

# “Developing Feeding and Speech using Oral Placement Therapy (OPT)”

Presented by

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# OPT

- A forward thinking approach.
- Adds to your current speech and language therapy work on feeding and speech.
- Uses sensory and motor input to help to build the foundations for the movements required in speech and feeding.



# OPT – How does it work?

- **Oral Placements** “Where do I need to put my lips / jaw / tongue?”
- **Motor Planning** “How do I get my lips / jaw / tongue there?”
- **Sensory awareness** “Can I feel the movements of my jaw / lips / tongue appropriately?” and “What does it feel like when my jaw / lips / tongue are there?”



# OPT – Who is it for?

OPT for speech and feeding teaches oral placement to clients who have difficulty producing or imitating speech sounds and movements for feeding, using traditional auditory or visual inputs.

OPT is commonly used with people with:

- Downs Syndrome
- Cerebral Palsy
- Dyspraxia (Childhood Apraxia of Speech)
- Dysarthria
- Autistic Spectrum Condition
- Rare Genetic Conditions
- Complex Needs



# Application of OPT

For people who cannot imitate targeted movements using auditory and visual stimuli  
“Look, listen and do what I do”

For people who cannot follow specific instructions to produce targeted movements  
“Put your lips together”

For people who need a more tactile approach



# Oral Motor Therapy v. “TalkTools” Oral Placement Therapy



Oral Motor Therapy is an umbrella term that covers many different approaches. Talktools Oral Placement Therapy is one specific type of Oral Motor Therapy.

# TalkTools' place in the SLT World

- TalkTools OPT is another tool in the SLT repertoire and is not meant to replace other therapy approaches.
- It is not designed to be used alone and is often used to work on underlying motor and sensory difficulties before other speech or feeding approaches are introduced.



# Underlying Principles of OPT.

- Three main concepts affecting movements of the jaw, lips and tongue are considered in TalkTools activities:
  - Dissociation
  - Grading
  - Fixing
- These concepts underlie the oral movements necessary for feeding and speech.





# Dissociation

**The separation of movement , based on adequate strength and stability in two or more muscle groups**



# Grading

**The controlled segmentation of movement based upon dissociation, strength and stability within the targeted muscle group.**



# Fixing

**An abnormal movement pattern which occurs secondary to reduced stability and is used to compensate for the lack of grading within a muscle group.**



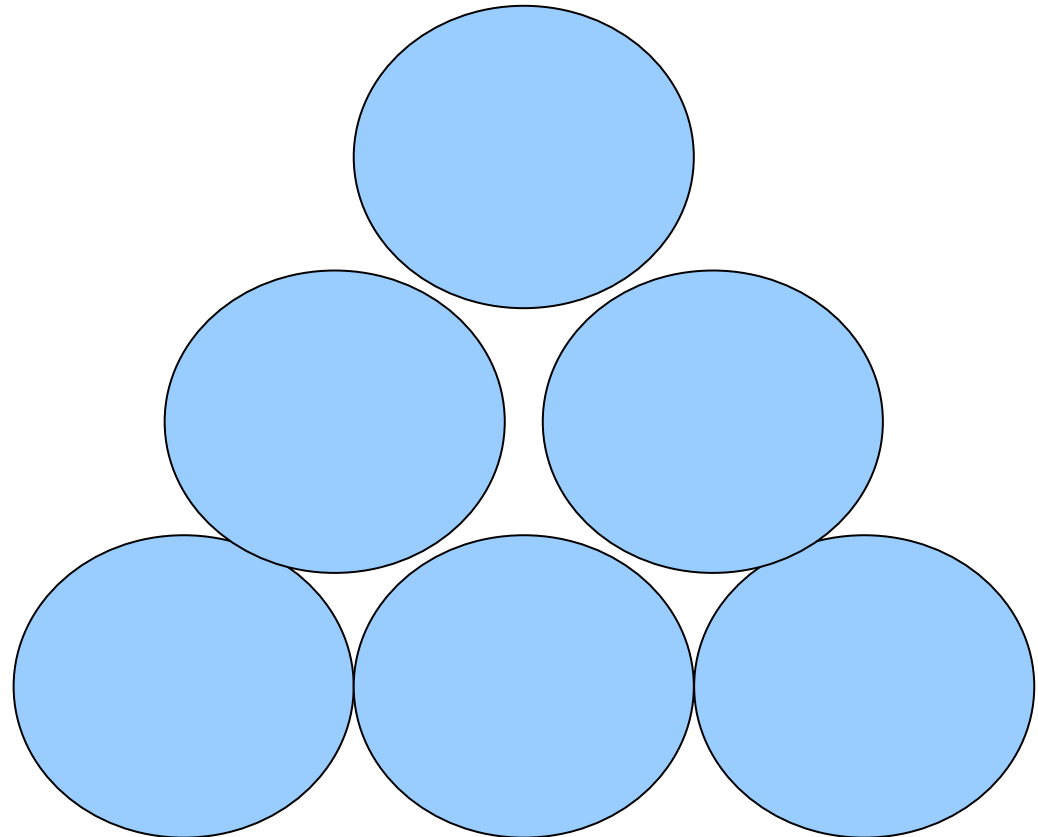
# Underlying Principles of OPT.

