

FAQs

ORAL PLACEMENT THERAPY



A compilation of
Frequently Asked Questions
on OPT

What is OPT?

Oral Placement Therapy is a speech therapy which utilizes a combination of: (1) auditory stimulation, (2) visual stimulation and (3) tactile stimulation to the mouth to improve speech clarity.

OPT is an important addition to traditional speech treatment methods for clients with placement and movement deficits.

It is a tactile-proprioceptive teaching technique which accompanies traditional therapy. Traditional therapy is primarily auditory and visual.

Clients with motor and/or sensory impairments benefit from tactile and proprioceptive components because speech is a tactile-proprioceptive act.

OPT is used to improve articulator awareness, placement (dissociation, grading, and direction of movement), stability, and muscle memory; all of these are necessary for the development of speech clarity.

Who benefits from OPT?

OPT can be used with clients of many ages and ability levels. It can be incorporated into program plans for many types of speech disorders (e.g., dysarthria, apraxia of speech voice disorders, fluency disorders and post CVA clients, as well as clients with mild-to-profound levels of hearing loss).

Many of the clients who require these techniques have often received traditional auditory and visually based speech facilitation for a number of years, with minimal success. No one is at fault for the client's difficulty in learning to produce target speech sounds.

Traditional speech facilitation has not been effective with these clients because there may be a movement or placement disorder. So, before introducing any of the OPT techniques, the client's motor functioning for speech and feeding should be thoroughly assessed.

Why OPT?

The basic principle of OPT is that inappropriate movement cannot support normal and clear speech and also that Muscle movements can improve at any age. hence OPT can be a great addition to traditional Speech Therapy.

Unlike other traditional methods of "Look at me and say what I say", OPT looks at adding the tactile stimuli to teach placement of the oral structures.

How does OPT work?

OPT teaches oral structural placement to clients who cannot produce or imitate speech sounds using traditional auditory or visual input. For these clients, it is critical to expand speech sound production from phonemes and other similar oral movements the client can already produce.

Once a client can produce a targeted speech sound using traditional auditory or visual input, speech therapy can progress in a more typical manner.

OPT is only a small part of a comprehensive speech and language program and should not be done in isolation. The activities are carefully selected to stimulate the same movements used in the targeted speech production. They can be completed in under 15 minutes and can be used to refocus attention and concentration from a sensory processing perspective.

What does an OPT Program entail?

A complete OPT program addresses ALL of the following when deficits are identified:

- Sensory needs
- Feeding needs
- Oral placement skills
- Speech

What are the goals of an OPT Program?

Following are the goals of an OPT Program-

1. To increase the awareness of the oral mechanism
2. To normalize oral tactile sensitivity
3. To improve the precision of volitional movements of oral structures for speech production
4. To increase differentiation of oral movements
 - a) dissociation: The separation of movement, based on stability and adequate strength, in one or more muscle groups.
 - b) grading: The controlled segmentation of movement through space based upon dissociation.
 - c. fixing: An abnormal posture used to compensate for reduced stability which inhibits mobility.
5. To improve feeding skills and nutritional intake
6. To improve speech sound production to maximize intelligibility

How to use OPT with traditional Speech Therapy

There are various ways in which OPT and traditional Speech Therapy can be combined. Here is an example to teach the speech sound /m/

- “Say „m”” (auditory stimuli)-traditional
- “Look at me, say „m”” (visual stimuli) - traditional
- Use a tongue depressor to help them feel their lips together. (tactile stimuli)-oral placement

What is Oral Placement Disorder?

Oral placement disorder (OPD) is a new term suggested by the authors. Children with speech OPDs may have typical or atypical oral structures. The key to the definition of OPD lies in the child's ability or inability to imitate auditory-visual stimuli and follow verbal oral placement instructions.

Oral placement disorder does not apply to children with speech delay who can imitate targeted speech sounds using auditory-visual stimuli and can follow specific verbal instructions to produce targeted speech sounds. Yet, some speech-language pathologists (SLPs) use methods developed for these children to treat children with OPDs.

Are Oral Motor Therapy & Oral Placement Therapy same?

Oral Motor Therapy and Oral Placement Therapy are not the same.

