

## TONGUE THRUST

Is your child a messy eater? Does their thumb or pacifier never leave their mouth? Does their tongue appear to sit forward between their teeth when they are relaxed? They may be at risk of developing a tongue thrust swallow.

### What is a tongue thrust?

A tongue thrust is the forward movement of the tongue that pushes against or between the front teeth when swallowing. This swallow is found in infants, however, usually matures into an adult swallow by the age of 7 years. Some factors have been identified that are associated with a tongue thrust that continues past the age of seven. These include:

- Prolonged thumb sucking
- Enlarged tonsils or adenoids
- Allergies and upper respiratory tract infections
- Mouth breathing

### Tongue thrust and non-nutritive sucking (i.e. pacifiers, thumb sucking)

Parents sometimes find that providing a baby with a pacifier can soothe a baby who is distressed, fatigued and even bored. Infants also begin to associate similar feelings of comfort from sucking on their thumb. The term, non-nutritive sucking, encompasses the sucking of thumbs and pacifiers where the infant is not receiving any nutrients such as milk from this action. **Non-nutritive sucking can, however, become detrimental to a child if it continues past the age of two years.**

Prolonged sucking behaviours can impact on a child's mouth cavity and facial development and has also been linked to a tongue thrust swallow. Prolonged sucking can contribute to poor teeth alignment, and a high, narrow development of the palate (roof of the mouth). In normal development where the child has the tongue in the correct resting position with the tongue inside the mouth and the lips closed, the tongue places pressure on the palate creating the correct shape. With thumb/pacifier sucking behaviours, however, the tongue is pushed downward and forward thus promoting a high and narrow palate. This then adversely affects the child's swallow development.

### Other factors associated with a tongue thrust swallow

A tongue thrust swallow is also associated with upper airway infections or obstructions such as enlarged tonsils/adenoids, allergies/asthma or sinusitis. These conditions may restrict air passage through the nasal cavity encouraging open mouth breathing. If these infections or obstructions persist, mouth breathing can become a habit where the child consistently maintains an open-lip posture, often associated with a forward tongue position. This posture can impact negatively on lip and facial development and their swallow.

### What are the concerns with a persisting tongue thrust?

The presence of a tongue thrust exerts 2kg of pressure on the front teeth every time you swallow due to the forward movement of the tongue. This can result in:

- Dental problems (e.g. overbite, open bite) often requiring orthodontic intervention



- Mispronunciations of /s/ and /z/ sounds, where the tongue protrudes between the teeth (commonly referred to as a lisp). The sounds /t/, /d/, /n/, /l/ and /sh/ can also be affected by the forward tongue position

### **How do you know if your child has a tongue thrust?**

A simple way of seeing if your child has a tongue thrust is swallowing a sip of water with your lips open. If you can see the tongue pushing forward or if your child cannot do it, they may have a tongue thrust. If you are concerned that your child has a tongue thrust, it is a good idea to see a speech pathologist. Speech pathologists can assess, diagnose and treat a tongue thrust.

### **What does therapy involve?**

Treatment usually consists of a program to train the tongue to remain in the correct position during rest and swallowing over approximately six weeks. Children aged 7 to 10 years make the best use of the program, however there is no age limit. Motivated teenagers and adults can quickly work through the program, though they may have to overcome strong habits.

### **Need more information?**

Contact Tyquin Group Speech Pathology on: (07) 3399 8028.