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The Feeding Clinic Joondalup
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Tuesday, 15 November 2022

Dear Melissa-Sue,

RE: Barker Moore (DOB: 24/10/2017)
1 Armstrong Street
HALLS HEAD WA 6210
0439 356 059

Please find a copy of clinical notes from Barker's recent appointment on 3/11/22 as requested by his mother Amy. Please excuse any typos.

Yours sincerely,

electronically signed for

Dr Shereen Lim
Provider number: 231001CT

Presenting concerns/verbal history:

When he was about 8 months old noticed he was mouth breathing - quite consistent- baby number 3- she wasn't aware of mouth breathing being an issue back then
Unsettled in the night -waking until 1/12 -2 years
Not self-settling- feeding night
Around 1.5 -2 years noticed turbinates were so inflamed- wondering how he was physically breathing
Got in Dr - went to see specialist - a bit of a wait - by that time turbinates had reduced a bit - he said yes - can surgically remove the turbinates (Saw him 2xs) - said they could otw wait until he matured a bit more
Then wanted to wait - see if he could grow into his nose- no tips on how to address it

Went back to dr a year later - disrupted sleep, crying
Went back to ENT and said not the turbinates - it was the adenoids -they said to get allergy test and then use nasal spray - nothing said about adenoids
Still don't know why he has mouth breathing
ENT found left ear had scarring from old ear infection but she never any inkling of ear infections
Allergy wise - pollen, grass, pet hair - all clear, highly allergic to dust- long term antihistamines- normal precautions to reduce dust
Still things have got worse - up and down - but still interruption in night and sleep quality has got poorer and poorer
Pick eating - better than what he was
As an infant when he started solids until 18 months - would love food - eat whatever was in front of him - veg and meat
Now bacon, chips, hot chips and custard
Literally won't eat anything - vomiting- gags at sight of it
Persevered and gradually introducing more foods
Kindy - loved it - great start - now doesn't like it crying - inattentive, fine motor skills are questionable, teacher queries ADHD - but she has older child on spectrum and she doesn't believe this
Dr that referred to ENT - said ENT had retired - and was sending people away and dismissing them - and he may have been one of those patients. Now seeing Sim - and he is good.
She has been researching - looking into things more - doesn't think he should be medicated- looking into tongues
With Dr Sim - did an x ray - and found the adenoids were quite prominent
Dr Had looked in ears and said adenoids were so inflamed - blocking ears
Crying and screaming 6-8x per time
Was told in the meantime to offer Nasonex, Claryntyne and Flixotide- on 4/12 now - the only thing keeping him stable enough to not wake so much - now about 2 x but less breathing problems
Dr Sim most recently said to leave tonsils and then deal with adenoids and reduce size of turbinates
She realised yesterday she had troubles with breastfeeding - but able to link with posterior tongue tie after seeing Mel -Sue
Was told he does have a posterior tongue-tie and that is why she couldn't feed him - couldn't latch - rough with gums- tugging - issues with latch
Put him on formula f/t from that point
From the start at 8/12 when mouth breathing was first noticeable - did question whether dummy was a cause of issues - was used F/T - hard to wean him off - v distressing when they tried- allowed him to continue until 3 years old - took 2 weeks of tantrums, crying, upset, hunting
When they saw feeding clinic yesterday - wanted to know if sensory, jaws/muscles - now it makes more sense - wanted to know whether it was tongue ties was the root cause all along - was suggested it was hard to pick what is first - but the right path to see ENT - and to see physio who can assist with lung capacity -

Daughter on the spectrum - diagnosed this year - age 10 years

Have been told to go back to TFC Mel Sue-next month to have physio for jaw muscles.
ENT surgery is this week
She did mention the way he was eating and chewing - that he was using chair, table to support process- getting tired from chewing
He eats better in the morning

Further history via interview:

Birth - emergency -section as there had concerns about small size. Lots of different ultrasounds, changing due date - intended on delivering natural like the last two - but finally doctor said to deliver at this point. Amy does think he was 3 weeks early - they didn't want to take cycle dates into consideration, 4 pound 4, Apgar scores 9-1, turned sideways when waters broke, no special care

Breastfeeding/Infant reflux - fed well at the time - not much intervention - assumed good latch, only by 6/52 struggles were noticeable - had this with recent baby who is 4/12 old - he has a lip tie - but has been dismissed, no sx of reflux - not a pukey baby at all, once on formula - transferred on beautifully

Hx of speech issues/therapy - When the dummy was involved, he would talk through dummy and mumble- could talk, not clear - picked up and improved, teachers have concerns with communication and learning - they have done referral to clinic nurse through Education Dept for SLP and OT and ped - but she said no to paediatrician as she wants to look at root causes - going through this privately, could be up to 2 years wait time anyway -

Headaches/neck or shoulder tension - doesn't complain of much - not a whingy kid, occasional reports top of head/sinus area hurts, constant nasal drip, can't blow nose, constant sniff

Sleep history

Hasn't noticed snoring, has noticed a strange rattling noise from somewhere - not normal
Sleeps with mouth open majority of the time- not noisy - looks peaceful but mouth open
Rotates in bed often - medication is helping
Some NHE - more often on side with head down -
Sweating - does get hot and clammy, kicks blankets off - was sweatier when younger, has resolved somewhat but always hot
Bruxism or nocturnal enuresis - neither -
Awakenings - 1-2x - ran out of inhaler 3/52 ago - tried not to give it - but then his sleep was disturbed again - crying
Refreshed on awakening? - wakes himself up at 5am - sometimes can wake in the night and lay there - can't go back to sleep
Struggles to fall asleep unless worn out
Sleeps on his own

Daytime energy/sleepiness - in the daytime seems like he gets worn up - can wake with bags under eyes- can tell he hasn't had a good sleep - not a happy boy at the end of the day - wants to relax - on the couch

Daytime function:

Not an angry or boisterous child

He can get v emotional - v easily triggered- sulking and whining

Was fantastic going off to school - but now crying before school - says he will miss her - holding it in - but crying

Teachers can't get to bottom of it - he doesn't know

Attention and concentration - concerns raised by teachers- jumped at ADHD for inattentive - interrupts teacher quite a bit .

Covid in April - had shortness of breath - he would hold breath when chewing/swallowing- gagged- at night shallow breathing- not able to get enough air in

Drs gave him the inhaler - to help him breathe -

They did a lung infection - found he had an infection on one side- he was only sick from covid for 2 days- triggered him to have high fevers, and a bit of throwing up

All of them had the covid - none of them had that symptoms

Assessment:

- Note the team did indicate to me after he was the most active boy they have ever worked with
- OMP posture at rest
- VME/gummy smile
- Constricted palate - no spacing of primary teeth
- L tonsillar hypertrophy
- Attritional wear ++
- No jaw dissoc with tongue mvts
- Lesions on tongue tie- see photos - always been present
- Decay 61- suggested to seek dental evaluation
- Lip licking
- V restless ++
- To reassess for posterior tongue-tie following improved tongue space/initial MFT

I have suggested he would benefit from phase 1 orthodontic treatment with palate expansion and myofunctional therapy, however as he was difficult to engage to place spots/help promote proper tongue posture, I would not recommend we jump into this as compliance would be very unpredictable. For this reason, I am suggesting reassessment for compliance in 6-12/12, rather than finalising his orthodontic treatment proposal.