

***Red Flags of Children with Sensory-Motor Feeding /Speech Deficits***

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The purpose of this article is to heightening awareness of sensori-motor speech and feeding delays in the pediatric population. This article will discuss clinical observations in children's feeding skills that might require an Oral Placement for Feeding and Speech Assessment and possibly therapeutic intervention.

**The Following Red Flags should warrant concern:**

Difficulty latching on to the breast or bottle

Trouble transitioning from breast to bottle and bottle to cup

Difficulty coordinating suck-swallow reflex for either breast or bottle feedings

Overall low tone in the trunk musculature and articulators (abdomen, velum, jaw-lips, tongue, cheeks)

Excessive or habitual drooling not associated with the eruption of teeth

Difficulty dissociating articulators

Hyperactive or hypoactive gag reflex

Difficulty forming a food bolus

Increased number of chews/swallows

Increased duration of mealtimes

Pocketing food in the mouth

History of choking/aspirating

Gastro esophageal reflux issues

Food overstuffing

Immature feeding skills: Child continues to suckle or use a munch (up and down) pattern verses a more mature rotary chew pattern

Weakness in oral musculature (i.e. as observed by an open mouth posture and forward tongue placement (not secondary to allergies or upper respiratory issues)

Trauma due to intubation and /or Tube feedings

If parents/caretakers are concerned with any of these issues they should speak to their pediatrician and a referral for a comprehensive evaluation may be recommended. Past and present medical history along with documentation from a medical doctor providing medical clearance for oral feedings is essential. In addition, obtaining a log of any dietary restrictions and allergies the child may have is very important. Recording a five day comprehensive diet baseline is helpful in identifying if there are sensory and/or motor explanations for the foods preferred and those avoided. For example, many children with low tone and hyposensitive/hyporeactive oral awareness skills may crave foods that are salty and crunchy which supply increased sensory input. On the other hand, children with low muscle tone and weakness in their jaw musculature may avoid foods that are chewy (i.e. bagels, meats).

If it is determined that a child has feeding issues, it may be due to sensory, motor or a combination of sensory and motor skill deficit. A comprehensive assessment targeting normalizing sensory skills and achieving adequate (not excessive) strength in one or all of the child's articulators: the abdomen, velum, jaw, lips, cheeks and tongue musculature, may be recommended. This can be accomplished via use of Oral Placement Therapy (OPT) techniques that are directly related to oral movements required during the oral preparatory phases of feeding and for standard speech production.

Often we see children who have feeding and concomitant speech production and speech intelligibility issues. Thus, implementing a three part treatment plan consisting of feeding, speech and OPT techniques is warranted.

Some activities might include normalizing the oral sensory system to allow for a variety of tastes, textures and temperatures to be consumed. Learning how to drink from a straw or cup can be accomplished early by teaching children a hierarchy of skills. In addition, lateralizing the tongue in order to place the bolus on the back molars is a critical step as it is a prerequisite for lingual elevation (for standard swallows and alveolar and lingual dental sounds). Food placement techniques and non food therapeutic tools can also be used to teach tongue-tip lateralization.

Regardless of the goals selected, a speech and language pathologist must work closely with the child's parents and gain the child's trust. Feeding is a social experience with lots of dynamics. The therapist, child, parent and his/her pediatrician along with other professionals, must take a team approach and move slowly, ensuring comfort and success along the way.

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Emilia del Pino is qualified to train other therapists in the Talktools/Innovative Therapist International approach, and provide travel clinics. She has been a speaker for Innovative Therapists International (on the local and the State Level). Mrs. del Pino presented a short course on an area of particular interest, Developmental Apraxia of Speech, at the NYS Speech-Language and Hearing Association and provides in services/training and consultations to a number of school districts.

Emilia del Pino trained extensively with Lori Overland, a sensory-motor feeding therapist and maintains SRJ Oral Motor Certification by earning CEU's in this area on a yearly basis.

Mrs. del Pino is committed to providing the most current practices, and offers a wide variety of services and therapies aimed not just at treating the individual but working with their parents and caregivers as well. Please contact Emilia del Pino at [edelpinoslp@yahoo.com](mailto:edelpinoslp@yahoo.com) or 315 317-0355 for more information. Emilia is on Facebook- Sensory Motor Therapies of CNY.