

Physician Information

When referring a patient for an Oral Sensorimotor Feeding Evaluation, please write a physician's order to "Evaluate and Treat for Dysphagia". We are currently accepting Medicaid insurance. Referring physicians will be notified when additional insurance plans are accepted.

By recognizing a potential or existing feeding difficulty pediatricians can refer a patient to the feeding specialist who will then complete the feeding observation and parent interview and work closely with the pediatrician to address any possible underlying conditions. We have found this to be very helpful for pediatricians who are already seeing patients for numerous complications and who do not have enough knowledge of pediatric dysphagia to properly evaluate and treat. Although there are numerous reasons for feeding difficulties within children of all ages I have compiled a list of common referrals to help identify patients who would benefit from a feeding evaluation.

- Difficulty transitioning to solids, gagging on foods with texture, limiting textures
- Difficulty with suck-swallow-breathe during bottle feeding, gulping air, difficulty coordinating
- Refusal to eat or drink
- History of reflux, food allergy, or other gastrointestinal complications. Many of these babies and children have associated feeding difficulties.
- Disorders of muscle strength or tone
- Difficulty chewing or absence of chewing/ swallowing foods whole
- Limited intake



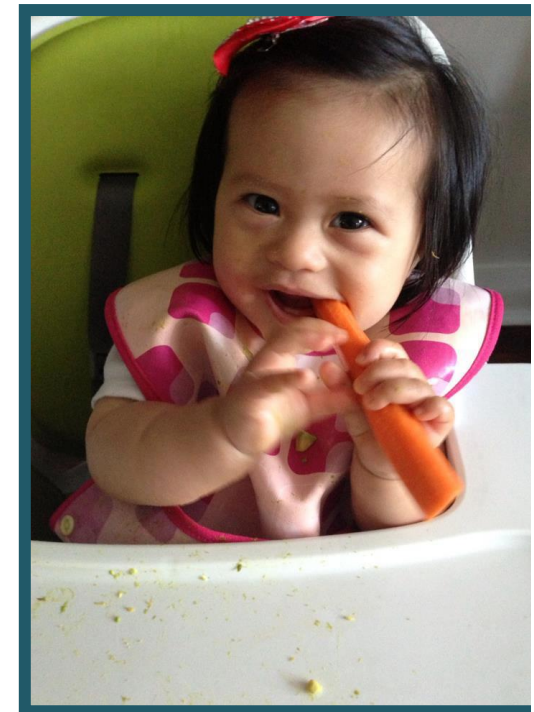
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ROOTED IN COMMUNITY TO HELP OUR CHILDREN GROW



What is a Pediatric Feeding Disturbance?

This paper is geared to provide helpful information about pediatric feeding and swallowing difficulties. Many people are aware of the feeding complications that coincide with a diagnosis such as cerebral palsy or with disorders that result in abnormal muscle tone or strength, but what most people do not know is that feeding disturbances can occur in children of all ages and in the absence of physical limitations, developmental delays or other underlying diagnoses.

Is Your Child at Risk?

It is important to identify and treat any child who is experiencing difficulty during mealtime. If your baby or child refuses to eat many foods, chokes, coughs or gags when eating, has difficulty chewing, refuses certain textures, or takes longer than 30 minutes to take a bottle then please discuss these concerns with your child's pediatrician and take some time to read the additional food for thought educational material listed on my pediatric feeding support blog www.picky tots.blogspot.com.

Misconceptions of Feeding Complications

One misconception of feeding behavior is that if a child is hungry enough he will eat. We have known many patients to go days without eating and some to eat only enough to take the edge off of hunger. Of course there are children who make up for not eating during a separate meal, but for those who don't you may find that growth percentiles continue to drop and sometimes a g-tube is placed as a result. While this is necessary for some patients it can be avoided in many.

Another misconception of feeding disturbances is that they are strictly behavioral in nature when in reality there may be and most often is, an underlying issue leading to the behavioral reaction. This may include a child who is swallowing foods incompletely manipulated, which has led to frustration and later refusal of many foods. Another child may be experiencing silent, or non-regurgitant reflux and every feeding experience is a negative one therefore serious feeding complications have emerged. A dietary change or anti-reflux medication may be needed for such a child in order for the feeding issue to be resolved.

Children with Sensory Processing Disorder, Autism, and other sensory related disorders often limit food textures, drop foods out of their diet and have difficulty transitioning to age appropriate eating. Feeding complications can arise from one or more of many factors which is why it is important to properly identify the nature of the problem and work toward safe and efficient oral motor feeding skills.



"Here, you try it!"

Evaluations and Therapy

Evaluations are typically 1 ½ -2 hours in length and include a thorough feeding observation and caregiver interview. Since many children are referred secondary to a refusal to eat there will be no pressure from the evaluator or caregiver to 'make' him eat, the Questionnaire and interview will provide a lot of the information that may be missed during an initial feeding observation. Questionnaires will be mailed out or emailed directly to the parents or caregivers prior to the evaluation so the responses can be studied thoroughly before the feeding observation. You may be asked additional questions based on your responses. The primary goal is to help identify the basis for your child's feeding difficulties and to help create an individualized plan that will lead to age appropriate feeding skills and behaviors.

If therapy is recommended, time and duration of weekly feeding sessions will be depending on your child's needs. Therapies will be conducted in the home, day care, school or clinic environment. The therapist will work closely with the caregivers, pediatricians and other professionals who may be recommended to become part of an interdisciplinary team to best serve your child's needs and facilitate maximum progress.



Growing, Sharing, Learning!

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