

ARCOS

The Association for Rehabilitation of
Communication and Oral Skills

FACIAL ORAL TRACT THERAPY

What is Facial Oral Tract Therapy?

Facial Oral Tract Therapy is a revolutionary approach to the assessment and treatment of disturbances in facial expression, oral movement, swallowing, breathing, voice, and speech production caused by neurological conditions such as cerebral palsy, stroke, head injury, motor neurone disease, Huntingdon's Disease and multiple sclerosis. It was developed and pioneered by Kay Coombes, ARCOS founder and CEO.

It covers four main areas: nutrition, oral hygiene, non-verbal communication, and speech movements.

F.O.T.T. is a practical hands-on approach originally founded on the work of Berta and Karel Bobath. It is based on an understanding of human function and the way we learn from experience. Treatment is based on direct work with the individual and education of the parent/caregiver. It is essential that this education includes demonstration, self-experience, and supervised practice. Emergency procedures for the relief of choking and airway obstruction are included.

Why is it needed?

Complex and persistent disabilities are seen in a population that increasingly includes those who survive severe brain injury. Eating, drinking, speech and other communication may all be impaired.

There may be pathological patterns of biting, chewing and swallowing in children and adults with developmental or acquired neurological disorders. It may be impossible for individuals to self-feed, making them reliant on others to feed them. Survival rates and longevity of those with severe dysphagia (impaired swallowing) has resulted in increasing numbers of individuals receiving nutrition via gastrostomy (a feeding tube placed through the stomach wall).

Feeding young children is a fundamental part of parenting and difficulties in eating and drinking in people of any age cause anxiety and distress in families. Meal times are likely to take longer, social interaction is distorted and frequently one carer is pre-occupied with feeding the disabled person.

Associated health problems in the individual include indigestion, constipation, chest infections, and poor oral health (e.g. gum infection and tooth decay). Even routine dentistry is difficult to carry out and may require a general anaesthetic. Poor nutrition and eating difficulties reduce the ability to attend and learn at home, school, day centre or elsewhere.

There is a pressing need to incorporate therapy into everyday life. F.O.T.T. is a 24-hour therapeutic approach. Everyone involved needs to be consistent in the way they move the disabled person and support their function. Consistency is essential when encouraging active movement, including voice production and other communication.

Many of these children and adults are destined to be permanently dependent on others. Some of them will have limited life expectancy but the majority will now have a normal life span as a result of modern medical care. Every one of them is likely to suffer diminished quality of life, due to a mixture of ignorance and inadequate skill levels in those caring for them.

The health of the children and adults concerned, their general happiness and that of their family, can be improved through securing a more informed, skilled and consistent approach from those supporting them at home, in respite care, hospice, or elsewhere.

What issues does F.O.T.T. address?

Swallowing

Impaired movement of the mouth, in particular the jaw, cheeks and tongue, prevents effective swallowing of saliva, resulting in drooling (dribbling).

Swallowing problems (dysphagia) caused by in-coordination of mouth, throat and breathing, commonly result in choking and aspiration. 'Aspiration' means invasion of the windpipe and lungs by inappropriate material such as secretions, food, or drink. This can cause chest infections requiring medication and possibly treatment in hospital.

Dysphagia may lead to malnutrition. Dehydration can result from difficulty in swallowing liquids. Chronic constipation caused by a combination of dysphagia and immobility is common.

Nutrition may be provided by non-oral means such as a gastrostomy. This should ensure adequate intake and in most cases can be combined with at least some oral 'tasting'. However, many families are reluctant to accept placement of a gastrostomy, a procedure that although relatively simple and safe, appears to them invasive and abnormal.

Oral health

Even when adequate nourishment can be provided, there may be difficulty in keeping the mouth healthy typically due to the tongue failing to 'wash' the surfaces of the teeth and the lining of the mouth with saliva. Impaired tongue movement is often associated with a lack of normal jaw stability.

