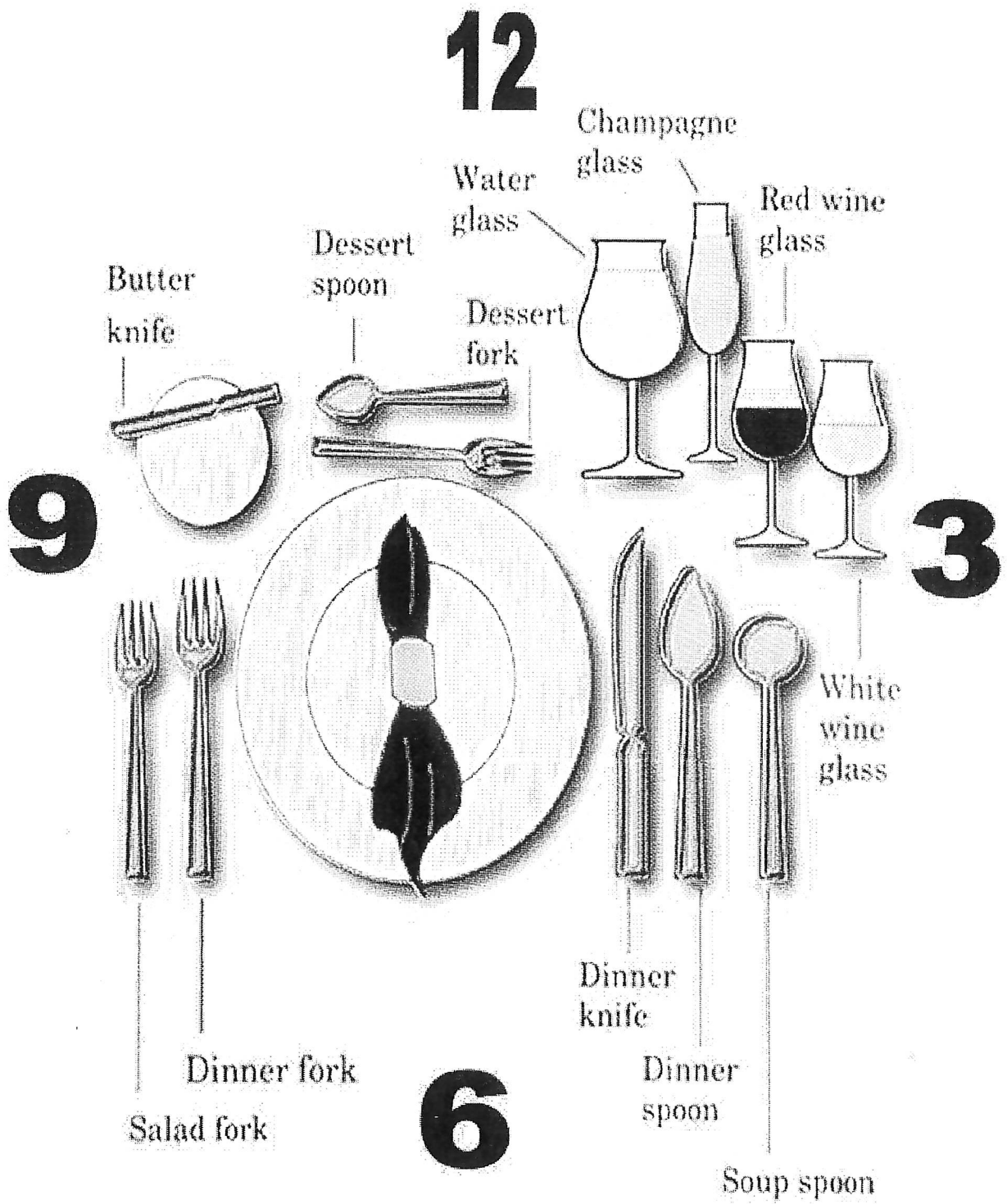
Techniques for Improving Self-Feeding

- Use a pleasant voice to greet residents by name and inform them it is mealtime
- Check to see that residents have their dentures, eyeglasses or any necessary adaptive equipment before transporting them to the dining room. If residents are able to walk or wheel to the dining room, allow them to do so and offer assistance as needed.
- Assist residents to achieve correct positioning (see photos below):
    - Transfer to regular chair if possible
    - Ensure hips and knees are positioned at 90-degree angles (or as close as possible)
    - Ensure feet are flat on the floor or on foot pedals
    - Position the resident as close to the eating surface as possible
    - Ensure the table is positioned at elbow height
    - Encourage the resident to bring his head slightly forward
    - Position the resident so he is facing the table squarely
- Present food, describing what items are on the plate
- Set up food according to therapist recommendations, or resident preference
    - Remove plate from tray if possible (trays give a cafeteria appearance, and are often too big and cumbersome for the table)
    - Arrange the food in an appetizing or restaurant style format
- Allow the resident time to set up his/her own plate of food such as cutting food, pouring beverages, seasoning food or buttering bread. If he/she has difficulty, assist in set up of the tray.
- Use the "clock" method to set up food for those visually impaired to assist in locating food items (see diagram below). When setting up the clock program, ask the resident the preferred placement of food items. Stay consistent with food placement. For example:
    - Meat or entrée at 4:00
    - Vegetable at 1:00 – 2:00
    - Potato at 10:00
- Place a towel or napkin in the resident's lap to protect clothing. Avoid using bibs as this can be degrading for the elderly population.
- Ask the resident if there is anything else, he/she needs
- Encourage the resident to independently self-feed without rushing and allowing rest breaks when needed
- If a resident has made an effort to self-feed, but now seems tired, assist with the remainder of the meal. Attempt to make the meal as pleasant as possible.
- Incorporate adaptive equipment and specific feeding techniques as outlined by the referring OT or SLP. Frequently used adaptive equipment includes:
    - Finger foods
    - Plate guard
    - Scoop dish
    - Dycem place mats
    - Utensils with built up handles
    - Weighted utensils
    - Swivel utensils
    - Rocker knife
    - Quad grip or universal cuff utensils holder
    - Nosey cup
    - Sip control cup
    - 2-handled cup

- For a neurologically impaired resident with perceptual deficits, other special arrangements may improve the self-feeding abilities. Food placement may be:
