

Using Supportive Techniques for Biomechanical Sucking Challenges



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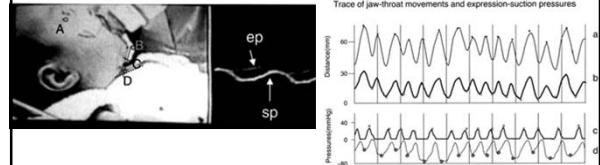
Biomechanics: Physics of movement in living organisms

- Kinetics – forces
- Kinematics – spatial & temporal
- Motor control
 - Open loop (too rapid for feedback)
 - closed loop (feedback)
- Motor development
- Motor learning

Analysis

- Quantitative – forces acting at a certain joint in Pascals or Newtons
 - trigonometry and measurements
- Qualitative – observations to identify critical features

Quantitative analysis



Throat movements (a) larger than jaw movements (b) in normal babies, suction pressure and expression pressure proportional to but not perfectly synchronized with these movements

Mizuno K et al 2006 Analysis of feeding behavior with direct linear transformation Early Human Behavior 82 p 199-04

Fundamentals

- Critical features – most invariant technique points required for effective, efficient, safe movement
- Qualitative analysis – identifies critical features
- Teaching cues – derived from critical features

Qualitative Analysis-Kinematics

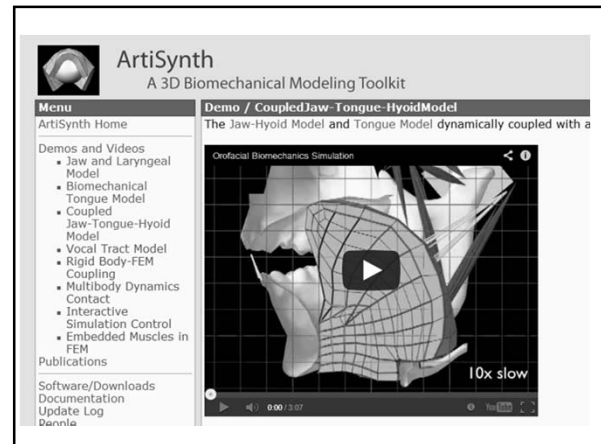


Qualitative Analysis

Component



Composite



Motor learning in childhood (Bernstein)

- Freezing (reducing ROM)
- Releasing (releasing more and more joints)
- Exploiting (taking advantage of nuances)



'Freezing' Range of Motion in breastfeeding newborns



- Tongue and jaw movements linked
- Jaw 'falls open' - high flexor tone
- Tongue-Jaw Dissociation with experience bf

Muscle Action

Forces:

- Rotary movement around a joint
- Stabilizing (pull joint tighter)
- Destabilizing (separate joint components)

Reciprocal Action:

- Agonist/Antagonist

Modifying Factors

- Friction
- Gravity
- Type of Joint

Stability: Support against mom's body contours



Less effort needs to go into stabilization, more freedom for mobilization at each relevant joint

Newton's Laws of Motion

1. Inertia
2. Dynamics (acceleration proportional to force)
3. Reciprocal forces (action/reaction)
4. Gravitation – attraction proportional to masses multiplied over distance squared.



Properties of force

- Direction
- Orientation
- Point of application
- Magnitude
- Line of action



Muscle Force Vectors

- Resultant force: Motor units
- Recruitment
- Fatigue
- Origin
 - Insertion
 - Direction of fibers
- For each muscle!
- New tasks are inefficient, insufficient integration of motor units to produce large resultant vector

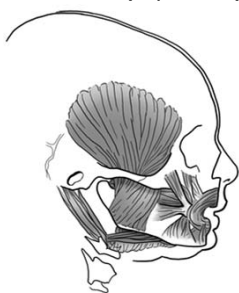
Shaking

Lack of synchronous, coordinated contraction of muscle units in early learning

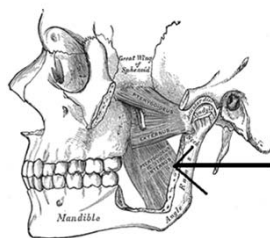


Jaw Muscles - Balanced forces

Temporalis and Masseters (superficial)



Pterygoids (deep)



From Grey's anatomy, wikipedia commons license

- Excessive forces from the medial pterygoid muscles can contribute to a "biting" suck



