Parent-Friendly Information about Nonspeech Oral Motor Exercises

Poster presented at the 2011 ASHA Convention, San Diego, CA

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INTRODUCTION

Nonspeech oral motor exercises (NSOME) are techniques that do not involve speech production but are used to influence speaking abilities. These often include blowing bubbles and horns, tongue pushes/wags/curling, pucker/smile movements and other mouth gymnastics¹⁸. Although often used by many SLPs, the legitimate professional literature refutes the appropriateness of NSOME for intervention to change speech sound productions^{18, 24}.

Parents may request NSOME be used because:¹⁵ •Their child's previous SLP used NSOME, •NSOME objectives may already be on the child's IEP, •They have read testimonial information on the internet encouraging NSOME, •There is a proliferation of attractively packaged NSOME products available for purchase, •Other professionals (e.g., OT, PT) recommend their use, •These exercises provide something concrete for parents to do with their children under the guise of "therapy."

PARENTS COMMENTS/QUESTIONS

POSSIBLE RESPONSE

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The SLP has my child practicing sticking her	These nonspeech movements will not help with speech because the parts
tongue in and out and side-to-side before	of the brain that control movements for speech are different from the
working on speech. Is this a good idea?	parts that control nonspeech movements. It's a brain thing! 3, 6, 10, 25, 27
My child has a repaired cleft lip/palate. To	For over 50 years it has been proven that blowing exercises will not
me it makes sense that blowing must be a	prevent speech from coming out the nose. It is surprising that this
good way to get his speech to not come out	technique is still being used! ^{7,22}
his nose.	
The SLP working with my child says that	Because limited strength is needed to speak, warm-up is not necessary.
exercises "warm up" their mouths. What's	While a few simple mouth movements may provide some focus on the
wrong with that?	mouth area, they should only be a very minor part of therapy. 5, 24
I have been told that many kids are	Children with CAS need therapy devoted to making speech, not
diagnosed with Childhood Apraxia of	movements that barely mimic speech (because of how the brain
Speech. Aren't these kinds of exercises	organizes information). Children with CAS have "Apraxia of Speech" so
necessary to help their speech improve?	speech is what needs to be worked on, not nonspeech tasks. 1, 16
On the internet, I've read information	You must use caution about believing information found on websites.
provided by experts who say these exercises	Research shows that a technique works, not opinions, testimonials, and
work and are necessary to help children	"expert" advice. While these statements may be interesting, they do not
learn to speak. It is all over the web, so it	prove that the exercises work. Special care should be taken if you are
must be legitimate.	encouraged to buy a product. ¹⁷
The last SLP my child had said oral motor	Research has shown that young children have little awareness of mouth
exercises will help develop necessary speech	movements. Children need to learn how different mouth movements
awareness. Don't children need to become	affect speech, not mouth movements that are not speech. 13, 14
aware of their mouth movements in order to	
improve speech?	
My child can move his tongue up and down	The tongue can make many different kinds of movements; however,
quickly, so why can't he make "tongue tip"	tongue movements for speech are controlled by a different part of the
sounds such as "I" or "t"?	brain than movements that don't Involve speech. 2, 3, 26
Won't working on chewing and swallowing	Chewing and swallowing are unrelated to speaking. Even though the
help my child speak better? Doesn't she	tongue, lips and other parts of the mouth are used for speech and
need to become good at these nonspeech	nonspeech movements, nonspeech movements do not influence how she
movements before we can work on actually	talks. ^{8, 9, 20, 21}
making her talk?	
PTs and OTs often use exercises to improve	Yes, but speech is much more than just a motor skill becasue it involves
motor skills. Isn't speech also a motor skill?	communication. Speech is different from other motor tasks. Speech is
	special because it involves language. Speech motor tasks are organized in
	the brain in a unique way. 11, 12

It was recommended that my child receive muscle-based therapy because he has "low muscle tone". So that must mean his muscles are weak.	Muscle tone and muscle strength are different. Tone refers to the elasticity of muscles at rest. Just because your child has low muscle tone does not necessarily mean that she has weak muscles. Working on strengthening will not have an effect on tone. ³
My child has something called a "phonological" problem. Why not mouth exercises for this?	Phonological issues are a problem with the language aspects of talking and do not involve simple mouth movements. Your child needs to learn the "rules" of speech/language, and these rules are not learned by mouth movements. Therapy must be done in meaningful communication contexts. 18, 19, 24
We have fun doing these exercises at home. What can it hurt to do them?	Although these exercises probably won't harm your child, focused talking time is too valuable to be wasted. Work at home should be based on practicing valuable skills that will improve speaking. 18, 19, 24
According to the occupational therapist, my child has speech problems because her mouth is not strong enough. So isn't strengthening the mouth important?	<u>Very little</u> strength is needed to produce speech; agility and coordination are needed, but little strength. Also, it is surprisingly difficult to accurately determine strength. Therefore, any statements about weakness are questionable. ^{4, 23}
My child is blowing horns in therapy and has progressed from one horn to the next. That is progress, right?	It is progress in horn blowing but not in speech. Blowing and speaking are completely different from each other and doing one well will not have an impact on the other. ^{25, 26}

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