Children with Epilepsy Say Their Quality of Life Is Better than Their Parents Think

Long-Lasting Sensory Loss In WTC Workers

Study Examines Hearing Loss, Viagra Use

Q&A with Sandra R. Holtzman, Speech-Language Pathologist, Owner and Director of Neo-Health Services, Inc.
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Sandra R. Holtzman, MS, CCC-SLP, COM, is a specialist in orofacial myology disorders, including ankyloglossia/tongue tie, noxious oral habits such as thumb sucking and finger sucking, tongue thrust, phase one of the swallow, and articulation disorders. She is employed at Neo-Health Services, Inc. in Coconut Creek, Florida. A new location, The Orlando Training Center for Orofacial Myology is set to open in July 2010. Sandra received her BS in Speech Pathology and Special Education K-12 from Kent State University in Ohio and her MS in Speech-Language Pathology from Nova University in Davie, Florida. Also, Sandra received her Certification of Orofacial Myology (COM) from the International Association of Orofacial Myology. Her web sites are www.OrofacialMyology.com and www.UnpluggingTheThumb.com.

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Q: Can you tell me a little bit about your facility, Neo-Health Services, Inc.?

A: I am owner and director of Neo-Health Services, Inc. We provide clinical services to private patients and private schools. We are a CEU provider for ASHA continuing education and a provider of IAOM (International Association of Orofacial Myology) CEUs as well.

We offer courses and presentations on various aspects of orofacial myology disorders throughout the United States. We have also hosted many international therapists and dental professionals who have come to our courses for advanced training. Our product line includes the Myo Manual (Orofacial Myology: From Basics to Habituation); online courses with Northern Speech Services, and supplies and materials related to oral myofunctional therapy and elimination of sucking habits, most notably Unplugging The Thumb success kits.

Q: What's it like being the director of your own facility?

A: We have two facilities, one in South Florida as our headquarters and a central Florida location in Orlando. I am fortunate in being able to travel much of the time, giving courses and presentations, offering exhibits at conventions, and doing onsite evaluations of therapists seeking certification in orofacial myology.

I like the freedom of making my own choices, changing directions as needed, following my passion when something interesting attracts me.
me, and being able to pursue research as I see fit. I also enjoy developing products for speech pathologists and parents. There is constant movement and action and discussion in our office, making our daily work very exciting. In addition to a small number of therapists, I have a personal assistant, contractors, and a marketing advisor.

Q: What are your day-to-day activities?

A: Being the director, I can choose which patients I treat personally, based on whom I believe will most benefit from my expertise. Some are treated at our headquarters and some are seen in their homes or schools. I am often asked to consult local speech-language pathologists at their own facilities with their patients. I spend evenings responding to e-mails from therapists worldwide, enjoying the challenge of their questions and comments.

Q: What kind of patients do you see?

A: Although I have had years of experience with most types of patients and disorders, I am most often encountering the areas of my specialty. I receive frequent calls to evaluate and diagnose tongue tie (ankyloglossia), phase one oral prep disorders, sucking habits, "tongue thrust" issues, etc. I also have a strong background in accent modification and pronunciation, so I receive requests to work with people who have relocated to the US and wish to improve their English pronunciation.

Q: Is there a certain case with a patient that truly challenged you?

A: I saw a 17-year-old who appeared to be in a vegetative state after having suffered from the result of an AVM (Arteriovenous Malformation). Without naming specific institutions and hospitals, I must say that she was treated at three of Florida’s finest hospitals and centers. She was finally sent home after four months, still unable to even move her eyes from side to side; unable to move a finger even slightly; unable to speak or mutter at all; unable to make any movements whatsoever to indicate that she was “in there.”

It was one of the most difficult challenges of my life, but neither she nor I had anything to lose. I started the first day by telling her that I wanted to help her find any way to communicate that was possible. I saw her for an average of three to four days a week for an hour each time. By session two, she was able to inconsistently press her thumb against my hand. Session four was a breakthrough day where she was able to release a foam ball, which I had placed into her hand.

It took her 15 minutes of sweating, 15 long minutes of my pleading with her not to give up, 15 minutes of soul-to-soul work...and she was able to release it. Then she sobbed silently, a tear appearing in her right eye. Next, I researched methods of communication and worked on eye movements intensively until she could signal me, albeit inconsistently, by moving one eye laterally. I created a board with letters and had her mother ask me questions to which I did not know the answers.

With extreme effort, I was able to discern some of the answers via her minimal eye movements, as I relentlessly went through the alphabet requesting which letter was next. We created subtle signals at first for YES and NO indications since the other method took too long and reduced us both to where we lacked energy enough to go on!

Because she gagged on her own phlegm often, I saw it as an opportunity to produce sound that could be used for word production. Around lesson #32, just a little over two months later, I explained to her how sound is shaped into words and that she should try to "use" her uncomfortable congested moments to shape her lips or move her tongue to change the sound being emitted at those times.

I received a call from her family that weekend, telling me she was doing something "weird" whenever she coughed and she was making different "sounds." They had not been told what I had suggested to her, so it was proof positive that she had taken my advice. I rejoiced silently at my end of the telephone! At this time, she is enrolled in college classes, has dysarthric voice quality, but can be understood, and has a far greater quality of life than what had been predicted by her medical team and allied professionals.

Q: Are there any other challenges you face as an SLP?

A: The amount of information that comes at me on a daily basis combined with my natural curiosity can be very frustrating because there is simply not enough time to read, absorb, and then pass on all the pertinent updates. I try to be state-
Q: In your opinion, what should be the greatest concern to SLPS today?
A: The greatest concern is trying to divide one's time into treatment planning, reading, and researching subjects to coincide with patients' needs, keeping adequate records of treatment, and offering the newest and best assessment and treatment tools. And from what I hear from my fellow and sister SLPs, the hardest thing we do is to say "No."

We are in high demand. We always seem to squeeze one more client into our full caseloads rather than making them have to wait for treatment.

Q: What is the most important thing you've learned thus far?
A: I have learned to remain open-minded when it comes to individualizing therapy for each unique human being that I encounter. This is only one of hundreds of true stories that have made me realize the importance of combining the science and the art of therapy. In our quest to be aware of evidence-based practice and measurements, we must be vigilant to maintain our ability to use the "art" of therapy as well. Sometimes, the clients we are considering might fall outside of the established statistics or guidelines. Yet, they may have that extra spark that is needed for success in spite of what the "numbers" tell us.

We might have to use our experience, common sense, and intuition to decide whether to modify a treatment method or program. The combination of science and art allows us to individualize, which serves our patients well and keeps us motivated and consistently excited about what we are doing.

Q: Do you have any advice for future SLPs?
A: If during your clinical practicum or internships or other settings, you are disappointed in certain aspects of the experience, do not think that you are limited to that type of circumstance. Our opportunities are virtually endless and there is a place for every type of personality and interest. Find the niche where your skills and enthusiasm are maximized and you fit in comfortably and you will find satisfaction in going to work each day.

Sometimes when we are working hard and on our own, we fail to realize all the information we are accumulating as clinicians. It is important not to undervalue your clinical observations and experience.

Keep notes on scraps of paper on what you notice as you provide therapy. Throw the notes into a drawer. Then, someday, you might discover what I did. I had solutions to many problems faced by other SLPs on a daily basis. All I had to do was organize my notes and I had the material for online courses, the Myo Manual, Unplugging the Thumb success kits, a program for accent modification, terrific methods for helping autistic children, and more. You can do the same and then you'll be contributing to the future of our field!