
Postgraduate Certificate in Pediatric Rehabilitation Medicine

Feeding and Swallowing Disorders in Pediatric Rehabilitation Medicine

Feeding and swallowing disorders in pediatric rehabilitation medicine encompass a wide range of conditions that affect a child's ability to eat, drink, and swallow safely and effectively. These disorders can have a significant impact on a child's growth, development, and overall quality of life. Understanding the key terms and vocabulary associated with feeding and swallowing disorders is essential for healthcare professionals working in pediatric rehabilitation medicine to accurately assess, diagnose, and treat these conditions.

- 1. Feeding and Swallowing Disorders:** Feeding and swallowing disorders refer to difficulties or challenges that a child may experience when eating, drinking, or swallowing. These disorders can result from various medical, developmental, or behavioral issues and can range from mild to severe.
- 2. Dysphagia:** Dysphagia is a common term used to describe difficulty or discomfort with swallowing. It can affect a child's ability to safely and efficiently move food and liquids from the mouth to the stomach. Dysphagia can be caused by a variety of factors, including neurological conditions, structural abnormalities, or muscle weakness.
- 3. Oral Motor Skills:** Oral motor skills refer to the coordination and movement of the muscles in the mouth and throat that are necessary for feeding and swallowing. Children with feeding and swallowing disorders may have challenges with oral motor skills, leading to difficulties in chewing, sucking, or swallowing.
- 4. Aspiration:** Aspiration occurs when food, liquid, or saliva enters the airway or lungs instead of going down the esophagus into the stomach. Aspiration can lead to serious health complications, such as pneumonia or respiratory issues, and is a common concern for children with swallowing disorders.
- 5. Gastrostomy Tube (G-tube):** A gastrostomy tube, commonly referred to as a G-tube, is a tube inserted through the abdomen into the stomach to provide nutrition and hydration directly when a child is unable to eat or drink safely by mouth. G-tubes are often used for children with severe feeding and swallowing disorders.
- 6. Oral Aversion:** Oral aversion is a condition in which a child demonstrates a strong dislike or fear of oral activities, such as eating, drinking, or swallowing. Children with oral aversion may refuse to eat certain foods, have difficulty transitioning to solid foods, or exhibit negative behaviors during mealtime.
- 7. Oral Sensory Processing:** Oral sensory processing refers to how a child perceives and responds to sensory information in the mouth during feeding and swallowing. Children with feeding and swallowing disorders

may have challenges with oral sensory processing, leading to aversions, sensitivities, or difficulties with texture and taste.

8. **Mealtime Behavioral Challenges:** Mealtime behavioral challenges encompass a range of behaviors exhibited by children during feeding and mealtime activities. These behaviors can include refusal to eat, food refusal, tantrums, gagging, or sensory sensitivities. Addressing mealtime behavioral challenges is essential in the management of feeding and swallowing disorders.

9. **Oral Phase Dysphagia:** Oral phase dysphagia refers to difficulties or impairments in the oral preparatory and oral transit stages of swallowing. Children with oral phase dysphagia may have challenges with chewing, forming a bolus, or moving food to the back of the mouth for swallowing.

10. **Pharyngeal Phase Dysphagia:** Pharyngeal phase dysphagia involves difficulties or impairments in the pharyngeal stage of swallowing, which includes the movement of the food or liquid through the throat and into the esophagus. Children with pharyngeal phase dysphagia may experience issues with swallowing coordination or timing.

11. **Esophageal Phase Dysphagia:** Esophageal phase dysphagia refers to difficulties or impairments in the esophageal stage of swallowing, which involves the passage of food or liquid through the esophagus into the stomach. Children with esophageal phase dysphagia may experience challenges with peristalsis or food bolus transport.

12. **Videofluoroscopic Swallow Study (VFSS):** A videofluoroscopic swallow study, also known as a modified barium swallow study, is a diagnostic test that uses real-time x-ray imaging to assess a child's swallowing function. During a VFSS, the child is given various food and liquid consistencies mixed with barium to evaluate the movement of the swallow.

13. **Fiberoptic Endoscopic Evaluation of Swallowing (FEES):** Fiberoptic endoscopic evaluation of swallowing is a procedure used to assess a child's swallowing function by passing a flexible endoscope through the nose to visualize the structures of the pharynx and larynx during swallowing. FEES is valuable for evaluating the pharyngeal phase of swallowing.

14. **Oral Motor Therapy:** Oral motor therapy involves the use of specific exercises and techniques to improve the strength, coordination, and movement of the muscles involved in feeding and swallowing. Oral motor therapy is often used to address oral motor challenges in children with feeding and swallowing disorders.

15. **Sensory Integration Therapy:** Sensory integration therapy is a type of therapy that aims to help children process and respond to sensory information more effectively. Children with feeding and swallowing disorders may benefit from sensory integration therapy to address sensory sensitivities or aversions during mealtime.

16. **Food Texture Modification:** Food texture modification involves altering the consistency or texture of

food and liquids to make them safer and easier for a child to swallow. Examples of food texture modifications include pureeing, thickening, or cutting foods into smaller pieces to prevent choking or aspiration.

17. Oral Hygiene Management: Oral hygiene management is essential for children with feeding and swallowing disorders to maintain oral health and prevent complications such as aspiration pneumonia. Healthcare professionals may provide guidance on oral care techniques, mouth exercises, and dental hygiene practices.

18. Multidisciplinary Team Approach: A multidisciplinary team approach involves collaboration among healthcare professionals from various disciplines, such as speech-language pathology, occupational therapy, nutrition, and pediatrics, to address the complex needs of children with feeding and swallowing disorders. A coordinated team effort is crucial for comprehensive assessment and treatment.

19. Family-Centered Care: Family-centered care emphasizes the involvement of the child's family in decision-making, goal setting, and treatment planning for feeding and swallowing disorders. Engaging families in the care process helps promote positive outcomes and continuity of care for the child.

20. Transition to Oral Feeding: Transitioning a child from tube feeding to oral feeding is a significant milestone in the management of feeding and swallowing disorders. Healthcare professionals work closely with the child and family to gradually introduce oral feeds, monitor progress, and address any challenges that may arise during the transition process.

In conclusion, understanding the key terms and vocabulary related to feeding and swallowing disorders in pediatric rehabilitation medicine is essential for healthcare professionals to provide effective assessment and intervention for children with these conditions. By having a comprehensive knowledge of the terminology and concepts discussed above, professionals can better support the needs of children and families affected by feeding and swallowing disorders in their care.