

Disordered Oral Sensation - Hypersensitivity in the Oral Area

Although we usually use the term Oral Hypersensitivity, the same person may have areas that are hypersensitive and other areas of the mouth that are hyposensitive. Both can occur in the same mouth. A more correct term is Disordered Sensory Registration. It may be hyper or hyposensitive, but it is always disordered. Many individuals show hypervigilance. They are always scanning the environment to make certain nothing new or different touches their face or enters their mouth. Because they are using all of their energy and effort to protect themselves, they lose out on incidental learning that benefits others who can be more aware of what is taking place around them.

The most frequently asked question regarding oral motor impairments is, “How do you work with someone who won’t let you touch them?” Since striated muscles must move to improve, the muscles will not improve by just looking at them. Touch to the muscles of the face must occur to improve response to pressure and movement. It is scary for the individual and it is hard work. But the therapist is there to provide the interventions in a safe way. The therapist must help the individual being treated to understand, on whatever level works best for that person, that the therapist is there to help him or her, and that they can trust the therapist. And so we begin, little by little, step-by-step, to help the person to build the skills that are so desperately needed to function on a day-to-day basis. Oral hypersensitivity can be impacted by many factors. All of the factors must be identified and addressed.

Below a list of some of these factors:

- ◆ Oral Allergy Syndrome
- ◆ Periodontal disease
- ◆ Loss of tooth enamel
- ◆ Dental sensitivity
- ◆ Tooth decay
- ◆ Teething
- ◆ Pain at TMJ
- ◆ Enlarged tonsils
- ◆ Thick sticky secretions
- ◆ Muscle weakness
- ◆ Areas of limited range of movement
- ◆ Decreased oral experience
- ◆ CNS impairment
- ◆ Increased intra-cranial pressure
- ◆ Headache or migraine
- ◆ Sinus impaction or infection
- ◆ Enlarged adenoids
- ◆ Middle ear effusion or infection
- ◆ Inner ear impairment
- ◆ Visual field disturbances
- ◆ Pain
- ◆ Poor respiratory function
- ◆ Medications
- ◆ Sensory integration disorder
- ◆ Dehydration – Borderline – Acute – Chronic
- ◆ GI tract difficulties
 - Structure
 - Fundoplication
 - TE fistula
 - Diverticulum
 - Esophageal strictures
 - Hiatal hernia
- ◆ Motility
 - Slow gastric outflow
 - Reflux
 - Constipation
 - Impaction
- ◆ Negative feeder interaction
- ◆ Traumatic feeding experience