



- If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
- This handout is for reference only. It may not include content identical to the PowerPoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.



© 2017 continued.com, LLC. No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without the permission of continued.com, LLC is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.



online continuing education for the life of your career

---

## Key Elements of Picky Eaters: Feeding Assessment

Jessica Reva, MS, CCC-SLP

Moderated by:  
Amy Hansen, MA, CCC-SLP, Managing Editor, [SpeechPathology.com](http://SpeechPathology.com)



### **Need assistance or technical support?**

- Call 800-242-5183
- Email [customerservice@SpeechPathology.com](mailto:customerservice@SpeechPathology.com)
- Use the Q&A pod



## How to earn CEUs

- Must be logged in for full time requirement
- Log in to your account and go to Pending Courses
- Must pass 10-question multiple-choice exam with a score of **80%** or higher
  - Within **7 days** for live webinar; within **30 days** of registration for recorded/text/podcast formats
- Two opportunities to pass the exam



## Key Elements of Picky Eaters: Feeding Assessment

Jessica Reva, MS, CCC-SLP

continued

## Learning Objectives

- 1) List at least 3 causes of feeding difficulties in pediatric patients.
- 2) Describe at least 3 components of a comprehensive case history and why they are important.
- 3) Describe at least 3 components of a comprehensive feeding assessment and why they are important.

7

continued

## Understanding Feeding Disorders

- Feeding starts reflexively but becomes a learned behavior
- Feeding skills are tied to gross and fine motor skills

8

## Typical Oral Motor Development

- Suckle (emerges 28-40 weeks gestation)
- Suck (develops 6-9 months)
- Chewing Pattern
  - Munch (7-8 months)
  - Vertical or Lateral Chew (9-12 months)
  - Rotary Chew (12-36 months)

9

## Oral Motor Compared to Gross Motor

Age	Oral Motor	Gross Motor
0-6 Months	Suckle	Head Control/Propping
6-9 months	Suck	Rolling/Sitting
7-8 months	Munching	Crawling
8-12 months	Vertical Chew	Standing, Cruising
12-36 months	Rotary Chew	Walking

10

continued

## Diet with Oral Motor Pattern

- Liquid
- Puree
- Mashed Solids
- Soft Meltables
- Chopped Table Foods
- Regular Diet

11

continued

## Liquid

- Examples: Breast Feeding, Formula via bottle, Breast milk via bottle
- Age: 0-6 months
- Oral Motor Pattern: Suckle
- Gross Motor Skills: Head Control/Propping

12

continued

## Puree

- Examples: Stage 1 and 2 baby food via spoon
- Age: 4-7 months
- Oral Motor Pattern: Suckle
- Gross Motor Skills: Sitting

13

continued

## Mashed Solids

- Examples: mashed bananas, mashed potatoes, mac and cheese
- Age: 8-10 months
- Oral Motor Pattern: Munching into Vertical Chew
- Gross Motor Skills: Pulling Up/Standing into Cruising

14

continued

## Soft Meltables

- Examples: puffs, wafers, yogurt melts
- Age: 9-11 months
- Oral Motor Pattern: Vertical Chew
- Gross Motor Skills: Standing/Cruising

15

continued

## Chopped Table Foods

- Examples: ground beef, strawberries, cheese
- Age: 12-24 months
- Oral Motor Pattern: Vertical Chew into Rotary Chew
- Gross Motor Skills: Walking

16



continued

## Regular Diet

- Examples: hamburger, chicken nuggets, french fries
- Age: 24-36+ months
- Oral Motor Pattern: Rotary Chew
- Gross Motor Skills: Walking

17

continued

## Learned Behavior

- Each of these steps is a learned behavior.
- Interference with learning these skills causes a change in behavior → Negative behaviors will develop.
- Examples of Interference
  - Aspiration
  - GI Issues
  - Illness
- Refusing to eat as a result of interference is “The child’s appropriate response to our inappropriate demands.”  
~Eicker
- Each behavior is a response to a prior stimulus.
- Whether the behavior is repeated depends on the consequences following the behavior.

