

“Marshalla Eye Dropper Technique” For Drooling Elimination

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APPLICATION: This simple process is to be done in conjunction with a good program to facilitate improved oral-motor and feeding skills. It can be employed even if child is on medication or has had surgery to reduce or eliminate drooling. This method is intended to finish off the drooling problem.

PROGRESS: Length of time needed for success depends upon the client’s neuromuscular and cognitive status. Some clients will not stop drooling with this program due to severe neuromuscular or cognitive disability.

EVIDENCE: Please keep in mind that this process has not undergone any controlled study. This outline simply represents the procedures Marshalla developed in therapy. The method is based on four decades of clinical experimentation with a wide variety of clients.

WARNING: DO NOT USE THIS PROGRAM IF THE PATIENT IS IN DANGER OF ASPIRATING ON LIQUID! USE ONLY WITH CLIENTS WHO ARE CLEARED FOR ORAL SWALLOWS OF THIN LIQUIDS!

METHOD

MATERIALS NEEDED: Use an eyedropper of some sort, and icy cold water or icy cold apple juice. Pam likes to use the long thin droppers that hair stylists use to touch up the roots of dyed hair. These droppers are plastic, long, thin, and inexpensive.

BASIC PROCEDURE: Give the child a tiny sip (2-3ccs) from the dropper every 90 seconds while he is engaged in another quiet activity.

TERM: Weave the stimulation in and out of therapy over the course of weeks, months, or years, depending upon the client.

METHOD:

1. Tell the child, "Time to suck."
2. Place the dropper just between the lips, against the under side of the upper lip. DO NOT put it all the way into the mouth--keep it outside the teeth. Do not stimulate the tongue--only the upper lip. The tip of the dropper should be positioned against the under side of the upper lip, between the upper and lower incisors.
3. Encourage the child to "get it" meaning that he will actively bring up the lower lip. The lips should press together to the point of complete closure. The tiny tip of the dropper should not interfere with full lip closure.
4. Once the lips are sealed closed, squeeze the bulb of the dropper so that the liquid shoots into the mouth. This should stimulate a swallow. [See warning above.]
5. Over time, squeeze the bulb less, and expect the client to suction by himself more. In other words, hold the dropper to the lips, but don't squeeze. Expect the client to suction on demand.
6. Over time, fade use of the dropper. In other words, tell the client to swallow without the dropper, and expect him to do it. This is called a "dry swallow." The dry swallow is a swallow of saliva only.

OVER TIME:

1. Reduce the amount of bulb squeezing and increase the number of times the child actually suctions by himself.
2. Eliminate the squeeze altogether and expect the child to suction the liquid out.
3. Eliminate the eyedropper and have the child suction on your command with no liquid offering (Make sure you are using a consistent command throughout).
4. Broaden the types of activities during which you are doing this activity.
5. Fade your physical and verbal cues.

AIMS/GOALS:

1. You are trying to get the client to suction more often so that he does not let saliva pool and drip.

2. You are trying to get the client to swallow more often so that he does not let saliva pool and drip.
3. You are trying to pair suctioning and swallowing, so that suctioning stimulates swallowing.
4. You are trying to stimulate more frequent swallowing.
5. You are trying to stimulate more efficient swallowing.
6. You are trying to bring the process of suctioning and swallowing to the client's conscious awareness so that he can produce a dry swallow on demand.

EXPECTATIONS:

1. Spontaneous dry swallows should become more frequent.
2. Swallowing skill and efficiency should improve.
3. Saliva pooling should decrease.
4. Drooling should decrease.

EFFECT:

This procedure stimulates SUCTIONING and SWALLOWING. Suctioning is the drawing in, or gathering together, of liquid or food in preparation for swallowing. We suction to clear the mouth before we swallow. Suctioning is done with full lip closure and negative inter-oral air pressure.