



SPEECH PATHOLOGY SUMMARY

Name: Barker Moore

DOB: 24/10/2017

Reason For Referral

- ☐ Opinion restrictive lingual frenulum
- ☐ Difficulty breast or bottle feeding
- ☐ Poor transition to solids
- ☐ Oral motor difficulties
- ☐ Difficulty gaining weight
- ☒ Fussy / Picky Eating

Impressions

- ☐ Feeding WNL

Feeding difficulties

Oral:	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Pharyngeal	<input checked="" type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

- ☐ Behavioural Feeding Difficulties
- ☐ Requires further investigation/assessment

Barker presents with moderate oral motor challenges and mild pharyngeal swallowing difficulties secondary to the effective oral processing of his food. He has a history of airway challenges and is currently scheduled to have his adenoids removed and reduction of his nasal turbinates on the 11th November 2022.

At this assessment, Barker demonstrated the ability to complete most of the oral motor tasks that were asked of him however showed a reduction in the strength of his muscle movements as the repetitions increased. This was evident across his jaw, lips and tongue muscles. He showed some mild discomfort in opening and closing his jaw to the full opening height along with weakness in repeatedly creating adequate bite pressure. He was able to create adequate lip rounding however maintained lip closure was challenging at this time. When eating he had difficulty chewing with his lip closed, this is likely to be due to a combination of his airway difficulties and oral strength.



Barker was able to move his tongue in a range of directions however these tasks were challenging for him, and he took multiple attempts and the need for visual feedback (using a mirror) to be able to achieve some of the movements. He was able to elevate his tongue tip to his palate and could achieve some tongue to palate suction however he could not maintain this suction posture. When moving his tongue, he also showed challenges in moving his tongue separately to his jaw indicating a lack of dissociative movement at this time.

Barker currently has a range of textures and flavours in his current diet however it is reported by his parents that this has not always been the case. Considering the food preferences that Barker has, it appears that these are a result of a combination of both sensory preferences and oral motor abilities. During observations of Barker eating his preferred foods he showed a developing rotary chew pattern with some periods of munching. He was not able to chew his food with his lips closed and relaxed at this assessment. He used a number of compensatory body movements throughout the time he was eating his snack foods (i.e., using his hands to position food in his mouth and slouching in the chair). Throughout this assessment, Barker showed signs of difficulties with his breath support and his core body muscles to be able to sit and eat a meal efficiently.

The oral skills noted above that Barker has difficulties with, indicate that he may have challenges in maintaining his functioning over the course of a mealtime and the day.

Recommendations	
Fluids	<input type="checkbox"/> Nil <input checked="" type="checkbox"/> Level 0 Normal/Thin <input type="checkbox"/> Level 1 - Slightly thick <input type="checkbox"/> Level 2 Mildly Thick <input type="checkbox"/> Level 3 Moderately Thick <input type="checkbox"/> Level 4 Extremely Thick
	Via: Open cup or straw drink bottle
	Thickening Agent: NA
Diet	<input type="checkbox"/> Nil <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Easy to Chew <input type="checkbox"/> Soft and bite sized <input type="checkbox"/> Minced and Moist
	<input type="checkbox"/> Puréed
Other Strategies	<p>➔ Continue with current preparation of foods to support Barker's oral motor challenges (i.e., cutting up steak into very small pieces, removing skin of the apple when at school)</p> <p>➔ Continue to offer a range of foods to Barker over the course of a day and week</p>



☐ Cease Feeding:

- ☐ Signs of aspiration
- ☒ Coughing
- ☒ Reduced alertness

☒ Positioning: Ensure that Barker is seated with food support and back support in his chair.

☐ Instrumental Evaluation of Swallow Function: Videofluoroscopy Swallow Study Recommended

☐ Feeding Therapy Recommended

Recommended Referral

☐ Gastroenterologist

☒ ENT

Currently in place and surgery scheduled for 11th November 2022

☐ Paediatrician

☒ Paediatric Dentist

To review ongoing growth and development of teeth and jaw, along with oral hygiene monitoring.

☒ Other: Physiotherapist

To assess and provide support in gross motor skills, core muscle strength and respiratory depth and coordination

☒ Other: Occupational Therapist

To assess and provide support in fine motor skills, sensory processing, and ability to sit with stability during mealtimes.

Review Plan

☐ Ongoing review/monitoring

☒ Feeding Therapy targeting oral motor skills

☐ Refer for VFSS

☐ Liaise with

☐ No further input required/discharge

☐ Refer to

☒ Next Planned Review 30th November 2022

Kind Regards,

Melissa-Sue Wat

Senior Speech Pathologist