

• Occupational Therapy Recommendations for Oral-Motor Sensitivities •

Hypersensitivity vs. hyposensitivity ... an important distinction!

Oral HYPERsensitivity (oral defensiveness):

- dislikes having teeth brushed and/or face washed
- has a limited food repertoire and/or may avoid certain food textures - especially mixed textures
- will take their food off the fork or spoon using only their teeth, keeping their lips retracted (teeth do not have taste buds!)
- will gag easily when eating and may only get food down by taking a drink with it
- may exhibit signs of *tactile defensiveness* such as: disliking being touched, avoiding messy play - glue, play doh, mud, sand, finger paints, etc. - , or, may not pick up eating utensils or food with a grasp that involves the palm of his hand



When working with children who are orally defensive, it is important to:

- ☞ understand the mouth is an "extension of the body"
- ☞ let the child know what you are doing and what you will do next, and use firm pressure with slow even strokes... the more predictable the better (ex. with toothbrush, floss, or anything else put in to the mouth)
- ☞ once you have reached the face, start with his cheeks, then jaw, lips, and lastly inside his mouth... progressing from least sensitive to most
- ☞ take it slow and do not force stimulation on any part he is not "ready" for... try it, just don't force it - severe anxiety or fear and gagging are signs of distress, not effective therapy - gently work your way through this no matter how long it takes. Remember that when your child becomes increasingly anxious, their "fight/flight" reaction set in, this increases their adrenaline levels in the body, which naturally DECREASES hunger (when your body is in a state of emergency, the last thing you are thinking about is EATING). So try to keep things slow and fun.
- ☞ lastly, remember oral motor programs and therapy for oral sensitivities may not be able to be worked on, or effective, until underlying sensory issues are addressed and sensory stimulation is tolerated

Occupational therapist : _____

Occupational Therapist, CommuniCare Therapy

(613) 738-1884 ext. _____

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Oral HYPOsensitivity

- non-nutritive oral stimulation is often a child's way of calming themselves (this means that a child will calm him or her self by chewing, sucking, grinding teeth on different objects that are not food)
- they love and crave intense flavors, i.e., sweet, sour, salty, spicy and often can become "condiment kids"
- may actually avoid mixed textures as well since it is difficult to chew and swallow properly when you can't "feel" the food in your mouth correctly
- they tend to be messy eaters; getting food all over their face and/or leaving bits of food in their mouths at the end of a meal
- they often take large bites and stuff their mouths, or even "pocket" food in their cheeks
- are inclined to not chew their food thoroughly before swallowing (can be at risk for choking)
- can drool excessively beyond the teething stage
- and, they always seem to have something in their mouths; toys, pens, pencil tips, gum, candy, or inedible objects (i.e., paper clips, rubber bands, shirt sleeves and collars, strings...anything!)

When working with children who are orally hyposensitive, it is important to:

- ☞ give them MORE oral stimulation activities and "appropriate" things to chew on so that they can feel calm and organized
- ☞ try mouth tools: chewlery, chewy tubes etc. (see next page)
- ☞ give them sensory stimulation activities prior to meals to "wake up" their mouths
- ☞ use oral massagers, vibration, and textured materials/objects for stimulation
- ☞ use a combination of relaxing input (deep pressure, firm touch) and stimulating input (light, quick strokes)
- ☞ choose foods and snacks with increased texture, flavour, and temperatures to provide more stimulation: granola bars, fruit leather, apples, carrots, drinks with a straw, sour/spicy foods, ice chips, chewy candies, crackers
- ☞ encourage these kids to take different sized bites and have them "feel" the food in their mouth (if old enough have them close their eyes and play guessing games with the food)
- ☞ wash and wipe the child's face often during eating with different textured materials (i.e., baby washcloth, napkin, regular washcloth, paper towel with texture to it)
- ☞ use the following order for stimulation: start on face with cheeks, jaw, lips, then teeth/gums, inside cheeks, then tip, middle, and sides of tongue, then the roof of the mouth
- ☞ allow use of chewing gum
- ☞ finally, do not use mouth tools as a reward – rather, as a tool to enable the child to succeed

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MOUTH FIDGETS – oral motor tools for kids

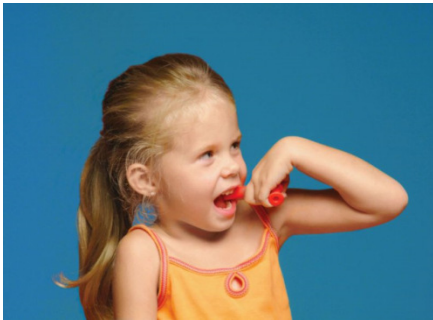
Chewlry Chewable Jewellery

Chewlry jewellery is a great way to keep kids from chewing on their clothes, while letting them work through their chewing tendencies. It's also great for oral-motor stimulating activities. Non-toxic, colourful, plastic jewelry that "strettttches". Available from Abilitations.



Chewy Tubes

These are offered to children and adults as a safe and effective tool for redirecting chewing and/or practicing biting and chewing skills. These can be looped on to a string and attached to a belt loop. They can be a good alternative for biting non-nutritive objects (clothing, toys etc.)



Knobby Tubes : offer increased tactile and proprioceptive input when biting



Ps & Qs Tubes: provide deep oral pressure when biting



Chewy Stixx: these tools have different textures and are great chewable hand fidgets for children who crave deep sensory input (and a good alternative for destructive oral motor grinding). These also help introduce and stimulate the ever changing textures of food in the mouth.



Chewy Pencil Toppers

For children who are using pencils, chewy pencil toppers offer a discrete and effective tool to help self regulate.

Blow Toys

These provide oral-motor stimulation to the mouth in a fun (and sometimes LOUD! way). These can include a kit of different horns, whistles, straws, blowstring pipes, flutes, balloons, Kazoos, harmonicas etc.



Please note that the above offers just a sample of the many different oral-motor tools available for children. Please consult your occupational therapist for the oral motor tools they may recommend for your child in particular. A reminder that these are oral motor TOOLS and NOT TOYS: their use should be always supervised by an adult or therapist.

To purchase, check out any of these excellent sensory websites:
www.sensorysmarts.com • www.schoolspecialty.ca
www.sensory-processing-disorder.com • www.fdmr.ca