

Session 1726
Handout-ASHA Version

The Speech-Language Pathologists' Role in Tethered Oral Tissue

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Presentation Recap

1. The SLPs role is becoming more relevant in TOTs care due to recent studies, patient feedback and clinical observations/data. The prevalence of TOTs is higher than before due to increased awareness and proper inspection.

2. Frena cannot be stretched as once believed. The frena is made of collagen and fascia. Fascia responds to intervention but collagen cannot be stretched. More research on how this impacts therapy is needed.

3. SLPs have a role in assessment and treatment according to the ASHA practice portal. SLPs have a role in orofacial anomalies. Release/frenectomy decisions are made by physicians. SLPs are often asked to assist.

4. SLPs can assess the orofacial complex and look for the structural and functional red flags of TOTs. A proper assessment requires a task analysis of skills and knowledge of published classification scales.

5. SLPs assessing TOTs should check pre-feeding skills, feeding skills (breast/bottle, purees, liquids, solids) and speech articulation to include acoustics and phonetic placements.

6. Lack of EBP for TOTs assessment and treatment is false. International research by multiple professionals is available and emergent that meet the criteria for the evidence based five tier map.

7. SLPs are a part of a TOTs team to include: IBCLCs, dentists, oral surgeons, RDHs, ENTs and bodyworkers (OT/PT/Chiropractor/LMT).

8. Frenectomy alone is not the solution to functional complications of TOTs. This is why pre- and post-op care is essential to achieve therapeutic goals.

9. Active wound management is directed to maintain the integrity of the wound and prevent reattachment and scarring. AWM is scripted by the physician and is different than neuromuscular re-education..

10. Neuromuscular re-education is directed towards functional skills and should be started prior to therapy to focus on feeding and speech. It is important to have training in oral motor developmental norms.

11. SLPs must know when to deliver feeding therapy vs. orofacial myofunctional therapy and should have proper training in these methods. Treatment is dependent on age and cognition of the patient.

12. TOTs patients have been using compensatory patterns due to oral restriction. Those patterns can lead to complications of mouth development and functions; therefore, normalizing skills is ideal.

For a full handout and extensive reference list, please visit talktools.com/tots and find ASHA Handout 2019, Session 1726.