18

continued™

## Examples

- Example 1
  - Child drinks milk
  - Child experiences reflux, it is painful
  - Child drinks less milk next time (often stopping at 2 ounce mark)
- Example 2
  - Child presented with solid food
  - Child finds chewing hard and doesn't enjoy it, it can feel like choking when swallowing large chunks
  - Child starts to refuse solid foods because it's too hard

19

continued™

## Cause and Effect

- What causes the feeding difficulty and what maintains the feeding difficulty may or may not be the same thing.
- The longer the issue goes on, the less likely that the cause is what is maintaining the disorder.
- GERD is the most frequently identified underlying medical condition for patients with feeding problems

20

## Assessment

- Case History
- Physical Exam
- Current Diet
- Feeding Observation
- Home Exercise Program
- Report

21

## Case History

- |                                 |                               |
|---------------------------------|-------------------------------|
| • Birth History                 | • GI Symptoms                 |
| • Current Medications           | • Cardiac Symptoms/Conditions |
| • Medical History and Diagnosis | • Allergies                   |
| • Testing Completed             | • Educational Status          |
| • Neurological Symptoms         | • Developmental History       |
| • Ear/Nose/Throat Symptoms      | • Feeding History             |
| • Vision                        |                               |
| • Respiratory Symptoms          |                               |

22

## Physical Exam

- Oral Structures
- Oral Reflexes
- Non-nutritive suck
- Gross Motor Skills
- Respiratory Skills

23

## Oral Structures Assessment

- |                                   |                      |
|-----------------------------------|----------------------|
| • Facial Symmetry                 | • Uvula              |
| • Tone                            | • Tonsils            |
| • Stability (proximal and distal) | • Dentition          |
| • Cheeks                          | • Tolerance to Touch |
| • Lips                            | • Drooling           |
| • Tongue                          |                      |
| • Mandible                        |                      |
| • Palate                          |                      |
| • Velum                           |                      |

24

continued

## Oral Reflexes Assessment

- Root (3-6 months)
- Suck (6-12 months)
- Tongue Protrusion (4-6 months)
- Phasic Bite (9-12 months)
- Lingual Lateralization
- Gag

25

continued

## Non-Nutritive Suck

- Suck-Swallow Ratio
  - 6-8 sucks per 1 swallow
- Evaluates strength and coordination of the suck

26

continued

## Gross Motor Skills

- Their gross motor skills will correlate to their oral motor skills

27

continued

## Respiratory Skills

- Before, during and after feeding
- Feed with shirt off if possible/appropriate

28

## Current Diet

- Food Inventory
- 3-Day Feeding Log
- Looking for the following
  - Food groups that are left out
  - Colors avoided
  - Flavors avoided
  - Textures avoided
  - Foods that can be chained from
- Reactions to non-preferred foods

29

## Feeding Observation

- Observe the following
  - Liquid
  - Puree
  - Mechanical Soft
  - Solid
  - Preferred and Non-preferred foods
- Looking to gain insight on the following
  - Oral motor patters
  - Amount consumed and what level of cueing is needed for patient to eat
  - Avoidance behaviors
  - Response to non-preferred foods

30

continued

## Home Exercise Program

- Put it in writing
- Have a discharge plan

31

continued

## Report

- Comment on the following in your summary:
  - Oral motor
  - Swallowing
  - Respiratory
  - GI
  - Nutrition/Weight gain
  - Sensory processing
  - Motor skills observed and missing
  - Behavioral observations
  - Referrals recommended

32



## Patient Examples

- Motor Delays mixed with GI issues
- GI Issues

33

## Case History 1

- Birth History: Patient born at 37-weeks weighing 2 pounds, 4 ounces. Patient on oxygen x3 days via nasal cannula. He was unable to nurse; however, was able to accept EBM via bottle. No tube feedings reported. Patient discharged home after 11 days in the NICU on room air and oral feeds.
- Current Medications: Kepra daily and diastat PRN, a food supplement that dad could not remember the name of
- Durable medical equipment in the home: none reported
- Hospitalizations: x1 secondary to seizure lasting longer than 20 minutes.
- Serious illnesses: none reported
- Surgeries: heart surgery to repair a hole in his heart x1 in February 2014.
- Medical professionals following the patient: neurologist as well as annual visits with genetics, cardiologist and ENT

