

Treatment and Transition for Sensory-Based Feeding Disorders

Presented by Marjorie Meyer Palmer, M.A.
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Clinical Signs of a Sensory-Based Feeding Disorder

In the non-oral feeder

- maintenance of closed mouth when food/liquid approaches=refusal
- reluctance to participate in mealtime activities
- hypersensitive gag reflex
- licks or smells food
- may drink only water

In the infant on liquids only

- gags easily when spoon approaches
- gags and/or vomits with pureed food
- rejects both spoon and food
- may drink from one utensil only

In the toddler on liquids and pureed food

- when small pieces of solids are contained in pureed food(mixed consistency) they result in gagging, vomiting, spitting
- small pieces of soft solids are expelled from the mouth
- may swallow only those foods that dissolve during oral phase of swallow
- mastication may/may not be in place
- reluctance to attempt solids
- very specific food choices
- limited repertoire

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Incremental Progression (developed by Marjorie Meyer Palmer, 2009)

"Use of regular, consecutive, and measurable additions and/or changes to aid feeding transitions that occur in a connected series"

In the non-oral feeder with oral aversion

- introduce tactile stimulation on other body parts
- use of rhythm to teach anticipation
- swipes applied to lips, outside mouth
- tooth tapping (just inside lips)
- use of dropper* for biting
- thin liquid (water, juice) introduced by dropper*
- graduate to spoon or cup

Once taste is tolerated

- eliminate sensory input to other body parts
- discontinue use of rhythm
- may still require distraction at mealtime
- change intra-oral placement of stimulus
- increase bolus size

Goal:

- child progresses from dropper* to spoon, cup
- child progresses to self-feeding
- child now enjoys oral stimulation and mealtime
- child progresses from liquid>pureed food>solids

*Clinic droppers available from www.nomasinternational.org

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Transition from liquids onto pureed foods using "Incremental Progression"

(developed by Marjorie Meyer Palmer, 2009)

I. select only one variable to modify at a time

A. change utensil

1. pair spoon with bottle
2. intermittently introduce liquid by spoon
3. texture and placement remain constant

B. change texture

1. thicken liquid in bottle
2. consider nipple change

C. change placement

1. move bottle nipple to side
2. present spoon sideways between lips
3. texture/utensil remain constant

II. offer swipes

A dip finger into pureed food

B. apply once to lower lip

C. note response; if tolerated, apply a second swipe. If not. STOP!

D.

increase gradually from initial baseline

III. provide new food for independent exploration

A. offer food in bowl or on high chair tray

B. provide age appropriate utensil

C. use same food for swipes

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Transition from pureed foods to solids (the bumps) using "Incremental Progression"(developed by Marjorie Meyer Palmer, 2009)

- variable selected to change is consistency
- utensil/placement remain constant
- offer foods for recreational feeding
- begin mastication exercises
- introduce the "Wheat Germ Program"

Wheat Germ Program

- may use wheat germ or flax seed meal
- creates dry and bumpy food, not just thick
- establish baseline
- gradually increase by small increments

Goal: child eats food that does not fall off the spoon when the spoon is held upside down!

Advantages and Benefits of the "Wheat Germ Program"

- child does not notice slow change in food consistency
- oral-motor adaptation; change in oral-motor skills
- oral-sensory adaptation
- tolerance of texture in the mouth
- child adapts to textures consistency over time

Contraindications: not for use with children who have:

- failure to thrive
- limited food repertoire
- delayed gastric emptying
- food allergies
- chronic diarrhea

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