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Home Activities

1. Physical movement: Children with Down syndrome generally have low muscle tone. Muscle weakness and incoordination may also be present and disrupt the development and or quality of motor movement. Watch to identify specific movements that work to build strength in your child's mouth, on his/her face and throughout their body. Ask your child's therapist to help you learn these activities so that they can be practiced daily.
 - A. Help your child move. Try to increase tolerance to movement in ways that he/she hasn't moved Before, slowly introducing new movement patterns. Offering your infant/toddler a novel position (e.g. on tummy, sitting) helps their visual, sensory, proprioceptive and motor systems develop.
 - B. Increasing movement will likely increase the variety, frequency and loudness of your child's speech attempts. Pair movement with sound to increase your child's ability to motor plan gross motor movements with a specific sound (e.g. uh/up while slowly bringing your child up to sitting from the floor).

2. Oral Exploration: Allow or help your child get fingers, toes and toys to his/her mouth. Exploration improves oral awareness, providing the necessary sensory information needed for speech and feeding.
 - A. Play on your babies face. Finger play and songs can be sung while providing lots of touch in and outside of the mouth and on the face.
 - B. Play in textures (e.g. sand, water, dry beans, grass). Acceptance of a variety of textures on the body may aid in acceptance of varied food textures.
 - C. Consider introducing solids (i.e. foods that require chewing) through a mesh bag feeder. The mesh feeder allows the child freedom to bite using varied pressure of the jaw while remaining safe from swallowing the food.
 - D. Introducing cup drinking early. Allow your child to play with a cup. Biting on the cup rim, holding the tongue under the cup while drinking are developmental positions and should be expected when learning to drink from a cup. The cup (without liquid) can be introduced during a "tea/pizza party". Later the cup can be introduced with thickened liquid/purees to reduce liquid flow and increase time to safely manage the new experience.

- E. Introduce “tooth” brushing early. Beyond hygiene, brushing increases oral-sensory awareness. Brushing can extend to the tongue, inside the cheeks and the roof of the mouth. Brushing can begin before the teeth erupt. Consider using an Infadent or soft bristle brush such as the Banana Toothbrush.
- F. Use of bubble wand/bubbles, horns, harmonica and straws may be appropriate to your child’s oral motor development. Therapeutic horn and straw programs are available for development of this skill. You may want to ask your child’s therapist if your child might benefit and if so, is ready for these programs.
- G. Offer a variety of teethers with different textures, shapes and colors. Some teethers can be frozen and offered cold, others may have vibration or sound when biting on them. Gently encourage your child to get the teethers to their mouth, using hand over hand assistance if needed.

3. Voice/Resonance: Your child’s voice may sound too soft or too loud as a result of truncal weakness and subsequent breath support. Other vocal qualities may be characterized as hyponasal or hypernasal speech. Hyponasality is the result of anatomical differences such as an enlarged tonsils and or adenoids. Hypernasality is often the result of muscle weakness, a high vaulted hard palate and or poor coordination of soft palate movement.

- A. Pair movement with voicing. Help your child get his/her voice “turned on”. This is often accomplished through movement and modeled voicing/speech. Try vibration just behind your child’s mandible (jaw), upper chest and or through their arms to encourage voicing.
- B. Placing your infant/child on your lap and bouncing him/her may aid in getting their voice on and or increasing volume.

4. Speech: Your child’s ability to produce speech is dependent on several variables; including nerve and muscle development, muscle strength, anatomy of the articulators (lips, tongue, cheeks, hard and soft palate) and the ability to coordinate motor movements.

- A. Play in the mirror while making faces. Talk with your child when oral movements spontaneously occur during feeding or play. Repeat what your child has produced (either non-verbally or verbally). For example, if your child produces /ba/- you repeat that. Next time, you can either add another syllable -/baba/ or change the vowel /bo).
- B. Use music or finger play activities to help your child produce a sound/sounds. Many children’s songs offer repetition of language. Repetition aids in motor planning for a specific targeted sound/word.
- C. While reading to your child, offer opportunities for him/her to complete or fill-in words that may be repeated within the story (e.g. Brown Bear, Brown Bear, What Do you See?).

5. Feeding: Eating can be affected by one or more factors. Children with Down syndrome often have small orifices (ear canals, sinuses, etc.), oral weakness and muscle tone and sensory processing difficulties. These anatomical, physiological and neurological differences will impact the development and quality of feeding/eating.

- A. Infants with Down syndrome are at an increased risk for ear infections. To reduce the risk, offer breast/bottle feedings with a greater incline than typical or use a football hold.
- B. Offer your infant or child a variety of textured objects early. Help bring these objects to their face and into their mouth, as possible. Use their body parts (fingers and toys) to explore their mouth. A variety of sensory experiences will aid in learning about their mouth and improve feeding and speech.
- C. Moving from breast/bottle- feeding to spoon requires your baby to be ready to accept the spoon. He/she will need the early oral skills necessary to close lips, and collect and hold the food on the tongue before swallowing. Offer a variety of textured food to increase awareness of the foods presented. Some children need more food in their mouths to aid awareness while others require less for safe feeding.
- D. Moving from purees to solids may be slow. Initially offer foods that are easily dissolved. Help your child learn to move their tongue laterally to help manage the solid food. This can be accomplished by offering solids toward their molars, along the lateral borders of the tongue and waiting for the tongue to meet the solid. Other solids, that are easily dissolvable, can be placed directly at the molar area. Have your child practice biting through the food. Multiple biting, of the same food, can be encouraged in the same way.
- E. Use of a Munchkin feeder is a method to offer the experience of chewing while not placing your child at risk of choking on solids. Consider placing hard solids that have limited juices into the feeder.

** Please be aware that these suggestions for all skill acquisition should be discussed with your child's therapist(s) before implementation.

6. Language Activities:

- A. Talk about activities with your infant as you are doing them. Label objects and actions as you bathe, feed, dress and play with your baby.
- B. Imitate the sounds your baby produces. Try to engage baby in a back and forth "conversation" using sounds he produces as well as new sounds.
- C. Record your baby's sounds on tape and play them back to encourage him to continue to vocalize. There are several toys on the market that will do this as well as several infant tape recorders available.

- D. Provide a lot of face-to-face conversation to your baby encouraging eye contact as often as is comfortable. Take cues, from your baby. If he turns away, stop for awhile and then try again.
- E. Babies will often vocalize during feeding making mealtime a good opportunity for socialization.
- F. Begin reading to your baby as early as possible. Prop baby in your lap and read nursery rhymes using slightly exaggerated inflection.
- G. Expose your baby to music, both your own singing and music on tape.
- H. Use sound production when you are playing movement games with your baby. Add sound effects to the gestures.
- I. Introduce the use of total communication speech/sign/pictures as soon as you are comfortable doing so. Input to both the visual (sign, pictures) and auditory (speech) pathways will increase your child's ability to comprehend and use language.
- J. Continue to encourage picture naming in books, magazines, etc. Look for pictures of actions And objects.
- K. Make a paper, cloth or cardboard "personalized" book with items/pictures from your child's everyday life. Use common items as well as your child's particular favorite things. Go through the book with your child having him name the items and talk about what to do with them and where to find them. Do the same for familiar people in your child's life and favorite activities or places to go.
- L. Encourage your child to distinguish parts of an object from the whole object such as the wheels on the car or the tail on the dog.
- M. Focus on recognition of body parts on your child, dolls and others.
- N. Encourage your child to use and understand pronouns such as me, mine, you, I and to use his first name.
- O. As soon as your child has a few consistent words/signs/word approximations, model a variety of two word combinations

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