

Mapping Pediatric Feeding Disorder to the ICF: A Framework for Occupational Therapy Assessment and Intervention

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Pediatric Feeding Disorder (PFD) Consensus Definition:

PFD is defined as impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction (Goday et al., 2019):

A disturbance in oral intake of nutrients, inappropriate for age, lasting at least 2 weeks, and associated with 1 or more of the following:

- Medical Dysfunction
 - Nutrition Dysfunction
 - Feeding Skill Dysfunction
 - Psychosocial Dysfunction
- PFD consensus definition created using the World Health Organization's (WHO) ICRF framework
 - Pilot project: Map Domain 3 (Feeding Skill) to the ICF Framework to provide feeding therapists a clinical pathway to assess and treat PFD

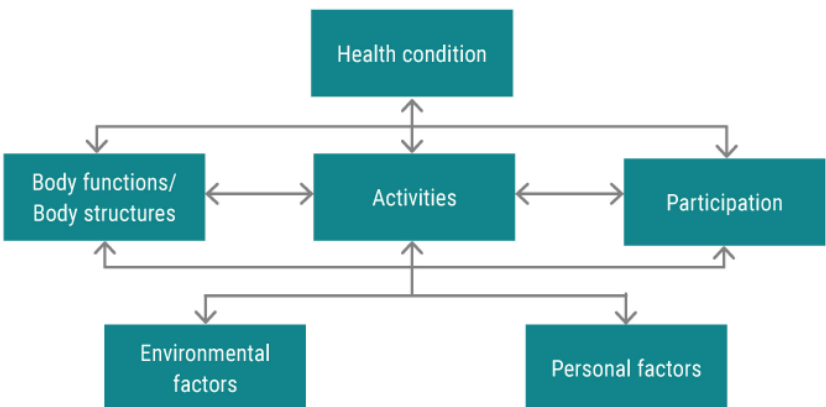
- PFD affects 1 in 37 children under the age of 5 years in the United States
- Between 25% and 80% in children with and without disabilities worldwide

Domain 3: Feeding Skill Dysfunction as evidenced by any of the following

- a. Need for texture modification of liquid or food
- b. Use of modified feeding position or equipment
- c. Use of modified feeding strategies

International Classification of Functioning, Disability, and Health (ICF)

