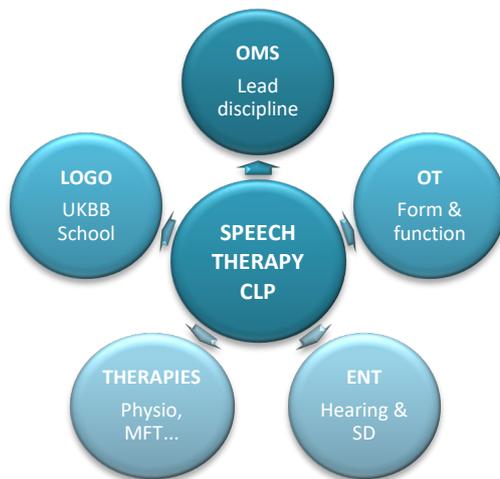


## ogopaedics – functional speech therapy

As part of the core interdisciplinary team, the speech therapy team is always in contact with the specialist disciplines involved, during both the consultation hours and treatments. The aim is to achieve the best possible treatment results tailored to the child's current needs. Parents are naturally also involved in these processes.

- Oral and maxillofacial surgery (OMS)
- Orthodontics (OT)
- ENT (hearing and speech development SD)
- Therapies (physiotherapy, myofunctional therapy (MFT), osteopathy etc.)
- Cooperation with the Speech Therapy department at the University Children's Hospital Basel (UKBB), school speech therapy



Within the area of speech therapy, distinctions are made between **medical treatment** and/or **pedagogical treatment** measures.

CLP is part of the medical treatment field and covers the following linguistic levels and functions:

- Speech intelligibility
- Speech function
- Orofacial functions (e.g. sucking, chewing, mimic gestures)
- Swallowing function
- Voice and sound of the voice
- Nasality

The pedagogical treatment area, however, falls under school support measures and includes problems with vocabulary development, grammar and sentence structure, communication, reading and spelling skills and oral fluency. As the boundaries between the two areas of clinical and school

speech therapy often merge, the cleft-specific treatment can be combined with the speech therapy from local speech therapy services as part of the defined therapy programme. Experience has shown that the resulting professional collaboration has a highly beneficial effect for the child.

When is speech therapy used for CLPs? Below is an overview of speech therapy diagnosis, treatment and consulting before birth and up to the age of 20 or beyond:

Prenatal	Birth	Postnatal	OP	Postoperative checks	Checks up to age 2 (twice a year)	Checks from age 2 - 20 (annually or longer)
Consulting: Therapies Treatment duration Network Therapist search Financing		Preoperative muscular stimulations Difficulties sucking and swallowing Nutrition problems		Postoperative muscular stimulations Scar treatment Basic treatment for primary functions → as preparation for secondary functions, specifically speech development	Monitoring of: Speech and language development Lip & tongue swallowing function Sound of voice/nasality	Localisation of: Speech and language functions CLP-specific articulation difficulties Sound of voice/nasality
						
Speech therapy as a hub function – locally, Switzerland-wide and in neighbouring countries Regular specialist exchanges with the disciplines involved Network connections to speech therapy services in the place of residence						
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### Before and after birth

The speech therapy consultation starts before birth. An initial discussion with the parents about the treatment protocol takes place in the University CLP Centre in Basel. After the birth, gentle manual stimulations can be used as required to work towards developing the swallowing mechanism and subsequently speech after closure of the cleft, taking into consideration the anatomical conditions. This can stimulate the early motor patterns for the primary functions of swallowing, sucking, biting, chewing and breathing, so that the subsequent secondary functions of speech and language can be established. This specific therapy in the orofacial area is considered to be sensorimotor treatment.

### After the operation

In many cases, a functional measure is indicated in the initial phase after the operation. This ensures that the scar tissue can heal without delay and the muscle function can be activated and strengthened as quickly as possible.

These preoperative and postoperative stimulations are measures for orienting the tongue and supporting oral food intake. They take place in close cooperation with the informed parents and are performed several times a day at very short intervals during the child's normal care routine.

Treatment at this age is therefore a form of preparatory therapy. It is a holistic basic therapy before, or in parallel with, subsequent speech therapy and can be used for cleft-specific speech, voice and swallowing difficulties in all age groups.

### **After the closure of the cleft and up to the age of 5**

The most important phase in speech and language development takes place after the closure of the cleft and up to the age of 5. This development phase is intensely monitored during the regular consultations or separate speech therapy check-ups and treatments, so that the necessary treatments can be initiated as required. It is also important here to maintain the professional exchange with the disciplines involved. Children with accompanying speech and language disorders that are not typical for a cleft are referred to local speech therapy services or schools for differentiated clarification and treatments.

### **Standard speech therapy evaluation**

Together with the Speech Therapy team at the University Children's Hospital Basel (UKBB), a standardised evaluation of language development is performed on every child aged between 2 years 6 months and 2 years 11 months. Experience over the past few years has shown that the results are very important for initiating treatment for possible delays in language development at an early stage.

### **At school age**

As children get older and start school the focus is placed on speech intelligibility, articulation, the sound of the voice and swallowing difficulties. Careful consideration is always given during the consultations to the speech therapy measures required according to the teeth and jaw position, swallowing function, hearing ability etc.

No two children are the same i.e. an individual, customised programme is created for each child and the process is discussed with the parents. The family plays a central role throughout the entire treatment process.

### **Financing of speech therapy for cleft and lip palates:**

Until the end of 2007, the entire treatment of birth defect GG 201 was an integral part of disability insurance up to the age of 20. The FSIO Invalidity Insurance ceased financing outpatient medical measures after the federal vote on 28 November 2004, and the NFE (New Fiscal Equalisation) system came into force on 1 January 2008. As a result, the financing of medical treatment for patients with cleft and lip palates was assigned in full to health insurance companies. The parents/patients receive a separate invoice with a 10% deductible for speech therapy services, whether this is for diagnosis during the consultation and/or for subsequent therapies.