OPT (Oral Placement Therapy) for Speech and Feeding

ArkSHA (Arkansas Speech and Hearing Association)
2017 Conference

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Oral Placement Therapy
To Improve Feeding Skills

Presented by Monica M. Purdy, M.A., CCC-SLP

What Is Oral-Motor Therapy?

Published Article

*Title*

A paradigm emerges.

Communication Disorders Quarterly, 31 (3), 131-138.
## A Three-Part Treatment Plan for Oral Placement Therapy

### 1. To increase the awareness of the oral mechanism
### 2. To normalize oral tactile sensitivity
### 3. To improve the precision of volitional movements of oral structures for speech production
### 4. To increase differentiation of oral movements
#### a. dissociation:

The separation of movement, based on stability and adequate strength, in one or more muscle groups.

### Dissociation: LIPS FROM JAW

#### MUSCLE MOVEMENT

**PHONEME EX.**

Following normal speech development

1. **Open**
   - (ah, uh)
2. **Closed to Open**
   - (m, p, b)
3. **Protrude**
   - (oo, oh, w, ee, ih)
4. **Retract**
   - (f, v)
5. **Lower Lip Retraction/Tension**
   - (sh, ch, j, r, er)

### Dissociation: TONGUE FROM JAW

#### MUSCLE MOVEMENT

**PHONEME EX.**

1. **Retraction - Protrusion: Balance (Equal range of motion)**
2. **Retraction - Protrusion: Imbalance**
   - Gradual increase in retraction
   - Gradual decrease in protrusion
3. **Retraction (stability) - Lateralization of tip**
   a. Midline to both sides
   b. Across midline
4. **Retraction - Tip Elevation/Depression**
   - (t, d, n, l, s, z, sh, ch, j, k, g)
5. **Retraction - Back of Tongue Side Spread**
   - (stability for co-articulation, er)
A THREE PART TREATMENT PLAN FOR ORAL PLACEMENT THERAPY

Tongue Thrust

1. Retraction- Protrusion: **Balance** (Equal range of motion)
   - Gradual increase in protrusion
   - Gradual decrease in retraction

2. Retraction – Protrusion: **Imbalance**
   - Significantly more protrusion than retraction for function: feeding and speech

Oral Placement Therapy for Speech Clarity and Feeding

1. To increase the awareness of the oral mechanism
2. To normalize oral tactile sensitivity
3. To improve the precision of volitional movements of oral structures for speech production
4. To increase differentiation of oral movements
   - **dissociation:** The separation of movement, based on stability and adequate strength, in one or more muscle groups.
   - **grading:** The controlled segmentation of movement through space based upon dissociation.
Oral Placement Therapy for Speech Clarity and Feeding

1. To increase the awareness of the oral mechanism
2. To normalize oral tactile sensitivity
3. To improve the precision of volitional movements of oral structures for speech production
4. To increase differentiation of oral movements
   a. **dissociation**: The separation of movement, based on stability and adequate strength, in one or more muscle groups.
   b. **grading**: The controlled segmentation of movement through space based upon dissociation.
   c. **fixing**: An abnormal posture used to compensate for reduced stability which inhibits mobility.
5. To improve feeding skills and nutritional intake

<table>
<thead>
<tr>
<th>ArkSHA (Arkansas Speech and Hearing Association)</th>
<th>OPT for Speech and Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Purdy, MA, CCC-SLP</td>
<td>TalkTools Instructor</td>
</tr>
</tbody>
</table>
Our Professional Title

- Speech and Language Pathologist
- NOT: Speech or Language Pathologist

Combination of:
1. OPT for feeding and speech and
2. language therapy
Tone vs. Strength

- The National Institute of Neurological Disorders and Stroke states that physical therapy can improve motor control and overall body strength in individuals with hypotonia.

Muscle Tone is the natural tension of a muscle at rest; the amount of contraction in a muscle. Tone cannot be changed.

