

Oral Placement Therapy: Practical Strategies for the Clinician



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Colette Ellis M.Ed., CCC-SLP, BCS-S
Speech-Language Pathologist

Financial and Non-Financial Disclosures

- Financial Disclosure: Colette Ellis is owner of 29th Street Therapy Center, Inc. P.C. She is a member of the TalkTools speakers bureau and receives speaker honorarium.
- Non-Financial Disclosure: She has no relevant non-financial relationships to disclose.

My Neck of the Woods



“We Train
The Brain”



29th Street Therapy Center
1211 S. 29th Street
Chickasha, OK 73018
Phone: 405-224-0002 Fax: 405-224-0133



My Neck of the Woods



Grady Memorial Hospital
Chickasha, OK 73018

Five Oaks Medical Group
Chickasha, OK



Physician's Hospital in Anadarko

Where I Wanna Be...



Apricale, Italy



Nice, France



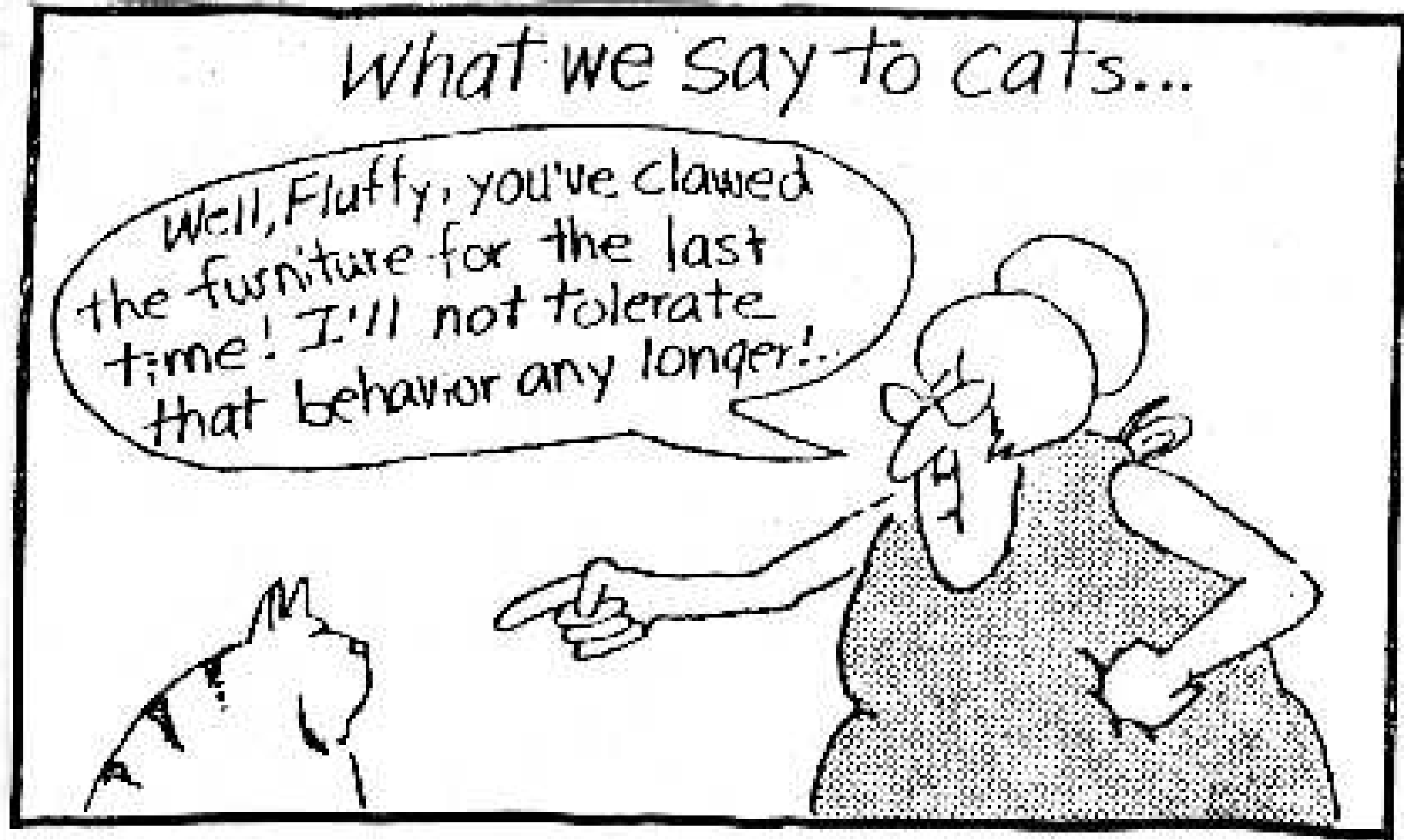
What We Say To Dogs...



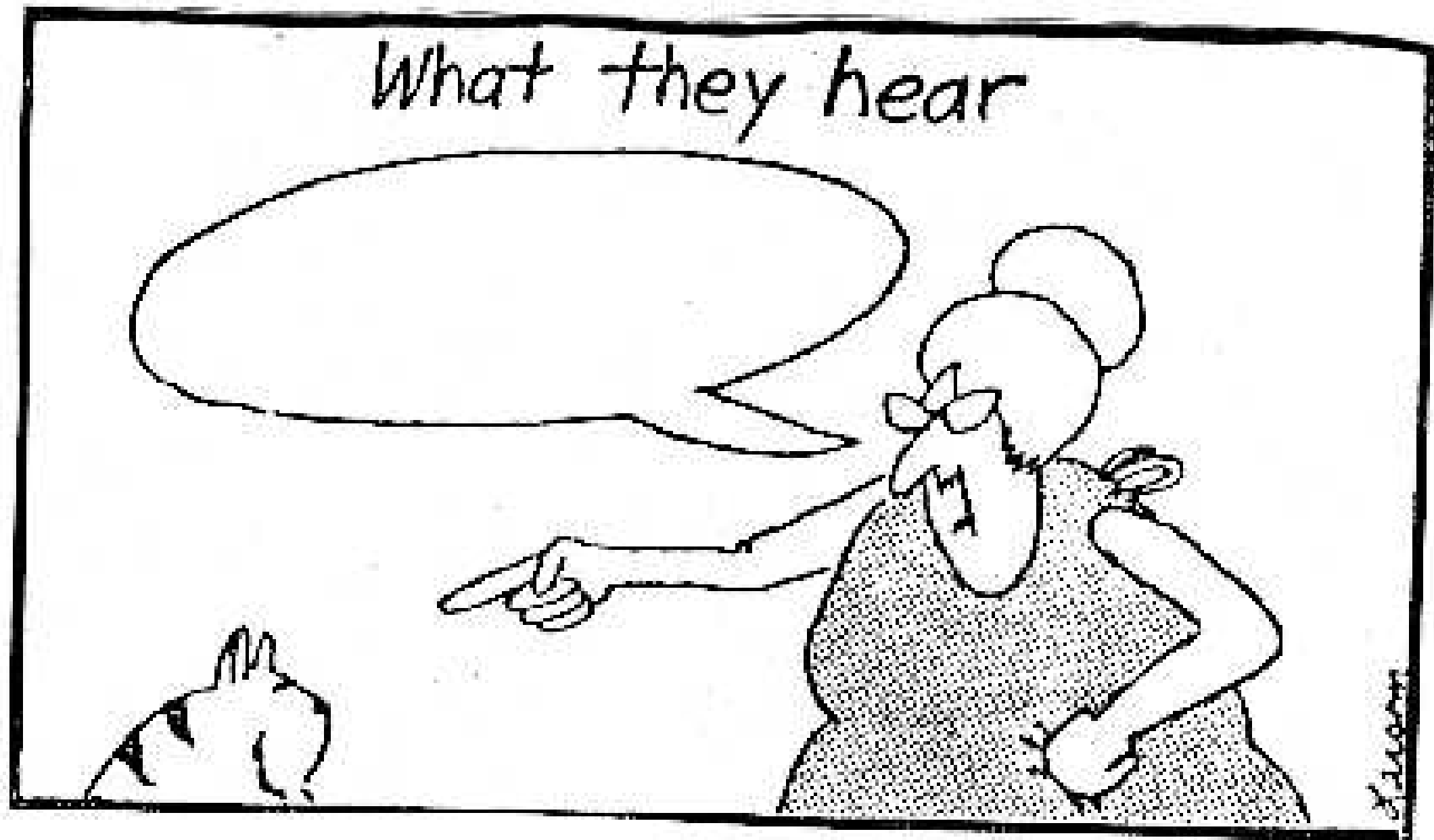
What Dogs Hear...



What We Say To Cats...



What Cats Hear...



Oral Placement Therapy

What's It All About?



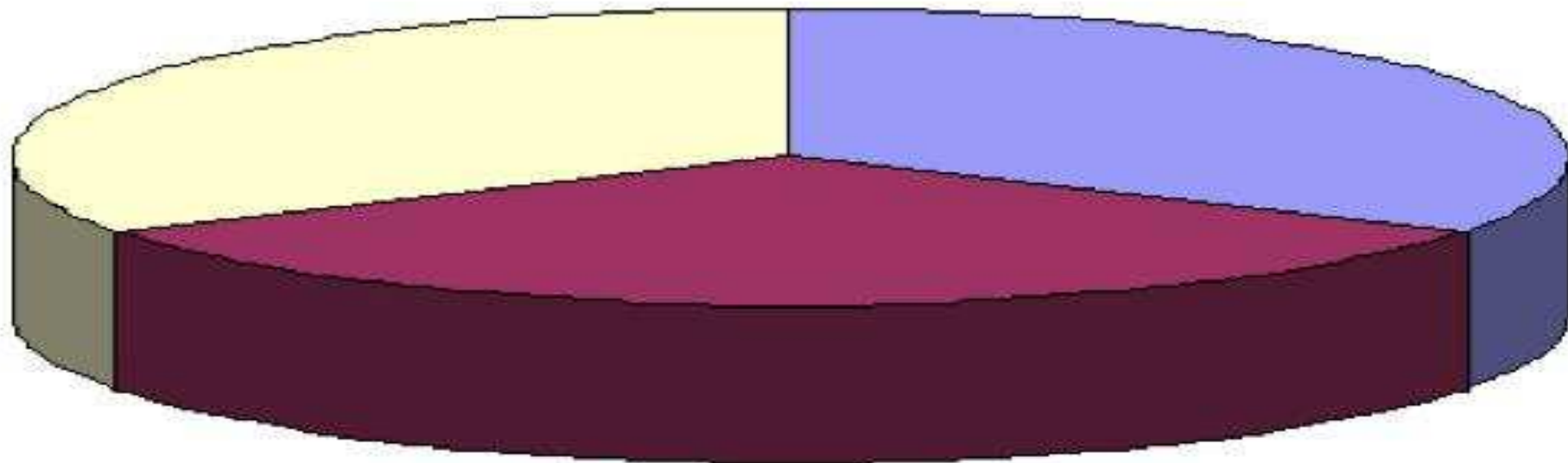
What is Oral Placement Therapy ?



A Three-Part Treatment Plan for Oral-Placement Therapy (OPT)

Speech

Feeding



Oral-Placement Therapies

Basic Principles

For ages 0-99.

Muscle movements can improve at any age.

We start with feeding because earlier motor movements for feeding prepare the oral structures for movements of speech.

Philosophy of SRJ Therapies-
Inappropriate movement cannot support normal, clear speech.

Why Oral Placement Therapy in Addition to Traditional Therapy?

- Adequate muscle movement, strength and endurance must exist for standard speech clarity to develop.

How do we use an oral placement program with traditional speech therapy techniques?

Examples for the “m” sound:

- a. “Say ‘m’” (auditory stimuli)-
traditional
- b. “Look at me, say ‘m’”
— (visual stimuli) - traditional
- c. Use a tongue depressor to
help them feel their lips together.
(tactile stimuli)-oral placement

Published Article

Bahr, D., & Rosenfeld-Johnson, S. (May, 2010).

Treatment of children with speech oral placement disorders (OPDs): A paradigm emerges.

Communication Disorders Quarterly, 31 (3), 131-138.

Oral Placement Therapy for Speech Clarity and Feeding

1. To increase the awareness of the oral mechanism

Oral Placement Therapy for Speech Clarity and Feeding

1. To increase the awareness of the oral mechanism
2. To normalize oral tactile sensitivity

Oral Placement Therapy for Speech Clarity and Feeding

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Oral Placement Therapy for Speech Clarity and Feeding

1. To increase the awareness of the oral mechanism
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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.

