

exercises. SLPs to be mailed the survey were randomly selected from a list of SLPs who work with children from birth to 11 years of age, which was taken from membership records of the American Speech-Language and Hearing Association (ASHA).

Out of the 2000 surveys that were mailed out, only 537

eleven studies, only two were found to suggest that NSOMEs may be beneficial in improving speech outcomes. Of the two studies that found NSOMEs to be beneficial, Lof (2003) points out that the validity of one of these studies may be questionable as there were some methodological and statistical flaws. Also important to note is that only three of the eleven studies have been published in peer-reviewed journals. The rest are either pending publication or were presented at an ASHA annual meeting.

Studies of non-speech outcomes were also evaluated. Eight out of the nine studies were related to muscle control and feeding. Two studies were classified as level I, three were rated at a level II, and four were considered a level III as they were non-experimental studies. These studies provide weak support for using NSOMEs as a way to treat muscle control and feeding.

There were also a few studies that included both speech and non-speech outcomes. None of these reports however contained scientific, controlled data, and as a result they were all rated as class IV evidence. As this is such a weak rating, the evidence is not considered to be credible.

Based on a deficiency of high levels of evidence, NSOMEs should not be used as a method of intervention for speech sound disorders until further research can be done, at a higher level of evidence, to indicate that NSOMEs are an effective therapy tool.

Literature Review #3: In another retrospective literature review, Ruscello (2008) discusses three specific topics in his evaluation of non-speech oral motor exercises (NSOMEs); (1) a definition of NSOMEs and a

therapy.

The second set of articles that the author examined used