Muscle Strength refers to the amount of force a muscle can produce with a single maximal effort. Strength can be changed. (National Institution of Neurological Diseases and Stroke (NINDS). 200)

The reason for working at the highest level before failure:


Stability / Mobility

Stability in the body will allow for maximum mobility in the mouth.

The Tactile System

1. **Tactile Hyposensitivity**: An under-reaction to tactile input.
2. **Tactile Hypersensitivity**: An over-reaction to tactile input.
3. **Mixed Sensitivity**: Any combination of hyper, hypo or normal sensitivity.
4. **Fluctuating Tactile Sensitivity**: Responses that change over time.

**Tactile Defensiveness**: A learned tendency to respond negatively or emotionally to tactile input.
Before and After

The Clinician’s Role in Teaching
Proper Infant Feeding Techniques

• The semi-upright position of the infant during breast feeding helps eliminate the entry of milk into the middle ear...

• These advantages, so natural to breast-feeding, are likely to be absent from bottle feeding unless some of the natural techniques associated with breast feeding are adopted.

Ruth Lawrence, MD - Journal of Pediatrics 1995;126:S112-7

Why is feeding so important to an Oral Placement Therapy program?

SPOON FEEDING: Positioning in conjunction with proper spoon placement in the oral cavity will address the following goals:
• Lip Closure
• Tongue Retraction
• Jaw Grading
A THREE PART TREATMENT PLAN FOR ORAL PLACEMENT THERAPY

SPOON FEEDING:
• Lateral Placement
• Front Placement
• Spoon Slurp

Why is feeding so important to an Oral Placement Therapy program?

CUP DRINKING: Choosing the right cup is very important. Thickened liquids are easier for the client to control, when learning a new muscle movement. As the skill level increases, the liquids can be thinned. Specific goals of cup drinking may include:
• Lip Closure
• Tongue Retraction
• Tongue Tip Elevation or Depression
• Jaw Grading

STRAW DRINKING: Many children evidence poor oral movements with spoon fed foods, despite attempts at intervention. Straw drinking of these traditionally fed “spoon foods” may improve functioning. Begin with a large diameter straw and a slightly thickened liquid (e.g. nectar). As the oral functioning improves, reduce the diameter of the straw while increasing the thickness of the liquid (e.g. yogurt). Specific goals may be:
• Lip Rounding
• Tongue Retraction
• Defining Facial Musculature
• Jaw Stability
• Independent Self-Feeding
GOALS: Lip Protrusion, Tongue Blade Retraction/Grading
Thin Liquids (8 Straws in Hierarchy)
- Begin with either Straw #1 or #4

Straw Hierarchy

Straw #1

Straw #1

Straw Hierarchy

Straw #1
Straw #5

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Straw #8
A THREE PART TREATMENT PLAN FOR ORAL PLACEMENT THERAPY

**Back of tongue – side spread**

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**Straw Hierarchy**

**GOALS:** Lip Protrusion, Tongue Blade Retraction/Grading

A. **Thickened Liquids** (4 Straws in Hierarchy)
   - Begin when Straw #5 is introduced

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**Straws # A thru D**

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MUSCLE MOVEMENT

| 1. Retraction - Protrusion: Balance (Equal range of motion) |
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| 5. Retraction - Back of Tongue Side Spread |
| (stability for co-articulation, er) |

DISSOCIATION: Tongue from Jaw

SOLIDS (Cubes or Julienne): A preference for soft foods is frequently seen with children who have oral-motor deficits. Introduction of “chew solids” is important for all clients with weak jaw musculature. Gradually increasing food textures, while acknowledging each client’s taste preferences, is an integral component of oral-motor therapy. Goals to be addressed include:

- Tongue Lateralization
- Jaw Stability
- Jaw Symmetry
- Tongue Retraction
- Independent Feeding

Why is feeding so important to an Oral Placement Therapy program?