Oral Motor Therapy includes using Non Speech Oral Motor Exercises (NSOME) whereas Oral Placement Therapy works only on movements needed for speech clarity.

Oral Motor Therapy works on the oral skills necessary for proper speech and feeding development. These skills include: awareness, strength, coordination, movement, and endurance of the lips, cheeks, tongue, and jaw.

Oral Placement Therapy facilitates the pre-requisite skills in muscle control to develop dissociation and grading in the muscles of the abdomen, velum, jaw, lips and tongue for clients who cannot approximate the standard speech sounds using the instructions.

What are Oral Motor Exercises (OME)?

Oral-motor exercises (OMEs) are nonspeech activities that involve sensory stimulation to or actions of the lips, jaw, tongue, soft palate, larynx, and respiratory muscles which are intended to influence the physiologic underpinnings of the oropharyngeal mechanism and thus improve its functions.

They include active muscle exercise, muscle stretching, passive exercise, and sensory stimulation (McCauley, Strand, Lof, et al., 2009).

What are Non Speech Oral Motor Exercises (NSOME)?

NSOME is defined as -

- Any technique that does not require the child to produce a speech sound but is used to influence the development of speaking abilities (Lof & Watson, 2008).
- A collection of nonspeech methods and procedures that claim to influence tongue, lip, and jaw resting postures, increase strength, improve muscle tone, facilitate range of motion, and develop muscle control (Ruscello, 2008).

What is Talk Tools?

Talk Tools is an oral motor placement therapy approach. The approach incorporates sensory and tactile input, by using a range of specifically designed tools. The multi-sensory approach consists of a range of hierarchies and programmes to develop and strengthen key motor skills, such as Jaw stability, lip closure and tongue elevation and also to improve feeding skills.

Talk Tools was developed by Sara Rosenfeld-Johnson, an American Speech and Language Pathologist who is passionate about Oral Motor Placement Therapy. She created the approach to help those with oral motor placement, speech and feeding difficulties.

The Talk Tools approach involves the therapist and family members/carers. A weekly home programme is devised, and requires commitment from the family/carers in order to gain the best outcomes.

Which tools are used in OPT?

Speech Tools



Tongue Tip Lateralisation
& Elevation Tools



Vibrator & Toothettes



Honey Bear



Jaw Grading Bite Blocks



Bite Tube Set



Jaw Closure Tubes

Which tools are used in OPT?

Feeding Tools



Textured Spoons



Straw Kit



Cut Out Cup



EZPZ Feeding Mat



Straw Cups



Therapeutic Feeding Kit

Which tools are used in OPT?

Sensory Tools



Roller Ice



NUK Massager



Talk Tools Sensory Bag Kit



Finger Cuff-Infant Toothbrush



Jaw Exerciser



Flavoured Tongue Depressor

Who uses Talk Tools?

Talk Tools therapists work with a range of clients and have had success in working with clients who have;

- Down Syndrome
- Cerebral Palsy
- Rare Syndromes including Rett Syndrome and Angelman - Syndrome
- Autistic Spectrum Conditions
- Developmental Verbal Dyspraxia
- Feeding difficulties and/or dysphagia

Who can implement Talk Tools?

Talk tools can be implemented by a range of people including Speech and Language Therapists, Talk Tools Trained therapists, family members and carers.

It is important to seek the advice of a Talk Tools Trained Speech and Language Therapist.

Who founded Talk Tools?

Sara Rosenfeld-Johnson is an internationally known speaker on the subject of Oral Placement Therapy (OPT). She specializes in the diagnosis and treatment of muscle-based disorders as related to speech clarity and feeding issues. In 1995, Sara founded TalkTools® as a speakers bureau and source for Oral Placement Therapy (OPT) and therapy tools. She has held seminars throughout the United States, as well as in Canada, Europe, Australia, Africa, Latin America and Asia. Over the past 40 years, she has worked in public schools, hospitals, private practice and child development programs. Ms. Rosenfeld-Johnson is the author of Oral Placement Therapy for Speech Clarity and Feeding, Assessment and Treatment of the Jaw, OPT for /s/ and /z/, A Therapist's Guide to Rehabilitative Feeding and Speech Techniques for Teens and Adults, The HOMEWORK Book, the Drooling Remediation Program, and many other educational materials.



Is there any research based on OPT?