    - To the affected side (to increase visual scanning)
    - To the unaffected side (to increase self-feeding independence and facilitate efficient oral clearance)
    - Within the resident's visual field
    - With pressure added from utensil (to increase sensation on the tongue)
- For a confused resident, presentation of one food item at a time or use of finger foods may be effective methods for the resident. If the resident seems distractible or has a short attention span, it may be best to position so he/she cannot observe other people. If easily distracted by noise, it may be necessary to work individually in a quiet room.
- Provide a pleasant eating environment. Mealtime is a social time. It is important to normalize the meal for residents. It is a proven fact that a pleasant environment directly affects the success of self-feeding. Have a newspaper on hand to incorporate discussion of current events.
- Residents should be seated with people they enjoy being around to encourage socialization. Try to group resident with similar difficulties together, such as those using adaptive equipment, those who eat only finger foods (sandwiches, fresh fruit, crackers, etc.), or those with impaired coordination who are messy eaters.
- A specific area should be designated for the Restorative Dining Program, and it should be:
    - Quiet with low stimulation
    - Well lit
    - Separate from other diners, if possible
    - Equipped with tables of the correct height to accommodate wheelchairs
    - Able to accommodate family/visitors
    - Decorated with contracting tablecloths and utensils to facilitate visual/perceptual skills for all residents

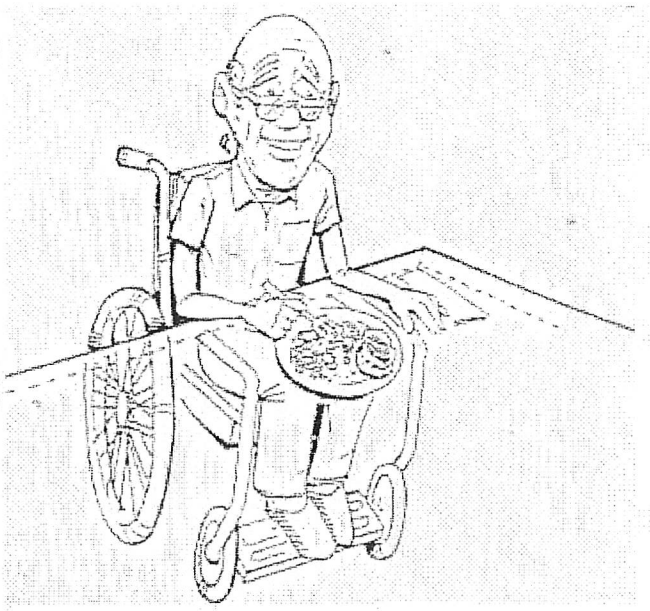
Resident Positioning for Swallowing and Self-Feeding

- Arrange for the resident to eat meals out of bed whenever possible
- Use pillows, wedges, or lap tables to assist the resident in maintaining the proper position
- Place the resident's arms on the table or tray-assure proper shoulder positioning
- Adjust the table height to reach between the resident's waist and mid-chest
- Place food within a 12-inch reach
- When the resident is ready to eat, have the resident place his/her head slightly forward
- Always check:
    - Positioning of resident
    - Positioning of the eating surface
- To protect the resident from choking, check with the speech/language pathologist or occupational therapist to see if these special positions are recommended:
    - Have the resident turn his/her head to the weak side
    - Have the resident tilt his/her head toward the strong side


12
Champagne glass
Water glass
Red wine glass
Dessert spoon
Butter knife
Dessert fork
9
3
White wine glass
Dinner knife
Dinner fork
Dinner spoon
Salad fork
6
Soup spoon