- Try fatiguing the pterygoids (allow infant to chew finger at back sides of gums)
- Work on improving latch depth
- Tongue strength & grooving

Fatiguing Pterygoids Sharon Vallone, DC

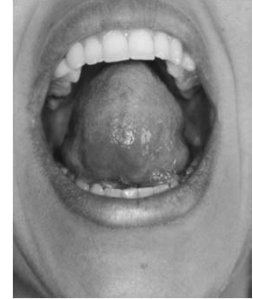


- Allow baby to chew on fingertip placed between gums at back of mouth
- Alternate sides

Muscles

Normal Adaptation to increased Strain –

- Increased firing rates (neural)
- More efficient recruitment of motor units (neural)
- Hypertrophy (muscular)



Compensation

Adaptation elsewhere for abnormal movements in a segment



Reducing Forces Required



Nipple shield stabilizes teat in mouth; reduces need for baseline suction

Breast Compression



- Increase positive pressure in breast (increase differential)
- Negative resistance (stimulate sucking)

Isolated vs. Sequential Swallows

"Sequential swallowing, in comparison to discrete swallowing, elicits simplification or down-scaling of several kinematic parameters." Steele and van Lieshout ASHA 52:Oct 2009

Reducing flow: press on breast during MER (Carol Chamblin DNP, IBCLC)



Motor learning

- Reflexes and central pattern generators
- Modification - learning
- Practice only makes perfect if you practice doing it perfectly!
- Feedback makes the difference (reward)

Motor Learning: Feedback

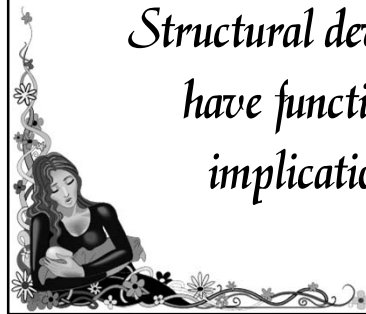


Contingency

Rate of flow

Motivation

*Structural deviations
have functional
implications*



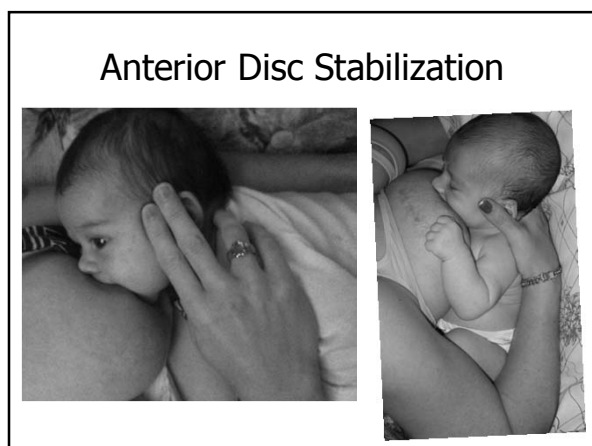
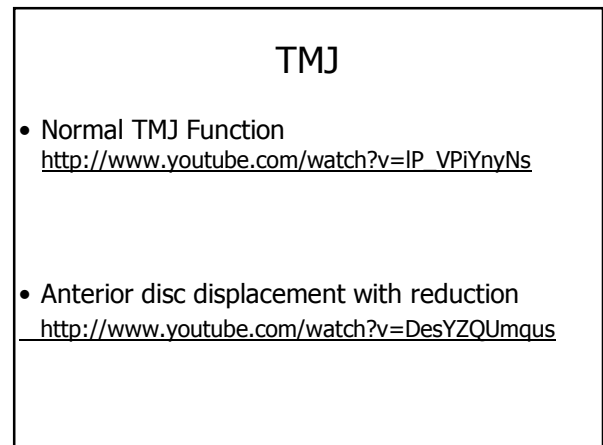
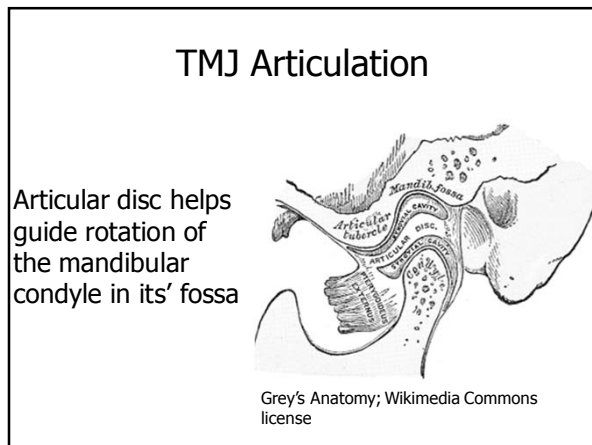
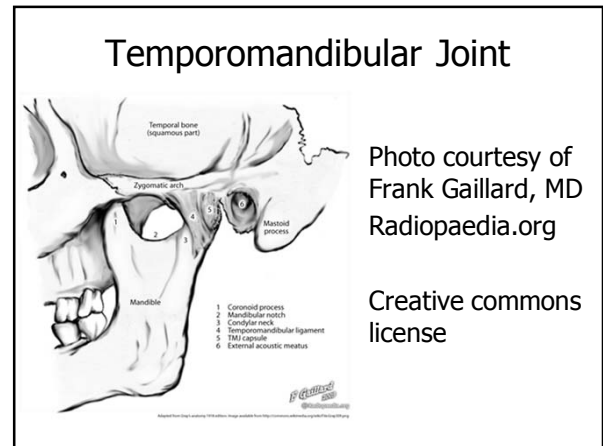
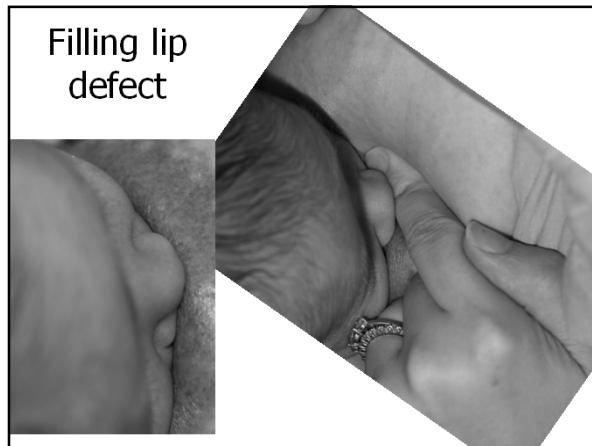
Biomechanical Challenges for Breastfeeding - Structural

