

History: (name has been changed)

Sam was born at 33 weeks gestation with a diagnosis of Down Syndrome. He had a 42-day stay in the NICU with an NG tube placed. He was discharged with the NG tube for another 2 months. Initially, he demonstrated poor suck swallow breathe patterns. Sam could only take 4oz per feeding for almost a year. He had to be fed on a schedule because he never cried to indicate hunger. Reflux, congestion and constipation were additional challenging factors impacting feeding.

Challenges:

- Sensory
- Anxiety
- Reflux
- Range of Motion
- Strength
- Oral Defensiveness
- Suck Swallow Breathe Patterns
- Oral Motor

Situation:

Sam began occupational therapy to address oral motor challenges at age 2. He ingested all of his calories from formula bottle feedings. His weight was very low for his age. Sam demonstrated oral defensiveness and rejected, spit out and pushed away food when it was offered to him. Sam demonstrated high anxiety when at the table with food present. He would repeatedly say “no” and attempt to climb out of his chair.

Sam presented with very weak muscle tone orally. His jaw strength was poor and the range of motion of his tongue was limited. He had a hypersensitive gag reflex. He demonstrated sensory hyper-responsiveness to textures. His visual, tactile and olfactory sensory systems were overwhelmed.

Intervention:

Medical management by Sam’s physician to manage reflux, constipation and congestion was an important factor for successful therapy.

The foundation of skill acquisition is a well-regulated sensory system. Therapy began with helping Sam to de-sensitize to tactile, visual and olfactory stimuli. Sam initially participated in therapeutic sensory activities to regulate his whole body in order to achieve these goals and decrease anxiety. Positive sensory supports were utilized such as a compression vest for deep calming pressure. Sam was soon able to visually engage with and touch a variety of textures and tolerate smells.

Beckman Oral Motor strategies were used to facilitate a decreased gag reflex as well as range of motion of his tongue and jaw. Strengthening exercises were utilized to facilitate jaw strength for chewing and biting.

The “SOS” (Sequential Oral Sensory) approach to feeding was implemented to encourage further exploration of foods while presenting them in a sensory sensitive progression.

Results:

Sam is now self –feeding with good fine motor control of his utensils, good strength and range of motion orally, as well as a well integrated sensory system. He delights his family when he licks food from his fingers and says “yummy!” He eats adequate calories at each meal and his physician is pleased with his weight gain and growth.