

CAN YOU TREAT IT, OR DOES IT NEED A REFERRAL?



For OT, PT & SLP — General Caseload

Not for feeding-specialized therapists. **This is for OTs, PTs, and SLPs seeing a kid for something else — artic, motor delay, sensory regulation — who start noticing feeding-adjacent signs.** Here's how to tell what's in your lane and what needs its own referral.

IF YOU'RE AN SLP

- ☐ Tongue thrust shows up during artic drills
- ☐ Low tongue rest posture or open-mouth breathing during sessions
- ☐ Persistent S/Z, TH, or R not responding to therapy
- ☐ Gagging or wet vocal quality at snack time
- ☐ Avoids certain textures during oral exercises

IF YOU'RE AN OT

- ☐ Sensory reactions to food mirror reactions to messy play
- ☐ Poor core/trunk stability shows up as messy, imprecise distal (hand-to-mouth) movement
- ☐ Rigid food rules come up during routine/EF work
- ☐ Low oral tone noticed during self-feeding tasks
- ☐ Extreme reaction to specific food textures

IF YOU'RE A PT

- ☐ Poor trunk control affecting seated stability at meals
- ☐ Low tone with weak jaw or oral control
- ☐ History of torticollis plus one-sided chewing
- ☐ Feeding milestones delayed alongside motor ones
- ☐ Parent mentions reflux or feeding fatigue

ASK PARENTS THIS — ALL 3 DISCIPLINES

- ☐ "Does your child breathe through their mouth, even when not sick?"
- ☐ "Do mealtimes take longer than they should, or does your child tire out?"
- ☐ "Are foods refused because of how they feel, not how they taste?"
- ☐ "Any stomach issues — constipation, reflux, bloating — around mealtimes?"
- ☐ "Does your child avoid certain textures outside of food too — tags, messy play?"
- ☐ "Has feeding felt like a struggle since infancy?"
- ☐ "Does your child chew on one side, or spit food out that isn't a taste issue?"
- ☐ "Is the list of foods they'll eat shrinking over time, rather than growing?"
- ☐ "Does your child snore, or seem restless during sleep?"
- ☐ "Do they avoid eating in front of others, or get anxious at group mealtimes?"

3+ checked, or any single severe note, → refer to a therapist trained specifically in feeding. Ideally one also trained in myofunctional therapy to address the oral-motor piece.

FOR SLPs
This isn't dysphagia. Myofunctional therapy training is what's actually needed here, alongside oral-motor, sensory processing, and gut/nutrition knowledge — general artic/language training doesn't cover it.

FOR OTs
The oral-motor piece is usually the gap. Introducing new foods and textures without those specific skills can be unsafe, not just ineffective.

FOR PTs
You've got the core stability piece down — but the distal movements in the face and mouth require training well beyond general PT scope.

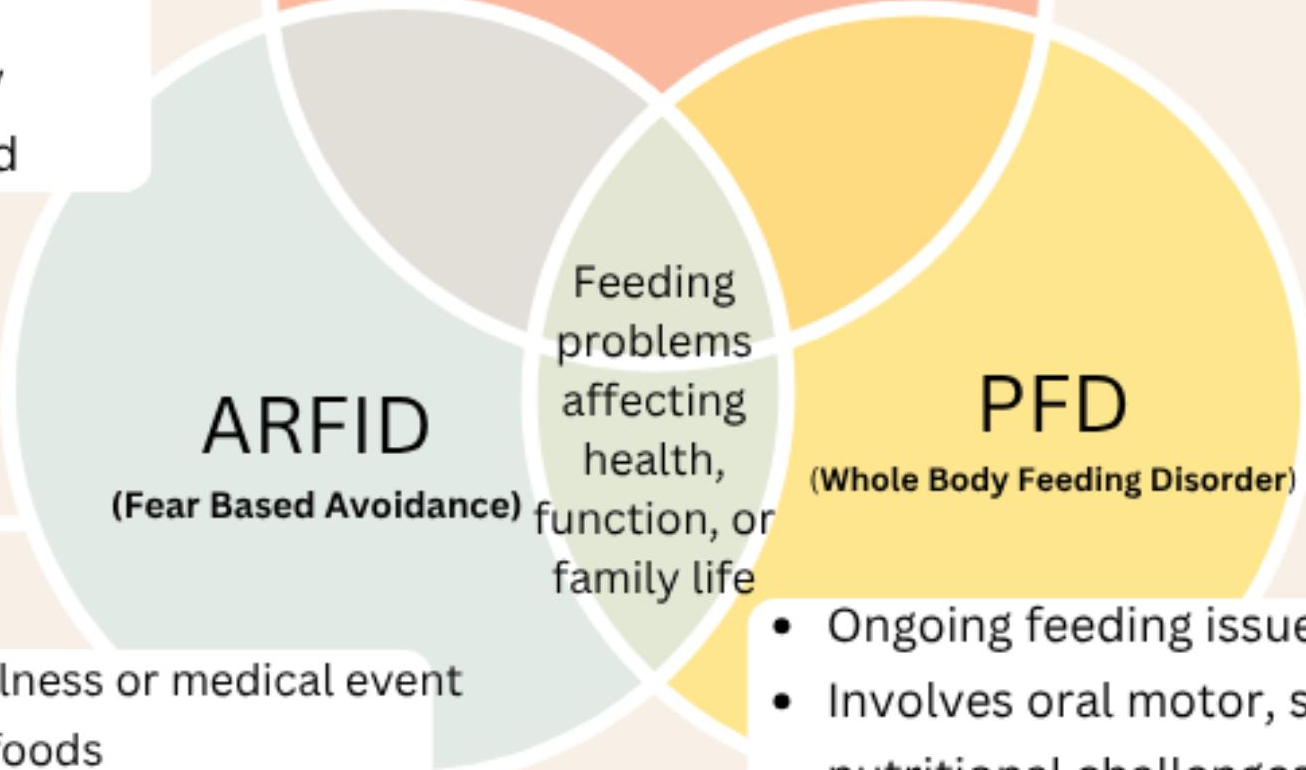
ARFID VS. PICKY EATING VS. PFD — AT A GLANCE

ARFID VS. PICKY EATING VS. PFD



- Preference for foods
- Willing to try foods or accepts variation with time & exposure
- Eats across several food groups
- Occurs during normal phases of development
- No major stress or anxiety around eating for the child

Picky Eating
(Typical & Temporary)



- May appear suddenly after illness or medical event
- Suddenly drops many or all foods
- Previously no food issues
- No physical difficulty chewing
- Fear or anxiety leads to refusal—even if they want to eat
- Usually affects nutrition and weight
- Unrelated to body image
- May still have gut or sensory issues

- Ongoing feeding issues from infancy/early childhood
- Involves oral motor, sensory, medical, and/or nutritional challenges- even if child is still growing
- May eliminate entire food groups
- Parents report a history of stressful mealtimes
- Becomes more restrictive over time, dropping foods
- Frequently has gut issues (like constipation, history of reflux)

**We help kids go from fearful to foodies —
and we guide parents every step of the way.**