

ORAL PLACEMENT THERAPY (OPT) VERSUS NON-SPEECH ORAL MOTOR EXERCISES (NSOME):  
UNDERSTANDING THE DEBATE

ROBYN MERKEL-WALSH, M.A.,CCC-SLP AND SARA ROSENFELD-JOHNSON, M.S., CCC-SLP

Introduction

This poster explores 1) defining Non-Speech Oral Motor Exercises, 2) defining Oral Placement Therapy, 3) understanding the difference between NSOME and OPT, 4) clinical implications for evidence-based practice.

Background

Traditional models of articulation therapy include the traditional and phonological models (Bowen, 1996). Studies suggest that the phonological model may prove more positive results than the traditional model (Klein, 1996). Van Riper's Phonetic Placement Approach may be more useful for individuals who are not able to achieve placement cues (Van Riper, 1978). Many therapists supplement traditional models with oral motor activities to help achieve placement cues, especially for individuals with muscle-based and motor-based diagnoses (Marshall, 2007). Over the past decade, there has been an ongoing debate, through secondary research studies between those who do not support Non-Speech Oral Motor Exercises (NSOME) and those who support the use of Oral Placement Therapy (OPT). Neither camp has large sampled double-blind studies to support their case; however, both debate have supported their hypothesis via literature review and surveys (Bahr & Rosenfeld-Johnson, 2010; Lof & Watson, 2005).

Outcomes



Participants will be able to differentiate a NSOME from an OPT technique.

Participants will be able to define the three stages of a phonetic placement cue.

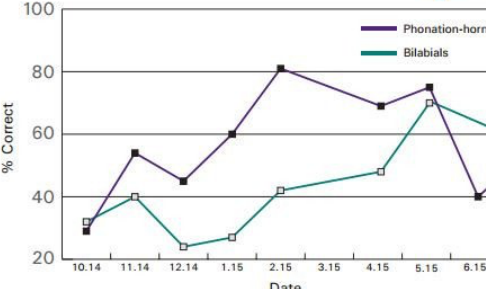
Participants will be able to use at least three oral placement cues in order to facilitate speech production.

Conclusion

Non-speech oral motor movements which are not related to speech sounds, while OPT therapy only includes speech-related movements. OPT follows the principles of Van Riper's Phonetic Placement Therapy (PPT), which includes tactile cueing to help individuals who cannot respond to visual-verbal treatment cues. Individuals with Oral Placement Disorder (OPD) cannot imitate targeted speech sounds using auditory stimuli (ex. look, listen, and say what I say). They also cannot follow specific instructions to produce targeted speech sounds (e.g. put your lips together and say /m/). Although the term Oral Placement Disorder is new, the concepts surrounding the term have been discussed by a number of researchers and clinicians (Bahr & Rosenfeld-Johnson, 2010). OPT facilitates the muscle placement and coordination needed to produce speech sounds. While NSOME exercises are not related to speech sounds, they do not facilitate the muscle placement and coordination needed to produce speech sounds.

NSOME	VS.	OPT
<p>As quoted from Dr. Gregory Lof in 2006:</p> <p>No speech sound requires the tongue tip to be elevated toward the nose; no sound is produced by puffing out the cheeks; no sound is produced in the same way as blowing is produced. Oral movements that are irrelevant to speech movements will not be effective as speech therapy techniques.</p>	<p>Puffing air in cheeks during blowing is not used in OPT.</p> <p>Abdominal grading for phonatory control, jaw stability and jaw-tongue dissociation are important for speech sound production.</p> <p>The use of a therapeutic horn can help shape the articulators into the placements required for the bilabial sounds /m, b, p/. That tool is quickly faded once the individual has the muscle-memory skill to produce the correct oral placement without the tool in the mouth.</p> 	
<p>As quoted from Dr. Gregory Lof in 2003:</p> <p>There is no relevance to the end product of speaking by using an exercise of tongue wagging, because there are no speech sounds that require tongue wagging.</p>	<p>This movement is not related to speech so should not be used in speech therapy sessions. Tongue wagging is not used in OPT.</p> <p>Stimulation of the lateral margins of the tongue with vibration, elicits elongation of the tongue and can assist in creating the tongue tip tension needed to elevate the tip to the incisive papillae for /n, t, d, l/.</p> 	

