

DYSPHAGIA: TARGETING SENSORY-MOTOR DEFICITS AND FOOD AVERSIONS SIMULTANEOUSLY

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A little about me

- Where I grew up
- Education
- Internship
- CFY
- Professional Career
- Special Trainings
 - ▣ Beckman Oral Motor Protocol
 - ▣ VitalStim Therapy
 - ▣ Video Fluoroscopic Swallow Study
 - ▣ Food Chaining for the Advanced Clinician



Evaluations

Pediatric Dysphagia

Sensory vs. Sensory Motor Responses

Sensory

- If a response is due to olfactory, visual, or auditory

Sensory Motor

- If a response is due to gustatory, pressure, movement

Patient History - Medical

- Health since birth
- Illness
- Hospitalizations
- Medications
- Oral Development

Patient History - Social

- Who does the patient live with?
- Who cares for the patient when not with the caregiver/parent?
- Has there been any social changes (i.e. moving, change in guardians, etc)?
- How does each “feeder” feel and act during mealtimes?

Patient History – Feeding/Eating

- Alternate means of nutrition
- Current Utensils
- Food intake
- Texture, temperature, flavor preference
- Where does the patient eat?
- Who eats with the patient?
- Who feeds the patient?
- Is the patient part of the preparation?
- Any medical or social changes?
- How long does a mealtime take?
- What are the child's behaviors?
- Best time of the day to eat and/or try something new?
- Age of feeding aversion onset
- Pressure on the patient and/or family
- Environmental distractions
- How much is consumed at each mealtime?

Positioning

- Normal positioning
- Positioning in evaluation
- Position after a mealtime
- Key things to look at:
 - ▣ Trunk control
 - ▣ Neck control
 - ▣ Head position
 - ▣ Neck position
 - ▣ Support required
 - ▣ Comfort of the feeder

Oral Mechanism Examination

- Standardized assessments
- Informal measures
- Hypersensitivity/Hyposensitivity

Respiratory Status

- At rest
- Before swallow
- During swallow
- After swallow

Clinical Swallowing Evaluation

- Labial seals
- Bolus propulsion and manipulation
- Suck-swallow-breath
- Mastication vs. munching
- Tongue movements
- Oral stasis
- Laryngeal elevation
- Clinical signs and symptoms of aspiration
- Hypersensitivity
- Gagging
- Dry swallows
- Jaw excursion

Referrals

- Gastroenterologist
- Otolaryngologist
- Dietary
- Psychology
- Neurology
- Video Fluoroscopic Swallow Study
- Pulmonary
- Occupational Therapy
- Physical Therapy
- Allergist

Recommendations for Successful Mealtimes

- ❑ Meals should last no longer than 30 minutes
- ❑ 2-3 hours between meals
- ❑ Mealtime journal
- ❑ New items only at a designated snack time
- ❑ Plate layout
- ❑ Alternating preferred diet items for meals
- ❑ No juice/milk/formula/etc between meals
- ❑ Reducing distractions
- ❑ Consistent expectations
- ❑ Consistent mealtime placement




Questions?



Treatment

Pediatric Dysphagia



“We beg, steal, and borrow what we like and what works for us.” –Cheri Fraker CCC-SLP, CLC

Alternate Means of Nutrition

- Orogastric tubes are never recommended
- Nasogastric tubes for short term
- Percutaneous Endoscopic Gastrostomy tube (PEG tube)
- Jejunostomy tube (J tube)
- Total parenteral nutrition (TPN)

Nipples, Bottles, and Pacifiers

- Parent's choice slow flow nipple
- Bionix bottle
- Standard Bottle
- Gerber silicone medium flow
- Dr Brown level 1 slow or level 2 medium
- Dr Brown level 3, 4, or y cut for thickened liquids or Gerber fast flow
- Haberman feeder
- Soothie Pacifier
- Pacifiers that imitate the shape of a nipple

Spoons and “Chewy toys”

- DuoSpoon
- Chewy spoons
- Sassy soft bowl spoon
- Maroon spoon
- Nuk brush
- Soft spoons
- Teethers
- Chewy toys
- TriChew teether
- PQ tubes

Cups and Straws

- Nuby cup
- Walgreens Nuby type cup
- Playschool cups with reversible valves
- Klean Kanteen cup with soft white Avent spout
- Playtex or munchkin brand straw cups
- Playtex
- Munchkin brand straw cups
- Straws of various sizes

Miscellaneous Tools

- Thickeners
- Blenders
- Divided plates

Psychosocial Interactions

- No force feedings
- Listening and watching for “NO”
- Sensitivity to cues, distress, social-emotional and cognitive growth

NO!

And no force feedings also mean no surprise foods!



External Organization - Calming

- Designated place
- Consider environmental smells
- Swaddle
- Lower light
- Decrease sound
- Make sure you are comfortable
- Slow transitions
- Do not talk and feed
- Gentle burping
- Slow rocking or deep pressure before feeding
- Pacifier or guided hand may help calm and organize

External Organization-Alerting

- Designated place
- Consider environmental smells
- Increase lighting
- Increase external stimuli

First Year

Pre-Bottles

Transitioning to a Cup

Transitioning to Spoon Feedings

Pre-bottle Skill Development

- Increasing tolerance for nonnutritive items
- Pacifier program
- Adding liquids
- External pacing

Pacifier Program

- Choose the right pacifier
- Build a nonnutritive suck
- Tongue grooving
- Provide support
- Thermal stimulation
- Add a taste
- Moving to liquids
- Pair with tube feedings

Bottle Skills

- Choose the right nipple
- Provide support
- Use sensory loaded liquids
- Concentrate feedings
- Slowly increase intake

External Pacing

- Know the suck-swallow-breath requirements for pacifier and bottle
- After third to fifth suck without spontaneous suck:
 - ▣ Break the suction by inserting finger into corner of mouth while leaving the nipple in place
 - ▣ Tilt the bottle downward to stop flow of liquid
 - ▣ Remove the bottle

Transitioning to Sippy Cups

- Choose the right cup
- Introduce around 6 months
- Infants with dysphagia are NOT ready for a cup at 6 months

Using Straws

- Consider bolus size
- Start with a small diameter straw and work your way up

Transitioning to Spoon Feedings

- Picking a spoon
- Introduce around 6 months
- Self feeding vs adult feeding
- Start small
- Sensory properties
- Clearing the spoon
- Tactile cues

Transitioning Through Solid Foods

Baby Foods

Pureed Foods

Mastication

Simple vs. Complex Foods

Adding New Foods

Baby Foods

- What is baby food used for?
- Where do babies get their nutrition?
- When to transition to solid foods?

Pureed Foods

- Puree regular foods
- Add sauces as needed
- Include the child in preparation

Working on Chewing

- Pick your products
- Work on desensitization of gag reflex
- Increase intraoral awareness
- Gum massage
- Tongue lateralization
- Tongue tip raise
- Tongue midblade raise
- Resistive chewing
- Fabric bolus

Simple vs. Complex Foods

- Flavor
- Texture
- Temperature



Simple Food

Pureed Sweet Potatoes



Simple Food?

Pureed Sweet Potatoes with Parsley



Not so Simple Food



Complex Foods

Avoid the feeling that this brings to you.

Adding New Foods

What are the family's goals?

Determine core diet

Select a few foods to expand

Learn about the new foods

Expand by changing flavor before changing texture



Expanding even further

- Transitional foods/liquids
- Flavor masking
- Anchor food
- Surprise foods

Maybe

Turning
Maybe into a
YES!



YES!





Questions?

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