



‘Q & A’ With Side Biter Creator – Get the Details

By nicespeechlady.com / February 27, 2022

[Nice Speech Lady](http://nicespeechlady.com) recently “print interviewed” [Cheryl Pelletier](#), MS/CCC-SLP, feeding-swallowing specialist and creator of the [Side Biter](#):

Q: Why did you create [Gnosh, Inc](#) and produce the [Side Biter](#)?

A: It took many years to develop the [Side Biter](#) therapeutic chewing and swallowing tools. I have worked as a feeding-swallowing specialist for over 30 years. In my career, I worked with adults in an inpatient setting and then infants and young children in an outpatient center. However, in the last 15 years, my caseload began to contain more extremely medically- complex patients. This included school-aged children, adolescents, developmentally-delayed adults and adults. These patients had serious neurologically-based feeding & swallowing impairments. For example, some patients were three to ten years old with feeding tubes and had never eaten orally. These patients had so far to go to ever become oral or combination feeders (oral and non-oral). These patients had unique cognitive, behavioral and motor challenges which made it difficult to advance chewing and swallowing skills, using the current techniques and tools. I found a need for tools that provided hand-held, patient-directed food experiences in guided therapy to bridge the gap between no food and food.

There were many problems with traditional feeding-swallowing therapy techniques with patients who are older with multi-system impairments. Eating beyond pureed foods was an extreme risk for them; gagging and food aversions were very difficult to overcome with these patients. The children and adults that I was seeing did not follow home programs well due to non-compliant behaviors and caregivers’ fears of aspiration. Oral-motor and swallowing experiences were difficult for the developmentally-delayed patient to follow in sessions and at home. Traditional dysphagia therapy and food wrapped in gauze was not safe. I used silicone straws for years, but the patient could not see the food, hold the straw without lost food and I could not control the amount or used the diced foods that I wanted to deliver in feeding-swallowing therapy. Not all patients would allow these straws near their mouth. The caregivers could not do the exercises at home. Progress was very poor.

I knew that the field needed some other type of tool that allowed older children and adults to be involved and motivated in food-based experiences learn to use their teeth, move their jaw, lips, tongue and swallow repeatedly in order to improve feeding and swallowing skills. If you only eat liquids and pureed foods, it is very hard to learn bolus control without gradual, safe experiences with chewable food. That is how the [Side Biter](#) was invented – so



Nice Speech Lady

patients could have a hand-held, gradual experience with food while exercising in skilled dysphagia therapy.

Q: Why are there three [Side Biter](#) levels?

A: I saw the need for a gradual, systematic way to improve patients' sensory oral motor strength, agility, stamina, speed, pacing, accuracy and swallow frequency.

For NPO patients, I wanted a sham bolus that provided a visual and sensory (tactile, olfactory) of food without food entering the mouth, but still involve food experiences. This is Level 1, which has no holes but the food can be seen through the clear silicone. Scant flavors and smells can be added as the patient can tolerate this.

Level 2 has five holes that allows a gradual 5ml amount of soft solid food to escape from the silicone side biter as they chew with molar action and lingual maneuvers that occur in dysphagia therapy.

Level 3 has ten holes that allow more food to flow faster in a more naturalistic manner to allow food to enter the mouth as the patient chews, lateralizes, rotates, elevates the tongue and facilitates learning for swallowing gradual amounts of food in guided, skilled feeding/swallowing therapy.

Q: What other types of patients are benefitting from the [Side Biter](#)?

A: Children with cerebral palsy, Down Syndrome, autism, and premature birth. Also, adults post-stroke, TBI and with head-neck cancer who have oral-motor impairments and sensory processing problems.

Q: What do you like the most about the [Side Biter](#)?

A: I like that the patient has the option to participate by holding, loading and chewing, licking the [Side Biter](#) tool. It is very sturdy, grips nicely and stands up on its own – so patients can reach and grab it well. I know that certain patients love holding it and chewing on this tool, and have expanded their sensory-motor, swallowing skills, food variety acceptance and food knowledge. They make progress so much faster with the [Side Biter](#) than without it in skilled dysphagia therapy. Caregivers and nurses use it at home with my patients because there is a controlled amount of food that can enter the mouth. I like using the biters in combination with diced foods, depending upon the patient's skill set. I use several [Side Biter](#)s containing a variety of foods for the patient. Mostly, I like that it works for many types of patients to help them reach their eating and swallowing goals.



Nice Speech Lady

Q: How do you teach clinicians about the Side Biter?

A: I have instructional videos on my website and I do free in-services. I am available via email and phone to answer any questions. I consult daily with SLPs and occupational therapists who use the [Side Biter](#) successfully in their work.

Q: How do you know that this tool works?

A: I have used it with children and adults for several years with excellent success. SLP and OT clinicians tell me that they have had better success than using gauze or rubber straws. Therapists who have used it on the medical side involved adults who have reported very positive results in oral sensory-motor strength, agility and swallowing abilities. Patients have told me that they made progress in dysphagia rehabilitation using the [Side Biter](#). However, I am seeking clinicians to perform evidence-based research studies to further validate The Side Biter as a therapeutic chewing and swallowing tool. Please contact me if you would like to participate in evidence-based research on the [Side Biter](#).

Q: How do therapists reach you for training or research opportunities?

A: I am Cheryl Pelletier, MS/CCC-SLP; I am available by email and phone. Clinicians can email me via the [Side Biter website](#), or 508-633-7156.



[Cheryl Pelletier](#), MS/CCC-SLP, Feeding-Swallowing Specialist, is the creator of the [Side Biter](#). Seek a 20% off discount at checkout by using NSL20 at checkout.



Wilson Nice, SLP, is the owner of Nice Speech Lady, a platform for medical SLPs to acquire clinical resources. Nice also works as a medical SLP in New Mexico, in telepractice.

Disclosure: Gnosh,Inc./Side Biter is a sponsoring of Nice Speech Lady.