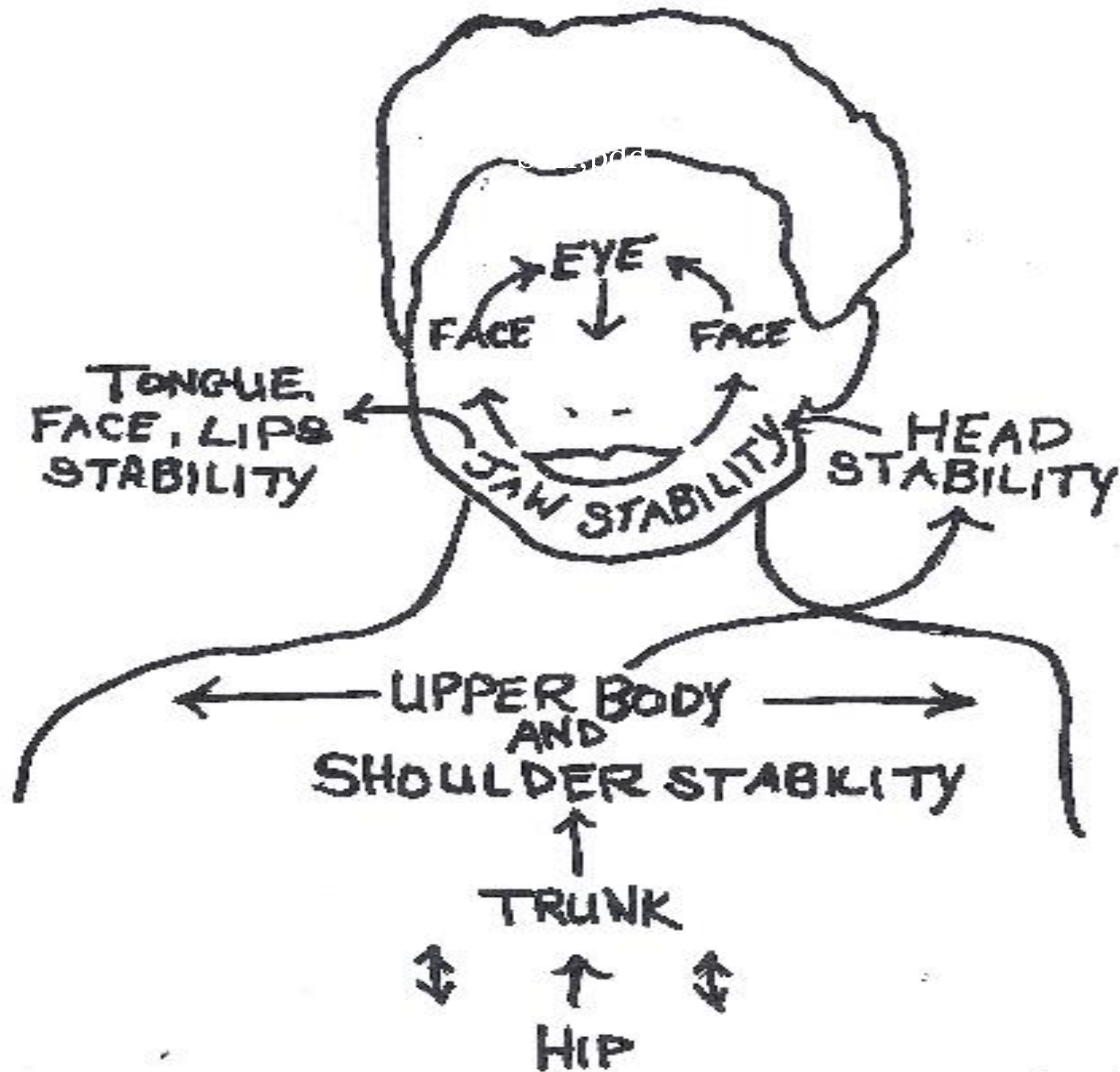
Dissociation

Head from Body

Jaw from Head

Lips - Face - Eyes from Jaw

Tongue from Jaw



Dissociation: LIPS FROM JAW

MUSCLE MOVEMENT

PHONEME EX.

Following normal speech development

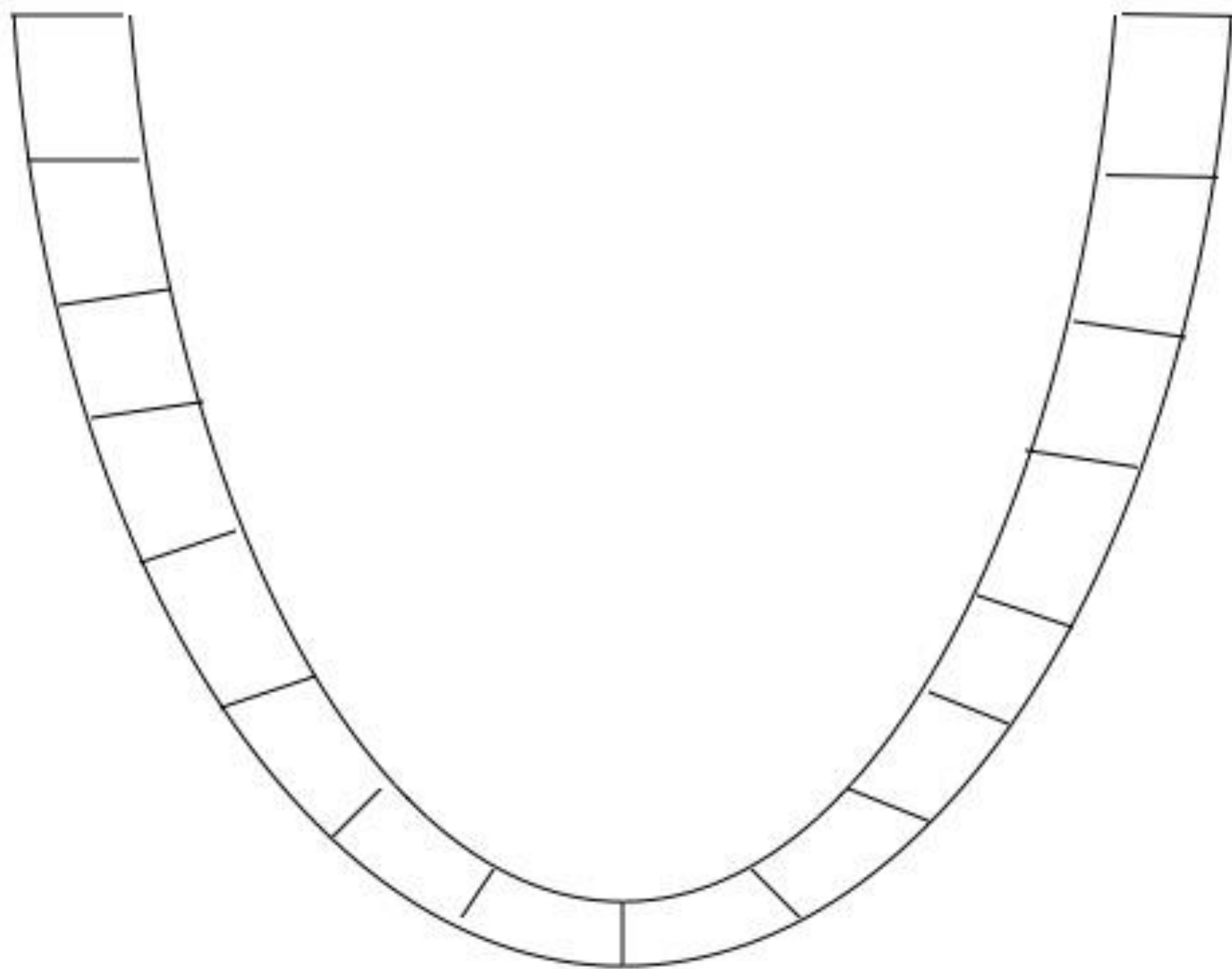
- | | |
|---------------------------------|---------------------|
| 1. Open | (ah, uh) |
| Closed to Open | (m, p, b) |
| Open to Closed | |
| 2. Protrude | (oo, oh, w, ee, ih) |
| Retract | |
| 3. Lower Lip Retraction/Tension | (f, v) |
| Lower Lip Protrusion/Tension | (sh, ch, j, r, er) |

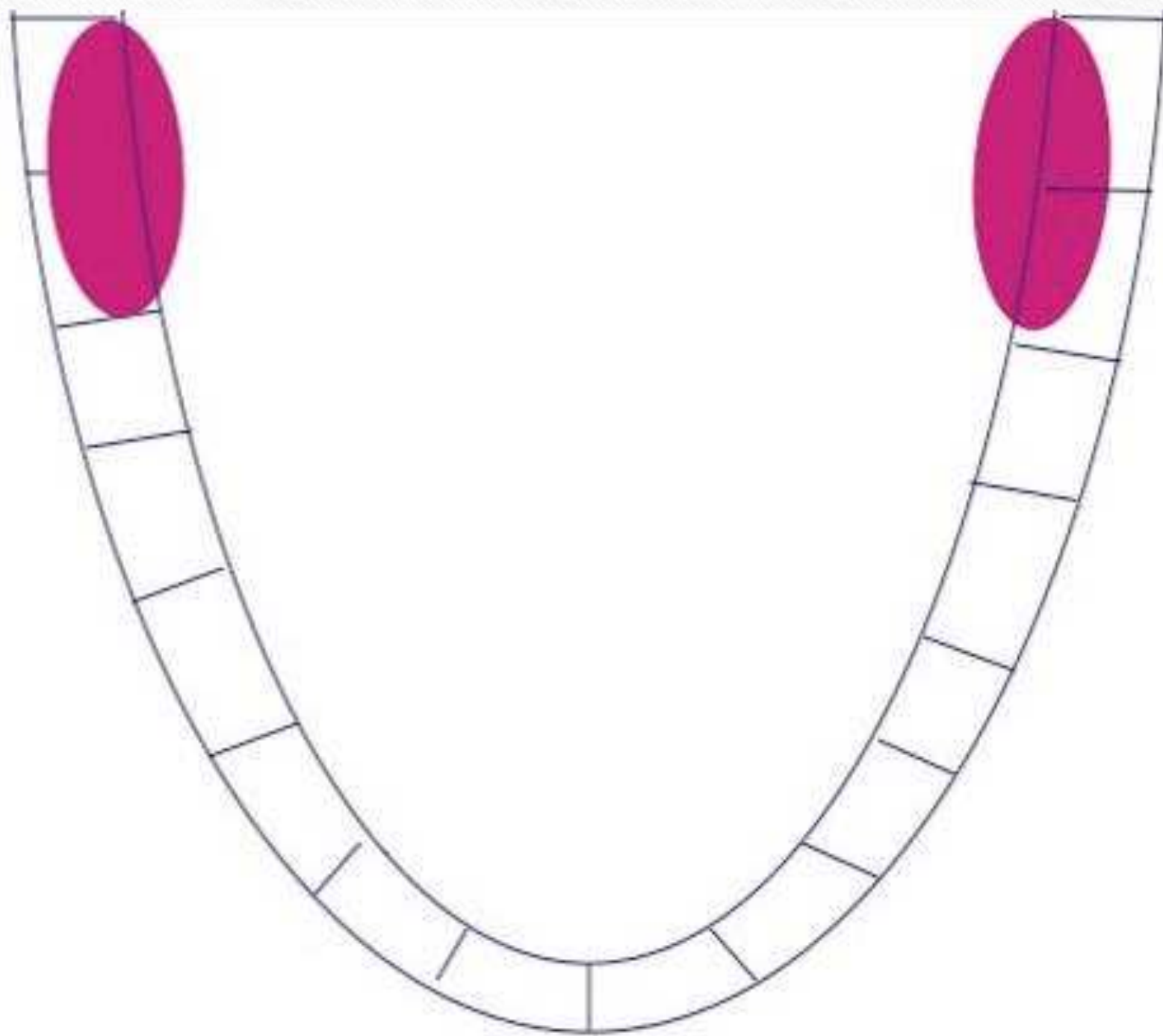
Dissociation: TONGUE FROM JAW

MUSCLE MOVEMENT

PHONEME EX.

- | | |
|---|-------------------------------------|
| 1. Retraction-Protrusion: Balance (Equal range of motion) | |
| 2. Retraction-Protrusion: Imbalance
Gradual increase in retraction
Gradual decrease in protrusion | (all sounds except th) |
| 3. Retraction (stability) - Lateralization of tip
a. Midline to both side
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) |





