

The Green Monsters to the Rescue - Feeding Team Case Study

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This case study is an example of the many success stories we have had working together with parents, pediatricians, GI specialists, ENTs, nutritionists and behaviorists that make up our feeding team. Many of our patients' chief complaint is restricting foods at meals and although they appear robust and healthy with good height and weight percentages on the growth curve, they are actually nutrient deficient due to their limited diet. For example, a child eating mainly a "white diet" or one primarily consisting of processed foods like breads, crackers, cookies, juice and dairy, are not getting the necessary zinc and vitamin B nutrients they need and this can often change the child's sense of taste and smell. In addition, these foods are easily melted down by their saliva and are easier to chew and swallow which can limit their oral motor skill development for higher-level foods such as fruits, vegetables and meats. Children may not look "malnourished" because they are gaining weight but the calories they are eating aren't providing the nutrients they need for optimal development. The lack of nutrients in their diet could cause permanent damage to their neurological system and, therefore, are a possible cause of their food restrictions and sensory integration and regulation difficulties they present. Working with a nutritionist who understands the need to take away what's bothering the patient and/or closing the gap of nutritional deficiency is an essential step in the success of our program (Dorfman, K., 2013).

**Please note NS's parents gave us permission to post his picture and are very happy with his improvements during the last 6 months especially when he joins the family at the table for meals daily without worrying if he will eat or not!*



Patient's Name: NS

DOB: 3/01/06

CA: 8 years 2 months old

Date of Evaluation: 9/05/13

End of Therapy: 6/22/14

Summary: Patient is an 8.2 year old boy with a medical history of feeding difficulties since 14-18 months old. His parents reported he has grass, pollen and mold allergies related to seasonal changes and takes Singulair daily. They further reported that he has a mild asthma diagnosis that occurs during the change of seasons (takes Flovent as a preventer) and Prevacid medication x2 weeks for reflux

**Dorfman, K. Cure Your Child with Food, Workman Press, NY, 2013.*

issues, loose stools and frequent burping (parents also reported that he took reflux medication for over a year after starting to eat table foods). He was referred for a speech and swallowing evaluation due to parental and pediatrician's concern for his increasing food refusals at meals and assistance in evaluating his feeding and swallowing skills and recommend therapy as needed.

A multi-system approach was taken that included feeding therapy 1x/week for a total of 25 sessions, nutrition consultation with supplement recommendations and behavior management sessions during the feeding sessions x3 visits.

The following supplements were added to his diet to help close the gap of nutritional deficiency due to his diet restrictions. Often the nutritionist will recommend a compounded vitamin but in NS's case she recommended Kirkman chewable wafer with xylitol x2/day, Omega Cure fish oil x1tsp/day, Phoscal by Nutasal x1/2 tsp/day.

Ryan Fights the Green Monsters book was used to initially introduce the goals of therapy (why healthy eating is important and how much fun it is to start trying new foods) and established a starting point for therapy. Feeding therapy focused on proper chewing techniques on lateral margins with closed lips, properly forming a cohesive bolus, transferring the bolus with a mature swallow pattern and increasing variety and texture of solid foods. He required behavior modification techniques to help increase his chewing and swallowing rate and responded well to home therapy practice.

NS was discharged from therapy after 25 sessions of feeding therapy on a full rotation of 4-5 healthy, complete meal choices for each meal and snacks.

He will be followed in two months and 6-month intervals for follow up checkups to insure he maintains a healthy diet.

Feeding Team Case Study Medical Information:

Medical Diagnosis: Normally developing boy with no developmental delays; Feeding difficulties since 14-18 months old, environmental allergies to grass, pollen, mold and takes Singulair daily, mild asthma occurring during the change of seasons and treated with Flovent as needed, loose stools, burping and took Prevacid x2 weeks at start of program.

