

# RESOURCES

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## Risk Factors Indicating Possible Swallowing Dysfunction

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Evaluator \_\_\_\_\_ Eval Date \_\_\_\_\_

Clinical Signs, which may occur alone or in combination are:

	Yes	No	?	Comments
1. Excessive drooling				
2. History of pneumonia, allergies, wheezing or asthma				
3. Wet, gurgling voice sound during or after eating				
4. Coughing, choking, throat clearing during/after eating				
5. Nasal/Gastroesophageal Reflux				
6. Apnea or cyanosis				
7. Food pocketing or residual food in mouth				
8. Abnormal or absent sucking or chewing				
9. Limited voluntary movement of tongue, lips or cheeks				
10. Difficulty swallowing; Delayed or absent swallow, trigger reflex				
11. Tongue thrust				
12. Multiple swallows				
13. Feeding takes longer than 1/2 hour				
14. Weight loss or underweight				
15. Decreased head/trunk control				
16. Abnormal muscle tone (exceptionally low or high)				
17. Diminished responsiveness or alertness				
18. Requires special positioning or equipment				
19. Frequent irritability				
20. Fear or reluctance toward food				
21. Difficulty holding food in mouth				
22. Chronic Constipation				
23. Congestion				
24. Presence of seizure disorder				
25. Poor growth				
26. Poor general health				

## CRITERIA FOR ORAL-PHARYNGEAL MOTILITY STUDIES

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A videofluoroscopic oral-pharyngeal motility (OPM) study may be considered if an infant or child exhibits any of the characteristics listed below. If a patient has 2 or more symptoms, an OPM study is strongly suggested in the interest of patient safety.

1. Frequent coughing, choking, and/or gagging especially during eating or drinking activities.
2. Failure to gain weight or poor weight gain.
3. Refuses to eat new food textures.
4. Exhibits rigid feeding behaviors.
5. Cannot control oral secretions.
6. Respiration-phonation is wet/gurgly before, during, and/or after eating or drinking activities.
7. Frequent irritability.
8. Poor sleep habits (e.g., difficulty going to sleep, frequent waking, restless sleeper).
9. Frequent upper respiratory infections; chronic respiratory problems.
10. Neuromotor involvement which affects respiratory coordination, sensory-motor activity, muscle tone, oral-motor function, and/or postural control against gravity.
11. Structural and/or functional problems of the oral and/or pharyngeal mechanisms which might result in aspiration.

## CRITERIA FOR REPEAT OPM STUDIES

Repeat oral-pharyngeal motility studies are indicated prior to implementing a significant change in an infant or child's oral-motor/feeding treatment plan, feeding equipment, or dietary textures if:

1. there is a recurrence of symptoms previously thought to have been resolved,
2. aspiration occurred without immediate, effective clearing of aspirated materials during the previous study,
3. the initial study was terminated prior to completion,
4. the initial study could not be analyzed, or
5. there is a significant medical change (e.g., surgery, medication change) which may affect oral-motor function.

## CLINICAL SIGNS OF GASTROESOPHAGEAL REFLUX (GER)

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NOTE: These clinical signs are indicators of GER, but they, also, may reflect other problems and conditions. Therefore, these clinical signs should not be exclusively considered as diagnostic of GER. However, the more clinical signs demonstrated by a child, the more important it is for the child to have a thorough medical workup.

1. Eats small amounts
2. Eats frequently
3. Prefers only one or two dietary textures (picky eater)
4. Foul or sour breath odor
5. Oral thrush
6. Increased sensitivity to sensory input
7. Abnormal respiratory/phonatory patterns
8. Limited movement patterns
9. Sleep problems (e.g., difficulty going to sleep, frequent waking, restless sleeper)
10. Arches back into hyperextension during and after feeding
11. Turns head to the left during and after feeding
12. Frequent re-swallowing behavior noted particularly after eating
13. Frequently irritable
14. Frequent emesis (vomiting) or signs of emesis imminent
15. Chronic constipation
16. Episodic drooling
17. Frequent respiratory illnesses (sometimes associated with an episodic low grade fever)