Oral Placement Therapy for Speech Clarity and Feeding

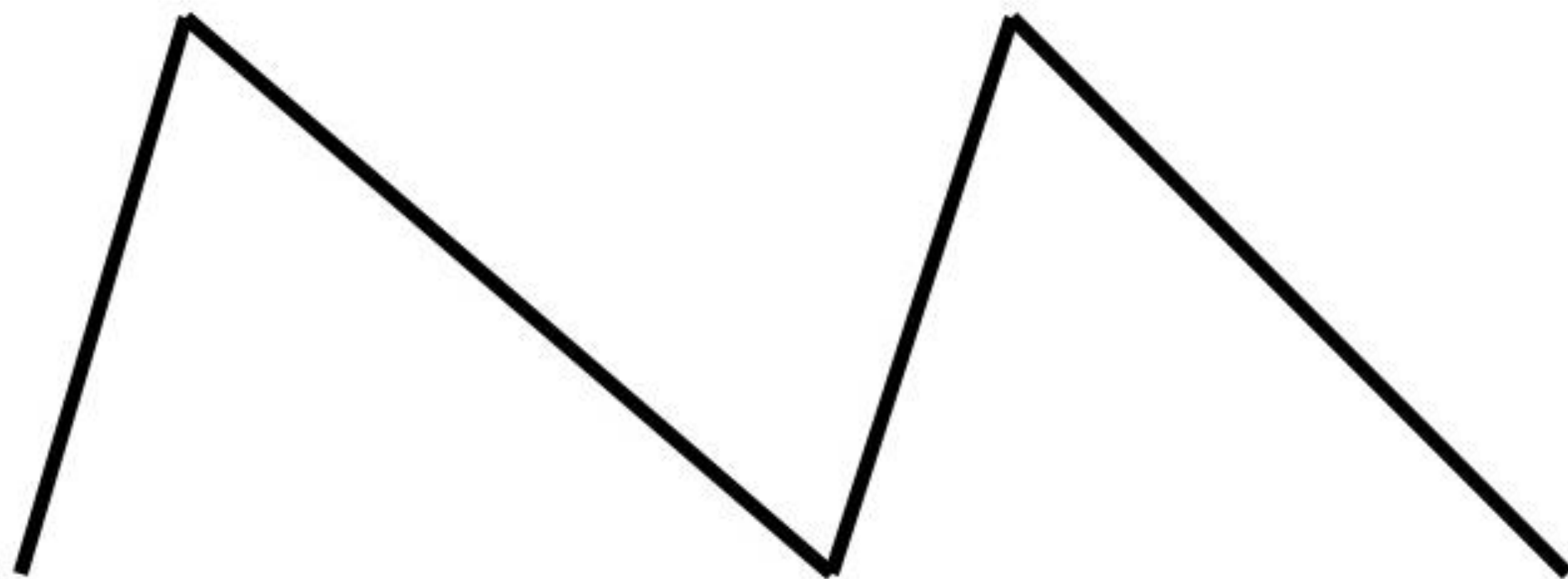
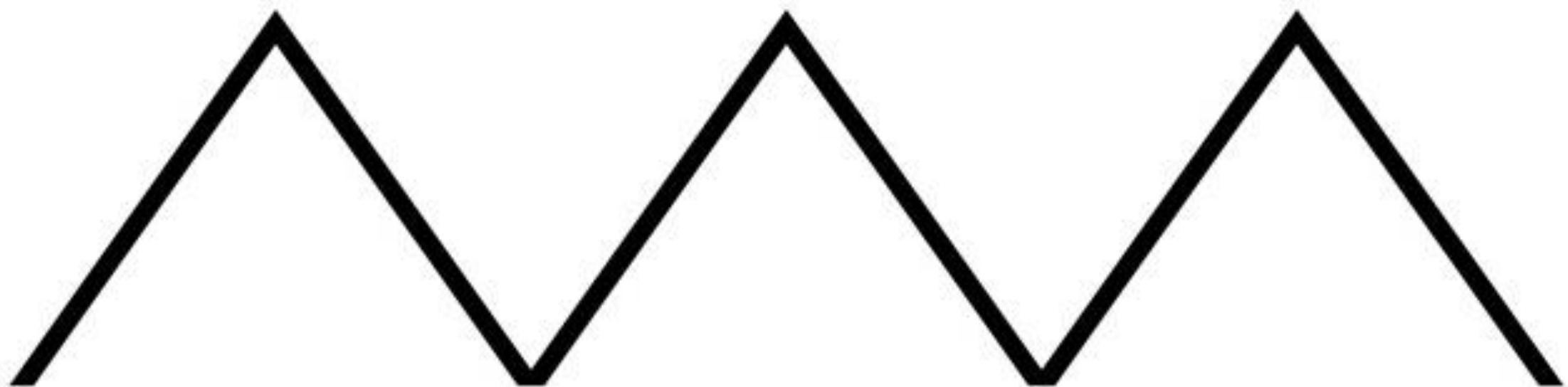
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Oral Placement Therapy for Speech Clarity and Feeding

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Happy Child or Fixing?



- Fixing: An abnormal posture used to compensate for reduced stability which inhibits mobility

Oral Placement Therapy for Speech Clarity and Feeding

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5. To improve feeding skills and nutritional intake
6. To improve speech sound production to maximize

Populations Appropriate for Oral-Placement Therapy

WHO DO WE WORK WITH?

Any client who displays oral-motor difficulties as compared to their typically developing peers for feeding and speech:

- **Reduced mobility**
- **Reduced agility**
- **Reduced precision**
- **Reduced endurance**

Dysarthria: Weakness for feeding and speech

Apraxia of Speech: Motor planning deficits in speech

As a combination of dysarthria and apraxia of speech

Task Specificity Speech for Speech

Once the foundational movements for speech are observed, we **MUST** transition that movement into function for feeding or speech.

(Bahr, 2001, pp.3-4; Green, et al, 1997; Moore & Ruark, 1996; Ruark & Moore, 1997)

When the movement is transitioned into function, you will no longer need oral-motor therapy for that movement.

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



Bottom Up

4 ↑ Articulation

3 ↑ Resonation

2 ↑ Phonation

1 ↑ Respiration

What is a therapeutic OPT program?

- A complete OPT program addresses ALL of the following when deficits are identified:
 - Sensory needs
 - Feeding needs
 - Oral placement skills
 - Speech



Do You Look At The Sensory System?



The Tactile System

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

Assessing the Oral Sensory System

ALWAYS:

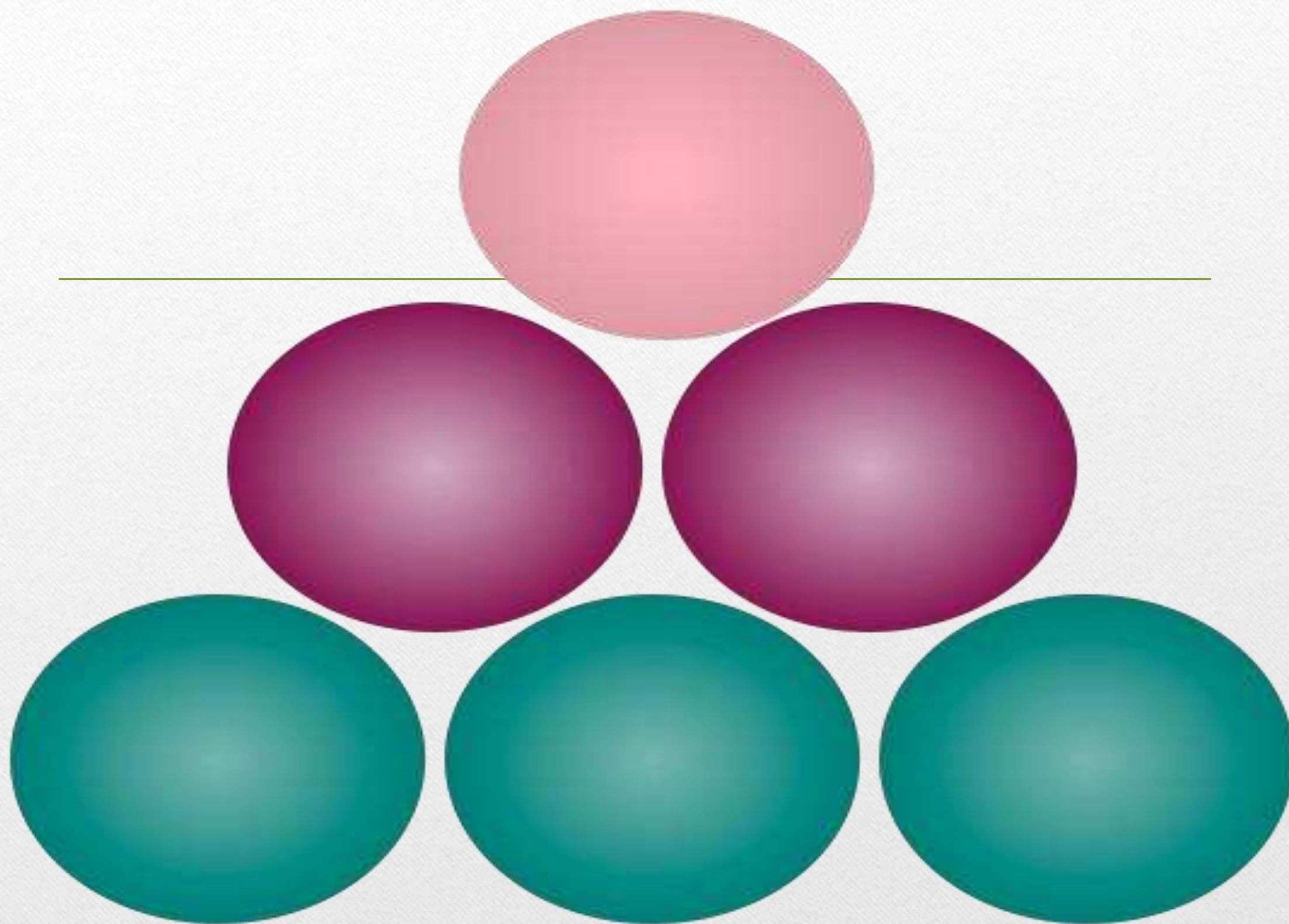
1. Start from the outside and work your way in
2. Be systematic
3. Begin with the least input if unsure



ASSESSMENT:

1. Knees, Hands, Shoulders, Cheeks, Lips
2. Oral Cavity - Lips, Buccal Cavity, Upper and Lower Gum Ridges, Blade of Tongue, Lateral Margins of Tongue, Gag Reflex? Palate

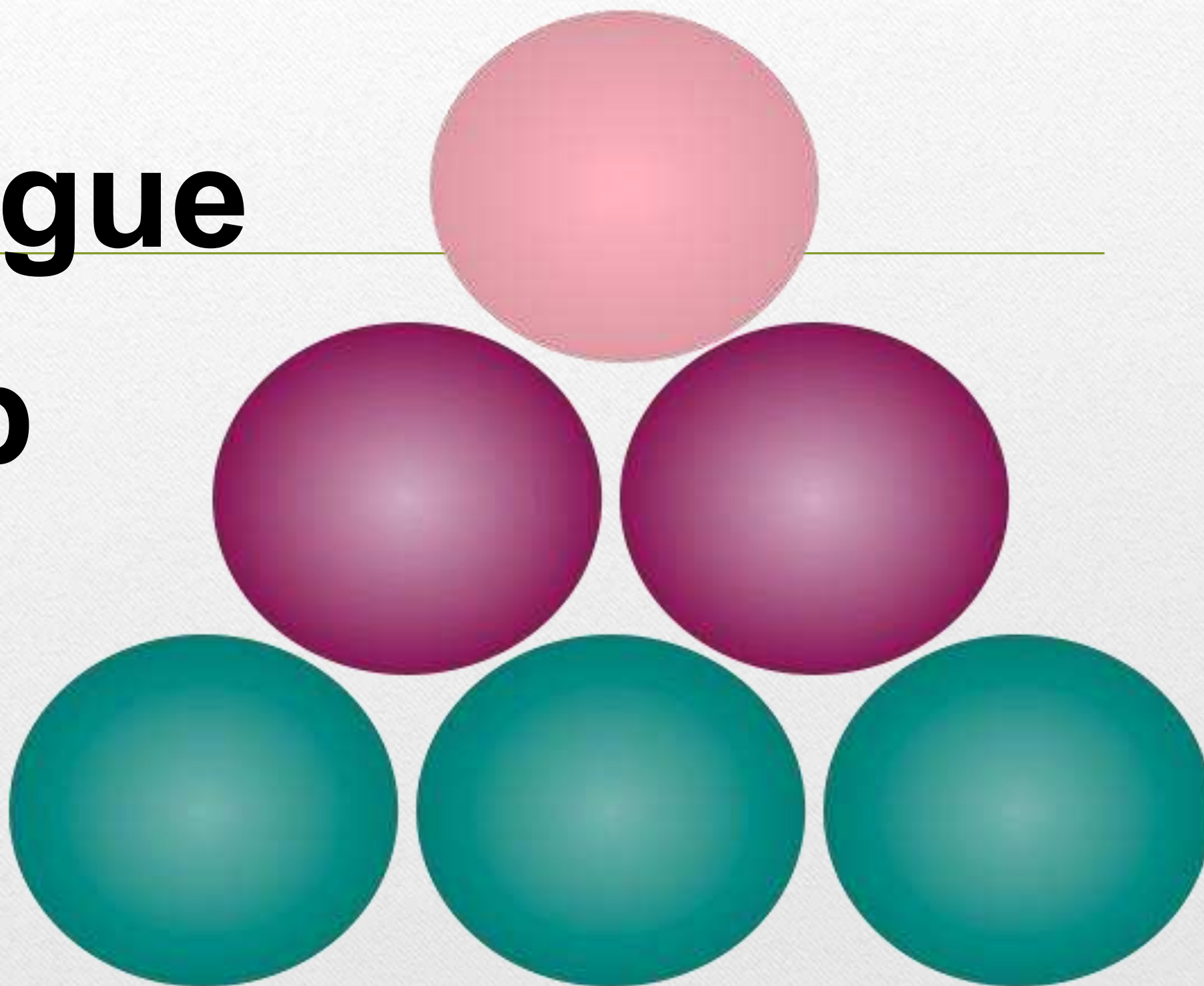




 **Tongue**

 **Lip
s**

 **Ja
w**



Jaw Jut

- A one directional abnormal movement of the jaw, which can be observed to the left, right or front.
- This type of jaw instability is generally secondary to asymmetrical jaw strength.
- It is a one-directional extension of the jaw associated with volitional movement.

Jaw Slide

- An abnormal movement which is fluid, and thereby multi-directional.
- This type of jaw instability is generally secondary to symmetrical jaw weakness.

What is the primary articulator in vowel production?

- Jaw?
- Lips?
- Tongue?

1	
2	HIGH
3	
4	
5	MEDIUM
6	LOW
7	
8	

Jaw Stability

Stability in the jaw allows for mobility
in the lips and tongue.