- TalkTools OPT takes a bottom up approach.

•Tongue

•Lips

•Jaw

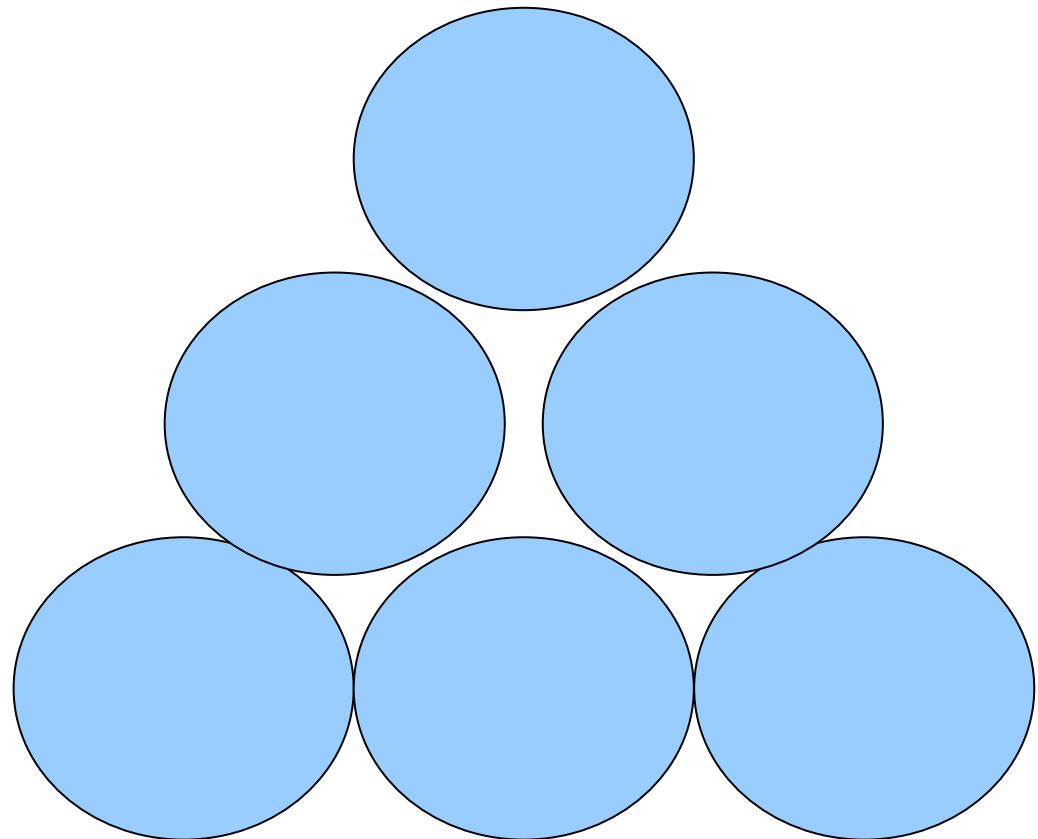


# Underlying Principles of OPT.

- Word level skills

- Single Sounds

- Oral motor skills



# A Summary of the Underlying Principles of OPT

- Bottom up approach, works on foundations for feeding and speech
- Oral placements – training and practice
- Motor planning - training and practice
- Sensory awareness and feedback
- Whole body approach
- Tactile, visual and auditory feedback



# OPT – How does it work?

- Assessment by a TalkTools trained therapist to look at placement, motor and sensory difficulties.
- Hierarchy of activities that can be used by parents and carers to target placement, motor and sensory difficulties.
- Continuing programme lead by a TalkTools trained therapist.
- Programmes are based on clear and functional outcomes with measurable criteria for success.