12/92

*USED BY PERMISSION OF AUTHOR*

## FOODS THAT ENCOURAGE CHEWING

### BEGINNING STAGE

1. Cubes of hard cheese such as cheddar, monterey jack, American
2. Cubes of white meat chicken roll, turkey roll
3. Partially cooked carrots, potatoes, green beans -- cubed or cut in lengths for biting
4. Grilled cheese sandwiches -- cubes or strips
5. French toast -- cubes or strips
6. Firm omelets -- cubes or strips
7. Waffles -- cubes or strips
8. Crunchy cereals -- Kix®, Cheerios®
9. Fresh bananas -- cubed, canned fruits (pears, peaches) -- cubed

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### SECOND STAGE -- As Strength Comes In

1. Cubes of harder foods -- bologna, turkey hot dogs, poached chicken
2. Cold meatloaf -- cubed
3. Firm, solid meatballs
4. French fries -- strips
5. Chicken nuggets -- cubes or strips -- must be very small
6. Ravioli -- cubed
7. Ziti noodles cooked a la dente
8. Toast -- cubed or strips
9. Pepperidge Farms "Goldfish"®
10. Fresh fruits -- pears, peaches -- cubed or strips
11. Firmly cooked vegetables -- cubed or strips

## General Guidelines for Facilitating Safe Feeding

The following guidelines may not apply to every student, but should be considered as “rules of thumb” for safety in feeding students with special needs.

1. Toilet student prior to pre-feeding rest period.
2. Place student in a side-lying position for 30 minutes prior to feeding to allow for rest. This will increase energy level for eating.
3. The child should be evaluated for positioning during feeding in a way that addresses his/her disability and provides maximum success in feeding.
4. The child’s head needs to be slightly forward for greatest ease in swallowing. If the child cannot maintain good head/neck control during eating, place your hands on top of the head to stabilize. Do not place hands on the back of the neck.
5. If the child wears glasses or a hearing aid, these should also be worn during meals to maximize environmental cues.
6. Sufficient time must be allowed for eating. The child should never be hurried, as this could increase the likelihood of aspiration.
7. Minimize outside distractions. Allow child to concentrate full attention on the swallowing process. Do not allow yourself or child you are feeding to become distracted by other students or classroom activities.
8. Avoid milk products and other foods that increase the child’s mucous level. Also, avoid sticky foods (mashed potatoes, fresh white bread, etc.), as they may increase child’s swallowing difficulty. (see ***Foods to Avoid***)
9. Talk the child through the feeding procedure, using appropriate verbal cues.
10. Never use any spoon larger than a teaspoon—1/3 full minimizes aspiration. Food should be taken in small bites/sips, as chewing and swallowing movements are often slow or reduced. Allow ample time to swallow each bite.
11. Food should not be “washed down” with liquid, but alternating food with liquid may be appropriate providing the substance has been completely swallowed each time.
12. Watch for a completed swallow (the larynx will move upward), and do not offer more food until this has occurred.
13. Be sure the child has completely swallowed before placing more food in the mouth. Periodically (every three to four bites), check to be sure the child is swallowing the foods completely so that you are not packing food into the cheeks and oral cavity.
14. Thoroughly check the child’s mouth during and after the meal. Food may tend to collect in cheeks and could be aspirated later if not cleared.

