

April 10, 2013

*I am interested to know why you changed the terminology you use from Oral Motor Exercises to Oral Placement Therapy?*

Thank you for your question.

Oral-motor is a term that is still widely used in our field. It is appropriate to use this term when we are discussing the motor skills necessary for feeding. The use of oral motor exercises in a feeding program has never been debated in our field. For example, the pre-feeding activities taught by Lori Overland, or Susan Morris, would be considered "Oral Motor Therapy." While there is not a one to one relationship between the motor skills for feeding and the motor skills for speech, there is an overlap of the two systems (Morris & Klein, 2000; Overland, 2012; Rosenfeld-Johnson, 2009; Overland & Merkel-Walsh, 2013). This is how the "Three Part Treatment Plan for Speech Clarity and Feeding" was developed. There was some misunderstanding however, that we, at Talktools®, were teaching "non speech exercises" such as tongue wagging, or puffing the cheeks with air in relation to articulation therapy (Lof, 2008).

Clinicians, who represent the Board of Directors for the Oral Motor Institute, have struggled with distinguishing "oral motor therapy", from the form of "Non Speech Oral Motor Exercises" (NSOME) presented by Gregory Lof (Lof, 2008). The term "Oral Placement Disorder" was coined by Diane Bahr and myself in 2010. Children with OPD cannot imitate targeted speech sounds using auditory and visual stimuli (i.e., "Look, listen, and say what I say"). They also cannot follow specific instructions to produce targeted speech sounds (e.g., "Put your lips together and say m"). Although the term OPD is new, the concepts surrounding the term have been discussed by a number of authors and clinicians (Bahr, 2001, in press; DeThorn et al, 2009; Hammer, 2007; Hayden, 2004, 2006; Kaufman, 2005; Marshalla, 2004; Meek, 1994; Ridley, 2008; Rosenfeld-Johnson, 1999, 2009; Strand, Stoeckel, & Baas, 2006).

Oral Placement Therapy (OPT) is a tactile teaching technique used for children and adults with Oral Placement Disorders, who cannot learn standard speech sound production using auditory and visual teaching methods alone. It is an extension of the Phonetic Placement Therapy (Van Riper, 1954) and The Feedback Model (Mysak, 1971). It is based on a very common sequence (Bahr 2001, Crary 1993, Hayden 2004, Marshalla 2004, Rosenfeld Johnson 1999, 2009, Young and Hawk 1955):

1. Facilitate speech movement with the assistance of a therapy tool (ex. TalkTools® Bite Block, horn, tongue depressor) or a tactile-kinesthetic facilitation technique (ex. PROMPT facial cue);
2. Facilitate speech movement without the therapy tool and/or tactile-kinesthetic technique (cue fading);
3. Immediately transition movement into speech with and without therapy tools and/or tactile-kinesthetic techniques.

Originally, I referred to this work as "oral motor therapy" as many of the techniques I used were standardized on the adult population and taught for use with clients with the diagnosis of motor speech disorders. In the 1990s when the term "oral motor" was associated with children, it was distorted to include NSOME. Oral Placement Therapy works only on movements needed for speech clarity. OPT facilitates the pre-requisite skills in muscle control to develop dissociation and grading in the muscles of the abdomen, velum, jaw, lips and tongue for clients who cannot approximate the standard speech sounds using the instructions. If the client can produce standard speech using adequate placement and duration using only auditory and visual cueing, OPT would not be included in that client's program plan.

In summary, the concept of OPT was developed to distinguish muscle based movement for speech, from non speech oral motor exercises (NSOME). The use of oral motor exercises for feeding is still being used in my clinic and is often combined with OPT. While the use of therapy tools and tactile kinesthetic approaches in speech therapy are not new (Marshalla, 2012), it was time to clearly differentiate that we are not teaching non-speech movements to facilitate improved speech clarity. For more detailed information, please refer to my article published with Diane Bahr, in Communications Quarterly entitled: "Treatment of Children with Speech Oral Placement Disorders (OPDs): A Paradigm Emerges."

Respectfully,



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