

# SUPPORT AND COMFORT FOR THE ADULT FEEDER

A child's efficient use of the mouth for eating depends heavily on the steadiness or stability of the trunk, neck, and head. This stability is provided by the support surface of a lap or infant seat until the baby has developed adequate head and trunk control. Infants and young children with feeding difficulties are typically held on the feeder's lap at mealtimes and during preparatory therapy. Atypical body tone and uncoordinated movements often result in lengthy meals that are uncomfortable for the feeder. Many severely involved children continue to be on-lap feeders into the pre-school years. Therapy for these and older children is often more effective and efficient when carried out on the lap rather than in a wheelchair or other static piece of equipment. Physical and emotional comfort are closely intertwined. Even slight physical discomfort can be expressed in emotional terms. Emotional tension, impatience, and a critical outlook may become part of a meal when the feeder is not comfortable.

## Challenges for the Feeder

Lets look at some common physical challenges for the feeder of the young child. When an adult sits on the floor with the child on the lap, tension can develop in the lower back. During the meal or therapy the adult's body is frequently static. If there is nothing to lean against, the lower back fixes or tenses to create additional stability to support extended sitting. When this is repeated frequently, lower back problems can develop or become worse.

When the child has poor head control, the feeder frequently supports the head by resting it in the crook of the arm. If the feeder's arm is not supported, weight of the child's head is usually counterbalanced by tension and elevation of the shoulder girdle and arm. This can result in stiffness of the shoulder on that side, along with fatigue and pain.

**When an adult sits on a chair with feet flat on the floor, the thighs often slant slightly downward. This happens because the height of the chair is often somewhat taller than the length of the leg. When the child is placed on the lap, there is a tendency for the body to slide slightly downhill. Most adults unconsciously compensate for this problem and create a level lap [or a lap that slants slightly inward] by coming up on their toes. This makes it much easier for the child, but contributes to leg and ankle fatigue and stiffness for the feeder.**

The feeder's tension and lack of comfort influences the child's eating and drinking skills. Skillful, graded movement is based upon a fine balance

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between stability and mobility. This skill in the feeder is compromised when joints and muscles are held tensely in place. It becomes more difficult to adjust the child's body and use just the right amount of timing and movement with the spoon or cup. Children respond to physical and emotional tension in others by increasing their own tension and anxiety. A child who feels the increasing tension in the feeder's body, may react by pushing back into extension or losing overall coordination for eating. As the adult fatigues during the meal, the child's position on the lap may deteriorate. A shoulder and arm which elevated at the beginning of the meal to bring the child's head into a forward chin-tuck position begins to drop. The child falls into a more reclined position with the head and neck slightly hyperextended.

## Possible Solutions

The first step in making any change is the development of awareness of sensations in your own body, and a willingness to make the changes. Often when modifications are suggested, a parent or therapist will say "It isn't that uncomfortable" or "It isn't bad enough". There is a subtle belief system that supports a certain amount of physical discomfort as a sign of hard work. When we hurt a little bit, we know that we are on the right track. This is reflected on the popular T-shirt that announces "No pain, no gain". There is also a belief among parents and therapists that full attention must be paid to the child's needs, and not those of the adults. The awareness that these underlying beliefs may be operating is a simple first step. Both are common and strong in our Western culture.

When sitting down in preparation for holding a child, it is important to reflect initially on your own body. Notice if the depth of the chair fits the length of your thighs. Notice how your feet touch the floor and the angle of your lap. If the child's head will be supported by your arm, ask yourself what you could rest your arm on to eliminate extra tension in your shoulder girdle. If you are sitting on the floor, notice what is available to support your back. If you do this before placing the child on your lap, you can prepare your own environment for support and comfort. As you do this, you have made the most important contribution to the child's support and comfort.

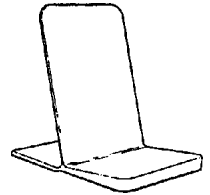
A number of relatively simple strategies can contribute to comfort and support. Some involve equipment, others can be created with items already in the home or therapy room.