***General Guidelines for Facilitating Safe Feeding - continued***

15. Monitor the child's fatigue level while eating.
16. If child becomes too fatigued to eat, discontinue feeding.
17. If there is evidence of frequent coughing and/or choking and/or nasal regurgitation, discontinue the oral feeding.
18. Do not force the spoon into the child's mouth. Either wait for the child to open his/her mouth or gently assist by applying light pressure downward on the chin.
19. Let the child's mouth completely close around the spoon, as this stimulates the swallowing reflex. Do not scrape the spoon off on the child's teeth or gums.
20. Attempt to remind the child to keep mouth closed while chewing, sucking, and swallowing. This will discourage certain poor patterns, such as tongue thrusting and drooling of food substance and/or saliva.
21. Coughing is a protective mechanism to avoid choking or aspirating. Should the child be attempting to cough while lying down, you may need to assist the cough by bringing him/her to a sitting position with the head slightly tilted forward.
22. Provide good oral hygiene after each meal. After brushing, toothettes are particularly helpful in removing food particles that may have been pocketed in the sides of the mouth.
23. Never leave the child alone to eat.
24. Be prepared to handle airway obstruction by being trained in CPR and the Heimlich Maneuver.
25. Continue to maintain the child in an upright position for a period of one half hour after eating to observe for possible reflux aspiration, unless otherwise specified by child's doctor.

## Health Factors that Affect Feeding

<b>Failure to thrive due to:</b>	<b>Feeding problems due to:</b>	<b>Obesity due to:</b>
<p>oral-motor dysfunction, high energy requirements, activity, fatigue, dehydration,</p>	<p>oral-motor dysfunction, child's behavior, dysfunctional parent/child interactions related to feeding</p>	<p>immobility, limited activity, gastrostomy</p>
<b>Diarrhea/Constipation due to:</b>	<b>Drug/Nutrient interaction due to:</b>	<b>Allergies due to:</b>
<p>abnormal anatomy/neurologic function of the intestinal tract, abnormal muscle tone, inactivity due to prolonged illness, immobility or paralysis, inadequate fluid/fiber intake, ineffective toileting habits, certain medications, food types presented</p>	<p>gastrointestinal disturbance, anorexia, increased appetite, decreased consciousness, interference in metabolism</p>	<p>foods, drugs, type of reaction, i.e., anaphylactic reaction</p>

## Recipes to Facilitate Safe Swallowing, and Boost Calories and Hydration Thickening Agents

Thickening agents play a major role in stabilizing the feeding process in feeding disordered students. They thicken liquids for easier swallowing and make puréed foods cohesive, which prevents aspiration. Thickening agents do not change the flavor of foods and have no aftertaste. Thickening agents blend smoothly and may allow normal hydration.

Thickening agents you may encounter in your school and directions for use are as follows:

### “THICK-IT”®

Preparation:

1. Add one tablespoon at a time to either hot or cold food (6 fl. oz.), stir briskly until food appears relatively smooth or use blender for 15-30 seconds to produce an even smoother texture.
2. Continue to add thickener and stir briskly until food reaches desirable thickness. Recommended maximum levels.

Quantity Liquid Food	Hot	Cold
6 fl. oz.	3-1/2 Tbs.	4-1/2 Tbs.
32 fl. oz.	1 cup 2-1/2 Tbs.	1-1/2 cups

Setting Time: One minute after thoroughly mixed.

Serving Suggestions:

- Add sugar to thickened liquids (i.e., grape juice) for improved taste.
- Salt may be desirable with some hot foods (i.e., soups).

### “THICK & EASY”®

Recommended usage for 4 fl. oz. serving:

	Syrup	Honey	Pudding
Clear Liquids	1 Tbs.	1-1/2 Tbs.	2 Tbs.
Full Liquids	1 Tbs.	1-1/2 Tbs.	2 Tbs.
Pureed Fruits	1 Tbs.	1-2 Tbs.	2-3 Tbs.
Pureed Meats	1 Tbs.	1-1/2 Tbs.	2 Tbs.
Pureed Vegetables	1 Tbs.	1-2 Tbs.	2-3 Tbs.
Nutritional Supplements	1-1/2 Tbs.	1-1/2 Tbs.	2-1/2 Tbs.

## **“FRUTEX”®**

### Directions for mixing Frutex®

Use 1 Tbs. of Frutex® to 8 oz. in any of the following:

1. Prune juice
2. Cranberry juice
3. Apple juice

Let it set for 8-10 minutes to thicken.

