

Red Flags

Is this child a candidate for a referral?

- ◆ Ongoing poor weight gain or weight loss
- ◆ Ongoing choking, gagging or coughing during meals
- ◆ Ongoing problems with vomiting
- ◆ More than one incident of nasal reflux
- ◆ History of a traumatic choking incident
- ◆ History of eating and breathing coordination problems, with ongoing respiratory issues
- ◆ Parents reporting child as being “Picky” at 2 or more well-child checks
- ◆ Inability to transition to baby food purees by 10 months of age
- ◆ Inability to accept any table food solids by 12 months of age
- ◆ Inability to transition from breast/bottle to a cup by 16 months of age
- ◆ Has not weaned off baby food by 16 months of age
- ◆ Aversion or avoidance of all foods in specific texture or nutrition group
- ◆ Food range is less than 20 foods, especially if foods are being dropped over time with no new foods replacing those lost
- ◆ An infant who cries and/or arches at most meals

little patients Big Care



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Using the SOS Approach to
Feeding Program

**Picky Eaters versus
Problem Feeders**

*Pediatric
Therapy*

St. Francis Memorial Hospital
Wimmer Rehabilitation
West Point, Nebraska



Picky Eaters vs Problem Feeders

The SOS Approach to Feeding is a Transdisciplinary Program for assessing and treating children with feeding and weight/growth difficulties. It has been developed over the course of 20 years through the clinical work of Dr. Kay Toomey, in conjunction with colleagues from several different disciplines including Pediatricians, Occupational Therapists, Registered Dietitians, and Speech Pathologists/Therapists. The program integrates motor, oral, behavioral/learning, medical, sensory, and nutritional factors and approaches in order to comprehensively evaluate and manage children with feeding/growth problems. It is based on, and grounded philosophically in, the “normal” developmental steps, stages and skills of feeding found in typically developing children.

SOS Approach to Feeding: Basic Tenets

Tenet 1: Myths About Eating interfere with understanding and treating feeding problems.

Tenet 2: Systematic Desensitization is the best first approach to feeding treatment.

Tenet 3: “Normal Development” of feeding gives us the best blueprint for creating a feeding treatment plan.

Tenet 4: Food Hierarchies/Choices play an important role in feeding treatment.

Picky Eaters

- ⇒ Decreased range of variety of foods;
- ⇒ Foods lost due to “burn out”
- ⇒ Able to tolerate new foods on plate
- ⇒ Eats at least one food from most food texture or nutrition groups
- ⇒ Frequently eats a different set of foods at a meal than the rest of the family
- ⇒ Sometimes reported by parent as a “picky eater” at well-child check-ups

Problem Feeders

- ⇒ Restricted range or variety of foods, usually less than 20 different foods
- ⇒ Foods lost due to eating the same food at every meal the same way.
- ⇒ Cries and “falls apart” when presented with new foods; complete refusal
- ⇒ Refuses entire categories of food texture or nutrition groups
- ⇒ Almost always eats different foods at a meal than the rest of the family (often doesn’t eat with the family)
- ⇒ Persistently reported by the parent as a “picky eater” across multiple well-child check-ups.



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