A. Feeding:

B. Speech:

Postures for Function

1. High Jaw Fixed:

- Positions 1, 2, or 3
- Compensatory
- Low Tone
- Speech
 - lateral
 - mumbled
 - slurred
 - rapid

Postures for Function

2. Low Jaw Fixed

- Positions 8+

- Compensatory
- High Tone
- Speech
 - slow- 1 syllable
 - fast- sequence of vowels w/ distorted consonants

Oral Placement Therapies

JAW EXERCISES – Birth to 3

a. Gloved Finger

b. Infant Toothbrush



c. Ark Probe or Z-Vibe



d. Bite-Tube Hierarchy:
Red Tube
Yellow Tube
Purple Tube
Green Tube



Postures for Function

3. Flaccid Jaw Drop

- Positions 4 & 5

- Not Compensatory
- Hypotonia or Obligatory Mouth Breather
- Speech
 - interdental
 - consonant deletions

The Relationship Between Oral Habits and Jaw Instability

- Thumb/Finger/Tongue Suckling
- Pacifier Usage
- Prolonged Bottle Feeding
- Teeth Grinding

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



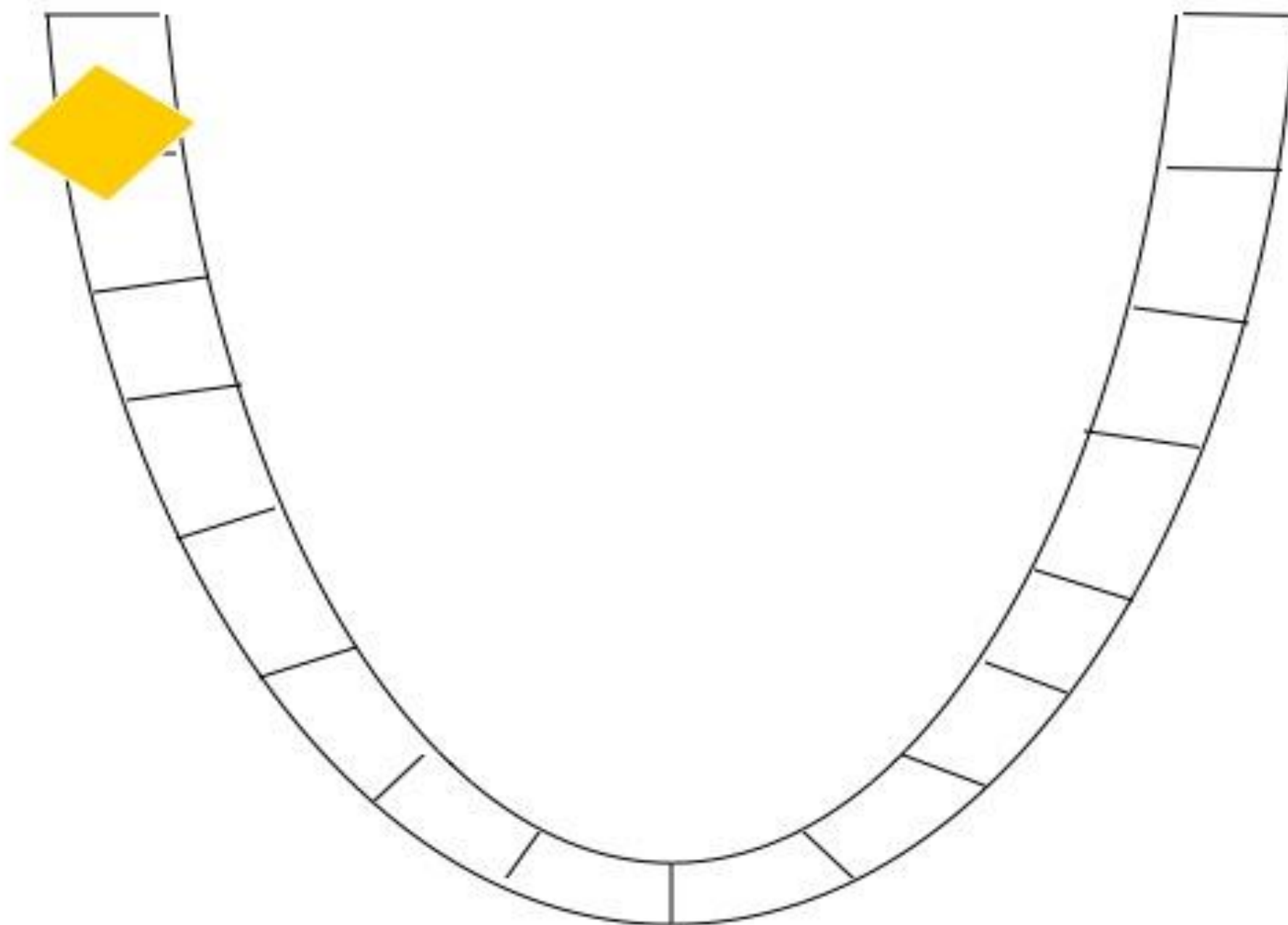
Why is feeding so important to an Oral Placement Therapy program?

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?

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



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

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 (nectar).

As the oral functioning improves, reduce the diameter of the straw (start).

Specific goals may include:

- Lip Rounding
- Tongue Retraction
- Defining Facial Musculature
- Jaw Stability
- Independent Self-Feeding



Straw Hierarchy

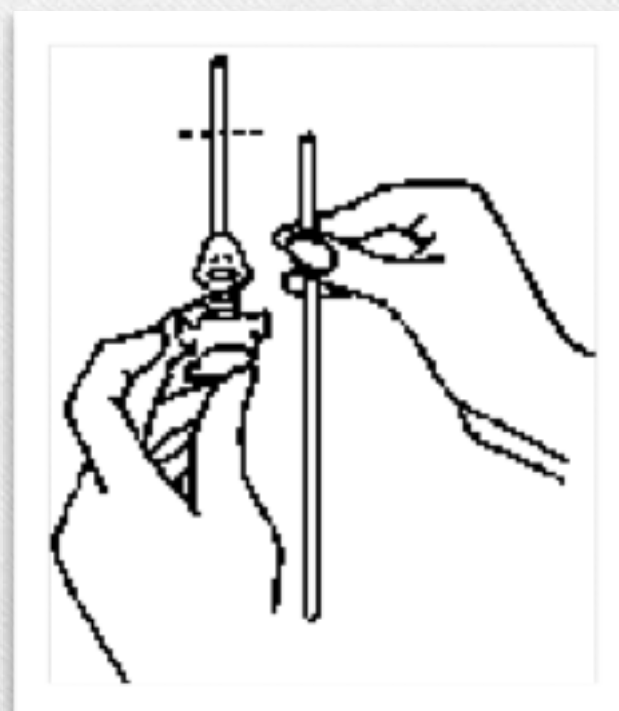
GOALS: Lip Protrusion, Tongue Blade
Retraction/Grading

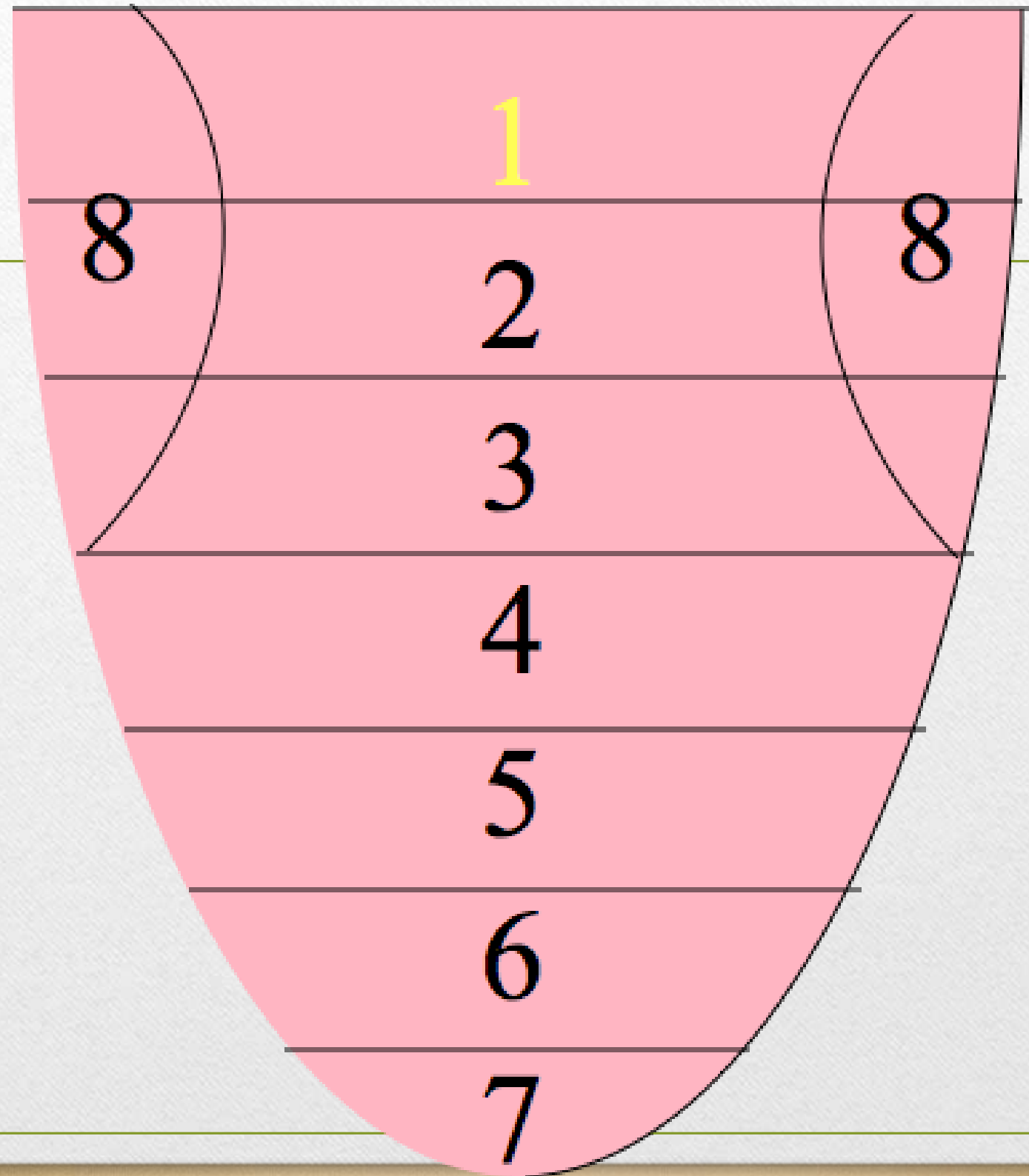
Thin Liquids (8 Straws in Hierarchy)