Clinical data supports the relationship between OPT and speech clarity. The graph below was collected from sessions with a 6 year old male with labial paresis. Lip closure on a flat-mouthed horn and bilabial production progress were monitored. When lip closure on the horn improved speech clarity, bilabial production progress was also improved. In sessions where lip closure was not as positive bilabial clarity decreased.



Date	Phonation-horn	Bilabials
10.14	30	30
11.14	55	40
12.14	45	25
1.15	60	28
2.15	80	42
3.15	75	45
4.15	70	48
5.15	75	70
6.15	40	65

Conclusion

Dr. Gregory Lof's research has stated that the methods used in Van Riper's Phonetic Placement Approach, are not in fact considered NSOME (Lof, 2009). It is important to explore current research techniques to determine what activities are considered unrelated to speech production, as to those activities that in fact are an extension of Phonetic Placement Therapy (Marshall, 2007). Therapists understand the current debate, and that a NSOME is not the same as OPT; there is less confusion amongst professionals in regard to evidence based practices when working with individuals who have speech sound disorders. Clinicians must use EBP to decide if they want to reject the use of NSOME in favor of OPT. OPT is a technique based on the evidence, and look into the most appropriate treatment parameters for the individual on the recipient of the treatment, and the diagnosis (ASHA, 2005). This new understanding of OPT is used to create the standard placement for speech production would then encourage research to explore why practitioners SLPs report they use this therapy with good results.

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UNDERSTANDING THE DEBATE

Posted by Deborah Grauzam on November 18, 2015

By: [Robyn Merkel-Walsh, MA, CCC-SLP](#) & [Sara Rosenfeld-Johnson, MS, CCC-SLP](#) This poster was presented at the 2015 annual ASHA Convention, Session #9333, Poster Board #602.

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INTRODUCTION

Presentation explores 1) defining Non-Speech Oral Motor Exercises, 2) defining Oral Placement Therapy, 3) understanding the difference between NSOME and OPT, 4) clinical implications for Evidenced Based Practice.

Two widely used models of articulation therapy include the traditional and phonological models (Bowen, 2005). While studies suggest that the phonological model may prove more positive results than the traditional model (Klein, 1996), Van Riper's Phonetic Placement Approach may be more useful for individuals who are not be able to achieve placement cues (Van Riper, 1978). Many therapists supplement phonological and traditional models with oral motor activities to help achieve placement cues, especially for those individuals with muscle-based and motor-based diagnoses (Marshalla, 2007). Over the past decade, there has been an ongoing debate, through secondary research studies between those who do not support the use of Non-Speech Oral Motor Exercises (NSOME) and those who support the use of Oral Placement Therapy (OPT). Neither camp has large sampled double-blind studies to support their case; however, both sides of the debate have supported their hypothesis via literature review and surveys (Bahr & Rosenfeld-Johnson, 2010; Lof & Watson, 2005).

LEARNER OUTCOMES

1. Participants will be able to differentiate a NSOME from an OPT technique.
2. Participants will be able to define the three stages of a phonetic placement cue.
3. Participants will be able to use at least three oral placement cues in order to facilitate speech movements.

