolus acceptance of barium specifically