

REmplenish Jr Pediatric Case Study
Karindy Ong, MA, CCC-SLP, CFT, OMT



On October 10th, 2022

A little boy (5 years, 11 months old at that time) came into the clinic for a re-evaluation regarding feeding, tethered oral tissues, and speech and language delays. He had already been actively engaged in therapy with a different therapist via teletherapy for a year prior to this appointment. When the evaluating therapist saw him, he refused to let her come close to his mouth and face and was avoidant in interactions with the therapist to the point of yelling in the corner to avoid engagement. Therapy was recommended, with a focus on feeding due to the high vaulted palate and open bite and lateral thrust impeding optimal dental occlusion.

October 28, 2022

I was brought on to treat him as his therapist since I typically work with children who have neurological and behavioral components to their treatment plans. To establish rapport, I worked slowly with him and did not force oral motor exercises or feeding related activities, but I did immediately recommend that they trial the REmplenish pediatric prototype nozzle at home to augment our therapy sessions.

For about a month, I would demonstrate oral motor activities and sometimes he would imitate, sometimes he would refuse, but he was consistent in wanting to drink from the REmplenish nozzle both at home and during our sessions.



January 16, 2023

In the months of November and December, I only saw him a few times due to the holidays, so I was expecting significant regressions in progress when he came back in January. However, I was very pleasantly surprised with how much progress he had made at home, and specifically how much his bite had changed. He was able to tolerate chewing on his back teeth, desensitization input to the palate and the tongue, and quickly



tolerated vibrotactile input. He also started tolerating new foods and textures more frequently.

Overall, the incorporation of the REMplenish nozzle reduced the time it took to get to a powerful shift in dietary intake and orofacial development by a matter of months. Without the nozzle working on his lingual posture, swallow coordination, and desensitization through the lingual placement, I believe we would not have been able to shift his bite and feeding repertoire as quickly as we did.

What I am most excited about is that we were able to make gains quickly without the use of force or negative experience; through play and child directed activities, my patient was able to meaningfully practice a myofunctionally sound swallow at home daily for months and he is now ready to incorporate an osteopathic oral expansion appliance since he can tolerate the input in his mouth without aversion. We are able to help him with expansion of his high and narrow palate and are closer to getting his tongue tie released due to the therapeutic gains facilitated by the Replenish nozzle.