

Intra-Oral Suction: The Most Important Part of Your Swallow

The Swallowing Series for Therapists, Parents and Clients
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Most people who do a tongue thrust swallow incorrectly gather their food and liquid in preparation to swallow. Their intra-oral suction is either different or absent.

Here's what I've observed: Prior and during the swallow, their tongue is forward, and with the help of the lips they create a type of suction in an effort to move the liquid back. Sometimes the water falls out as the lips are pried open during the drinking evaluation. Obviously, the water is still up front, when it should be heading back to the tongue to be swallowed.

In addition, not only is their swallow more effortful as the tongue goes forward to gather the liquid, it stays in the forward position and swallows.

Correct intra-oral suction pulls and gathers the contents back to the surface of the tongue so it can be swallowed. A nice consequence is that it makes swallowing--especially pills--much easier and more efficient.

Following are seven important points about intra-oral suction.

1. Before the food and liquid enter your mouth, make sure your tongue stays inside. It should be just below the top bumpy ridge (the alveolar ridge); you can keep it on the ridge, if it feels more comfortable. The tongue must NOT move forward as the liquid and food come in. It's too risky; we don't want the tongue to stay forward and swallow.
2. Intra-oral suction happens throughout your mouth, not just the front. It's "a big pull from the back."
3. Intra-oral suction is not about taking in a big breath. In fact it has nothing to do with breathing in. It's about closing lips and creating a big pull from the back of your mouth that influences the front of your mouth, as well.
4. Intra-oral suction requires lips to be closed. No lip pursing, just gently closed lips. The lips play no active part in creating suction other than to just stay closed.
5. Because intra-oral suction happens behind closed lips, no one can see your intra-oral suctioning—you can't even see it in a mirror. To tell if you are doing it correctly, you must focus and feel the inside of your mouth and what is happening, i.e., what is touching what. How does it feel? Where is your tongue? Do you feel a big pull from the back? Do you feel your lips suctioning back against your front teeth?
6. What about the jaw? During intra-oral suction and while the lips are closed, the jaw lowers just a bit, not a lot. It tends to move according to what the tongue needs. If the tongue dips down a lot, the jaw will assist and lower, too. It is possible to suction with your teeth closed, but it may

not be very comfortable or serviceable. In addition, bite your teeth together to anchor and help the tongue to lift and squeeze the contents back and swallow the contents down.

7. What do you do with your tongue? Keep in mind, all of this eventually happens very quickly. For in-coming liquid, the front-tongue dips down (vertically to receive the liquid) as you create the intra-oral pull. The back-tongue stays up. An enclosed space is created between the tongue and the back of the lips. The lips stay gently closed while the gathering-action happens inside.

Here's another variation for in-coming food. Chew the food into small pieces then suction and gather the pieces onto the top of your tongue. Then Bite-Squeeze-Lift and swallow. Specifically, during the gathering of the food, the front-tongue touches the ridge as the sides lower slightly to receive the suctioned food. The tongue does not seek after the food. It stays put and receives the chewed food via the intra-oral suction.