# Evidence Based Practice

Remember:

- “No evidence base to prove it works” doesn't mean it doesn't work, it just means there's no evidence base yet.
- Much of what we do on a day to day basis in therapy is unproven but we know it works.
- TalkTools is a highly personalised approach, and as such is very difficult to do effective research beyond single case studies and clinical experience...however research is underway.





# Evidence Based Practice

- TalkTools Oral Placement Therapy is being used worldwide.
- There is a huge amount of single client clinical evidence and experience that shows it is successful when used correctly.
- Most SLT's who attend a TalkTools course find that TalkTools presents a common sense approach to analysing a therapeutic challenge and addressing it practically.



# OPT – Considerations

Speech and Language Therapists are not routinely trained in OPT. A specialist trained therapist is needed.

Specific equipment is needed. TalkTools® is a great example of OPT programmes and equipment. ARK Therapeutic offer many great tools for OPT too.

OPT considers the whole body, so it is often important to work alongside an OT and/or Physio. It is important to support the whole body when working on the mouth.

Activities need to be done on a daily basis.



# Use of Non- Speech Activities

Non speech activities may include:

- Developing jaw grading and stability.
- Developing jaw – lip - tongue dissociation.
- Developing breathing / phonatory skills - “ part of a whole vocal tract approach.”
- Developing specific pre speech movements such as tongue lateralization and elevation, lip closure.
- Developing sensory awareness or oral desensitization

# Aims of an OPT Programme

- 1) To increase awareness of the mouth and its structures.
- 2) To normalise feeling and sensory response in and around the mouth.
- 3) To improve the accuracy and control of the movements needed for feeding and speech.
- 4) To improve feeding skills and nutritional intake.
- 5) To improve speech sound production to maximise clarity.



# Typical feeding issues we may see...

- Refusal to eat / drink.
- Restricted diet based on tastes, textures, temperatures or appearances of food.
- Difficulty progressing to or coping with spoon feeding.
- Difficulty progressing to or coping with solids.
- Difficulties progressing from bottle or spouted cup drinking.

**Usually in the absence of a swallow problem, often seen as behavioural.**



# Feeding and Speech Links.

The development of normalized oral-motor functions for feeding is linked to the development of normalized functions for speech.

E.g.

Improved tongue function. /k/ /g/ /t/ /d/ /s/

Improved lip closure. Bilabials /m/ /b/ /p/

Improved grading of jaw movement. Glides /w//r/,  
Fricatives /f/ /v/ /s/ /z/, Vowels ah (low jaw), ee  
(high jaw)



# OPT - Sensory Motor Function

**Sensory**



**Motor**



**Function**

# Client Example

**Sensory** Hyposensitive - Sensory seeking input in mouth (and in general) Puts a whole blue chewy tube in mouth. Chewing very hard and holding for too long on tool. Wants to keep tool in mouth.

*Give extra sensory input to facilitate normalization of sensory responses. Give extra sensory input so that he can feel what he is doing with his mouth and adapt and develop own skills.*



# Client Example

**Motor** Poor jaw grading and dissociation leading to lack of control and co ordination in rate and fluidity of movements. Right side weakness shown by moving head to right to compenstate. Good tongue lateralization.

*Give jaw support to help with skills development. Give extra sensory input to help with feedback for motor planning. Do pre feeding activities to work on single chews to develop controlled motor plan for chewing before moving on to multiple chews.*

# Client Example

**Function** When self feeding - Chews food at front of mouth, open mouth chew due to poor jaw grading and jaw – lip dissociation.

*Teach side placement when self feeding to give extra sensory input for chewing. Pre feeding activities will develop jaw grading and dissociation. Transfer these new skills in to function with supported feeding activities as part of meal times.*

# Summary

A great approach that can help with the management of speech, eating, drinking and saliva control.

Tailored to each individual client's needs.

Step by step, easy to follow approach.

Best developed and delivered by a specially trained Speech and Language Therapist.

Activities can then be continued outside of the therapy session.



# Contact us

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