Use 1 tsp. Frutex® for 8 oz. in any of the following:

1. Whole milk
2. Skim milk
3. Pineapple juice

Let it set for 8-10 minutes to thicken.

## RECIPES USING THICKENERS

### “KATIE DRINKS”, or SMOOTHIES

Blenderize:

- 2 ice creams
- 2 jellos (prepared gelatin, approximately 8 oz. or 1 cup)
- 1 cup yogurt—may add cottage cheese or cream cheese (more calories)
- or
- 2 orange sherbet
- 2 lemon, lime, or orange gelatins
- ice cream, cream cheese

Sizes and measurements are undetermined.

### SUBSTITUTE FOR THICKENERS

Blend in blender:

- 3/4 cup milk or juice
- 2 containers gelatin (8 oz.)
- or
- 1/2 carton milk with 2 jars puréed fruit
- or
- 4 oz. juice with 1 or 2 jars baby food fruit

Ensure® may be mixed with gelatin—1 cup to three (4 oz.) containers of gelatin.

Water may be blended with gelatin—1/2 glass to 8 oz. (2 cartons gelatin).

To mix Ensure® with Frutex®:

Put 1 tsp. (medicine cup) of Frutex® in the glass first. Then gradually pour Ensure® and stir it constantly to prevent it from clumping up. Let it set for 8-10 minutes to thicken.

<b>Fruits</b>	
Applesauce	+ 1 Tablespoon Thick-it®
Apricots	dash of cinnamon or allspice
Peaches	1/8 tsp. lemon juice
Pears	

## THICKENED SHAKES

For Cup Drinkers

### CARNATION INSTANT BREAKFAST® SHAKE

- 1 cup ice cream
- 1 cup milk
- 1 package Carnation Instant Breakfast®
- 2 Tbs. Karo® syrup, light or dark

Blend well. Makes 15 ounces (450 cc, 1.4 cal/cc, 645 cal.).

### RECIPES USING ENSURE®, ENSURE PLUS® OR ENRICH®

- 1 cup Ensure®, Ensure Plus® or Enrich®
- 1 cup ice cream
- 1 cup rice cereal

Blend well. Makes 14 ounces.

Options: Add fruit such as ripe banana or canned peaches.

## MILK AND FRUIT SHAKES

Children with Swallowing Difficulties

### BANANA MILK SHAKE

- 8 oz. milk
- 1/2 cup baby cereal
- 1 mashed banana

### FRUIT MILK SHAKE

- 1/2 cup baby cereal
- 1/2-3/4 cup canned or puréed fruit  
(2-3 peach halves,  
pear halves)

### ORANGE SHAKE

- 1/4 cup orange juice
- 1/2 cup orange sherbet
- 1/4 cup baby rice cereal

### APPLE SHAKE

- 1/2 cup apple juice
- 1/2 cup applesauce
- 1/4 cup baby rice cereal

Blend all shake ingredients in a blender, serve cold.

\*\*\* Be creative and make your own. Just remember, baby cereal is the thickening agent and should be used in all shakes.

## **THICKENED SHAKES**

For Cup Drinkers

### PEACHY SHAKE

- 1 cup milk
- 1 cup diced canned peaches
- 1/2 cup rice cereal

Blend well. Makes two cups (500 cc, .9 cal/cc) (445 cal).

### PEARY SHAKE

- 1 jar strained pears (or other fruits)
- 1 cup rice cereal
- 1 cup whole milk

Blend well. Makes 10 ounces (300 cc, 1.35 cal/cc) (390 cal).

### SMILEY BANANA SHAKE

- 1 cup milk
- 1 medium ripe banana
- 1 cup vanilla ice cream
- 1 cup baby rice cereal

Blend well. Makes 1 1/2 cups (400 cc, 1.7 cal/cc) (690 cal).

### KENNEDY'S HIGH CALORIE FRUIT SHAKE

- 1 jar strained pears
- 1 pkg. vanilla Carnation Instant Breakfast®
- 1 cup rice cereal
- 1 cup vanilla ice cream
- 1 cup whole milk

Blend well. Makes 2 cups (500 cc, 1.6 cal/cc) (780 cal).