Sara Rosenfeld-Johnson has done various research studies using the OPT.

Here are some links of her published articles.

[Click Here.](#)

Are there any videos on how Therapists do OPT?

Sara Rosenfeld-Johnson has shared various videos on OPT and usage of different tools.
Click [here](#) to view.



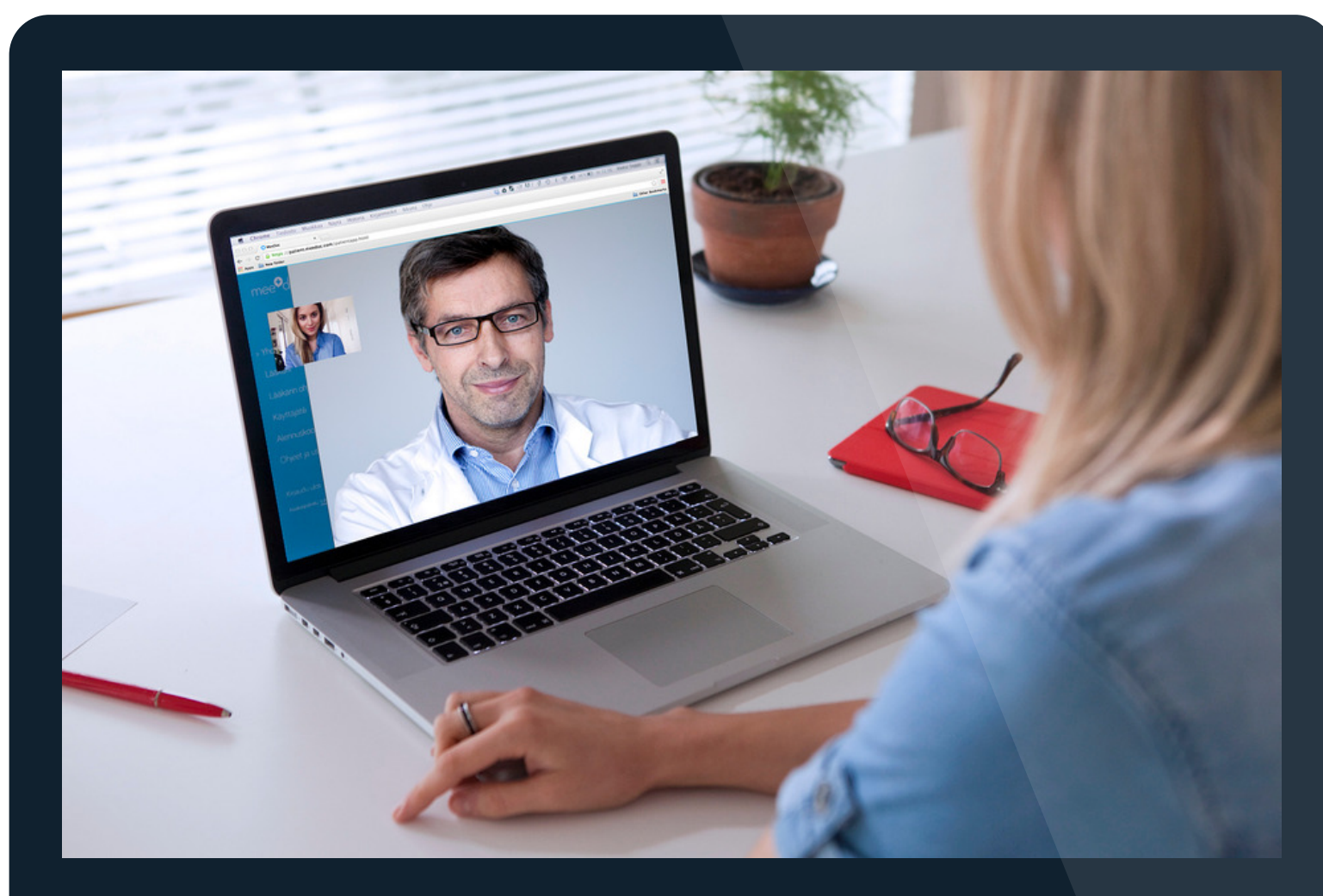
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-Are you a Professional/Therapist looking to expand your skills and scope of work?

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