Tutorial

Tongue and lip resting postures

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should be able to judge the correct amount of food for him/herself. The assignment is: 1. Eat 15 or so bites of snack food thinking about and feeling for good food swallows. 2. Do not let your tongue reach out for the food, put the food into the mouth. (After the patient is comfortable with this exercise have them do it while they are doing another activity i.e. listening to music or watching TV.)

The length of time it takes to complete the food portion of therapy depends on the patient. During the meal assignment after I've determined the patient knows how to swallow correctly, I purposely distract the patient with conversation to see if they can eat, talk, and still maintain a correct swallowing pattern. In the beginning

you will find that the patient reverts to their old swallowing pattern when they are distracted. However, when the patient consistently demonstrates a correct food swallow in a social environment you know the patient has achieved habituation.

It is difficult to convey in an article all the information that I was able to present in the lecture/demonstration at the Minneapolis Convention. If you have any questions about how I handle food swallows in my practice you may contact me at 2604 Dempster, Des Plaines, Illinois 60016. I encourage you to take a look at your therapy program. Ask yourself, "How do I handle food swallows in my practice?"

Sequencing Therapy

Sylvia Zante, M.A.

The goal of therapy is to establish and maintain correct swallowing patterns and correct resting lip and tongue postures. Because these activities consist of complex acts it is necessary to break them down into small enough components so the patient can achieve control and success and then gradually integrate these patterns into more advanced activities. Therapy therefore follows a sequence that advances the patient to a new level after he has successfully developed the prerequisite skills necessary for the next level.

This sequencing is generally divided into four phases. The first phase, or stage, focuses on developing new muscle patterns necessary as a foundation for the correct swallow and correct resting lip and tongue postures. Emphasis is not on strengthening muscles, but

rather for these muscles to function using new and different placements and movements. The muscle training sequence begins with the anterior portion of the tongue and progresses to the middle and posterior portions. The second phase integrates the newly established muscle movements into functional patterns. The patient is now ready to put these new muscle patterns in the correct sequence for swallowing food, saliva, and liquids. Phase three is a continuation of the second phase with emphasis placed on strengthening new learned behaviors and transferring them to a stabilized, habitual level. Auditory, visual, and tactile reminders are often given to assist in this process. Phase four provides for recheck visits to aid in monitoring retention of the learned patterns and behaviors.

Tongue and Lip Resting Postures

Lucia E. Moore, B.A.

No one would deny the importance of tongue and lip resting postures. In fact, many persons in the dental community are placing higher importance on tongue resting posture than on swallowing habits. Referrals are being made for this problem alone despite the fact that I have yet to see a tongue posture problem *without* a tongue thrust problem.

What most therapists want to know is how to correct the posture problems. This can be done through strengthening, posturing and habituation. Following are tried and true exercises to bring about these goals:

I. Lip strengthening exercises

- A. Button tug-of-war — place button on string between lips and teeth; gently tug for 5 minutes making sure musculature is balanced. Use in one or two of the lessons about halfway through therapy.
- B. Lip smacks — can be used in any of the lessons.
- C. Button-on-string trick — button is on end of 2 feet of string/dental floss; object is to raise

button to mouth using *lips* to draw string and button upward. Add more buttons as skill increases.

- D. Kissing — loud kisses, high-pitched kisses.
 - E. Whistling
 - F. Blowing — blow cotton ball from one end of table to other, sort of cotton-ball soccer.
- ### II. Tongue strengthening exercises
- A. Peanut butter on hard palate — remove by sliding tongue from front to back of hard palate. Use early in therapy as resistive exercise.
 - B. Tongue pulls — tongue is 'stuck' by suction to roof of mouth as mouth is opened and closed. Do every lesson in OMT series.
 - C. Tongue push-ups — resistive exercise with forefinger placed on tongue blade and tongue blade on tongue as tongue pushes blade to hard palate without jaw moving. Do 15 repetitions for 1st 3 lessons.
 - D. Tongue clicking — 20 clicks — one lesson.
 - E. Water Trapping — with mouth open, trap water

with tongue on roof of mouth, tilt head forward, return to upright position and swallow water with mouth still open. Do for two lessons after drinking has been introduced.

III. Lip posture

- A. Hold coffee stir gently between lips while reading, homework, TV. etc., 30 minutes per day for at least 3-4 weeks.
- B. Hold playing card between lips, same as stir but not within same lesson. It's just another gimmick to be used interchangeably with stir.

IV. Tongue posture

- A. Hold dental elastic on 'spot' — 10-20 minutes per day.
- B. Hold sugarless mint on 'spot' — 10 minutes per day.
- C. Stick a tiny square of osteo tape on spot as a reminder for correct tongue posture.
- D. Simply hold tongue on spot — 20 minutes per day during latter half of therapy sessions.

V. Habituation/reminders

- A. Red dot stickers — post around house — put tongue on spot, lips together whenever you see one.
- B. "Spot" signs — tongue reminders.
- C. "Zip Lip" stickers — lip reminders.
- D. Handwritten/drawn reminder signs.

- E. Smiling face pencils with giant molar erasers on end — both available through dental catalogues, i.e. Sherman Specialty Co., P.O. Box 401, Merrick, New York 11566.
- F. Picture(s) of patient taken with faulty resting postures.
- G. "Tongue Buster" sticker signs.
- H. "Tongue Buster" swizzle sticks for book marks, etc.
- I. Success Chart — Use a daily chart to keep track of how many times each day posture is faulty. Hopefully, each day will be less. Give small rewards for days when posture is good all day.
- J. Behavior Mod. Game — 1st week, 100 pennies — each time faulty posture is observed, parent retrieves a penny. Child keeps remaining pennies at week's end. Ensuing weeks — 20 nickels, 10 dimes, 4 quarters, 2 half dollars and, finally, a single dollar bill.
- K. Visual signal between parent and child such as a wink or other appropriate gesture when faulty posture is observed. It is much less irritating than verbal suggestions from the parent.

(Note: Under "Habituation" section, B, C, G, and H are available from ZIMCO, INC.)