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

For OT, PT & SLP — General Caseload

Making food fun
Foodology

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

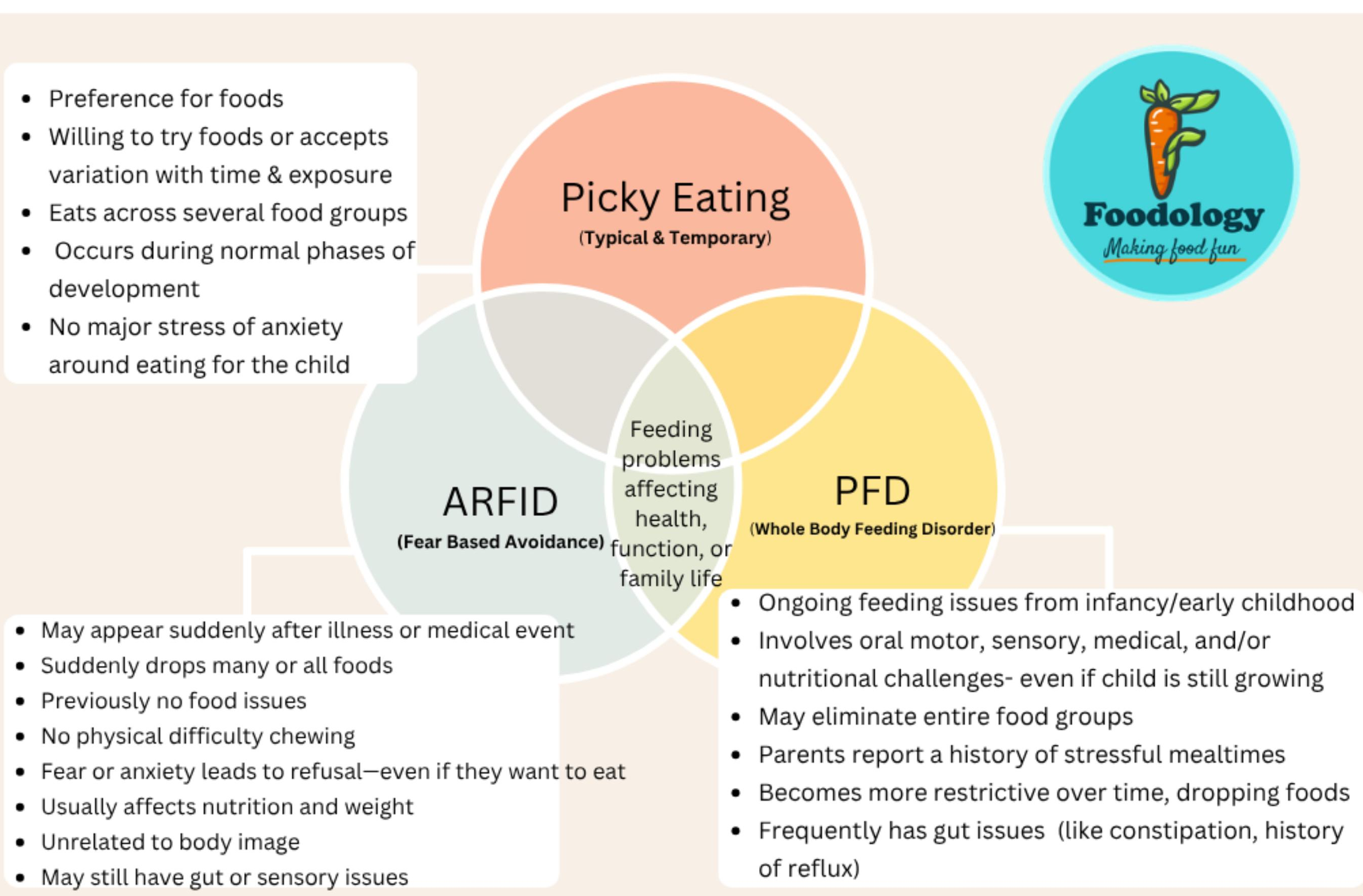
The oral-motor piece is usually the gap. Introducing new foods and textures without those specific skills can be unsafe, not just ineffective.

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



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