Bio-psycho-social Model of Functioning, Disability and Health

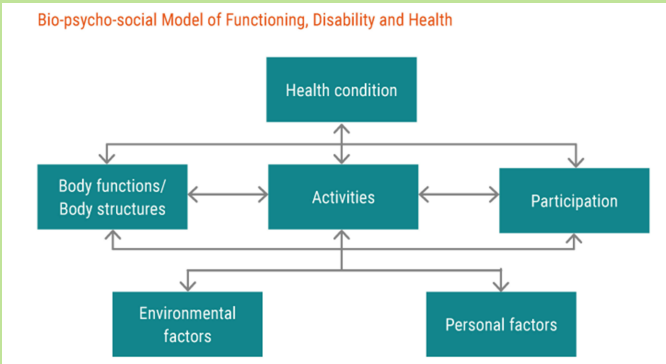


<https://icfeducation.org/about/what-is-icf/>

Process and Organization

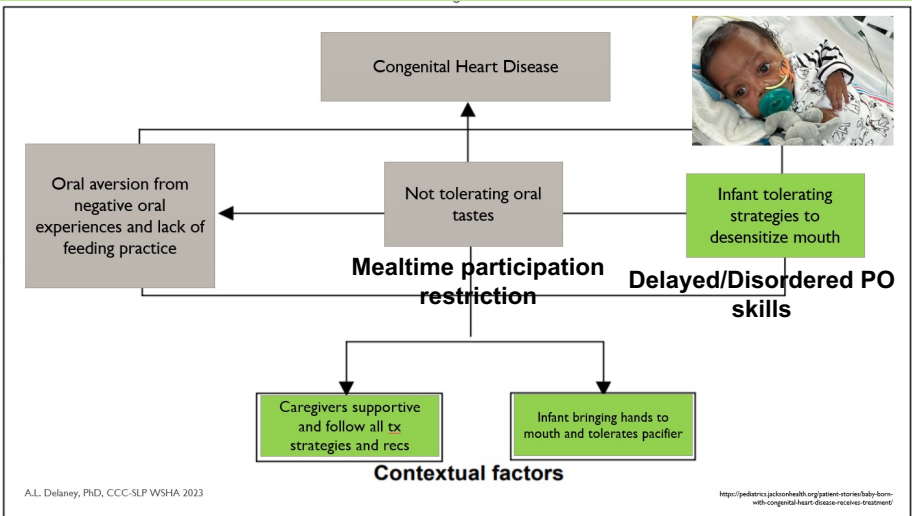
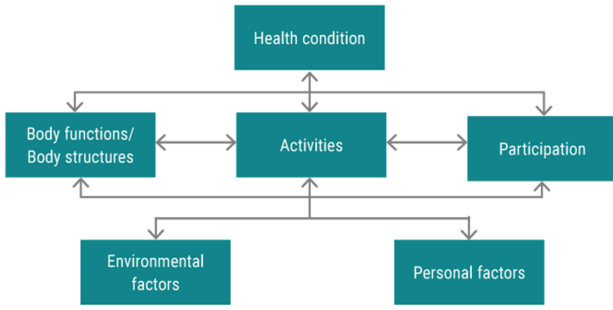
Domain 3: Feeding Skill Dysfunction (Oral Sensory, Oral Motor, Pharyngeal Motor, Pharyngeal Sensory)

Table 1: ICF Framework for Oral Sensory Dysfunction (under- or over-response to sensory aspects of liquids and food textures inhibiting acceptance and/or tolerance of the food or liquid)



| ICF Component | Clinical Details & Examples |
|--|---|
| Health Condition | Primary Disorders: Oral/nasal/pharyngeal dysfunction, aerodigestive disease, congenital/heart disease, neurologic, developmental, and psychiatric disorders. |
| Body Functions & Structures | <p>Oral Sensory Dysfunction: Impaired response to flavor, temperature, bolus size, viscosity, texture, and appearance.</p> <p>Mental/Sensory Functions: Emotional, perception, energy (appetite), temperament, visual, vestibular, taste, smell, proprioceptive, touch, interoception.</p> <p>Structures: Digestive, sensory, and cranial nerves</p> |
| Activity Limitations (MEALTIME) | <p>Feeding Skills: Needs texture/utensil modifications, increased assistance, specialized seating/strategies, prolonged meal duration, or insufficient oral intake.</p> <p>Safety Concerns: Aspiration risk, coughing, choking, gagging, vomiting, stress/fatigue, and food refusal.</p> |
| Participation Restrictions | Social & Life Impact: Unsafe PO feeding (lack of awareness), delayed/disordered oral skills, limited food variety, and social/nutritional inefficiency due to food loss, peer and familial social interactions |
| Environmental Factors | Barriers & Facilitators: Food/liquid properties, room smells, equipment setup (plates/cups), auditory environment (TV/music), distractions (iPads), seating, and caregiver attitudes/parenting style. |
| Personal Factors | Individual Context: Age, learned habits (protective gagging/vomiting), family socio-economic status (food access), and personality traits (anxiety vs. adaptability). |

Bio-psycho-social Model of Functioning, Disability and Health



Practice Tips

Evidence-Based Assessments

Mentorship

Capacity versus performance

Research Articles and Evidence Reports



Future Implications

- Pilot Use
- Test for Feasibility, Usability, and Acceptability
- Linkages to Assessment and Intervention
- Map the other 3 PFD Domains

Contact Info and References



Thank you to my wonderful colleague, Amy Delaney, for her inter-professional collaboration and passion for OT and SLP working together in this area!