DISCUSSION

NSOME are movements which are not related to speech sounds, while OPT therapy only includes speech-like movements. OPT follows the principles of Van Riper's Phonetic Placement Therapy (PPT), and uses tactile cueing to help individuals who cannot respond to visual-verbal treatment cues. Children with Oral Placement Disorder (OPD) cannot imitate targeted speech sounds using auditory and visual stimuli (ex. *look, listen, and say what I say*). They also cannot follow specific instructions to produce targeted speech sounds (e.g. *put your lips together and say /m/*). Although the term Oral Placement Disorder is new, the concepts surrounding the term have been discussed by a number of authors and clinicians (Bahr & Rosenfeld-Johnson, 2010). OPT facilitates the muscle placement to produce the targeted standard speech sound. If the client can produce standard speech using adequate placement and endurance using only auditory and visual cueing, OPT would not be included in that client's treatment plan.

OPT is a modern extension of Phonetic Placement Therapy (PPT) as taught by Van Riper (1978) and follows The Feedback Model by Mysel (1971). It is based on a very common sequence:

1. Facilitate speech movement with the assistance of a therapy tool (ex. horn, tongue depressor);
2. Facilitate speech movement without the therapy tool and/or tactile-kinesthetic technique (cue fading);
3. Immediately transition movement into speech with and without therapy tools and/or tactile-kinesthetic techniques.



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NSOME VS. OPT

As quoted from Dr. Gregory Lof in 2008:

*No speech sound requires the tongue tip to be elevated toward the nose; no sound is produced by puffing out the cheeks; no sound is produced in the same way as blowing is produced. Oral movements that are irrelevant to speech movements will not be effective as speech therapy techniques.*

Puffing air in cheeks during blowing is not used in OPT.

Abdominal grading for phonatory control, jaw stability and jaw-lip-tongue dissociation are important for speech sound production.

The use of a therapeutic horn can help shape the articulators into the placements required for the bilabial sounds /m, b, p/. That tool is quickly faded once the individual has the muscle-memory skill to produce the correct oral placement without the tool in the mouth.



As quoted from Dr. Gregory Lof in 2003:

*There is no relevance to the end product of speaking by using an exercise of tongue wagging, because there are no speech sounds that require tongue wagging.*

This movement is not related to speech so should not be used in speech therapy sessions. Tongue wagging is not used in OPT.

Stimulation of the lateral margins of the tongue with vibration, elicits elongation of the tongue and can assist in creating the tongue tip tension needed to elevate the tip to the incisive papillae for /n, l, d, t, l/.



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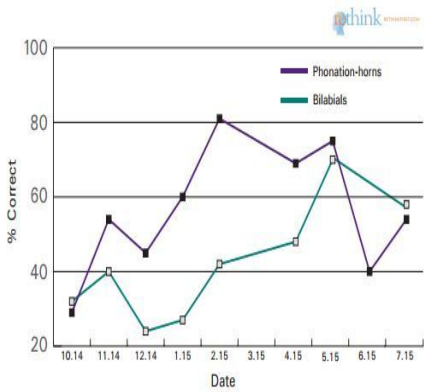
*NSOME encourages gross and exaggerated range of motion, not small, coordinated movements that are required for talking.*

**OPT only works on small, coordinated movements that are similar to speech.**

Blowing a bubble with appropriate placement of the articulators assists with lip rounding using the correct jaw posture for the high jaw vowels /u/, /u/ and /o/. We immediately practice those sounds without the therapy tool as per Van Riper's PPT.



Clinical data supports the relationship between OPT and speech clarity. The graph below reflects data collected from sessions with a 6 year old male with labial paresis. Lip closure on a flat-mouthed horn and bilabial production progress were monitored. When lip closure on the horn improved so did bilabial production. In sessions where lip closure was not as positive bilabial clarity decreased.