- Begin with either Straw #1 or #4



Straw #1

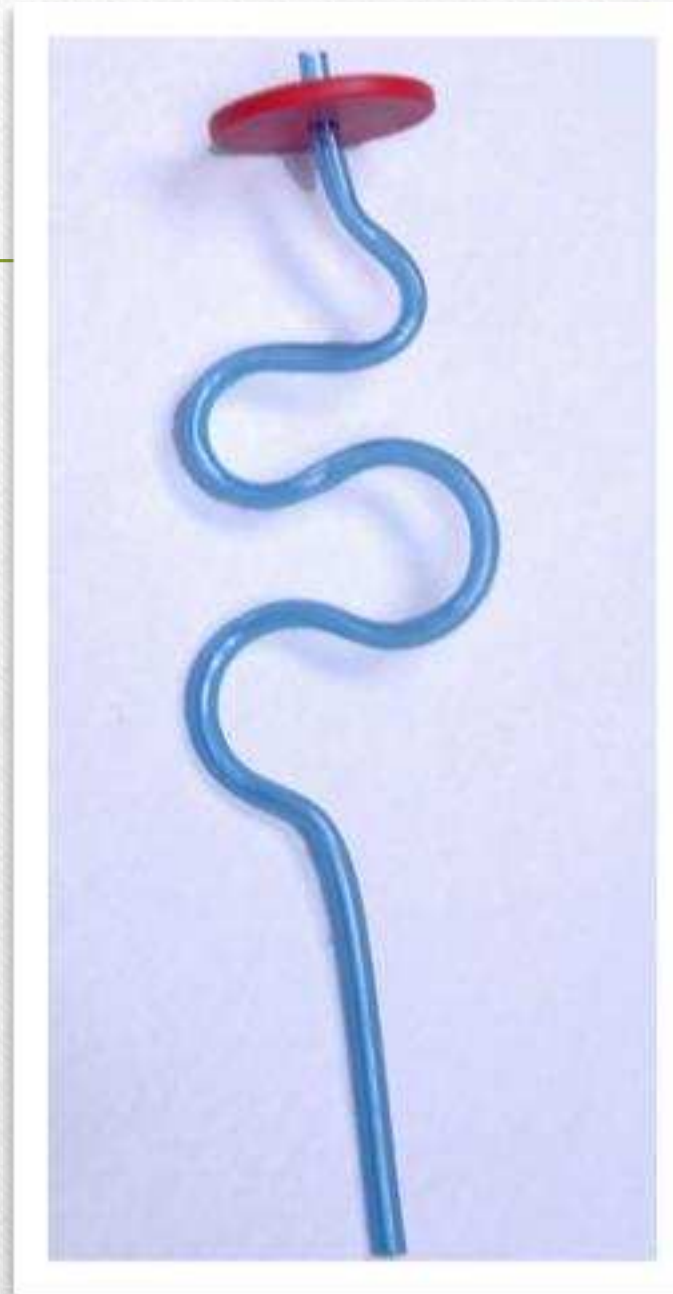


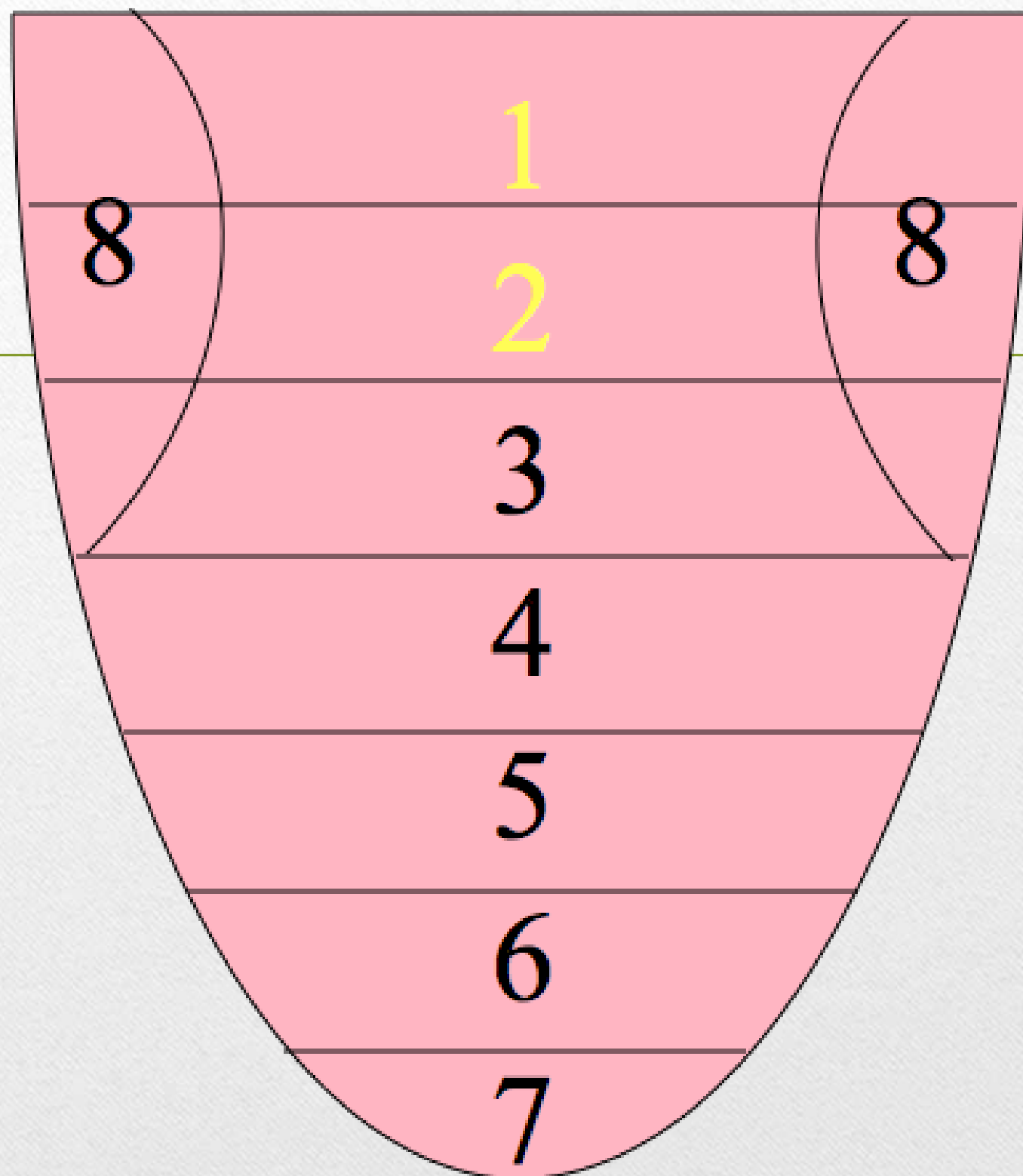


Straw #1

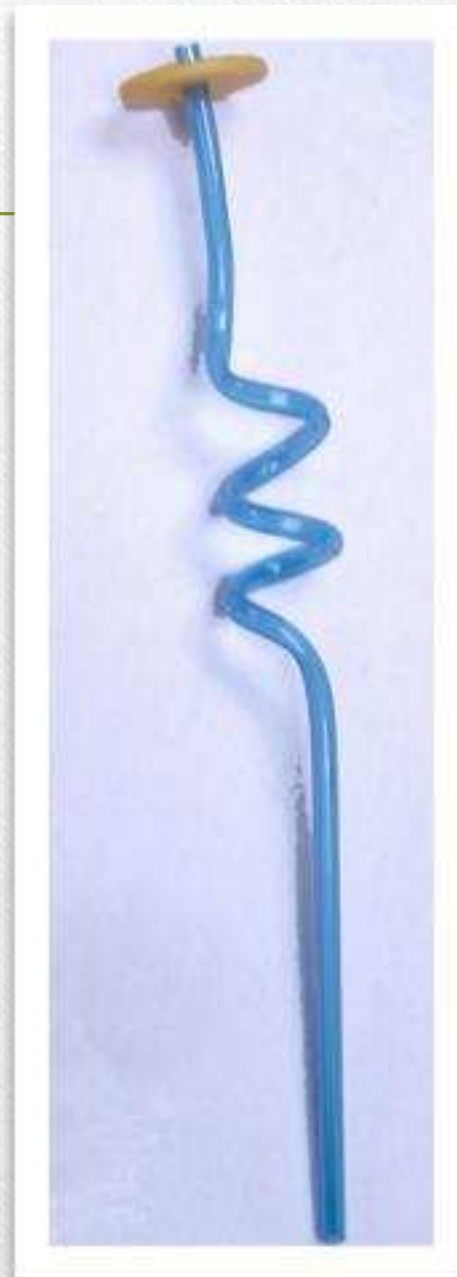


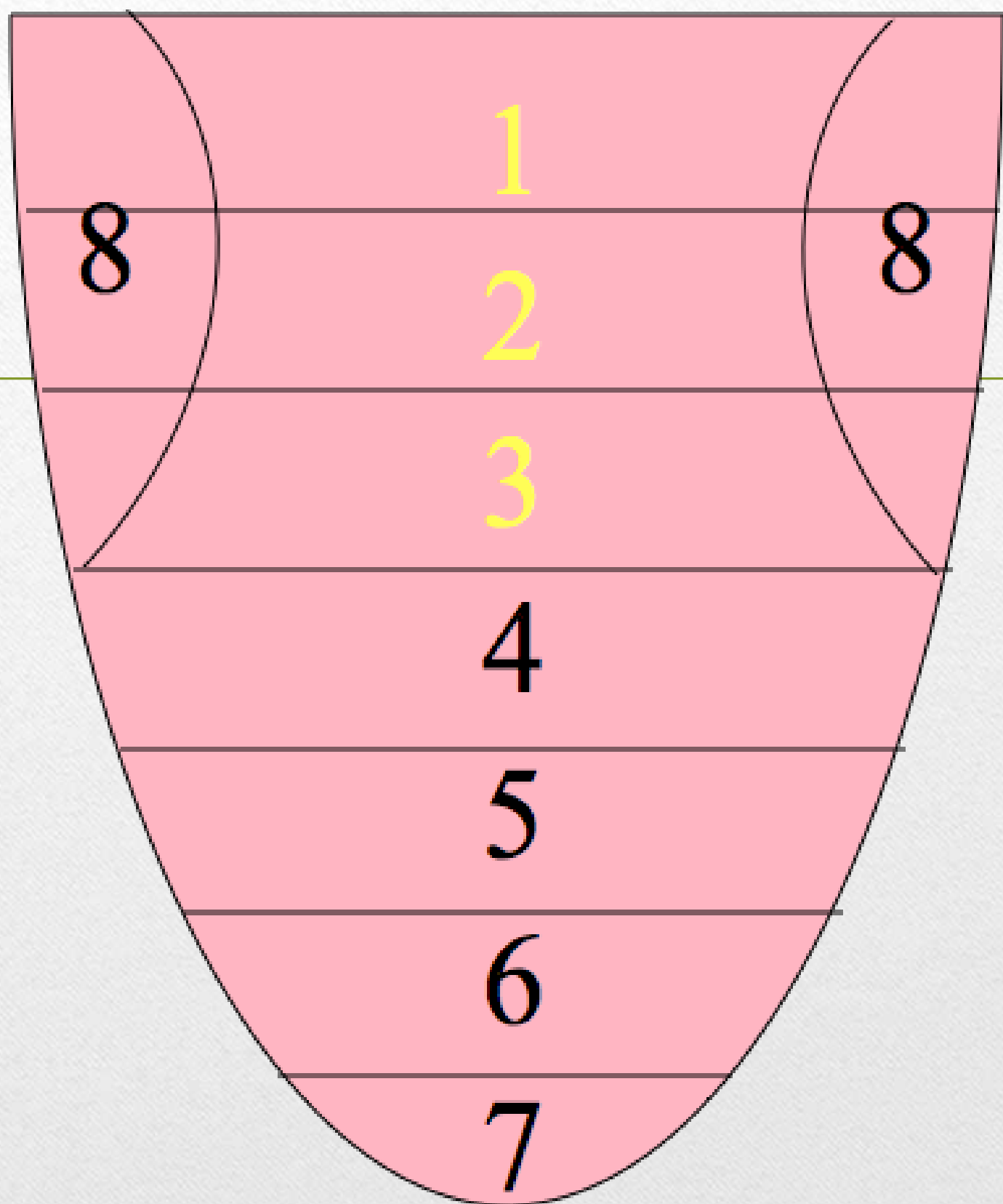
Straw #2



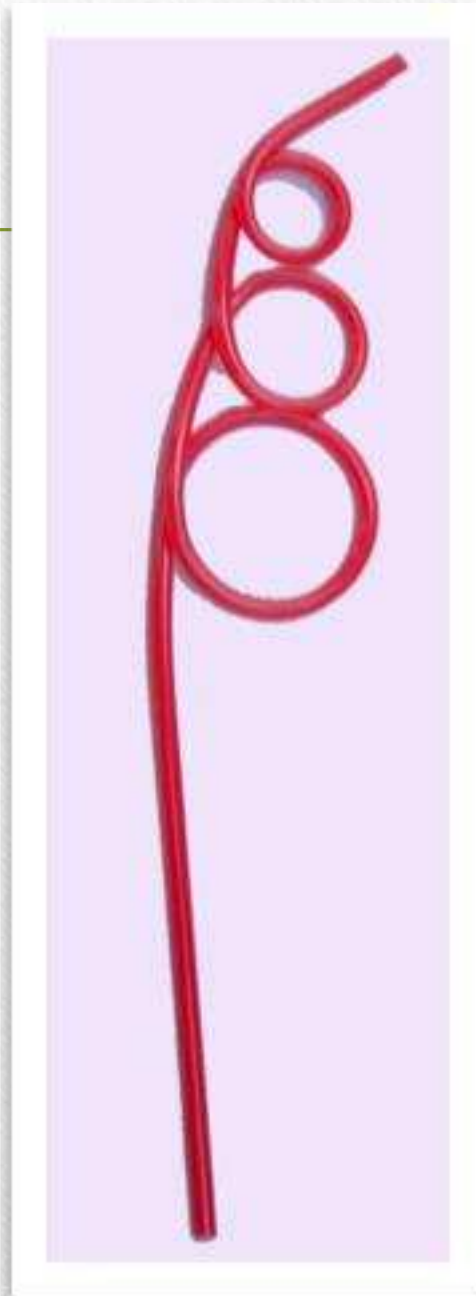


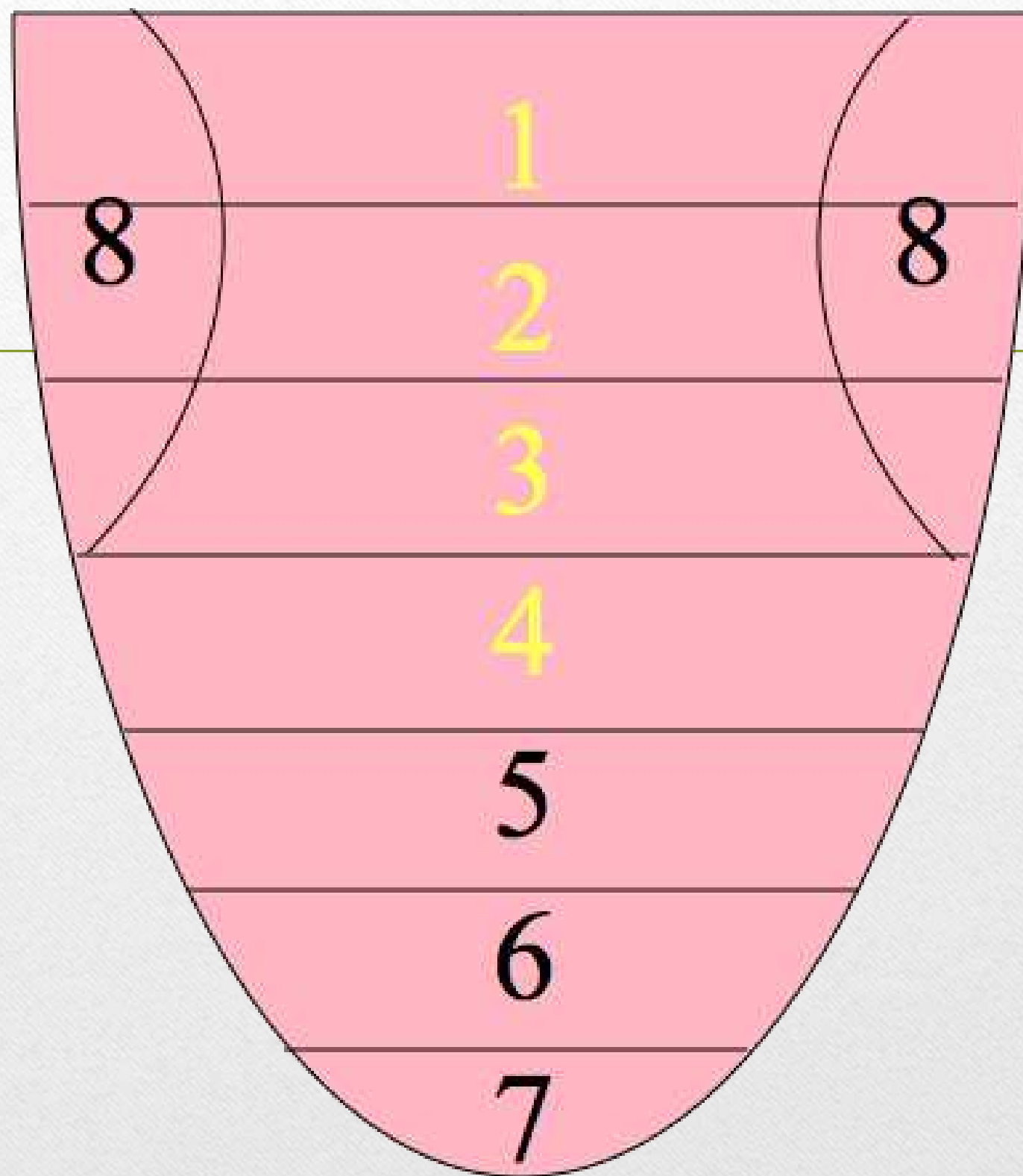
Straw #3