### THICK ICE CREAM MILK SHAKE

- 1 cup milk
- 1 cup vanilla ice cream
- 1 Tbs. vanilla flavoring
- 1 cup baby rice cereal

Blend well. Makes 1 1/2 cups (400 cc, 1.6 cal/cc) (655 cal).

## Calorie Boosters - For Weight Gain

If your child is having trouble gaining weight, listed below are some ways to increase calories.

**Powdered Skim Milk:** Add 2-4 tablespoons to 1 cup milk. Mix into puddings, potatoes, soups, ground meats, vegetables or cooked cereal.

**Carnation Instant Breakfast®** (a food supplement): Add to milk or puréed fruit to make milkshakes.

**Eggs:** Pasteurized egg substitute only. Blend into milkshakes or other beverages. Add to casseroles, hamburger or soups.

**Avocado:** As a spread or add to any savory dish.

**Corn Oil or Margarine:** Add to puddings, casseroles, sandwiches, vegetables, soups, cooked cereal.

**Cheeses:** Give as snacks or in a sandwich. Add to casseroles and potatoes.

**Dried Fruits:** Serve as snacks or mix into cereals or desserts.

**Peanut Butter:** Serve on toast, fruit or as peanut butter logs (see recipe).

**Ice Cream:** Use in milkshakes

**Wheat Germ:** Add a tablespoon or two to cereal. Mix into cookie batter, casseroles, puddings, etc.

<b>Super Shake</b>	<b>Peanut Butter Logs</b>	<b>Super Pudding</b>
1 cup ice cream	1 cup nonfat dry milk	2 cups milk
1 cup milk	1/2 lb peanut butter	2 tbsp vegetable oil
1 package Carnation	1/2 cup honey	1 pkg instant pudding
Instant Breakfast®	1 cup Rice Krispies®	3/4 cup nonfat dry milk
Blend Well.	1 cup 100% bran flakes	crystals
	1/2 cup raisins	Stir milk and oil, add
	Combine all ingredients well. Flatten mixture in large pan. Chill overnight, cut into 2" x 1" squares.	pudding mix and mix well. Pour into dishes of 1/2 cup servings.

## NUTRITION IDEAS

### Thicken Food

Fruit shakes - banana, pears, apricots, blended with a little milk  
Wheat germ  
Bran  
Powdered milk  
Ensure Plus®, Enrich®, Pediasure®, Compleat®  
Rice cereal  
Cream of wheat  
Brewer's yeast (for salty, savory foods)  
Mashed potatoes  
Blended cottage cheese  
Ricotta cheese  
TJ's drink recipe (high calorie - recipe at bottom)

### Change Texture

Fork - mashed instead of blended  
Puddings with graham cracker crumbs dissolved  
Custards/tapioca  
Refried beans  
Ricotta cheese  
Tuna - mashed and stirred in

### Chewing

Cooked strips of chicken, rare beef, ham  
Carrots, green beans, zucchini, potatoes  
French fries, raw strips of cheese, banana, jerky  
Wrap food in organza or dip rolled organza in juice/broth

### Harder to Chew Ideas

Orange segments  
Cooked pea pods, partially cooked carrot  
Apple slices with/without skins  
Cheese cubes or sticks

### Formula for Underweight Kids Milkshake (TJ's drink recipe)

8 oz. cream cheese  
1/2 cup sugar  
1 tsp. vanilla flavoring  
egg substitute - equivalent to one egg  
1 banana

Milk, enough to make liquified.

# FLUIDS

Does your child: Refuse fluids?

Need extra fluids?

Have trouble swallowing fluids?

