

Emerge



A Child's Place

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Occupational Therapy
Speech Therapy

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Serving children from birth
to 14 years old

Using therapy to improve conditions such as:

Delayed Speech
Dyspraxia
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider

www.EmergeAChildsPlace.com

Enhancing Therapies for Speech and Eating



Bonnie Hacker, OT
Founder / Director

Speech therapy often involves patients following instructions to perform relevant skills in repetitive fashion. However, many children will benefit from a more fundamental approach. Sometimes, teaching speech and language skills directly is analogous to trying to teach someone to play a piano while they are still having trouble wiggling their fingers independently. Just like playing a piano requires strength and dexterity of the hands combined with the ability to coordinate hand and foot motions without visual cues, eating and speaking requires the coordinated use of lips, tongue, cheeks, jaw, and soft palate. To better help children who may benefit from addressing the fundamentals of speech and eating, Emerge uses the Beckman Oral-Motor Intervention.



Beckman Oral-Motor Intervention

A more fundamental approach to
challenges with eating and speech.

The **Beckman Oral-Motor Intervention** operates on the premise that both speech and eating involve the coordination of more fundamental oral motor capabilities. Indeed, some research supports the concept that challenges with non-task-specific oral motor capabilities and fine motor skills in general correlate with speech and eating challenges.¹⁻⁶ The Beckman Oral-Motor protocol begins with a thorough, quantified, evaluation of the strength, movement, and control of the oral structures. Importantly, the protocol uses assisted movement, meaning it does not rely solely on the child being instructed to perform certain movements. Then, a customized program is developed to increase the range, accuracy, power, and speed of articular movements as well as to heighten awareness of oral structures. This process gives children the fundamentals they need to better progress with therapy for eating, drinking, speech, and facial expressions. Fortunately, children perceive the Beckman Oral-Motor Intervention as a ton of fun. Therapists will often start sessions with the Oral-Motor work because it prepares the oral-motor complex for other work and because it engages the children so well.

Speech therapy schools typically do not teach oral-motor intervention.⁷ Becoming skilled at this requires additional training and commitment to improvement after graduation. At Emerge - A Child's Place, therapists are competent in over 50 specific intervention strategies for improving facial muscle function for eating and speech. Therapists also have specific training in work with adaptive mealtime utensils, oral hygiene issues, and motor techniques for improving articulation. This work has even been connected with improvement in voice and language.⁸ Please consider an evaluation at Emerge for children with articulation disorders, dysphagia, oral apraxia, feeding difficulties, and other challenges that may be related to oral function.



The Fun Place for Therapy

At Emerge, children find spacious rooms, large windows, colorful surroundings, and lots of toys and playful equipment. In general, Emerge is a place children like at first sight and look forward to visiting again. Important therapy has never been so much fun.

Please tell parents about Emerge - A Child's Place
Believing in a Child's Potential to Flourish

References

1. Fucile S, Gisel E, Lau C. "Oral stimulation accelerates the transition from tube to oral feeding in preterm infants." *The Journal of Pediatrics* (August 2002); 141 (2): 230-236.
2. Hou M, Fu P, Zhao J, et al. "Oral motor dysfunction, feeding problems and nutritional status in children with cerebral palsy." *Zhonghua Er Ke Za Zhi*. 2004; 41 (10): 765-8.
3. Newmeyer A, Grether S, Grasha C, et al. "Fine motor function and oral-motor imitation skills in preschool-age children with speech-sound disorders." *Clin Pediatr* (2007); 46 (7): 604-611.
4. Alcock K. "The development of oral motor control and language." *Downs Syndr Res Pract*. 2006; 11 (1): 1-8.
5. Visscher C; Houwen S; Scherder E. "Motor profile of children with developmental speech and language disorders." *Pediatrics* (2007); 120 (1): e158-63.
6. McFarlane S, Prins D. "Neural response time of stutterers and nonstutterers in selected oral motor tasks." *Journal of Speech and Hearing Research* (1978); 21: 768-778.
7. Lof G, Watson M. "A nationwide survey of nonspeech oral motor exercise use: implications for evidence-based practice." *Language, Speech, and Hearing Services in Schools* (July 2008); 39: 392-407.
8. McAllister A. "Voice disorders in children with oral motor dysfunction: perceptual evaluation pre and post oral motor therapy." *Logoped Phoniatr Vocol*. 2003; 28(3): 117-125.