

Transition Skills



The primary pattern of movement during oral intake for the infant is sucking. Sucking occurs in two pressure phases, positive and negative. The normal rate for nutritive sucking is one cycle per second. The positive pressure phase occurs when the tongue tip and the midblade of the tongue elevate to the hard palate, the jaw elevates, and the lips seal. The negative phase of the suck occurs when the tongue moves away from the hard palate, the jaw drops, the posterior cheeks contract, the soft palate elevates, and the lips remain sealed. More muscular effort is required for the negative phase of the suck.

If oral motor problems exist, the coordination and efficiency of oral intake is adversely impacted, sometimes to the point that oral intake is not sufficient, and non-oral intake must be implemented. Often, even though the child has mild impairment, health crisis does not occur, weight gain is steady, but slow, and real problems do not emerge until time to transition to new food types and utensils.

Skills needed to transition from the breast/bottle to the straw in a closed container (assisted straw drinking, care-giver controls flow of liquid):

- tongue elevation to the hard palate
- liquid bolus control
- coordination of suck, swallow, breathe

Skills needed to transition from the breast/bottle to a regular straw in an open container:

- lip strength to maintain lip seal around the straw
- lip rounding
- negative pressure to pull the bolus into the mouth
- tongue elevation to the hard palate
- liquid bolus control
- coordination of suck, swallow, breathe

Skills needed to transition from the breast/bottle to a cup:

- head/neck control for extension/flexion

- internal jaw stability
- lip strength to maintain lip seal on the rim
- lip rounding
- negative pressure to pull the bolus into the mouth
- tongue elevation to the hard palate
- liquid bolus control
- coordination of suck, swallow, breathe

Transition from pureed food to textured

As the infant matures, new oral motor skills develop. As more strength, variety and control of the lips, cheeks, jaw and tongue emerge, a greater variety of food textures and consistencies are tolerated, as described below. If an individual has lost skill due to illness or injury, the specific oral motor patterns present must be monitored so that the appropriate food textures and consistencies can be provided. As skills improve, diet progression can be systematically reinstated. Remember, simply placing a new food in the person's mouth does not mean the individual will automatically use the appropriate patterns for that food type.

Texture	Examples	Oral Motor Patterns Required
Pureed	Pudding(no lumps)	Suck or suckle pattern, lip and jaw closure
Ground	Hamburger (1/8"-1/4")	The above, plus up and down jaw and tongue movement (munching pattern)
Chopped	Fruit Cocktail (1/4"-1/2")	The above, plus side-to-side tongue movement and vertical and diagonal jaw movement, with enough strength to break up the pieces
Regular	Apple	The above, plus rotary jaw movement and enough strength to grind the formed solids

Consistency	Examples	When this might be a problem
Sticky	Potatoes	Weak or poorly coordinated tongue movement, thick saliva, hypersensitivity to pressure and movement
Dry	Crackers	The above, plus dry mouth

Slippery/Wet	Fruit Cocktail	Weak or poorly coordinated tongue movement, slow oral transit. The food may move so fast in the mouth that it falls out or moves into the airway before the person is ready to swallow.
Runny	Pureed Fruits	Weak or poorly coordinated tongue movement, slow oral transit. The food may move so fast in the mouth that it falls out or moves into the airway before the person is ready to swallow.