

Speech and Language Talk Tools Summary Report

Name: Matthew Elliis	DOB: 18.02.06
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Matthew has been assessed using the Talk Tools assessment and therapy hierarchies on the 23rd February 2011. Matthew's mother Debbie was present throughout the assessment and his Father James and younger brother Daniel were present at parts of the assessment. The advice was video recorded along with footage of Matthew so that I can train parents in the approaches required.

Oral Motor skills and Talk Tools assessment findings

Matthew was happy to engage in a range of oral motor activities that included putting therapy tools in his mouth. He required some sustained concentration and prolonged effort to engage in the range of activities and he did very well to engage for this length of time.

Medication:

I understand Matthew is on medication glycopyronium bromide for dribbling and lansoprazole for reflux.

Matthew presented as a healthy little boy on the day of assessment. He has been taking some medication to aid sleeping, used on occasions.

Appearance and positioning for assessment:

Matthew had attended a full day of physio, therefore he was somewhat tired at 3pm when the assessment took place. He sat in his mobile stander/walker (which Debbie reports he likes being in) for the duration of the assessment.

Matthew appeared to have some very good head control, despite his low tone, he was able to lift his head up to look at activities, to put food into his mouth and to look at his environment. He also presented with really good tone around his mouth, lips and cheeks despite low tone in much of his body. Debbie

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reports that she breast fed, until Matthew was 4;0 years of age and this may indicate why his tone has continued to be stronger around his face, because these muscles have been continually exercised. I suspect Matthew shows some mixed tone and he did move into extension throughout the assessment particularly in both arms, coming sharply back to either side of his head. He also uses the motion when opening his mouth in anticipation.

Mouth and jaw appearance:

Matthew presents with a good closed lip position at rest, he does however go into extension when food is presented to him particularly a drink; he retracts his head and arms and presents with an open mouth. He does manage to bring his lips together nicely again during eating, showing controlled and more graded movements of his lips and jaw. He appears to be getting food onto his back molars to chew and is showing an immature chew, but not a suckle which is an encouraging sign, to aid further progress. Matthew uses his fingers to move food in his mouth if it is stuck, he can use two isolated fingers to push food into place on his teeth.

Matthew does poke his tongue out and does use a suckle at some stages of his feeding, once he has chewed a little on the back molars. Matthew will require specific work to further increase tongue retraction (the tongue going back into the mouth) so that he does not lose food out of his mouth. He will also need some work on the sides of his tongue (the lateral borders) in order to teach him to use his tongue more usefully to transport food across his mouth, so it is in a better position to chew and swallow. Matthew should be supported in keeping his strong cheek muscles as this aids lip closure, tongue retraction and chewing.

SENSORY:

Matthew was very happy with the range of sensory activities I introduced. He appears to respond to proprioception (deep firm pressure) to provide his body with additional feedback and to help him to attend and focus.

Toothette:

The Talk tools assessment started with an external sensory assessment. Matthew experienced firm touch around his feet, legs, arms, upper body, shoulders, before accepting touch on his cheeks, his chin and finally his lips.

Matthew accepted the wet and dry pink toothette, rolled across his cheeks, his upper lips, his lower lips and across both lips. He then accepted this same activity with vibration and appeared to enjoy the experience more, laughing and smiling.

Matthew allowed me to go inside the mouth the toothette, on the upper and lower gums, the alveolar ridge and quite far back on the soft palate. His gag reflex appears in quite far back. He did not show any displeasure inside the mouth to vibrating tactile input.

Z vibe and vibrating bug:

Matthew enjoyed further vibrating activities, providing sensory input to his cheeks, chin, upper and lower lip and across his lips. Matthew would benefit from using the vibrating bug and counting to 3 on each limb, in order to prepare his body for work.

Bite Blocks:

Matthew accepted a bite block in his mouth, which is a tool, used to establish and develop jaw strength. If the jaw is not strong in a range of positions, required for speech production and feeding, then he will not be able to make isolated movements with his tongue (including lateralisation – moving the tongue side to side and elevation – moving the tongue up and down). Equally without jaw grading you can not achieve isolated lip protrusion, such as that used to make the sound sh, or how we use our lips in sucking. He would not easily make movements with the teeth, such as those used when making the sounds f and v, or the movement used when retrieving food off our lower lip and finally he would not be able to use tongue retraction which is an essential skills used in feeding off a spoon or drinking with a straw as well as a skill required to produce many speech sounds.

There are 7 bite blocks which the child needs to achieve to ensure good jaw grading. The success criteria at each stage is to be able to hold the bite block on the left and then the right molars for 15 seconds against resistance, then also across the front of the jaw behind the incisors for 15 seconds against resistance. Jennifer achieved holding his bite block 3 on the left, right and front position with resistance for up to 7 seconds.

This was an extremely new task for Matthew. Matthew struggled to hold the bite block between his teeth, he needs chin and head support as demonstrated in the video to help him gain the routine of this activity.

I would suggest that Matthew starts on bite block 2 holding it in all three positions for just 2 counts with resistance with parents offering chin and head support. This would need to be carried out twice a day and more often if possible.. It would be a good activity to do prior to eating so as to prepare his articulators.

Matthew would also benefit from using the chewy tube jaw hierarchy. This means using **two** of the red chewy tubes, you then insert in the ends, puree or something crunchy like chip sticks in order to allow the child a sensation (texture or taste) to bit down on.

<http://www.eg-training.co.uk/talktools/detail.php?code=1050002&category=all>

We are looking for a bite bite pattern using these. Therefore put both chewy tubes on the first molar and encouraging matthew to do one bite then another bite straight after. We are looking for a bite bite pattern. Once he can achieve this we will look for bite, bite, bite.

