speech pathology TASMANIA

Tongue Thrust Swallow



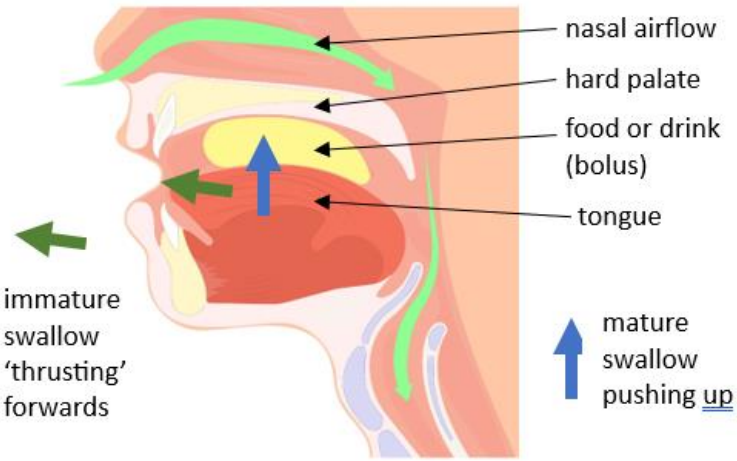
Did you know that the way a child swallows can affect the way they talk?

This is because the muscles that we use for speech are the same muscles we use for swallowing. There is a strong link between the way we swallow and some types of speech sound disorder. So sometimes, to change a person's speech, we also have to change the way they swallow.

The most common swallow pattern that affects speech is called a tongue-thrust swallow. It means that the tongue pushes forward (or thrusts) onto the back of the teeth as part of the pattern of movement to start the swallow.

A tongue-thrust swallow is normal in babies. By age seven, children should be using a more mature swallow pattern. In a mature swallow, the tongue should push up into the roof of the mouth (hard palate).

Sometimes the tongue thrust pattern doesn't change into the mature swallow pattern. If the pattern doesn't change, the person continues to swallow using a tongue-thrust swallow. There are many reasons why the swallow pattern might not change. These include thumb-sucking, allergies, nasal congestion, swollen adenoids, or swollen tonsils.



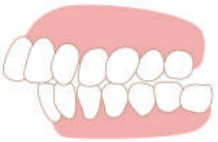
A tongue-thrust swallow can affect children's speech and oral development.

The reason a tongue-thrust swallow affects speech is because we swallow between 600-2000 times per day[1]! All those forward pushes effect the overall position (or 'posture') of the tongue in the mouth. The regular forward pushes adjust the tongue's overall position to become slightly further forward in the mouth.

[1] Communication Skill Builders (1985), My Tongue Thrust Book, Item 5297-33

A tongue-thrust swallow can cause:

- **Articulation errors**. Especially lisping of /s/ & /z/ and gliding of /r/. Other sounds may also be affected.
- **Immature sounding speech**. The forward position of the tongue affects vowel quality. It leads to speech that sounds 'babyish' or 'young'.
- **Dental overbite**. Habitual pressing of the tongue on the front teeth can cause the teeth to gradually move forward and have other general influence on how the teeth are positioned. This may require orthodontic treatment.



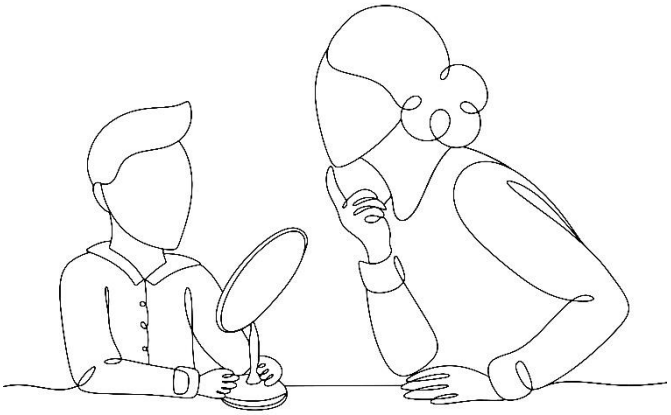
- **Mouth-breathing, snoring & sleep apnoea**. The habitual forward-posture of the tongue can contribute to an open-mouth posture. This in-turn can contribute to mouth-breathing and snoring.
- **A narrow hard palate**. In a mature swallow, the tongue pushes up against the roof of the mouth (hard palate). It also pulls down off the palate, creating suction. These two forces work together to widen the hard palate. If a child does not develop a mature swallow pattern, they do not have these forces changing the shape of their hard palate. This can affect how the bones in their face grow, leading to a high narrow arch in the palate. In turn, it can affect face shape, position of the teeth, and breathing.

What age should I be concerned?

Many children still have a tongue thrust swallow at six years of age, and this is still considered normal. Up until this age the swallowing pattern can mature without help. But it is important to know that normal maturation of the swallow is **much less likely** if the child still sucks their thumb, fingers, or a 'dummy'.

Treatment for a tongue thrust swallow is most effective in children over seven years old. For some children, they may be ready to receive help earlier. It is worth talking to your speech pathologist about how you can help at home. This is because an effective treatment program **needs** your help.

A tongue thrust swallow cannot be treated efficiently in a school-based therapy program. It needs specialist assessment and knowledge from a speech pathologist. It also needs a strong commitment from the family to support positive change.



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