### Back Support When Sitting on the Floor

If you are sitting on the floor with a child, you will be more comfortable if you have support for your back. If

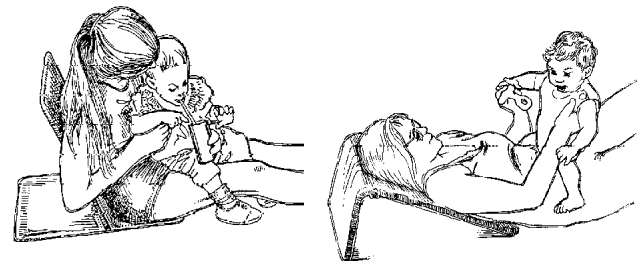
a couch or heavy chair is available, sit so that the furniture supports your back. Alternatively, sit with your back against a wall or bookcase. Extra support can be provided for your lower back by placing a firm pillow between the wall and the base of your spine.

These environmental alternatives are not always available. Often the center of activity is in the middle of a room, or furniture alternatives are not nearby. A useful piece of equipment is the BackJack Chair. A metal tubular frame is covered with colorful fabric and a firm foam cushion.



The chair is light, yet sturdy and can be easily transported in a car, or dismantled for packing in a suitcase. When multiple chairs are available in a home or therapy room, they can be stacked so that they take up minimal space

The BackJack Chair was originally developed for families who enjoyed sitting on the floor while watching television. Knowing that some people like to sit up, while others prefer lying down, the chair was designed to support both positions. Each position offers special support when used with a child with feeding issues. The sitting position is ideal when holding a child upright or in a semi-reclined or sidelying position. The reclined position is perfect for movement and play with the child straddling the adult's body.



### Arm Support

Resting support for your arm is easily available if you sit at the end of a couch or in a comfortable chair with arms. Explore the position of your arm and find the best height and angle for your shoulder and elbow. Rest your arm directly on the arm of the furniture or use pillows to adjust the height and amount of support. Spread a bath towel over the furniture and pillows to protect them from spilled food.

When sitting in a straight chair at a table there are two alternatives for arm support. If you are facing the table

with your child held in the crook of your arm, place the back of another chair or a small table or tall box where you can rest your arm. You will need to explore this alternative carefully to find the correct height. Use pillows or towels to pad the support surface so that it is comfortable. A second alternative is to use the table itself for arm support. You will need to place your body parallel to the side of the table so that your arm rests comfortably on it's surface. Use pillows or folded towels to raise the height of your arm as needed. A small table or tray in front of you can hold the food. A piece of non-slip shelf-liner can be placed under the pillows to prevent slippage.

If an office chair or drafting chair is used for feeding, the height of the chair seat can be adjusted for each feeder. This is a very practical alternative in a therapy or group environment. At home this allows the chair height to be individually matched to the height of the table.

A crescent-shaped neck pillow can be placed around the child's neck to provide extra support in bringing the head into a more 'chin-tuck' position.

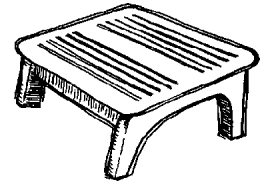


### Foot Support

Sit comfortably in the chair you will be using and focus your attention on your legs and the angle of your lap. Place the child on your lap in the position you will be using for feeding. Notice whether your legs are comfortably supported by the floor. Notice whether your lap slopes slightly downward or whether it is level. You may want your knees slightly higher so that your

lap slopes back toward your body. This can give the child a more secure place for sitting. As you hold the child, explore resting your feet on books of different heights or a small stool. Find the height that is most comfortable for you and the child. Make a foot rest with the height you prefer. Old telephone books or cardboard boxes filled with stacks of newspaper can be covered with plastic for an inexpensive foot rest.

A foot rest that is angled so that the front legs are shorter than the back legs provides wonderful support. The height can be varied by placing the feet higher or lower on the surface. The light oak Feeding Stool is a popular choice for a commercial foot rest. It is both utilitarian and attractive as a piece of furniture in a home or clinic.



Many office supply catalogs also carry an adjustable rubber and metal foot rest for persons working at computers or typewriters all day.