Lori Murdock

Gabe Byars

OTA 1220

26 April 2016

Modalitites Reflection- Feeding/Oral Lab

On March 22, Robyn taught our class tricks to get children to eat food using the Sequential-Oral-Sensory (SOS) approach. The SOS approach examines and treats the “whole child.” I never realized how much went into eating. We usually think of it as a two-step approach- 1) you sit down, 2) you eat, but there is so much more to it.

The first thing we need to address as OT’s is positioning. Postural stability is important for feeding because it protects the brain, provides security, allows for better hand-to-mouth coordination, and allows for ROM in the jaw for chewing. The child needs to be in a 90-90-90 position in their hips, knees, and ankles.

We then can begin the eating process which involves feeding (food🡪mouth), eating (oral motor), and swallowing (mouth🡪stomach). The children we would work with in feeding and oral would be children who only eat a few select foods. There is a long list of steps we can take to get a child used to explore more food options.

For lab, Robyn treated the class as she would a client in a feeding session. This gave us the idea of what a feeding session would be like and what we could do. At the beginning we were each given a white plate and white napkin. Robyn told us that this is important because we want the food to be the most exciting thing on their plate. We provide the child with a napkin so they know they can always spit the food out if they don’t like it. We want to only associate positive feelings with feeding.

Robyn first gave us a few Cheetos (because most children will eat processed foods) and asked us to name characteristics of it. We said it’s orange, long and skinny. We then ate the Cheeto and she brought out a carrot. She said, this is orange, long and skinny just like the Cheeto. She had us touch it with our finger to feel the texture, touch it to our lips to feel it on our mouth, and then rub it on our gums to get it in our mouth. We finally ate the carrot and she continued to compare and contrast each food she brought out for us to try.

It was interesting to see the progression of foods Robyn chose and to see the steps to eating. For each food item she had us get familiar with it before attempting to eat it. We want a child to be able to 1) tolerate food, 2) interact with food, 3) smell food, 4) touch food, 5) taste food, and 6) eat the food. In each of those steps of eating there are sub-steps that we can take if the child isn’t ready to jump to the next one.

In conclusion, I learned a lot about feeding and oral-motor interventions. It was fun to be able to try out what a feeding session would be like. I was blown away by the steps it would take to get a child to explore new foods, but I know that the reward for doing so would be great. Feeding is a big part of our social participation and if we can’t eat the foods everyone else is, it is hard to interact. This can be a struggle for parents whose kids won’t eat dinner with the family. I can apply this in my future practice if I ever work in Pediatrics and have a client that has feeding or oral problems. This lab helped solidify what I had learned in lecture and was a fun experience for me.