



Oral Motor, Feeding/Swallowing, and Respiratory Coordination Function in Children with Neuromuscular Involvement

With Rona Alexander, PhD, CCC-SLP, BCS-S, C/NDT

FRIDAY, DECEMBER 1 - SUNDAY, DECEMBER 3, 2017

**Therapy West Inc./pLay Studio
18333 S. Main Street
Gardena, CA 90248
Contact: (310) 892-3174 or dkiefer@therapywest.org**

Course Description

This 3-day workshop (17.25 contact hours) will focus on what members of a multidisciplinary team need to know about the assessment and treatment of infants and children with neuromuscular impairments and challenges to their oral motor, feeding/swallowing, and respiratory coordination function. Special emphasis will be placed on understanding a variety of areas that may be influencing a child's feeding and swallowing function; the impact that body alignment, active postural control, and sensory factors have on oral-pharyngeal function; and suggestions for the incorporation of strategies focusing on these areas into treatment programming. Treatment planning and strategies to improve cheeks/lips, tongue, jaw, and rib cage/respiratory function will be discussed. Audiovisual materials and a patient demonstration session will be used to provide problem-solving experiences to assist participants in integrating information.

Program Objectives

UPON COMPLETION OF THE COURSE, PARTICIPANTS WILL BE ABLE TO:

1. Identify five primary areas that impact on pediatric feeding and swallowing.
2. Describe the areas to be investigated in the clinical assessment of oral motor, feeding/swallowing, and respiratory coordination function in infants and young children.
3. Describe the essential components of comprehensive oral motor, feeding/swallowing, and respiratory coordination intervention programming for young children with neuromuscular involvement.
4. Formulate appropriate goals for oral motor, feeding/swallowing, and respiratory coordination treatment programming.
5. Describe and differentiate between the importance for both handling and positioning on the modification of oral motor, oral-pharyngeal, and respiratory function in intervention programming.
6. Identify strategies which may be implemented in order to improve the function of the cheeks/lips, tongue, jaw, and rib cage in children with neuromuscular involvement.

Participant Requirements

Professionals who have a foundation of knowledge in the components of typical and atypical oral, feeding/swallowing, respiratory-phonatory, and general movement development. Participants should have practical experience in providing services for infants and children with neuromuscular involvement.

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About the Instructor

Rona Alexander, PhD, CCC-SLP, BCS-S, C/NDT is a speech-language pathologist specializing in the assessment and treatment of oral motor, feeding/swallowing, and respiratory-phonatory function in infants and children with neuromuscular and musculoskeletal systems impairments. She maintains a private practice; provides consultation services; and conducts workshops on oral motor, oral sensory, feeding/swallowing, and respiratory coordination development, assessment, and treatment. As a qualified speech instructor in Neuro-Developmental Treatment, Dr. Alexander teaches in basic pediatric and advanced NDT courses. She has contributed chapters on oral motor, feeding/swallowing, and respiratory coordination function to numerous publications; is co-author of the book entitled, *Normal Development of Functional Motor Skills: The First Year of Life*; is author of the CEU product, *Focus on the Rib Cage for Improvement of Respiration, Phonation, Movement, and Postural Control*; and is co-developer of the CEU product, *The ABCs of Pediatric Feeding and Swallowing*.

Schedule

DAY 1

9:00 - 9:15	Introduction/Discussion of Workshop Plan
9:15 - 10:45	Primary Areas Influencing the Child's Feeding and Swallowing Function <ol style="list-style-type: none">1. Oral Issues2. Pharyngeal Issues3. Gastrointestinal Issues4. Respiratory/Airway Issues5. Behavior Management Issues
10:45 - 11:00	BREAK
11:00 - 12:30	Primary Areas Influencing the Child's Feeding and Swallowing Function (cont.)
12:30 - 1:30	LUNCH
1:30 - 3:00	Primary Areas Influencing the Child's Feeding and Swallowing Function (cont.)
3:00 - 3:15	BREAK
3:15 - 4:30	Primary Areas Influencing the Child's Feeding and Swallowing Function (cont.)

DAY 2

9:00 - 10:45	The Clinical Assessment Process
10:45 - 11:00	BREAK
11:00 - 12:30	Intervention Programming and the Development of Appropriate Functional Outcomes and Treatment Strategies
12:30 - 1:30	LUNCH
1:30 - 3:00	Patient Demonstration and Discussion
3:00 - 3:15	BREAK
3:15 - 4:30	The Influence of Body Movements and Postural Alignment/Stability on Oral Movements and Rib Cage/Respiratory Function

DAY 3

9:00 - 10:30	The Influences of Body Movements and Postural Alignment/Stability (cont.)
10:30 - 10:45	BREAK
10:45 - 12:15	Mealtime Feeding Strategies and Treatment Strategies
12:15 - 12:45	BREAK
12:45 - 3:00	Mealtime Feeding Strategies and Treatment Strategies (cont.) Questions/Discussion

Oral Motor/Feeding Course

Registration for DECEMBER 1-3, 2017 (Please mark one): <input type="checkbox"/> \$625 Standard Registration <input type="checkbox"/> \$590 Group Registration (3 or more participants registering simultaneously)	
Optional Panera Lunch Option: For an additional \$15/day , a Panera lunch will be delivered at the start of break. If interested, please indicate your selection for day(s) in which you are interested. For example, mark, "F" for Friday, "SAT" for Saturday, "SUN:" for Sunday: <input type="checkbox"/> Roasted Turkey & Avocado Sandwich <input type="checkbox"/> Bacon Turkey Bravo Sandwich <input type="checkbox"/> Chicken Cobb Salad w/Avocado <input type="checkbox"/> Greek Salad w/Chicken *Sandwiches come with chips; salads come with baguette. Drinks will be provided.	
TOTAL	

Name: _____

Phone: (_____) _____

Email Address (REQUIRED): _____

Profession (please circle): PT / OT / PTA / COTA / OTA / SLP

REGISTRATION & PAYMENT METHODS:

1. **Online:** Register online at www.therapywest.org and pay with PayPal

2. **Register via email.** Email form to dkiefer@therapywest.org

Form should include payment information below:.

- Check:** Payable to Therapy West. Please send check to:
 Therapy West, Inc., Attn: Gayle Ortiz
 8717 Venice Blvd
 Los Angeles, CA 90034

Credit Card Number: _____

VISA / MC / DISC Security Code: _____ **Expiration Date:** (____/____)

Name on card & billing address: _____

Signature: _____

Registration Information & Cancellation Policy

Email confirmation will be sent upon receipt of payment. Payments received within 14 days of the course must be made with a credit card. Please DO NOT make travel or hotel accommodations until you have received confirmation of your registration. There will be a \$50 processing fee for cancellation by a participant. In the event of course cancellation by Therapy West, Inc., a full refund will be provided.