

CASE HISTORY – George Age 3-4

George is 3 years old. He was born 4 weeks premature. He has had several hospitalizations for a variety of problems, including high fever with a gastro-intestinal virus, hiatal hernia surgery, one bout of pneumonia, and had to have tonsils and adenoids removed due to possible sleep apnea (he had PE tubes placed during this surgery as he also had intermittent otitis media). George was breast-fed for 2 months and then made the transition to the bottle. His mother tried to introduce baby cereal at 4 months but George repeatedly gagged and attempts were terminated. She tried again at 6 months. This time George was a little more successful. Transition to fruits and other textures was slow and by 12 months George was taking only stage 3 baby foods. He never took very much at any one meal and became fussy when his mother continued to attempt to feed him. He transitioned to a cup around 14 months but was still taking a bottle at night. By age 2 the number of foods that he would tolerate remained very limited and he still preferred stage 3 baby foods to table foods. Mother remained concerned about his poor intake and expressed her concern to George's pediatrician, but he told her not to worry and that some children were just picky eaters. At 3 George was being followed by an otology clinic because of his recurrent otitis media and placement of PE tubes. The clinic had a dietician on staff and George's mother expressed her concern about George's limited intake to her. She told the dietician that she was making her own "stage 3" baby foods and putting them in jars because this was the only type of food apart from cookies and Doritos that he would eat. George was only drinking "Breakfast Shakes". His mother also expressed some exasperation that George would only eat if the television was on, would never sit at the table for more than a minute or so and would only eat for her. She and George live with her parents and George saw his father every other weekend.

CASE History Kyle Age 2-10

Kyle, age 2-10, is new to the day care as his family has just relocated to the area. He and his mother have lived in 4 different cities since Kyle's birth, living with different relatives. He has been receiving speech-language therapy and occupational therapy off and on since age 2-1 for delay in development of communication and fine-motor skills. Records from the previous therapy are not available at this time. Kyle's mother is not a very good informant. Kyle's mother reports he has begun to button his shirt independently, but often has tantrums during dressing. He will wear only sweat pants and will not wear pants with zippers. His mother also reports that Kyle uses some 2-word phrases, but often fails to answer a direct question. He has not undergone any comprehensive testing to determine the etiology of his problems.

The teacher notices at snack time during the first week that Kyle has a hard time sitting at the table for extended periods of time. She also reports that he doesn't play with the other children, but prefers to play with the same set of cars, and in the same way. His mother has supplied food for Kyle to eat at snack time because he won't eat many foods. She brings Cheez-it® crackers and Motts apple juice. When the teacher offered another kind of apple juice, Kyle threw the box of juice and screamed.

Evaluation Results – George

Additional significant history was obtained from Mom. She is a young (19 y/o) and she has found raising George difficult. She finds her living with her parents difficult and she expresses considerable dissatisfaction with this situation. She states that her parents make the issue of George not eating more difficult for her because they make suggestions about what she should be doing and she feels what she is doing is OK. Her mother is having a very difficult time with the eating issue, particularly since George won't eat anything for her. George does not attend preschool and is at home with either his mother or his grandmother most of the day.

Oral motor structures and functions are well within normal limits. George was observed eating crunchy, soft and mixed consistencies. He took small bites only but demonstrated no clinical signs of either oral or pharyngeal dysphagia. He did not like it when he had peanut butter on his face suggesting some mild sensory problems but no other significant issues were present. He was observed drinking liquids from a slow flow sippy cup (the one he usually used at home), a straw and an open top cup without any problems. He had a difficult time sitting at the table and redirection was necessary several times. His mother was observed coaxing him to eat throughout the evaluation. She used no positive verbal reinforcement and made threats of punishment (e.g. "You won't be able to play with Patrick later" several times).

Evaluation Results Kyle

During the communication evaluation, the speech-language pathologist evaluates Kyle's oral motor skills. He appears to have adequate strength, range of motion and control of lip and tongue movements. His articulation skills are within normal limits. He has a significant communication deficit.

The SLP also completes a feeding observation during snack time in the classroom. Kyle is observed to open the package of crackers and dump them on his plate. He then stacks the crackers three deep in symmetrical rows. He begins to eat from the beginning of one row and proceeds methodically to the bottom of each stack of crackers before moving onto the next stack. He exhibits rotary chew, moving cracker from center to side. He is able to clear the oral cavity with one swallow. When he finishes one of the rows, he opens the straw and inserts it into juice box. He has good lip closure on the small straw and takes consecutive drinks without choking. He then proceeds to eat the next row of crackers before taking another drink.

When the teacher places a slice of apple on his plate (this is what the other children are eating), he brushes it off his plate and rearranges the crackers that were displaced by the apple.