## How to help your child accept fluids:

1. Offer small frequent sips.
2. Thicken fluids like soups, stews, milk and fruit juices by adding crackers to soups and stews or making a milk or fruit shake.
3. Encourage eating of foods that become liquid at room temperature such as:  
Fruit Ice - Gelatin - Ice Cream  
Sherbet - Fruit Juice Popsicles
4. Solid foods listed below contain fluids:  
Commercially prepared baby foods  
Yogurt  
Custards  
Junket®  
Pudding  
Cottage Cheese  
Fruits and Vegetables (canned, frozen, fresh, cooked or raw)

## Watch for signs of dehydration:

Thirst  
Loss of appetite  
Drowsiness  
Flushed skin  
Increased body temperature  
Increased pulse rate  
Increased breathing rate

The recommended amounts of daily fluids in 24 hours are:	
Child's Weight	Total Fluids Needed (cups)
7 lbs	2
12 lbs	3 1/3
21 lbs	5
26 lbs	6
36 lbs	7
44 lbs	8
63 lbs	9 1/2
99 lbs	10 1/2
119 lbs	10 1/2

## Descriptions of Food Textures

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Descriptions of dietary textures are necessary to provide parents with texture recommendations that are consistent from child to child. This clinician has developed and used this list successfully with infants and children. The list is subjective and not standardized.

1. Liquid - material that flows and takes the shape of its container. Much variation in flow rate is possible by adding a thickener to thin liquid or by diluting a thick liquid by adding a thinner liquid.

Thin - water, juice, Kool-Aid®, soft drinks

Liquid - milk, most nutritional formulas

Medium - honey, syrup, fruit, nectars

Thick - fast food milkshakes, pureed pears

2. Puréed

Thin puréed - smooth, wet, slippery with some cohesiveness, does not separate, but will spread out without pressure

Examples: strained pears, carrots, some applesauce (can drink it easily)

Puréed - smooth, moist with good cohesiveness, will not separate or spread out without some pressure

Examples: pureed bananas, squash, most homemade mashed potatoes

Thick puréed - smooth, little moisture, cohesive (sticky), resists separation and pressure

Examples: smooth peanut butter, most institutional mashed potatoes

3. Soft mechanical - cohesive, textured soft solid foods

Example: Thin - junior baby food, lumpy applesauce, thick soups

Medium - canned stew, Jello® with chopped fruit, most casseroles

Thick - most macaroni and cheese, thick stew, some casseroles

Variations in this texture are possible by changing the following factors:

1. Binding agent
  - a. add more liquid
  - b. reduce amount of liquid
2. Types of foods in mixture
  - a. soft - pasta
  - b. hard - nuts
3. Texture of food
  - a. cook longer
  - b. cook less

4. Size of piece
  - a. larger
  - b. smaller
  - c. uncut
  - d. chopped
  - e. mashed
  
4. Solids
  - Quick dissolving - materials which dissolve in saliva or are pulverized after 1-3 chews  
Examples: graham cracker, Lorna Doone® cookie, cheese puffs, Kix® cereal
  - Soft chewy - soft, breaks apart with little pressure  
Examples: chicken, fish, most pasta, salads, many cookies, chewy granola bars, oatmeal cookies
  - Chewy - firm, requires more than 5 chews to become swallow safe, dissolves somewhat with repeated chewing  
Examples: beef, pork, firm cooked vegetables, vegetable salads
  - Hard - breaks into smaller pieces when chewed, but does not dissolve  
Examples: nuts, many uncooked vegetables (carrots, celery)
  
5. Combination - any food that separates quickly when placed in the mouth  
Examples: chicken noodle soup, meat with gravy, cookies with nuts

## Foods to Avoid

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The following foods should not be presented in the traditional manner. An explanation of the problem associated with the food will be explained. An alternative texture will then be given to retain the flavor, while maximizing oral-motor functioning.

### 1. Peanut Butter and Jelly Sandwich on White Bread

Problem: Encourages a forward tongue movement to remove the food bolus from the roof of the mouth.

Alternative: Toast the firm textured bread, present the sandwich in strips.

### 2. Yogurt from a Spoon

Problem: Encourages a suckle swallow. Gives nutrition without improving oral motor control.