Prenatal and Birth History: Remarkable for mother taking Levothyroxin, Metphormin and Prevacid prenatally. NS was her first and only child born full term via Caesarian birth due to long labor weighing 8 lbs. 13 oz. Due to mother having a fever, the patient was in the NICU on antibiotics for less than 48 hours.

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Respiratory History: Environmental and seasonal allergies (pollen, mold) treated with Singulair daily, mild asthma reported during seasonal allergies treated with Flovent when needed.

GI and Feeding History: According to parents' report, the patient was breastfed for 10 months and bottle fed alone on a number of formulas due to reflux issues and then settled on a lactose free formula. His mother also reported he moves his bowels once per day and they are often loose.

Developmental History: Motor and language development was within normal ranges although he was seen for feeding and OT services in North Jersey for two months for feeding issues (no report of services available).

Family History: Remarkable for father having speech therapy for stuttering (currently not noticeable during conversational speech) and for being a picky eater. The father reports he is lactose intolerant. Mother also reported feeding and texture issues and is diagnosed with Hashimoto's Disease (polycystic anemia)

Growth History: At the start of therapy, his weight was 68 lbs corresponding to 94% and 97% on the growth chart for height.

Initial Feeding Status: Afraid to try new foods, gags and cries during meals; Restricts fruits, vegetables and meats.

Oral Motor Exam: He demonstrated an anterior munch chewing pattern with open mouth, reduced bolus formation before transferring the bolus to initiate a timely swallow indicative of reduced lingual retraction and lateralization skills reducing his chewing effectiveness on higher level foods. In addition, an anterior tongue thrust swallowing pattern was also noted on solids, liquids and saliva swallows. He also had difficulties with continuous liquid drinking (only sip by sip) and was found to bite down on the cup and straw indicating reduced jaw stability and immature oral motor skill development. His mother further reported he sucked a pacifier until 3 years old and often sucked on clothing but that has since resolved.

Feeding Observations:

- ♦ Good head posture but needs verbal cues to maintain upright positioning at times while eating (possible reduced upper body tone).
- ♦ Self feeds using utensils without difficulty.
- ♦ Demonstrated an anterior munch chewing pattern, reduced cohesive bolus and transfer skills on all textures.
- ♦ Demonstrated an immature swallow pattern (tongue thrust).

- ♦ Reduced lip protrusion on cup and straw drinking; bites on straw and cup indicative of reduced jaw stability and immature oral motor skill development.
- ♦ Drinking only sip by sip; no continuous drinking noted.
- ♦ Voice clear after all solid and liquid swallows indicating good pharyngeal/laryngeal coordination during and after the swallow.

Diet at Start of Therapy:

Breakfast:

- ♦ Croissant, dry cereal (Fruit Loops, Cocoa Krispies)

Lunch:

- ♦ PB sandwich on white bread
- ♦ Chocolate granola (sometimes)
- ♦ Veggie Straw, potato chips, pretzels
- ♦ Water

**Does not eat fruits, vegetables, cheese*

Dinner:

- ♦ Chicken nuggets, loves breaded flounder, Smiley Baked Potatoes or French Fries baked
- ♦ Vanilla ice cream (just started eating)
- ♦ Water or passion fruit drink diluted in water

**Does not eat rice or pasta*

Diet at End of Therapy

Breakfast:

- ♦ Scrambled eggs with spinach
- ♦ French toast
- ♦ Omelet with veggies
- ♦ Sprouted bread with PB
- ♦ Protein shake

Lunch:

- ♦ Chicken or beef taquitos
- ♦ Chicken on sprouted bread or whole grain bread
- ♦ Turkey sandwich with lettuce
- ♦ Sprouted bread with PB

Dinner:

- ♦ Meatballs with tomato sauce and veggies
- ♦ Hamburgers with lettuce and potatoes
- ♦ Fish and vegetables (flounder)
- ♦ Roast chicken with vegetables
- ♦ Roast beef with vegetables (sweet potato fries, fresh carrots, roasted cauliflower and broccoli, spaghetti squash, corn)

Diet History

