

What to Expect at a Feeding Evaluation?

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It can be frightening if your child is having trouble eating or drinking. He/she may be referred to a speech language pathologist (SLP) for a “feeding evaluation.” The information below describes what you should expect when you arrive for the evaluation, and should be used for informational purposes only and not for diagnosing or treatment. If your child has been referred for a feeding/swallowing evaluation, knowing what to expect may help to make the evaluation a little easier on both you and your child.

Speech-language pathologists have a lot of skills. When most people think of SLPs, they tend to think of speech problems, like saying sounds incorrectly or stuttering. Skilled speech-language pathologists also possess knowledge in the area of feeding and swallowing, both for children and adults. They will evaluate your child’s feeding and swallowing abilities and may make recommendations to strengthen chewing skills, strengthen oral musculatures or even assess aspiration risk (food going into the lungs instead of the stomach), which could lead to a serious illness called aspiration pneumonia.

Some speech-language pathologists evaluate infants in the Neonatal Intensive Care Unit (NICU) for skills such as the ability to coordinate sucking, swallowing, and breathing when feeding from the breast or bottle. The basic information in this handout will refer primarily to children, ages two and older, who have been referred for a feeding evaluation.

HISTORY

Just like any other medical procedure, a full history of your child’s development, including information regarding prematurity and developmental delays will be discussed. This will give the clinician insight into the possible causes of the feeding disorder.

EVALUATION

1. *Techniques to prepare for the introduction of food* – You may notice your clinician completing activities called **oral-alerting activities**. Some children have difficulty with certain food textures because the nerves in their mouths are not “prepared” for the texture. Some of these oral-alerting activities may include, but are not limited to: tapping the lip and facial area around the mouth with a warm washcloth or introducing a child to highly sweet, salty, or sour flavors.

2. *Evaluation of oral musculature* – The therapist will evaluate if the child’s oral musculature, including the buccal (cheek), labial (lip), and lingual (tongue) muscles are developed enough to manipulate solid foods. Some children have underdeveloped muscles and some have overdeveloped (tightened) muscles. The therapist may recommend oral exercises to increase or decrease muscle tone and strength.
3. *Biting* – The therapist will also have some interesting items that may include vibrating teethers, a NUK® brush (plastic-bristled brush), toothbrush, or Chewy Tube™ (plastic chewing device) to assess the child’s ability to bite and chew solids. You’ll probably see the clinician assess the way the child brings the objects to his mouth (if he/she will) and also how he/she tolerates manipulation by the therapist.
4. *Signs/Symptoms of Aspiration* – The therapist may give the child a variety of liquids- some may be thin (like juice) and some may be thickened liquids. The therapist will be looking for overt signs of difficulty swallowing liquids and observe possible aspiration risk. You may notice a lot of different types of cups (For example, “sippy” cups with and without valves and “Nosey” cups, those that have a piece cut out to allow the child to tuck his chin, and a variety of others). Based on this, the therapist may suggest a Modified Barium Swallow Study or MBS (a specialized x-ray) to further assess signs of aspiration.
5. *Observation with Food Items* – This will be different for every child. It may be helpful to bring some of the child’s favorite foods, as well as cups, spoons, and other utensils he/she likes, with you to assist the therapist with introduction. The therapist will assess different consistencies, textures, and tastes of food. This may include pureed with solid lumps (i.e., Stage 3 baby food), slimy textures like pudding or grits/oatmeal, mixed textures like fruit cocktail, hard textures like biter biscuits, cookies, etc. The therapist will determine, based on the results of the above activities, and the child’s history, which food items to assess.

RESULTS/RECOMMENDATIONS

Based on the results of the above areas (possibly more, like posture, etc.) the therapist may suggest skilled speech therapy intervention to assist the child with feeding skills. The clinician will also provide demonstrations of techniques that will help with the child’s individual needs and give informational handouts to assist in the home environment. A copy of the evaluation with all results and recommendations will be sent to the child’s referring physician for review.

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