Speech Clarity for Children Three Years of Age Through Adults. .... It is never too late!

Presented by Sara Rosenfeld-Johnson
MS, CCC/SLP
Oral Placement Therapy for Adolescents and Adults with the Diagnosis of Moebius syndrome

Common Characteristics That Effect Speech Clarity and Feeding

1. Reduced oral sensitivity
2. Incomplete lip closure
3. Reduced tongue mobility/grading results in limited retraction, lateralization and tongue-tip pointing
4. Weak jaw musculature
Paralysis vs. Paresis

**Paralysis**: Complete loss of motor function including loss of sensation

**Paresis**: Partial paralysis affecting muscular motion but not sensation also called palsy
Is It Too Late To Improve Movements for Speech?

As long as the diagnosis is paresis:

- muscles can improve at any age with the appropriate exercise and practice done a minimum of three times per week
- The more you practice, the sooner you will see results
How Does This Therapy Work?
A Multi- Sensory Approach

Traditional Speech Therapy
Uses Visual Stimuli and Auditory Stimuli
Teaches Compensatory Postures

Oral Placement (Muscle-Based) Therapy
Used Visual Stimuli and Auditory Stimuli
Adds: Tactile Stimuli to teach standard placement for speech
Dissociation:

The separation of movement, based on stability and strength, in one or more muscle groups.

Grading:

The controlled segmentation of movement through space based upon dissociation.
Fixing:

An abnormal posture used to compensate for reduced stability which inhibits mobility
Compensatory Postures

**Jaw:** Jutting or sliding to get placement is a compensatory movement for lack of jaw stability

**Lips:** Tongue protrusion between the lips to get an approximation of /m/, /b/ and /p/

**Tongue:** Jaw moves along with the tongue to move food around the mouth. The tongue cannot move independently from the jaw for speech
Tongue

Lips

Jaw
What are the skills needed for the production of /m/, /b/ and /p/?

Jaw - High
Lips  - Closed
Tongue - Retracted
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A THREE-PART TREATMENT PLAN FOR ORAL PLACEMENT THERAPY

Before and After
Oral Placement Therapy for Adolescents and Adults with the Diagnosis of Moebius syndrome
Oral Placement Therapy for Adolescents and Adults with the Diagnosis of Moebius syndrome
Problem: Minimal movement in her jaw for chewing and as a support system for consonant and vowel production
What Can We Do?

- Bite Tube Hierarchy
- Jaw Grading Bite Blocks: #2 through #7
- Slow Feed
- Chewing on back molars
- Gum Chewing
Natalie’s Goals:
Lip closure for function and at rest

Problems:

1. No lip closure for function: feeding or speech
2. Open mouth posture at rest
3. Could not produce /m/, /b/ or /p/ without filling the gap between her lips with her tongue
/b/ in words and short phrases:
/p/ in words and short phrases:
/m/ in words and short phrases:
Movement where none was expected
Movement where none was expected
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Sara Rosenfeld-Johnson
M.S., CCC-SLP

TalkTools
2209 Mechanic Street
Charleston, SC 29403
Tel: 888-529-2879
Email: info@talktools.com
www.talktools.com