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Oral-Motor Issues

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Dear Editor,

I am writing in response to recent editorials printed in the latest issue of Advance regarding efficacy and ethics of oral-motor therapy as a valid treatment approach.

Firstly, there are often comments that there is a lack of research to support oral-motor therapy as a valid treatment approach. I'd like to draw attention to the following publications, all of which have printed articles in support the efficacy of oral-motor therapy: The International Journal of Orofacial Myology, The American Journal of Orthodontics, and The Journal of Speech and Hearing Disorders. Most recently, a study by DR. Jayanti Ray at Washington State University concluded that 5 out of 6 adult clients with persistent articulation disturbances made significant progress after six weeks of oral-motor/myofunctional therapy.

Secondly, what troubles me is the misunderstanding that oral-motor therapy is an approach which exists in isolation. In Sara Rosenfeld-Johnson's classes on oral-motor therapy, you will hear her discuss the importance of transitioning muscle memory into motor planning for speech production. This process involves not only exercises, but traditional articulation methods and facial cueing as well. It also involves feeding therapy, and the importance that a tongue thrust swallowing pattern is remediated in order to ensure proper placement of the articulators for speech clarity. Sara teaches that these methods can be used on children and adults, as long as a clinician does an appropriate evaluation to determine the best plan of action for that individual. Oral-motor programs are not "cookie cutter" or "one size fits all." They are specific and individualized to the patient's needs. There is a common misconception that those of us who practice oral-motor use it as a "magic wand" outside of all the other important principles we have learned as Speech Pathologists. Oral-motor therapy comes from the basic foundation that the muscles must have adequate strength to function properly for speech production.

Thirdly, I would like to remind Ms. Pennbecker that Speech Pathologists receive continuing education units (CEUs) for attending oral-motor workshops. It would seem that if oral-motor therapy was unethical, or out of our scope of practice, it would not be allowed. Each year, the therapists at Innovative Therapists International are invited to speak all over the United States, Canada and Europe, and therapists attending are receiving Continuing Education Units. This further justifies that the discussion, teachings, and use of oral-motor therapy is in fact an ethical practice in our field. Research continues to grow on the topic with the emergence of foundations such as CHERUB, and The Apraxia Network, as physicians and clinicians alike are recognizing oral-motor issues in young children. New books are emerging on the topic as well such as Dr. Agin's book "The Late Talker" which highly promotes oral-motor therapy as an effective method for children who suffer from motor planning disorders.

Finally, I'd like to state the best research happens in the clinic on a daily basis. Every time I discharge a client for correction of /s/, or a child eats a new food from a sensory diet, or is able to drink from a cup for the first time, I am reminded how truly valuable oral-motor therapy has become to my practice.

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