Alternative: Drink yogurt through a straw to encourage lip pucker and tongue retraction.

### 3. Nuts

Problem: Easy to choke on. Highly allergic for many people. Can cause anaphylactic reaction.

Alternative: Satisfy the crunchy desire with “Chex®” or “Kix®” cereal. “Peanut Butter Crunch” cereal is highly sugared but will satisfy the taste.

### 4. Thin Drinks (Water, Fruit Juices, Milk)

Problem: Reduced tactile sensation; they can't feel it. The liquid drips out of the mouth before they or you have time to close the jaw/lips.

Alternative: Thickened liquids will allow for slow jaw/lip closure and will be felt in the oral cavity to signal for a swallow.

### 5. Traditional Birthday Cake

Problem: Balls up and is easy to choke on, especially if the client does not have tongue lateralization.

Alternative: Decorated crunchy stick cookies or “Jiggler Jello® Cakes”.

6. Sandwiches on Soft Bread (Bologna, Ham, Cheese, etc.)

Problem: The thin sliced filler is difficult to bite through and is usually pulled out of the sandwich. The soft bread becomes balled up and has to be suckled to remove it from the palatal vault.

Alternative: Present the meat/cheese in cubes to encourage chewing. Add croutons or “Chex®” cereal as a bread substitute.

7. Hot Dog on a Roll

Problem: If not chewed completely, it can block the air passage when paired with inhalation.

Alternative: Chicken hot dogs or turkey hot dogs are a softer texture. Cut them into small cubes and serve with a crunchy bread substitute to maintain the chewing pattern.

8. Soups with Mixed Textures

Problem: This is a very high-level food which requires the client to swallow the liquid while holding the solid (vegetable, pasta or meat chunks). Clients with feeding problems will either lose the liquid or try to swallow the chunks whole.

Alternative: Purée soups to one texture which can be spoon fed or pulled through a straw.

## Resources in Oregon

### **Oregon Department of Education, Office of Special Education**

Public Service Building  
255 Capitol St. NE  
Salem, OR 97310-0203  
(503) 378-3598  
[www.ode.state.or.us](http://www.ode.state.or.us)

### **Oregon Dietetic Association**

5811 SE Salmon Street  
Portland, OR 97215-2738  
(503) 408-6448  
FAX: (503) 408-6448  
[www.ode.state.or.us](http://www.ode.state.or.us)

### **Oregon Health Sciences Center - CDRC (Child Development and Rehabilitation Center)**

PO Box 574  
Portland, OR 97207-0574  
(503) 494-8095

### **Oregon Occupational Therapy Licensing Board**

800 NE Oregon Street, Suite 407  
Portland, OR 97232  
(503) 731-4048  
[www.otlb.state.or.us](http://www.otlb.state.or.us)

### **Oregon Physical Therapist Licensing Board**

800 NE Oregon Street, Suite 407  
Portland, OR 97232-2162  
(503) 731-4047  
[www.ptboard.state.or.us](http://www.ptboard.state.or.us)

### **Oregon State Board of Examiners for Speech - Language Pathology and Audiology**

800 NE Oregon Street, Suite 407  
Portland, Oregon 97232-2162  
(503) 731-4050  
TDD: (503) 731-4031  
FAX: (503) 731-4207  
[www.osbn.state.or.us](http://www.osbn.state.or.us)

### **Oregon State Board of Nursing**

800 NE Oregon Street, Suite 465  
Portland, OR 97232-2162  
(503) 731-4745  
Fax: (503) 731-4755  
Email: [oregon.bn.info@state.or.us](mailto:oregon.bn.info@state.or.us)  
[www.osbn.state.or.us/](http://www.osbn.state.or.us/)

### **Regional and Statewide Services for Students with Orthopedic Impairments (RSOI)**

Douglas ESD  
1871 NE Stephens Street  
Roseburg, Oregon 97470  
(503) 440-4791

## References

(\*denotes item available for checkout from the RSOI Loan Library, (541)440-4791).

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