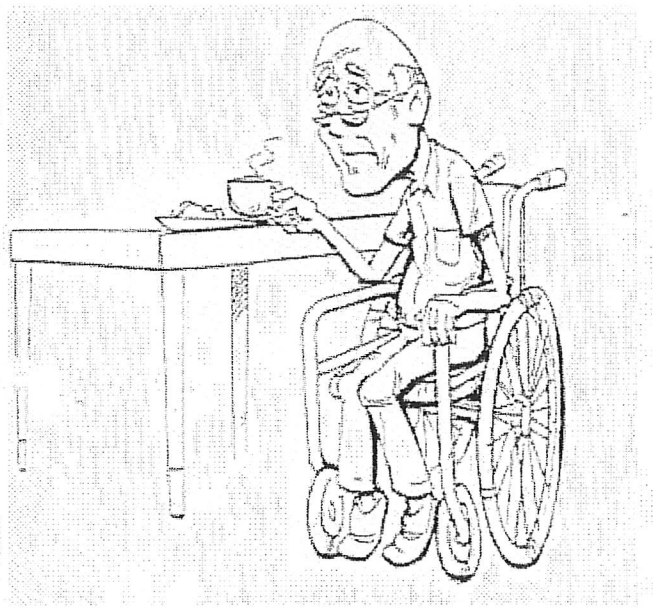
Correct Dining Position

- Hips back in chair
- Seated upright or flexed slightly forward
- Slight head flexion may assist in closing airway during swallow
- Elbows supported on chair or table
- 90-degree knee flexion
- 90-degree ankle flexion with feet supported on floor or footrest
- Close proximity to table



Incorrect Dining Position

- Table too high
- Not seated close to table
- Not facing table
- Head straining forward
- Sliding forward in chair
- Feet unsupported



Selecting and Using Adaptive Equipment During Self-Feeding

- Use adaptive equipment to:
  - Assist in self-feeding
  - Increase independence
  - Help with safe swallowing
  - Decrease the chance of choking
  - Choose adaptive equipment for residents with:
  - Limited range of motion
  - Upper extremity weakness
  - Poor coordination
  - Paralysis, especially one-sided
  - Blindness
  - Swallowing problems

Residents with Decreased Strength:

- If the resident's pinch or grasp is limited:
  - Select built-up or enlarged handles on utensils
  - Temporarily built-up handles with a washcloth, foam rubber, or
  - Other material wrapped around the handle and secured
  - Use commercial utensils with plastic handles
  - Utensils should be lightweight to reduce resistance
- Types of adaptive equipment for these residents may include:
  - Universal Cuff
  - Use a universal cuff (utensil holder) when the resident cannot grasp or pinch.
  - The cuff fits around the palm and has a pocket where the utensil is inserted.
- Lapboard/Elevated Table
  - Use a lapboard or high table to support the arm.
  - The height should be adjusted to just below the shoulder.
  - As arm strength increases, lower the lapboard or use a lower table.
- Spork
  - This utensil combines the bowl of a spoon with the tines of a fork.
  - It eliminates the need to switch utensils.
  - It is used with a cuff or splint.
- Sandwich Holder
  - This utensil holds the sandwich and has a handle.
  - Use when a resident cannot pick up a sandwich.
- Cups or Mugs
  - When the resident has difficulty holding a cup, select a mug with a T-shaped handle or a handle long enough to accommodate all four fingers.

Residents with Poor Coordination:

- Select a cup that has a sipping spout to prevent spills
    - Prepare the resident's food before he/she attempts to self-feed
    - Cut into small pieces
    - Butter toast, rolls, etc.
    - Mix the milk in cereal, etc.

Residents with Paralysis, Tremors or Range of Motion Deficits:

- Rocker Knife
    - Use to stabilize and cut meat and other foods.
    - This utensil has a sharp curved blade that cuts when rocked over the meat.
- Dycem
    - Non-skid surface that prevents dishes from sliding
    - Useful for one-handed self-feeding
    - Wet towel or wet sponge-cloth will work too
- Plate Guard
    - Use to prevent food from being pushed off the plate when scooped.
    - Attach the plate guard to the left of the plate for a right-handed resident, or to the right for a left-handed resident.
- Utensils
    - Use utensils weighted for stability.
    - Use enlarged handles to assist with the resident's grasp.
    - Plastic-coated utensils will protect the resident/s teeth.
    - Nosey Cup
    - Use a nosey cup to compensate for decreased neck extension
    - Be sure that cut out faces away from the mouth

Residents Who are Blind:

- Tray set-up
    - Tell the resident where each item is placed on his/her tray as he/she explores the placement of dishes, glasses, utensils with his/her hands.
    - Allow him/her to explore the location of the food by using the fork to taste the food.
    - Tell the resident to distinguish salt from pepper by taste.
    - Tell the resident to find the edge of the food with the fork.
    - Tell the resident to move the fork one bite size inward on the meat/food.
    - Tell the resident to cut the food, keeping the knife in contact with the fork.