CONCLUSION

Dr. Gregory Lof's research has stated that the methods used in Van Riper's Phonetic Placement Approach, are not in fact considered NSOME (Lof, 2009). It is important to explore current clinical techniques to determine what activities are considered unrelated to speech production, as opposed to those activities that in fact are an extension of Phonetic Placement Therapy (Marshalla, 2007). If therapists understand the current debate, and that a NSOME is not the same as OPT; there would be less confusion amongst professionals in regard to evidence based practices when working towards improved speech clarity. Clinicians must use EBP to decide if they want to reject the use of a therapy technique based on the evidence, and look into the most appropriate treatment parameters based on the recipient of the treatment, and the diagnosis (ASHA, 2005). This new understanding of how OPT is used to create the standard placement for speech production would then encourage university-based researchers to explore why practicing SLPs report they use this therapy with good results. The next step would be large sample, double blind studies that would definitively address the use of OPT for clients with muscle-based speech clarity disorders.

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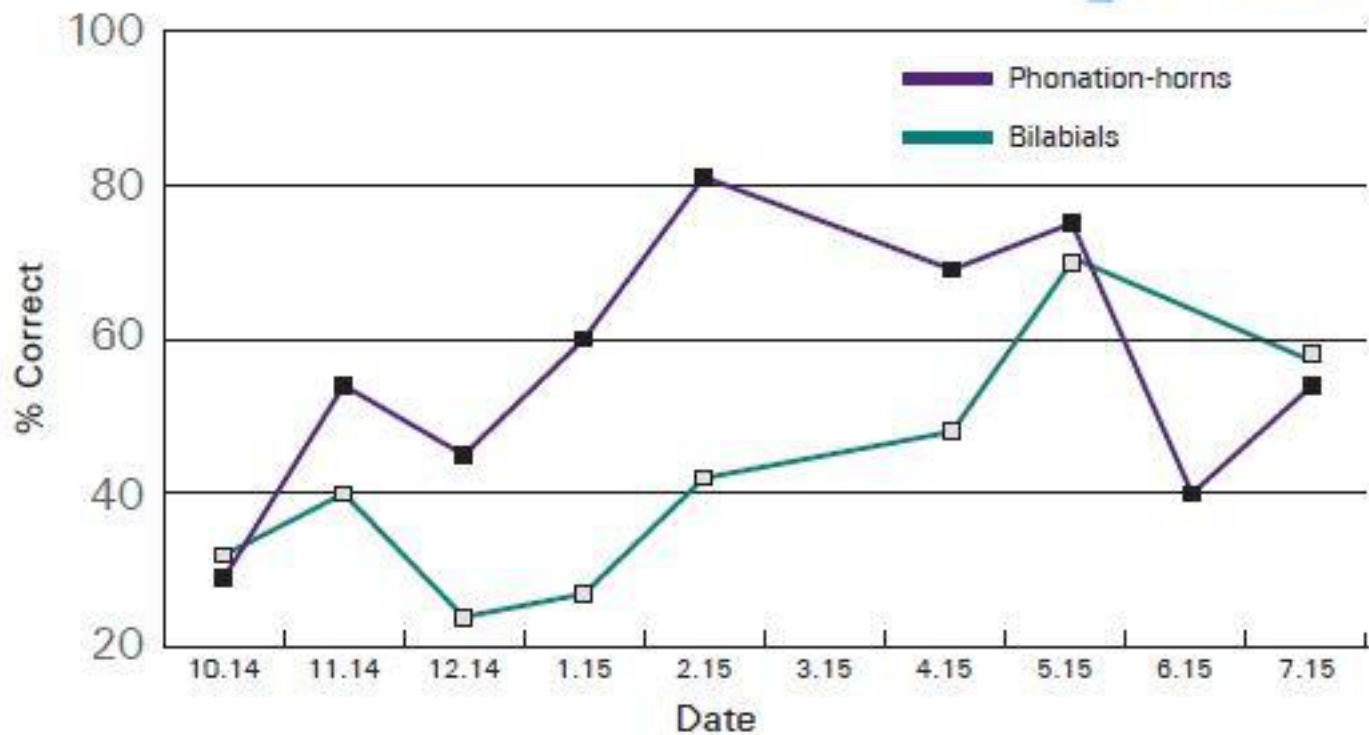
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