- Torticollis
- TMJ Anterior Disc Displacement ("popping" jaw)
- Retrognathia
- Undeveloped buccal (cheek) fat pad
- Cleft lip
- Micrognathia



Shaping a Mouthful

compensate
for small gape
or reduced
tongue
protrusion



Biomechanical Challenges... CNS dysfunction

- Slower speech/sucking due to poorer coordination.
- Recruitment of muscle fibers in shivering or fasciculation reduces the number available for movement.



Tremor: rhythmic involuntary oscillation - fatigue or neurological impairment

Fasciculation: arrhythmic - extreme fatigue



Neurological Impairment

Developmental progression similar but slower

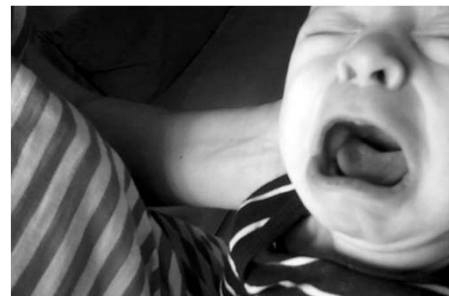


Challenges:
Strength
Coordination
Cognition

Holding a mouthful
(breast support)



Cheek pressure (for wide jaw excursion that opens corner of mouth)



Courtesy of Betsy Hoffmeister

Dancer Hand Position



Cheek and jaw support

- Decrease intraoral space
- Prevent excessive jaw excursions

Cheek and jaw support

May provide too much flow



Hypotonia
supporting breast in mouth



Hypotonia
cheek support
(inward and forward)



Hypotonia: Head & Jaw support



Sublingual massage



Jaw & Breast Support



Containment



Organizing Touch



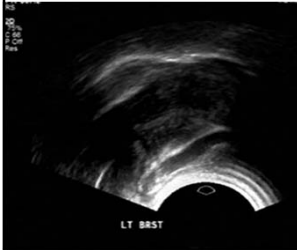
Pre-Feeding Massage: Improves Organization & Muscle Tone



Using gravity to stabilize breast & baby



Forces During Breastfeeding



Field forces vs.
contact forces

- Breast /nipple strain
- Milk capillary pressure
- Nipple duct viscoelastic walls, hydraulic pressures, expansion
- Positive pressure myoepithelial cell cntrxn
- Tongue/jaw- negative pressure, expression pressure