This will be another way of building up jaw grading and encouraging chewing for feeding.

Finally we can use the slow feed, using chip sticks alone, looking for a munch swallow much swallow pattern.

Here you hold one chipstick of veggie stick or wotsit on the front back molar of one side. You then use the words munch and show the movement with your jaw so Matthew can see what to do.

Only allow the tiny of piece to be munched so that Matthew can then control and trigger a swallow. We do not want pieces breaking off in his mouth and landing in the middle of his tongue, as currently his tongue is not as skilled in transporting the pieces back to his teeth, this might result in the suckling tongue movement we often see.

These last two exercises have not been videoed so I can send further video footage of these if helpful?

Bubbles:

Matthew was assessed using the bubble hierarchy, which moves children through the stages of blowing bubbles, using good jaw grading, lip rounding and protrusion, tongue retraction and sustained breath control. Matthew was not able to use the skills required to blow bubbles independently, therefore we need to break this activity down to help him achieve it.

Matthew is at stage one of the bubble hierarchy, popping the bubble on his lips (off a side ways wand) to raise awareness. I would like to see Matthew do pop the bubble on his lips 15 times before we move him on to 'bubble wobble'.

Straw drinking:

Matthew has not been able to drink liquids using a straw. Upon pre assessment advice, Debbie and James bought a honey bear from Talk Tools and introduced this to Mathew. Matthew unfortunately had built up a negative reaction to the honeybear and was reported to gag when he sees it. It might have been that he experienced the straw going too far back in his mouth, the aim is to only use a ¼ of an inch of the straw in between the lips as this ensures that the teeth aren't used to stabilise the straw. If you see that the straw has teeth marks on, this indicates the child is using their teeth and hence tongue retraction is not being achieved.

On assessment I therefore introduced the straw firsts and used straw number 1 from the hierarchy (the hard rigid straw) so that he could play with it, before introducing it to drink from. Matthew was initially better with the straw and the bottle, but did begin to gag after being around it for a longer period of time.

I am going to suggest to parents that they go back to the honey bear tube (the clear tube) inside the honey bear and present this to Matthew to the side of his mouth – squeezing it to allow him to drink. This is to initially prevent tongue protrusion (the tongue is a muscles so with a route and no insertion, so if you push against it – it WILL push back) Gradually we will move the position of the straw back round to the front of the mouth.

We need to encourage tongue retraction and lip rounding within this activity.

Conclusions and recommendations:

Matthew has responded really well to the structure of the tasks that Talk Tools offers.

The Talk Tools approach believes in assimilating the experiences used through oral - motor skills in feeding to develop speech sound patterns and good oral placement skills. All oral motor and oral placement activities only make use of ACTUAL positions we would use in feeding or in speech. No oral motor skills will be used that doesn't directly relate to achieving a feeding position or speech placement; this is very different to other oral motor approaches which are often used.

Matthew's feeding is developing. He is developing some nice chewing skills. He is less so using tongue retraction and then lateralisation for clearing food. I have not observed dissociated lip protrusion which is a skills needed for some speech sounds as well as feeding. By working on the advised exercises it is hoped that we can improve Matthew's more mature eating patterns and to help him to develop oral placement skills required to produce speech.

I would suggest purchasing the following kits to commence a Talk Tools therapy programme. The following activities will be used;

- Straw drinking with the honey bear and the tube straw
- The straw set should be purchased for the straw hierarchy which we shall work up to
- Bite blocks (red) to commence the bite block hierarchy
- 2 red chewy tubes to commence the chewy tube hierarchy and chewing programme.
- A vibrating bug to provide sensory input prior to work
- Food such as chip sticks, veggie sticks, to support the slow feed technique
- You might wish to buy z vibe – as this can be used now and in future activities
<http://www.egraining.co.uk/talktools/detail.php?code=1040043&category=ARK>
- A set of bubbles – with a good sized wand

It should be noted that the jaw grading work will have the most significant impact on her ability to achieve success in straw drinking, horn blowing, bubble blowing and eeding.

The use of the video footage taken throughout this assessment will be useful in training others in the approach so that Matthew can access these approaches as much as possible.

Ongoing therapy will take the form of wither:

- face to face updated assessment
- Case discussion with parents through SKYPE following updated video footage watched by myself.
- Emails and telephone calls throughout the therapy programme to ensure questions are answered at timely intervals.
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I shall initially ask parents to start the following programme and update me on Matthew's progress:

1. Bubble blowing hierarchy step 1 – bubble popping on the lips. Blow the bubble, catch it n the wand, provide Matthew support underneath his chin and move the bubble towards his lips so that it pops on his lips (not his chin or his nose). When he is able to do this 15 times in succession we shall move on the next stage.
2. Jaw grading hierarchy. Bite block number 2 – hold this in between Matthews back molars directly down the line on teeth, provide Matthew with chin support and head support to help him achieve a bite and hold. Pull with a little resistance for 2 counts and then release. Do the same on the both sides and across the front teeth as demonstrated on the video.
3. Chewy tubes exercise – fill each chewy tube with a purée or yoghurt which Matthew likes to add flavour. Or alternatively fit a chip stick in the end. Hold both chewy tubes on Matthew's front molars and encourage bite bite demonstrating at the same time with your own mouth.
4. Slow feed – use the chip sticks on the front molar on one side of the mouth and then the other. Encourage a munch swallow, munch swallow pattern until the chip stick is not long enough for you to hold. Offer Matthew chin support initially if needed and then withdraw support in time when his chin and jaw look more stable. Do this on both sides for an equal amount of times.

I would be more than happy to discuss in further details with parents, teaching staff and MDT colleagues the details of this report.

Signed: Sarah Davis

03.03.10

Sarah Davis
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