34

continued

## Patient History (cont)

- Neurological: h/o seizures now under control with medication. No other h/o head injury.
- Ear/Nose/Throat: no h/o ear infections. Patient is followed by an ENT annually for airway difficulties. No hearing impairment reported
- Vision: no vision impairment reported
- Respiratory: patient with mild noisy breathing at room air. Parents report patient sleeps well at night. Patient is on room air.
- Gastroenterology: no h/o reflux, constipation or diarrhea. Patient with h/o vomiting pediture as his body did not digest it well. Patient saw a dietician until the age of 3. Patient currently po's toddler formula per their recommendation
- Allergies/Immunology: NKA and immunizations are up-to-date
- Educational Status/Grade: Patient attends PPCD
- Developmental Status: Severe developmental delays. Patient rolled over at 2 years of age, sat up at 3 years of age, crawled between 3 and 4 years of age, walked at 4 years of age. Patient is not able to feed himself. Patient receives OT and PT in school. He gets speech and language as well; however, no feeding therapy. Historically, patient received therapy via ECI until he turned 3 and started PPCD.

35

continued

## Patient Report 1

- Oral Motor: severe delay characterized by decreased strength, hypotonia and decreased function
- Swallowing: patient is at risk for aspiration secondary to decreased oral motor skills. No s/s of aspiration noted today.
- Respiratory: patient with mild audible breathing observed. Patient is on room air.
- GI: no report of reflux, constipation or diarrhea
- Nutrition: patient with poor weight gain and nutrition. He is only on a purred diet and toddler formula via sippy cup. He po's pureed food via syringe.
- Sensory: tolerates textures on his hands, lips and tongue. Tolerates crunchy solids but does not chew.
- Motor: decreased gross and fine motor skills noted. Patient recently started walking per parent report.
- Behavioral: pt refuses spoon feeding characterized by turning away, closing his lips and pushing the spoon away. Family uses syringes to give pt 4-5mLs of pureed food at a time. Behaviors are used for volume limiting at meals.
- Referrals: Recommend pt to be followed by a GI doctor for s/s consistent with reflux. Recommend RD to assess for ways to gain weight.

36

continued™

## Case History 2

- Birth History: Patient born at 39-weeks weighing 6.8 pounds. No complications reported and hospital stay was not prolonged.
- Current Medications: creams and lotions for her eczema
- Durable medical equipment in the home: none reported
- Hospitalizations: none reported
- Serious illnesses: none reported
- Surgeries: none reported
- Medical professionals following the patient: none reported
- Procedures completed: none reported

37

continued™

## Patient History (cont)

- Neurological: No h/o seizures, head injury or other neurological conditions reported.
- Ear/Nose/Throat: ear infection x1, hearing WNL
- Vision: no difficulties reported
- Respiratory: no h/o URI or asthma
- Gastroenterology: patient is constipated at times. She has a bowel movement every day but it is small, hard pellets per parent report
- Allergies/Immunology: NKA and immunizations are up-to-date
- Educational Status/Grade: pt attends pre-school
- Developmental Status: rolled at 6 months, sat-up at 5 months, crawled at 6 months, walked at 12 months, fed self at 12 months, used cup at 18 months - development WNL

38

continued

## Patient Report 2

- Oral Motor: WNL
- Swallowing: WNL
- Respiratory: WNL
- GI: concerns for symptoms consistent with reflux and constipation
- Nutrition: volume limiting noted with a very selective diet
- Sensory: pt refuses to touch non-preferred foods on her hands
- Motor: WNL
- Behavioral: Pt will tolerate non-preferred foods on other's plates at the same table; however, pt refuses non-preferred foods on her plate. When asked to try a non-preferred food, she will push the plate away, turn her head, and start tantrumming.
- Referrals: recommend consulting GI doctor to assess for symptoms consistent with reflux and constipation as reported by mom.

39

continued

## Questions

40