Cleaning the teeth of those with severe disability is often difficult for carers due to hypersensitivity to touch around the face and mouth. Such increased sensitivity is sometimes labelled 'tactile defensiveness', manifested, for example, by the head or the whole body turning away from contact, or a 'bite reflex' in which the jaws clamp together.

These responses seem to result from or be exacerbated by, a lack of normal experience of sensation around and inside the mouth. Those afflicted are often unable to bite and chew different food textures, and have been prevented by physical disability from finger feeding and perhaps from even touching their face and mouth with their own hands.

In other words, they may be considered to be showing symptoms of sensory deprivation.

What can F.O.T.T. achieve?

F.O.T.T. has two clear aims:

- To facilitate long-term function
- To prevent deformity and pain due to deterioration over time even in non-progressive conditions

The principles that F.O.T.T. is based on centre around treating the whole individual.

Eating and drinking problems respond to treatment of the whole individual. Swallowing is influenced by a number of factors that must be taken into account and modified as necessary in treatment, to produce improvement.

These factors include:

- muscle tone and body posture
- balance and dynamic stability
- the position of the carer and the way in which the food is presented
- food texture
- cutlery size and material
- the mealtime environment (e.g. noise and visual distractions; comfort and the time available for eating)

What does it involve?

F.O.T.T. emphasises the role of sensation, i.e. feeling or feedback from the body's position and movement. This is more effective than telling someone how to move or eat, or relying mainly on their use of vision.

Learning in F.O.T.T. does not require an understanding of spoken language and the individual is not guided by verbal direction but by physical touch and handling.

F.O.T.T. handling facilitates more normal muscle tone and gradually increases tolerance of touch in those whose hypersensitivity makes feeding and teeth cleaning so difficult.

F.O.T.T. seeks to prevent unhelpful learning experiences, for example swallowing with the head falling or tilted backwards. This is unsafe because it opens the airway, increasing the risk of choking and aspiration. Moreover, the person will become accustomed to the abnormal head position and they will find it increasingly difficult to adapt to a safer way of eating.

Importantly, F.O.T.T. avoids 'forced' experience in attempts to provide nutrition and maintain oral hygiene. Force-feeding and physical restraint during teeth cleaning are symptoms of desperation and are counterproductive. They are liable to result in gagging or vomiting that can be difficult to reverse.

In F.O.T.T. careful attention is paid to the entire sequence of an activity and this includes taking account of the way it is initiated. In the past, the act of swallowing was described in three phases:

- 1) the oral phase
- 2) the pharyngeal phase
- 3) oesophageal phase.

Kay Coombes has emphasised the significance of the pre-oral phase to create a state of readiness for eating. It is important to promote this state of readiness in those with eating difficulties before they begin to eat. For example, they should be seated in an appropriate way, with an opportunity to prepare for the presentation of food by seeing it, smelling it and by tactile contact with the table.

The face, mouth, and hands are rich in sensation and afford enormous possibilities for sensori-motor learning, given appropriate input. Helpful sensory feedback from the body is the most reliable route to improving the experience of mealtimes and promoting verbal and non-verbal communication.

Why ARCOS?

We are a collaborative organisation with specialists in the assessment, treatment, and management of communication and associated difficulties encountered in neurological disorders. In addition to ARCOS therapists, a number of experts provide additional advice, information and assessment as appropriate.

Our therapists are experienced clinicians who are state registered and active members of their professional bodies. Every therapist in the ARCOS Expert Witness Service has attained recognised qualifications in their area of speciality.

We also have a close working relationship with the Ann Craft Trust, who specialise in safeguarding consultation and advice for children and young people.

We can carry out home visits on request to carry out assessments and comprehensive reports will be produced and shared.

ARCOS is registered with the Health and Care Professionals Council and is a member of the National Council for Voluntary Organisations, ISAAC (International Society for Augmentative and Alternative Communication), and Communication Matters, the UK arm of ISAAC.

Get in touch

If you're interested in finding out more about F.O.T.T. and the support ARCOS can provide, get in touch and a trained therapist will discuss your requirements.

Call us on 01684 576795

Email us at admin@arcos.org.uk

ARCOS | Never say never