Baseline negative pressure



Pressure = Force/Area



Friction

- Static – high force to overcome
- Kinetic
- Rolling (peeling between ground and wheel)



Material properties of breast

Ductile (pliant)

Co-efficient of restitution (increased by warmth)

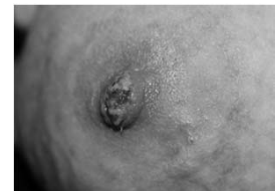
Area under stress/strain curve= toughness



Material Properties Toughness

Toughness = total energy to rupture

Accumulated microtrauma lowers failure strength (sudden failure)

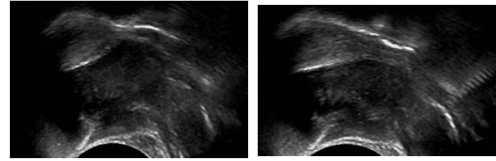


Set the pump on low

viscoelastic
fluid content
deformation is
proportional to
rate of loading and
time under
constant load

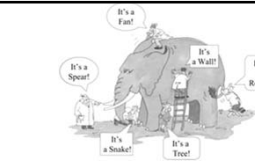
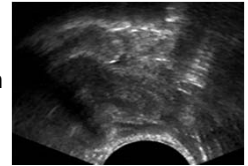


Strain $\epsilon = \Delta L / L_i$



Nipple gets thinner as it elongates

Stress orthogonal to direction
of loading causes deformation



Medela Calma

- Suction only
- MER flow



Pigeon Peristaltic & Peristaltic Plus

- Peristalsis/express
- + 4 'sizes' flows – 2 slow, 2 crosscut

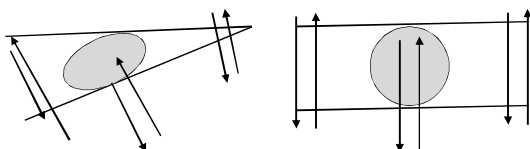


Torticollis – mandibular asymmetry



- deformation of
oral structures
- imbalance of
muscular forces

Effect of muscle/bone deformation on forces



Parallel forces can be treated as co-linear

Sublingual Pressure



- Improves base
of support
- Draws
tongue/hyoid
into normal
position
- Supports
tongue
movements

Jaw traction (toward breast)



Jaw Support (toward breast)



Torticollis Postural support, allowing head tilt/rotation



Mild Torticollis: Asymmetrical Positioning



Sitting position
reduced biting (n=1)

Micrognathia

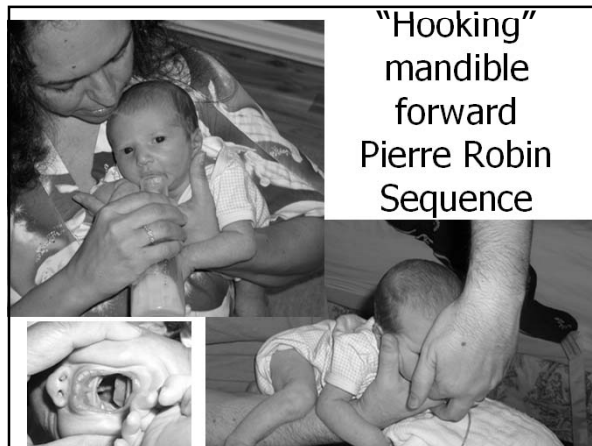
- Misalignment of forces
- Short mandibular 'lever'
- Can force tongue back, reducing power and obstructing airway



Micrognathia & retroplated tongue: prone feeding with head extension



If no respiratory difficulties sidelying with extension



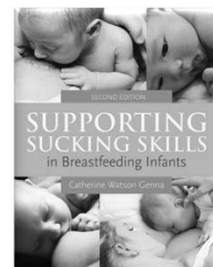
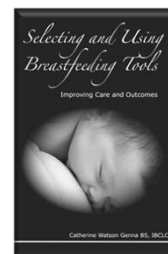
Positive pressure to increase
milk flow



Summary

- Biomechanics – new solutions for bf difficulties
- Critical features – teaching points
- Motor learning – practice the right things!
- Support - improve alignment and stability
- Modify forces – tools and techniques
- Avoid injury by reducing strain

For more information:



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