



Swallowing Resource Guide

What are the three phases of swallowing?

There are three phases of swallowing: the oral preparatory/oral transit phase, pharyngeal phase, and esophageal phase. Myofunctional therapy targets the oral preparatory and transit phase which includes the act of chewing and preparing solids or liquids to be swallowed competently.

The oral preparatory phase is where foods and liquids are prepared to be swallowed. Chewing patterns, tongue lateralization, lip closure and activation of the cheeks all assist in breaking down solid foods and mixing solids with saliva to create a more cohesive *bolus*, or ball of broken-down food.

Once food is chewed adequately, the bolus is collectively moved onto the center of the tongue. The tip of the tongue makes connection to the alveolar ridge, the tissue right behind the top molars. The first two thirds of the tongue create a suction up to the roof of the mouth, where the bolus is trapped between the tongue and hard palate. The tongue creates a peristaltic wave-like motion, propelling the food to the back of the throat, initiating the swallow reflex. Nasal breathing and lip closure should be sustained during mastication. Lips should remain closed during the swallow.

What is a swallowing disorder?

Swallowing disorders, also referred to as dysphagia, can occur due to dysfunctional movements of the oral musculature, developmental delays related to environmental factors, deficits in muscle control and atypical anatomy. Structures that can affect an effective swallow include tethered oral tissues, enlarged size of the tongue, enlarged tonsils or adenoids and craniofacial malformations.

What are the symptoms of a myofunctional disorder affecting swallowing?

Signs that a myofunctional disorder may be affecting the oral preparatory and transit phase include:

- Messy eating
- Open mouth during chewing
- Dribbling or drooling
- Slow eating
- Washing down food with liquids
- Taking large bites
- Selective eating
- Inefficient chewing
- Digestive issues
- Facial grimacing during the swallow
- Presence of a tongue thrust

What Can I do if I suspect a myofunctional disorder related to swallowing?

Myofunctional therapy can target appropriate bite size, chewing patterns, bolus collection, correct placement and movement of the tongue to initiate the swallow, lip closure and nasal breathing. More complex swallowing issues or severe selective eating should be targeted by a qualified Speech-Language Pathologist with professional training in Orofacial Myology.

If you or your child is having difficulty with chewing or swallowing, please reach out to us today to see if a myofunctional evaluation is right for you!

References

- ASHA (2022). Feeding and Swallowing. <https://www.asha.org/public/speech/swallowing/>
- Bulkin, H. (2021). The Myo Method. PREMIER. <https://www.feedthepeds.com/>
- Ferreira, C. L. P., Da Silva, M. A. M. R., & de Felicio, C. M. (2009). Orofacial myofunctional disorder in subjects with temporomandibular disorder. *CRANIO: The Journal of Craniomandibular Practice*, 27(4), 268-274.
- Gatto, K. K. (2016). *Understanding the orofacial complex: The Evolution of Dysfunction*. Outskirts Press.
- Henning, A. (2022). TOTS: Tethered Oral Tissues Specialty Training.
- Nolan, K. (2019) Orofacial Myofunctional Disorders~ A-Z.
- Saccomanno, S., & Paskay, L. C. (2020). *New trends in myofunctional therapy: Occlusion, muscles and posture*. Edi-Ermes.