

# ORAL MOTOR AND SENSORY-BEHAVIORAL FEEDING IMPAIRMENTS

## ***WHAT IS A SENSORY-BEHAVIORAL FEEDING IMPAIRMENT?***

A sensory-behavioral feeding impairment is when an infant or child shows purposeful resistance to eating that may result from heightened sensitivity to certain food characteristics. Increased food refusal and poor mealtime behavior can occur over time.

## ***WHAT IS AN ORAL MOTOR FEEDING IMPAIRMENT?***

An oral motor feeding impairment is a child's inability to prepare food orally, move food through the mouth and/or swallow food. This is a result of muscle weakness, absent or altered anatomy and/or poor coordination of muscles in the mouth.

*Both sensory-behavioral and oral motor feeding impairments may result in inadequate nutrition, poor weight gain or weight loss, poor growth and in extreme cases, possible need for a feeding tube.*

## ***DIAGNOSES SOMETIMES RELATED TO FEEDING DISORDERS:***

- Structural abnormalities: of the mouth, tongue, throat, airway, esophagus, etc.
- Gastrointestinal problems: reflux, slow stomach emptying, constipation
- Neurological disorders: Cerebral Palsy, seizure disorders, Muscular Dystrophy, Arnold-Chiari Malformation
- Other: autism, developmental delays, cardiac conditions, genetic syndromes, pulmonary conditions, presence of a gastrostomy tube

*A specific diagnosis does not need to be present for a feeding or swallowing impairment to exist.*

## ***COMMON SIGNS/SYMPTOMS OF ORAL MOTOR & SENSORY-BEHAVIORAL FEEDING IMPAIRMENT***

- Gagging/ Coughing/ Choking
- Poor chewing
- Oral aversion/food aversion
- Food selectivity (will only eat limited number of foods based on color, texture, smell, temperature, etc.)
- Refusal to advance to age-appropriate use of utensils/foods (may refuse to drink from a cup, may refuse lumpy purees, solid food)
- Negative mealtime behaviors may include spitting, throwing food, tantrums, crying, biting, kicking, hitting, etc.
- Vomiting during meals
- Absence of thirst

## ***DIAGNOSING AND EVALUATING ORAL MOTOR & SENSORY-BEHAVIORAL FEEDING IMPAIRMENT***

- If you suspect your child has an oral motor and/or sensory-behavioral feeding impairment contact your pediatrician for a speech-language pathology referral for a comprehensive feeding/swallowing evaluation.
- In order to diagnose and evaluate oral motor and sensory-behavioral feeding impairment, a speech-language pathologist will review birth, medical, developmental and feeding histories and conduct a feeding evaluation.
- A 3-5 day log of food intake kept by the parent/caregiver can help the speech-language pathologist in evaluating the feeding disorder. The time of day, length of mealtime, location, posture, food and beverage item and amount taken should be listed.

## ***COMPREHENSIVE FEEDING EVALUATION***

The speech-language pathology feeding assessment includes evaluation of:

- Oral, facial and throat muscles and movements involved in feeding and swallowing
- Posture and positioning
- Behaviors, social interaction, attention and awareness during feeding
- Feeding environment
- Food selection and responsiveness to different textures, smells, colors, and temperature
- Acceptance of cup/utensils, food acceptance, holding behaviors, chewing and oral preparation of the food, and transport of drink/food through the mouth and throat across different consistencies

## ***VIDEO SWALLOW STUDY***

A Videofluoroscopic Swallowing Study may be warranted if a child is demonstrating throat clearing, coughing or choking when eating or swallowing. This can sometimes be signs of aspiration (entrance of food or liquid into the airway). This is an instrumental assessment which involves having the child drink liquids and eat foods mixed with barium while observing them on an x-ray video. This study is designed to examine the nature of the swallowing problem and gives vital information regarding potential treatment options.

## ***MANAGEMENT OF ORAL MOTOR & SENSORY-BEHAVIORAL FEEDING IMPAIRMENTS***

Management and treatment of oral motor and sensory-behavioral feeding impairments typically require an interdisciplinary approach. Members of the interdisciplinary team may include the following individuals:

- Physician: primary care and gastroenterologist
- Speech-Language Pathologist
- Nutritionist
- Occupational/Physical Therapist
- Behavioral psychologist/Social worker

## **TREATMENT OF ORAL MOTOR & SENSORY-BEHAVIORAL FEEDING DISORDERS**

Treatment of oral motor and sensory-behavioral feeding impairments requires both time and patience. The family is an integral part of therapy and is responsible for carryover throughout the day and during meals. Parents, grandparents and caregivers that assist with feeding all must follow the same guidelines to improve feeding.

### Treatment for Oral Motor Feeding Disorders:

Therapy typically focuses on exercises to strengthen muscles of the tongue, cheeks, and lips as well as movements required for eating.

Some treatment goals may include:

- Increasing lip and cheek strength to drink from a cup/straw or eat from utensils
- Improving tongue strength to move food from side to side in the mouth, increase chewing skills and improve transit of food/liquid to the throat

### Treatment for Sensory-Behavioral Feeding Disorders:

Treatment focuses on:

- Increasing amount/variety of foods eaten
- Decreasing negative mealtime behaviors
- Decreasing hypersensitivity
- Modifying the mealtime environment for the child to be successful
- Positive reinforcement for desired behaviors
- No attention or emotional response given to negative behaviors

## **SUGGESTIONS FOR CAREGIVERS**

- Discuss any feeding concerns with your pediatrician or primary medical provider.
- Consult a speech-language pathologist who specializes in oral motor, sensory and/or behavioral feeding disorders to discuss any questions or concerns.
- Follow the feeding plan outlined by the speech-language pathologist
- Reinforce desired behaviors (e.g. clap, praise, or give a sticker/ favorite toy for every 5 bites of food accepted)
- Show no emotional response to undesired negative behaviors (e.g. sit silently, turn away and wait until the child has calmed after a tantrum to continue the meal)
- Do not reward poor mealtime behavior with play

## **ORAL MOTOR/SENSORY FEEDING MILESTONES**

### **9-12 Months**

- Drinks from a cup
- Feeds self finger foods
- Eats mashed or lumpy food
- Begins jaw movement for chewing

### **13-18 Months**

- Grasps spoon with one hand
- Holds cup with two hands
- Chews most food well
- Drinks with up to 4-5 consecutive swallows

### **19-24 Months**

- Seals lips on cup and straw
- Feeds self without excessive spillage
- Uses up and down tongue movement
- Chews variety of solids

### **25-36 Months**

- Eats wide range of solids
- Feeds self independently
- Drinks from open cup without spilling
- Chews with closed lips in circular motion

## **WEBSITES:**

<http://www.parentingbookmark.com/pages/AN01.htm>

<http://www.comeunity.com/premature/child/growth/feeding-hints.html>

<http://www.asha.org/public/speech/swallowing/FeedSwallowChildren.htm>

Stony Brook Medicine  
33 Research Way  
East Setauket, NY 11733  
Phone: (631) 444-4191