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Speech Therapy and Occupational Therapy: What's the Connection? Oral-Motor, Sensory, and Feeding Skills

By:

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What is the connection between SLPs and OTs? For sure, the Speech-Language Pathologist and the Occupational Therapist have a great deal in common. Both specialists search for the etiology of a problem, identify existing skill levels and use that information to plan a client-centered program of therapeutic intervention. Both professionals are committed to helping their clients develop their maximum potential for basic human functions such as eating, walking and communicating. Quite often, these therapists co-treat clients, call each other for advice, and attend each other's conferences.

Additionally, these highly trained professionals target daily functions, and are trained in the whole body system. Both understand anatomy and physiology, with special attention to the neurological makeup of the human being. Both look at automatic and volitional functions in assessing a client, and relate those to how this person can function daily in society.

For the OT, the concern deals with activities of daily living, and the fine motor system. For the SLP, special attention is paid to the functions of speech communication involving the muscles and nerves "from the neck up." The crucial connection for the SLP is that the mouth, a fine motor area, depends on what happens both from the neck up and from the neck down. The OT relies on the SLP for information on the client's cognitive ability and communicative capacity to attend to daily life activities.

One of the most important connections is the sensory system, which gives information on how an individual processes what he or she experiences. Many children and adults with autism and other neurological deficits suffer from sensory integration problems involving light, sound, touch, movement, taste and/or smell. If the client cannot regulate himself or herself to the environment, it will be very difficult for that individual to communicate within that environment.

Occupational therapists are the experts in dealing with sensory disorders. They help children reduce hypersensitivity to stimuli or, if needed, alert children who are hyposensitive. Their techniques are also implemented by speech pathologists in terms of oral stimuli, including: myofascial release techniques, feeding programs to increase diet preferences, and intra-oral desensitizing in order for a child to tolerate oral-motor therapy tools. For example, both OTs and SLPs would use vibration to improve muscle awareness and prepare the client for touch cues provided within a therapy session. In a therapy session, an OT may use a blowing tool to gain midline orientation, abdominal grading and visual tracking, while the SLP works on these skills in addition to using these same tools to improve jaw grading, lip rounding, tongue retraction and jaw-lip-tongue dissociation.



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SLPs and OTs share another common interest: feeding. Children with diagnosed feeding disorders are commonly seen for services by one or both of these professions through their state-sponsored Birth-to-Three Program. While both professions may have feeding skill development as their general goal, their short-term goals may vary slightly. The OT is primarily interested in maximizing hand-to-mouth control, choosing the right feeding tools (i.e., spoon, cup, fork, etc.), choosing the most appropriate food textures, tastes and temperature, minimizing spillage and improving feeding safety with the ultimate goal of independence. An oral-motor trained SLP acknowledges these goals in addition to others that maximize how the food is controlled within the oral cavity. It is the basic premise of these therapists that the muscles that are used in feeding are the same muscles that are used in speech. For this reason the SLP adds a sequence of oral exercises to improve jaw strength, lip closure, tongue retraction and tongue tip lateralization. As these skills are mastered, feeding safety improves.

At the Sara R. Johnson Oral-Motor and Speech-Language Associates located in Tucson, Arizona, occupational therapists and speech pathologists co-treat clients on a daily basis and cross-refer in order to facilitate progress with clients of all ages and ability levels. For a child, the therapists may make use of sensory integration activities such as vestibular activities and brushing techniques to prepare the sensory system for oral-motor activities. In adults, the goal may be for the OT to facilitate hand-to-mouth sequencing for feeding while the SLP works on oral movements for bolus management.

The OT and SLP are closely interconnected both in assessment and in treatment of clients. For an oral-motor specialist, assessing feeding or speech skill levels without addressing the position of the body and the sensory system would be impossible. With increased knowledge comes increased success, so as these two professions continue to share information concerning their common interests, we will begin to see improved treatment models for all of our clients.

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