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Oral Motor Procedure

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Acronyms:

MoH	Ministry of Health
OT	Occupational Therapist
SLP	Speech and Language Pathology



Oral Motor Procedure

1. Introduction

The oral-motor aspect of swallowing involves how the mouth muscles function: how strong the muscles are, how well they coordinate, the range of motion and how far they can move as they manipulate food in the mouth to form cohesive bolus that can be easily transferred from the oral cavity to the pharynx and esophagus. The oral-sensory aspect of eating involves how the mouth tissues perceive sensory information such as the taste, temperature and texture of food. People, in particular children, can have problems with either part of the oral phase of swallowing process or both; there is often overlap with feeding disorders. Oral motor issues can be evaluated by either a Speech and language Pathologist (SLP) or an Occupational Therapist (OT).

2. Scope

This document is applicable to all healthcare institutions in the governmental and private sectors.

3. Purpose

- 3.1 To provide a systematic, standardized mechanism to approach and manage oral motor/feeding disorders.
- 3.2 To serve as guidance for SLPs and OT to provide holistic, quality care.

4. Definitions

- 4.1 **Failure to thrive** refers to slowed rate of growth, usually describes weight loss, decreased rate of weight gain and/or decreased linear growth; also called undernutrition, delayed growth, growth faltering, and failure to grow.
- 4.2 **Feeding disorder** refers to a condition in which a patient is unable or refuses to eat, or has difficulty eating, which may increase the chance of failing to grow normally. Examples of feeding disorders in children include, but are not limited to, adipsia (the



absence of thirst or the desire to drink); dysphagia (difficulty in swallowing); choking, gagging, or vomiting when eating. Feeding disorders generally present as a food refusal or lower amount of food intake than that appropriate for age due to behavioral issues [selective diet, anticipatory gagging] or underlying organic and/or physiologic conditions [dysphagia, tumors, neurological problems]. This situation concerns mostly infants and children below six years of age; however, feeding problems can appear also later on in life. Feeding disorders commonly encountered in a pediatric setting include food refusal, inadequate intake, over-selectivity, and texture-related problems.

- 4.3 **Feeding/oral motor therapy** is speech or occupational therapy for oral motor or sensory feeding problems as described above. This is generally provided by speech pathologists or occupational therapists, but may include other practitioners.
- 4.4 **Food aversions** refer to a dislike of a specific food.
- 4.5 **Oral aversions** refer to intolerance to certain textures or temperatures.
- 4.6 **Selective Eating Behaviors:** refers to willingness to consume foods from all food groups and all food consistencies, but restricted in variety of foods excepted within those groups.
- 4.7 **Swallowing Disorders**, also called dysphagia, are defined as any difficulty or abnormality of swallowing.

5. Procedure

The following steps shall be considered prior to and during service provision

5.1 Step One: Referral:

- 5.1.1 The oral motor service starts by referring a patient for OT or SLP services.
- 5.1.2 The oral motor service shall be provided even if the referral is general and does not mention the need for oral motor services (e.g. patient is referred for developmental delay).

5.2 Step Two: Assessment:

- 5.2.1 The oral motor skills assessment should be done in the most appropriate environment.

5.3 Step Three: Prescription:



5.3.1 Effective and economical deployment of limited resources, giving the greatest good for the greatest number, requires prescription of the least expensive solution which will meet the patient's needs.

5.4 **Step Four: Documentation and Records:**

5.4.1 The service to be documented in Al Shifa system by the therapist.

5.5 **Step Five: Evaluation:**

5.5.1 Therapists are encouraged to carry out annual audits and continued evaluation of processes and procedures.

6. **Responsibilities**

6.1 **Occupational therapists are responsible for:**

6.1.1 Deal with motor and sensory disorders. They help patients reduce hypersensitivity to stimuli or, if needed, alert children who are hyposensitive.

6.1.2 Provide recommendations regarding appropriate seating arrangements and utensils for feeding sessions.

6.2 **Speech pathologists are responsible for**

6.2.1 Ensure the safety of swallowing and provide oral stimuli, including: myofascial release techniques, feeding programs to increase diet preferences, and intra-oral desensitizing in order for a child to tolerate oral-motor therapy tools.

6.2.2 Use tools to improve jaw grading, lip rounding, tongue retraction and jaw-lip-tongue dissociation.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Nuha Al-Shaaili	October/ 2023
02			
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Written by		Reviewed by	Approved by
Nuha Al-Shaaili		Dr Aamir Al Toubi	Dr.Kadhim Jaffar Sulaiman

8. Related Documents:

There is no related documents for this procedure.



9. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Roles and responsibilities of Speech and Language pathologists in early intervention	American Speech-Language-Hearing Association	2008	
Specialized knowledge and skills in feeding, eating and swallowing for occupational therapy practice.	Clark	2007	
Behavioral Treatments for Pediatric Feeding Disorders	Linscheid	2006	