

Patient Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

In Office Apt/Remote Session



## OMD Adult Home Program

Instructions: Complete all exercises that have a check mark beside them.

### Nasal Breathing

#### Exercise

Buteyko Steps

### Lip Strength- Complete each exercise 10 times- 2-3 times per day minimally, 6-8 recommended

#### Exercise

Button Pulls

Pucker

### Tongue and Jaw- Complete each exercise 10 times- 2-3 times per day minimally, 6-8 recommended

#### Exercise

Vertical Tongue Mvmt: Stabilizer/No Stabilizer

Tongue Clicks

Tongue Bowls

Horizontal Tongue Mvmt: Stabilizer/No Stabilizer

Tongue Hold Pulls

Tongue Bowl Holds for 15 secs.

Lateral Tongue Mvmt: Stabilizer/No Stabilizer

Tongue Suction for 30 secs

Toothbrush taps on back of tongue

Fat/skinny tongue

Reach tongue to molars

Toothbrush Side Swipes

### Lip & Tongue Rest Postures

#### Exercise

Quiet time (elastic band and paperclip)

#### Frequency

10 mins/15 mins/20 mins/30 mins/45 mins/60 mins

Monitor tongue and lip rest postures with chart

5-10 tallies/10-15 tallies/20-30 tallies per day

Email or text therapist rest posture data percentages

Daily/Weekly/Monthly

### Eating and Swallowing

#### Exercise

Bite Size

Utensil Use

Unilateral Chewing

Bolus Formation

Transfers

Molar Occlusion

Suction

Food Swallows (snacks/meals)

Liquid Swallows (sips/continuous)

Patient Name: \_\_\_\_\_

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**Speech- complete each exercise daily**

**Exercise**

**Frequency**

Speech Sound: \_\_\_\_\_

\_\_\_ isolation, \_\_\_ word level, \_\_\_ sentence level, \_\_\_ reading, \_\_\_ conversation

100 repetitions/20 sentences/5-10 mins

Speech Sound: \_\_\_\_\_

\_\_\_ isolation, \_\_\_ word level, \_\_\_ sentence level, \_\_\_ reading, \_\_\_ conversation

100 repetitions/20 sentences/5-10 mins

**Speech Practice Words:**

<b>Initial</b>	<b>Medial</b>	<b>Final</b>

**Reminders**

- Complete all exercises for the recommended frequency
- Complete all exercises with a mirror
- Eat meals and snacks with a mirror so that you can observe each swallow
- Remember to go to sleep with your tongue on the spot and your lips closed
- Blow your nose every night and morning

**Next Session: Please bring the checked items to the next session**

OMD Supplies    Snack Food    Breakfast Food    Lunch Foods    Dinner Foods    Water Bottle

**Next Appointment:**

Location: In-office Appointment/Remote Session

Frequency: 1 week, 2 weeks, 1 month

Time: 10 min/ 15 min/ 20 min/ 30 min