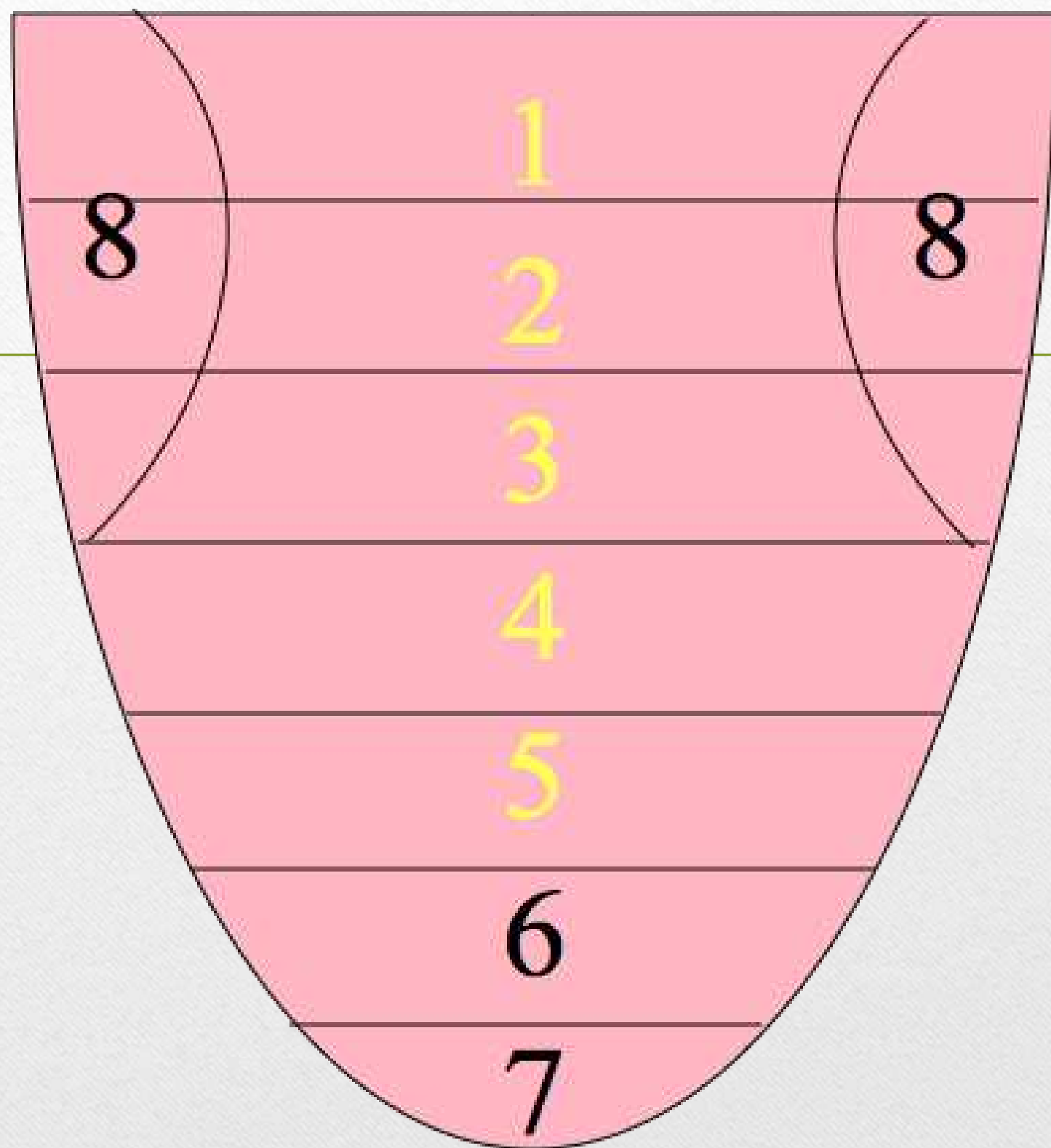
Straw #4





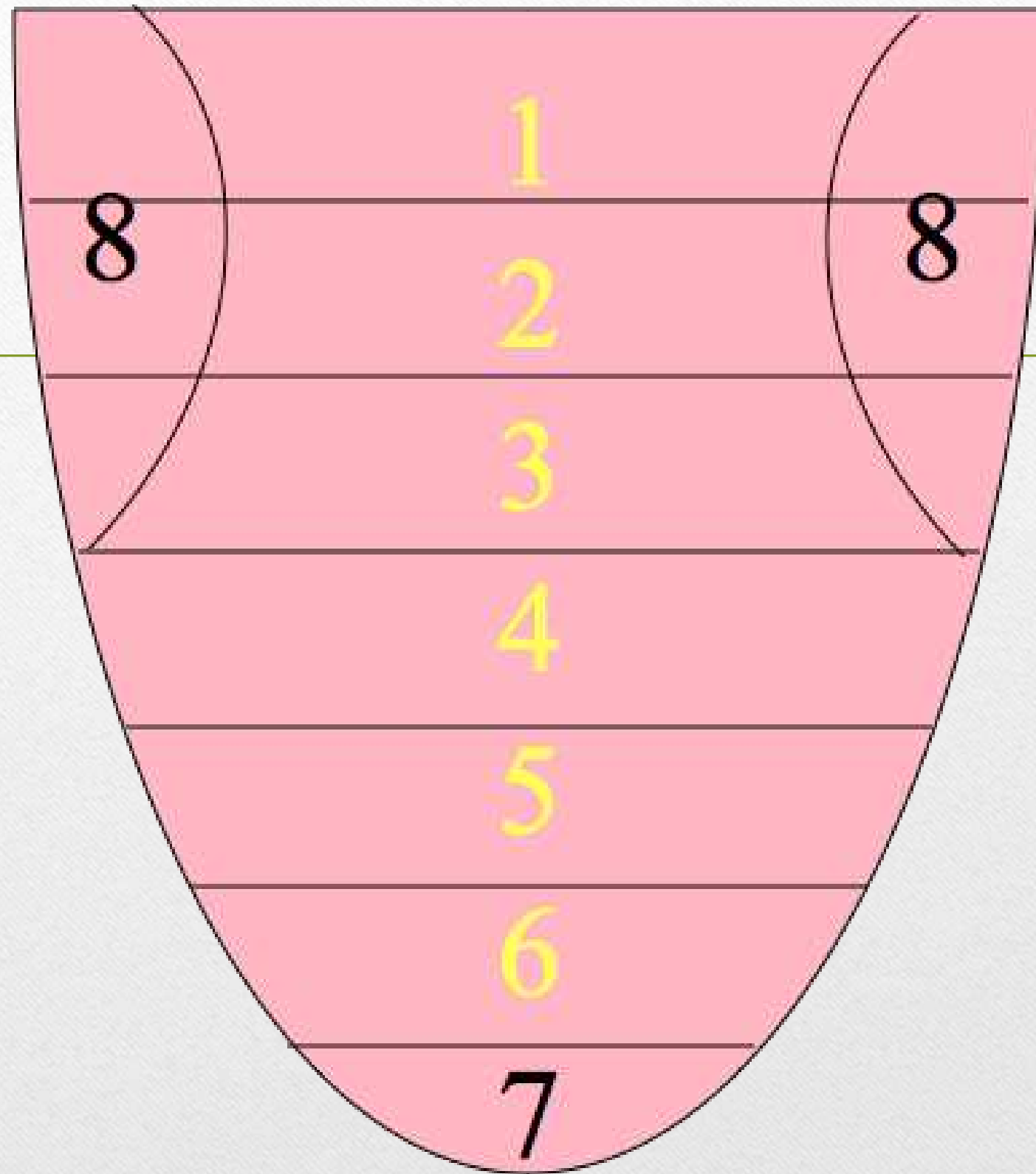
Straw #5





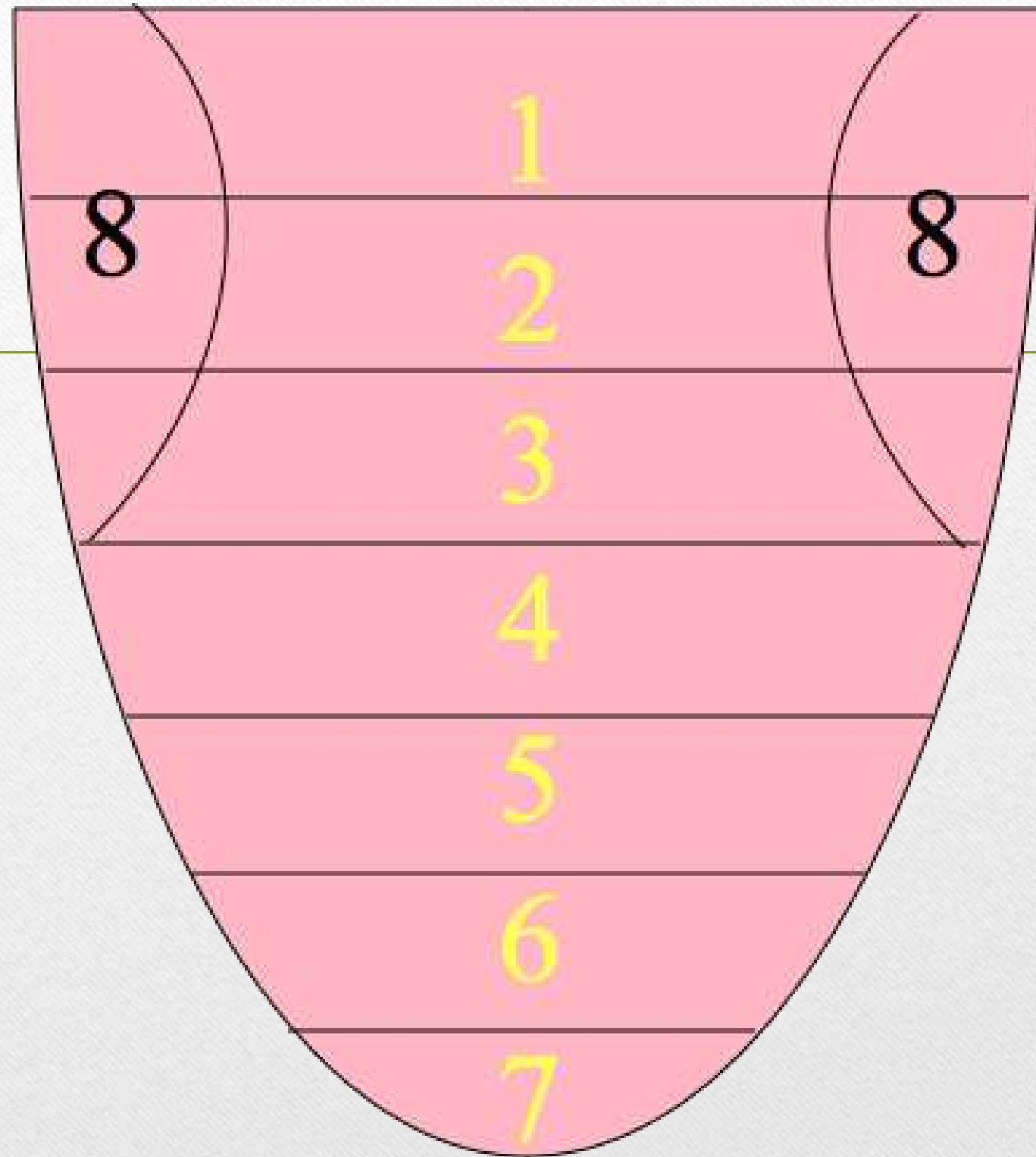
Straw #6



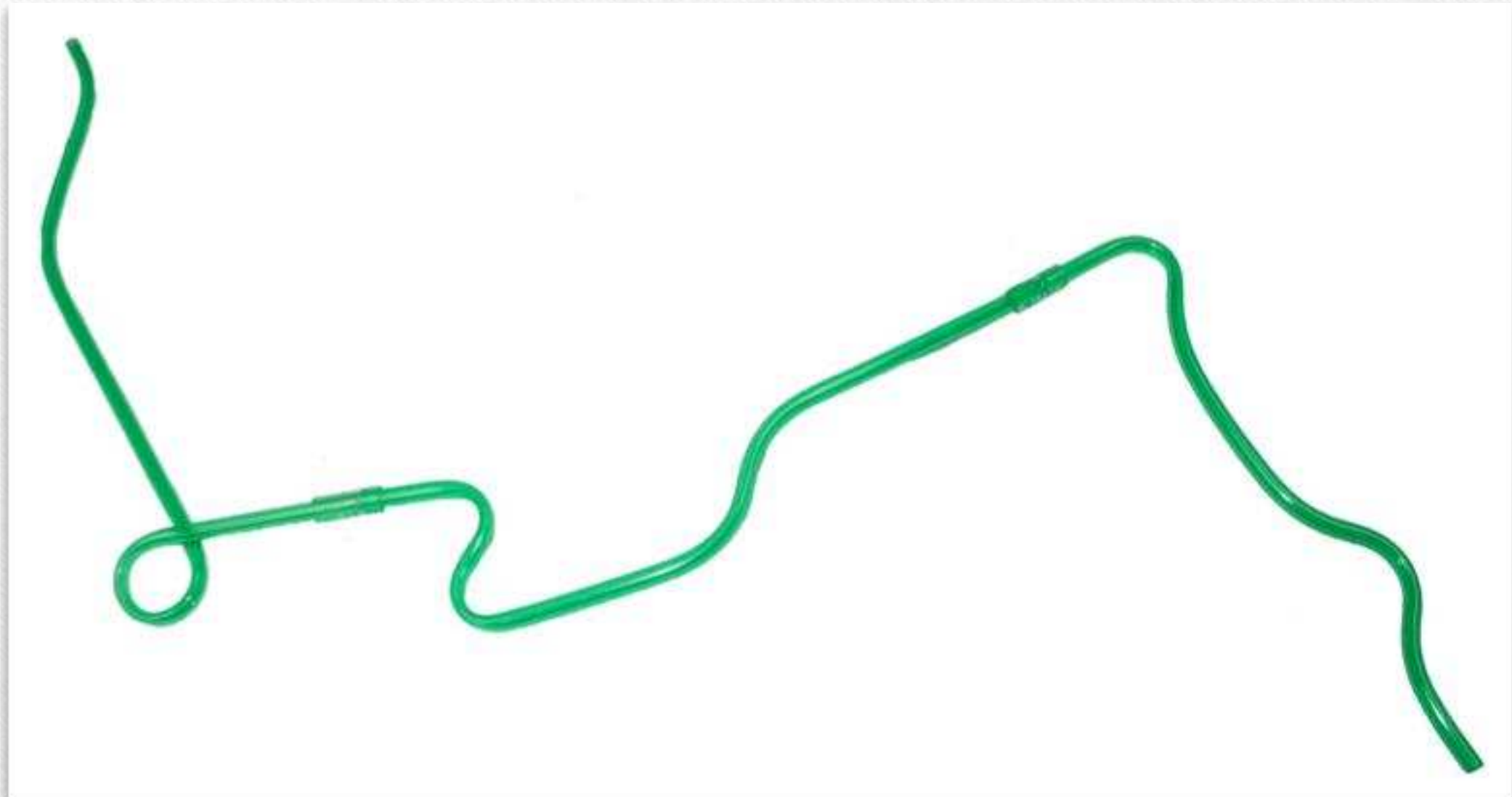


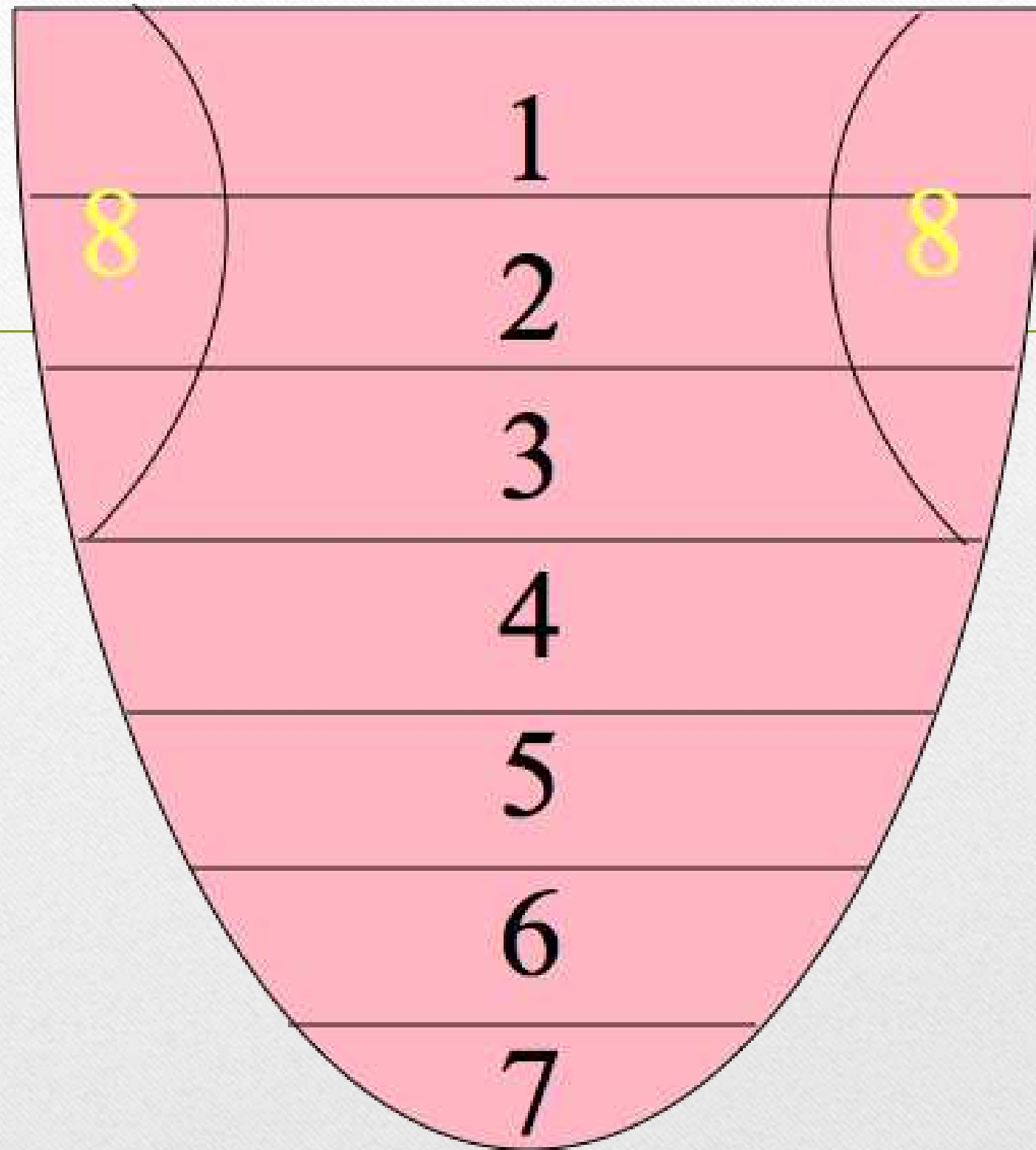
Straw #7



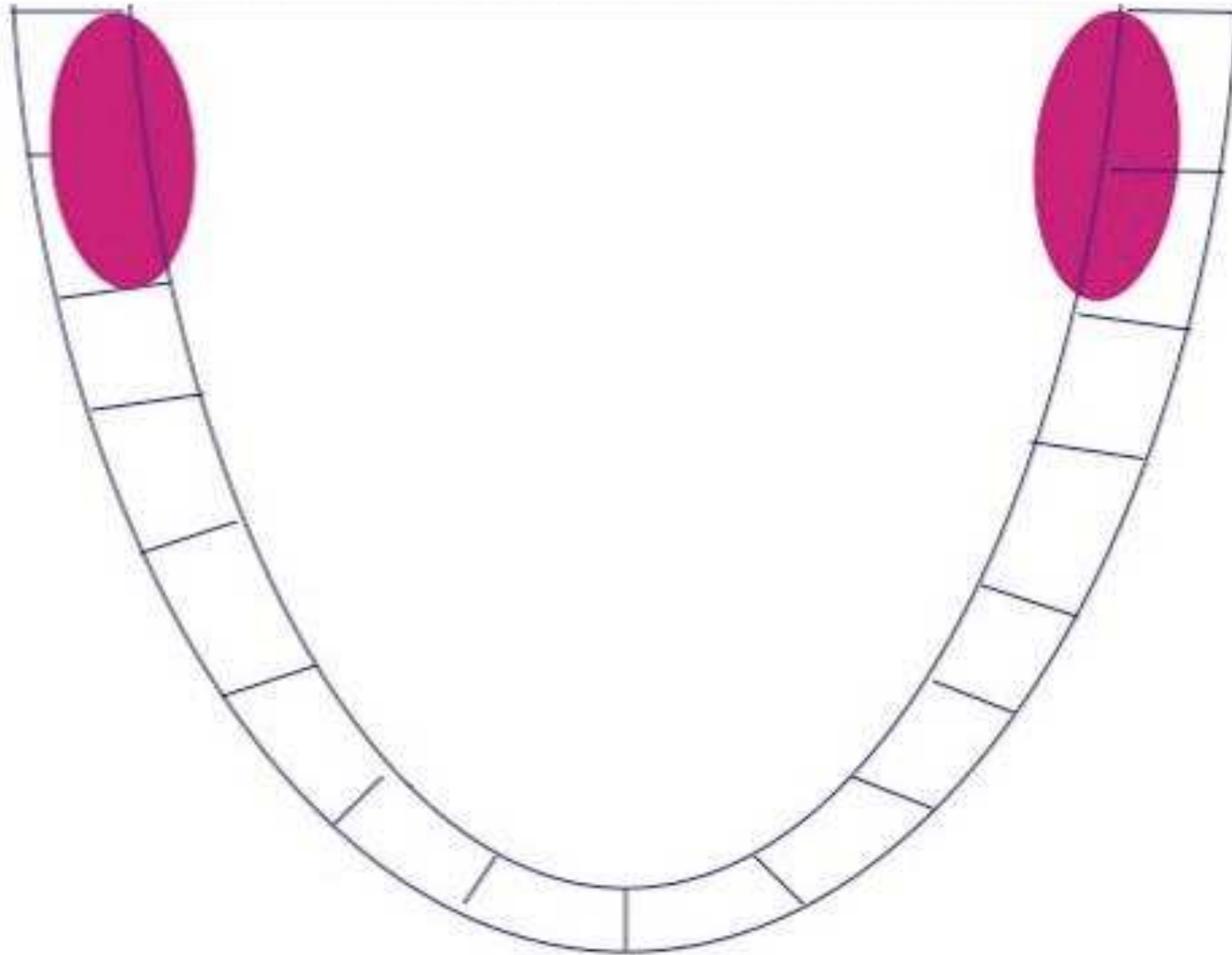


Straw #8





Back of tongue – side spread



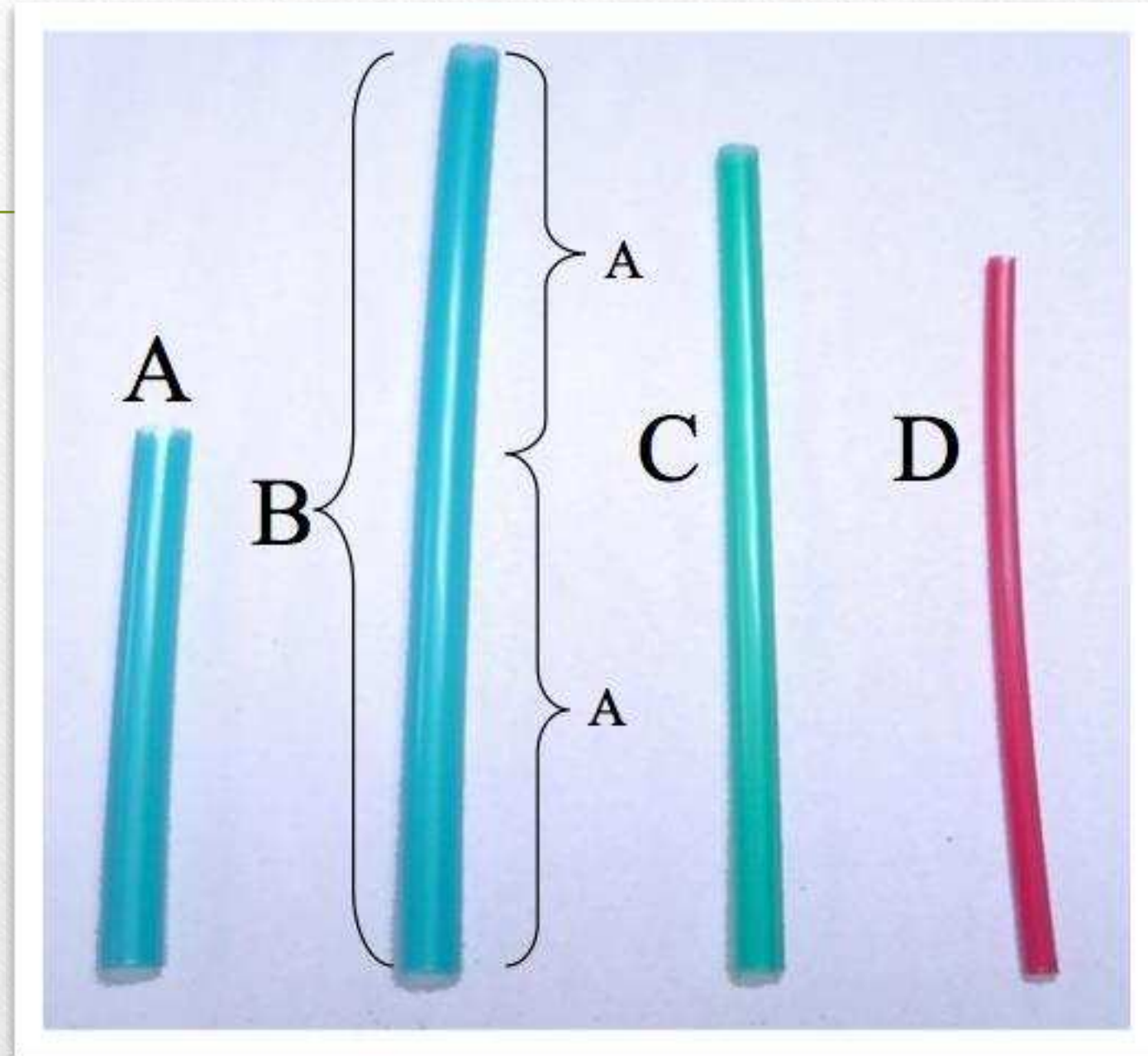
Straw Hierarchy

GOALS: Lip Protrusion, Tongue Blade Retraction/Grading

A. Thickened Liquids (4 Straws in Hierarchy)

- Begin when Straw #5 is introduced

Straws # A thru D



Why Is The Consideration of Incorporating Feeding So Important To An Oral Motor Therapy Program?

1. **Spooning Feeding:** Positioning in conjunction with proper spoon placement in the oral cavity will address these goals:
 - a. Lip Closure
 - b. Tongue Retraction
 - c. Jaw Grading

Why Is The Consideration of Incorporating Feeding So Important To An Oral Motor Therapy Program?

2. **Cup Drinking:** Ensuring the use of the 'right' cup is extremely important. Thickened liquids are easier for the client to control when learning a new muscle movement. As a skill level increases, the liquid can be thinned. Goals would include:
 - a. Lip Rounding
 - b. Tongue Retraction
 - c. Strengthening Facial Musculature
 - d. Jaw Stability
 - e. Independent Self-Feeding

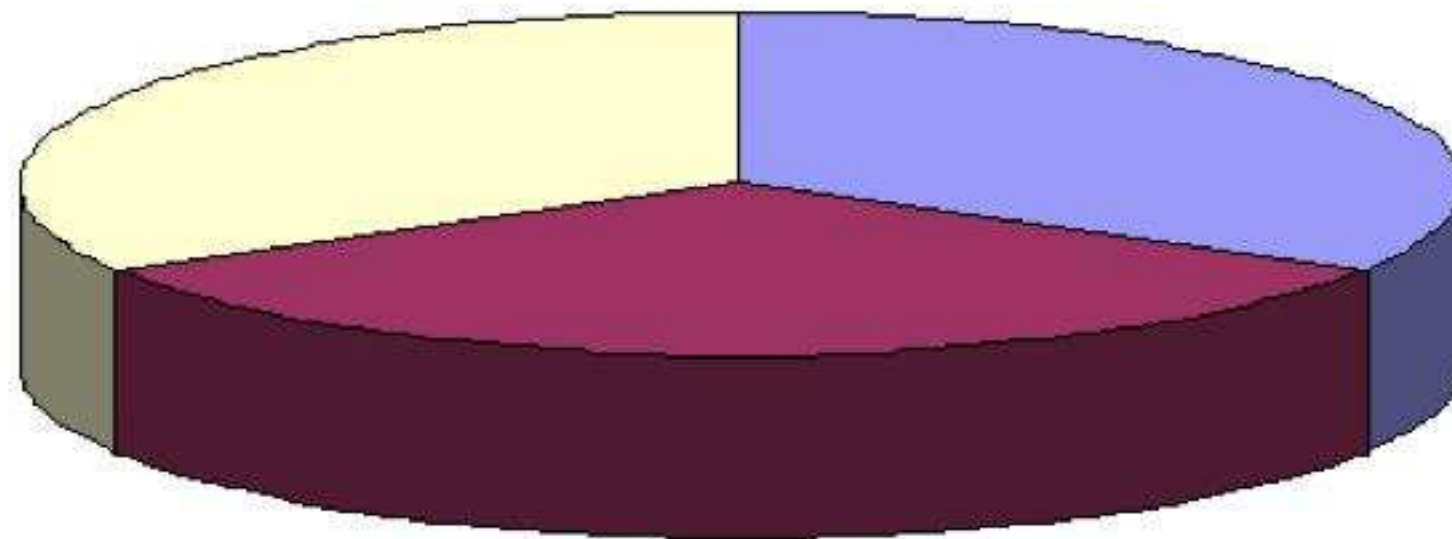
Why Is The Consideration of Incorporating Feeding So Important To An Oral Motor Therapy Program?

3. **Solids:** (for example: cubed or julienne) A preference for soft foods is frequently seen with children who possess oral-motor deficits. By introducing 'chewed solids' the weak jaw musculature can be addressed. Gradually increasing food textures, while acknowledging food/taste preferences, is an integral component of oral-motor therapy. Goal could include:
- a. Tongue Lateralization
 - b. Jaw Strength
 - c. Jaw Stability
 - d. Jaw Alignment
 - e. Tongue Retraction
 - f. Independent Feeding

A Three-Part Treatment Plan for Oral-Placement Therapy (OPT)

Speech

Feeding

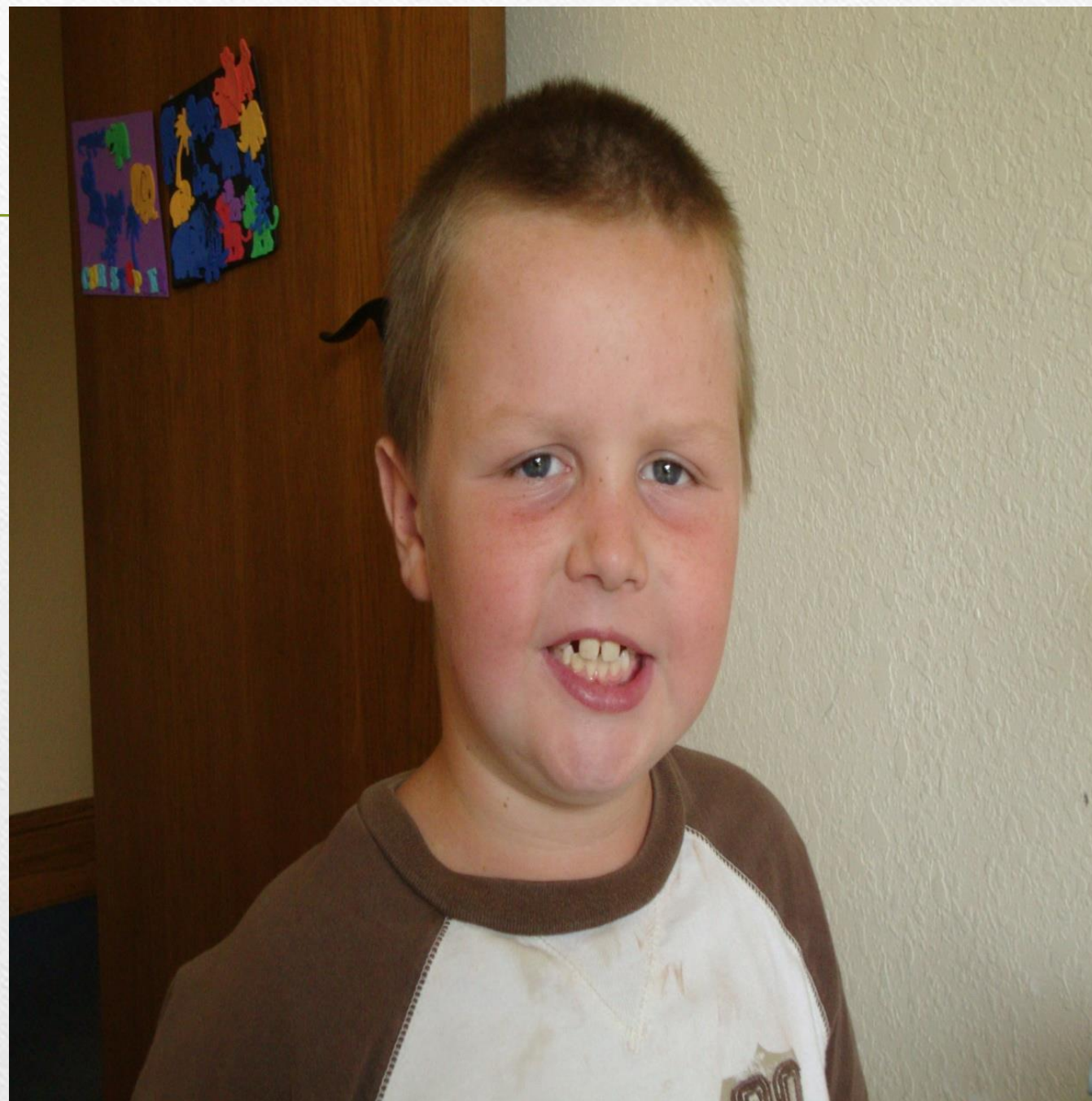


Oral-Placement Therapies

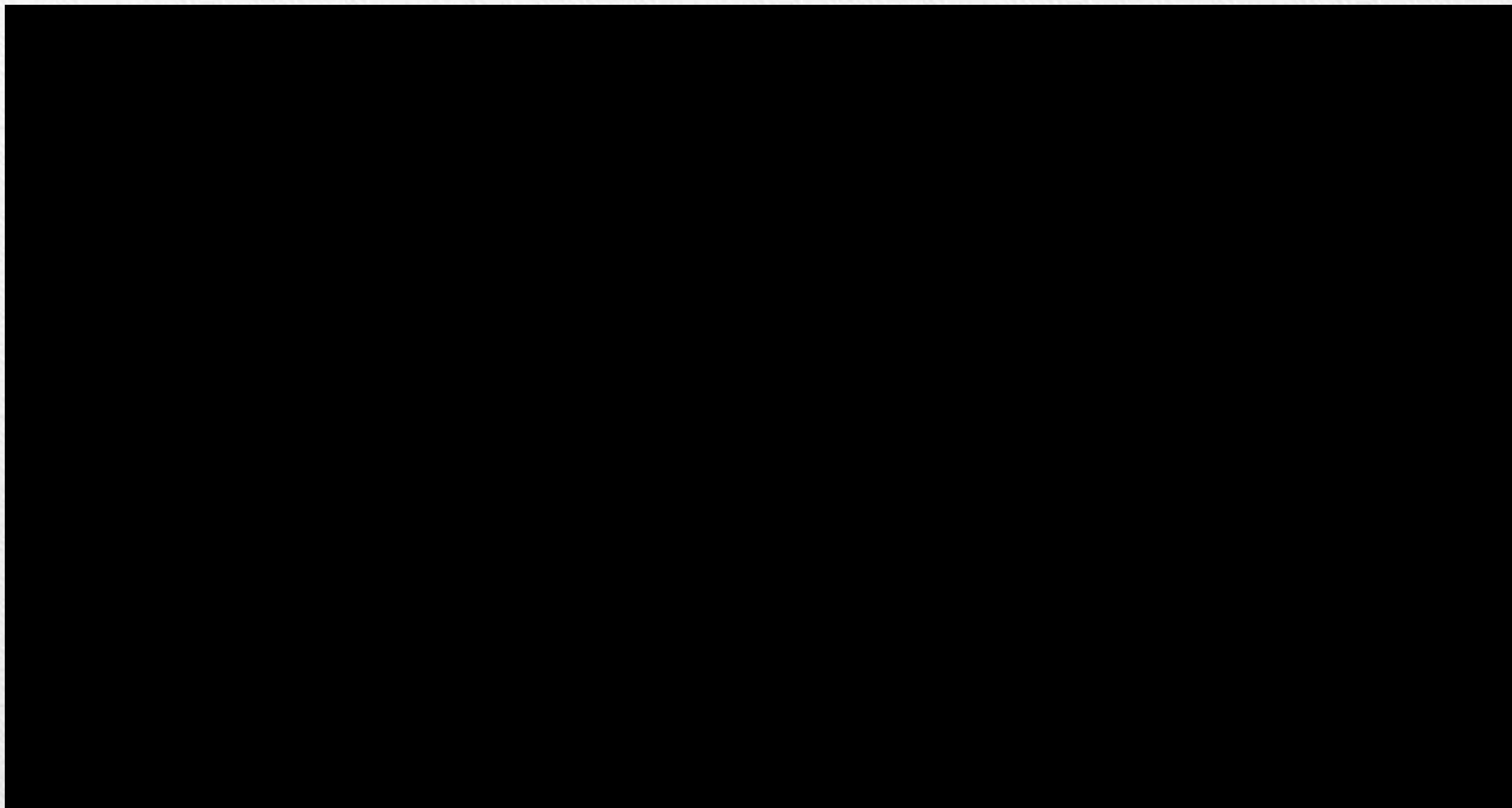
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6. To improve speech sound production to maximize intelligibility

Open Bite to Improved Dentition



1:27



So Could OPT Be The Missing Link For Some Clients?



THIS NEW ISSUE OF CHEWING MAGAZINE TELLS HOW TO SET UP A MANDIBULAR FITNESS REGIME!



BASICALLY, THEY RECOMMEND INTERVAL TRAINING: CHEWING ONE PIECE OF GUM WITH LOTS OF REPS, FOLLOWED BY CHEWING FIVE PIECES OF GUM AT ONCE, SO YOU REALLY WORK THE MASSETER AND BUCCINATOR MUSCLES.



IT'S A GRUELING WORKOUT, BUT YOU BUILD STRENGTH AND ENDURANCE, SO YOU CAN COME THROUGH IN A CLINCHER.



I'M SURE THE GLORY MAKES IT ALL WORTHWHILE.



PLUS, YOU DEVELOP THAT "CHEWER'S JAW" THAT DRIVES THE GIRLS WILD.



WHAT'S WITH THE FACE?



I'M DOING STRETCHES.



CHEWING MAGAZINE SAYS YOU SHOULD ALWAYS WARM UP BEFORE YOU CHEN GUM.



DID YOU KNOW THAT NEGLECTING TO STRETCH THE TEMPORALIS MUSCLES IS THE LEADING CAUSE OF GUM CHEWING INJURIES?



WHAT ABOUT FALLING DOWN WHILE CHEWING AND WALKING?



WITH A GOOD HELMET, THE RISK IS SURPRISINGLY SMALL.



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Colette Ellis, M.Ed., CCC-SLP, BCS-S
coletteslp@yahoo.com

TalkTools
2209 Mechanic Street, Charleston, SC 29405
Tel: 888-529-2879
Fax: 843-206-0590
Email: info@talktools.com