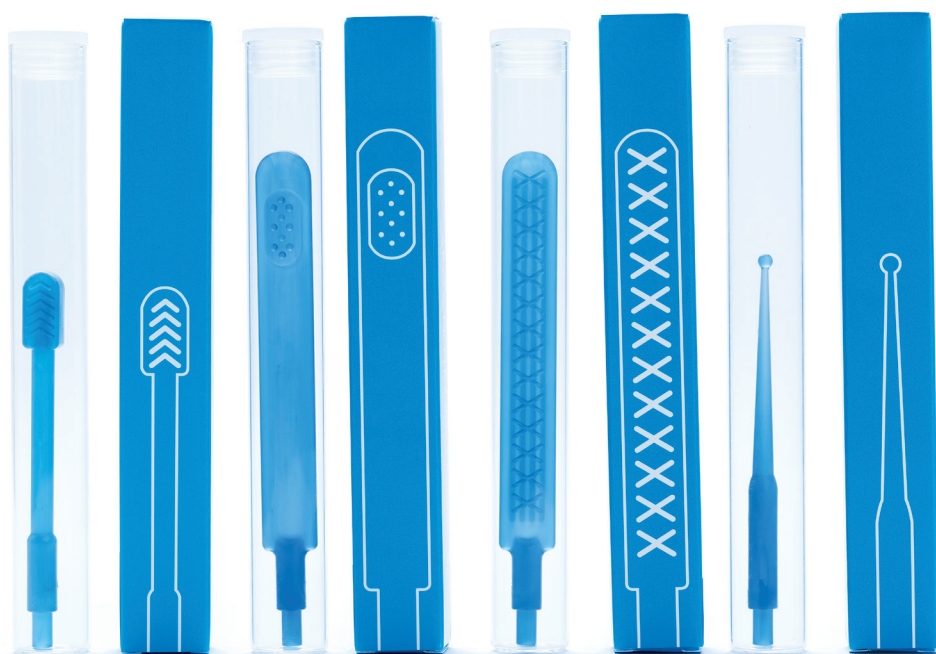


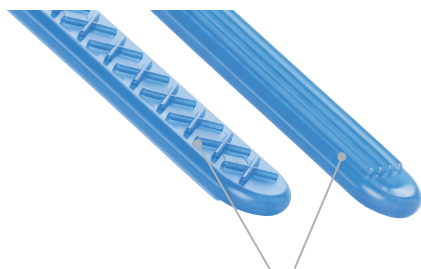
NOVAFON ATTACHMENTS FOR INTRAORAL VIBRATORY STIMULATION



EXAMPLES OF USAGE

TONGUE DEPRESSOR HEAD

- Tongue motor/ strengthening exercises
- Wide-area tapping on the tongue
- Stimulation of margin of tongue and cheeks
- Facilitate lip closure



NON-SLIP THANKS TO
X PATTERN AND
LONGITUDINAL RIDGES

1. Cheek and tongue toning

Aim: Enhancing tone and counteracting atrophy

Passive part of exercise: Wide-area tapping from back to front with the greatest possible contact area of the spatula on the tongue. Stimulation of the inside of the cheek by placing the spatula in the cheek and exercising gentle counter-pressure from the outside.

2. Tongue-strengthening exercises

Aim: Tongue strengthening for patients with low tone

Active part of exercise: First carry out wide-area stimulation of the dorsum of tongue, the margin of tongue, the tongue tip and the underside of the tongue and then give a careful pressure impulse and ask the patient to generate counter-pressure.

3. Toning the lips

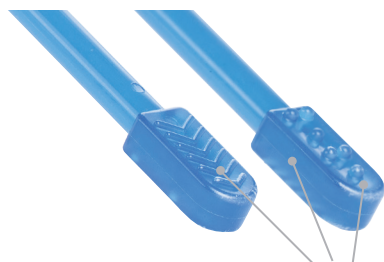
Aim: Encouraging mouth closure

Passive part of exercise: Use the jaw facilitation hold to get the patient to close his or her mouth and carefully place one of the two textured sides of the spatula attachment onto the closed lips.

Active part of exercise: Ask the patient to hold on to the spatula attachment with his or her lips.

ARROW HEAD

- Promoting intra- and extraoral awareness
- Toning the tongue, cheeks and lips
- Developing the median sulcus of tongue



ARROW PATTERN, STUDS
AND SMOOTH SURFACE
FOR VERSATILE STIMULATION

1. Developing a median sulcus of tongue

Aim: Enhancing bolus control

Passive part of exercise: Place the arrow attachment on the middle of the tongue with one of the two textured surfaces and hold it there or develop the median sulcus of tongue with a stroking motion from the back to the front.

2. Stimulation in patients with facial palsy

Aim: Tone regulation of the facial structures in patients with facial palsy or weakness of the buccal branch of the facial nerve

Passive part of exercise: Move the arrow attachment along the orbicularis oris.

Active part of exercise: Immediately after stimulation, ask the patient to perform active control of the muscle (pull mouth wide and make a round shape).

GENERAL INFORMATION

Please note that an individual treatment plan has to be drawn up for each patient due to his or her individual underlying condition(s), constitution, resources and reflex reactions and that NOVAFON cannot issue any corresponding information. The attachments have to be hygienically cleaned, disinfected and

PELLET HEAD

- Triggering the swallow reflex
- For indicating articulation location
- Activating saliva flow
- Developing a median sulcus of tongue



PRECISE USAGE THANKS TO
SMALL BALL POINT

1. Stimulation of the anterior faucial arches

[Aim: Triggering swallow reflex, velum elevation](#)

Passive part of exercise: Having cooled the ball point in iced water, carefully stroke laterally along the anterior faucial arches.

Active part of exercise: Then ask the patient to swallow of his or her own will. Ask the patient to say "aah" to cause a velum elevation.

2. Precise indication of articulation location in patients with verbal apraxia and dysarthria

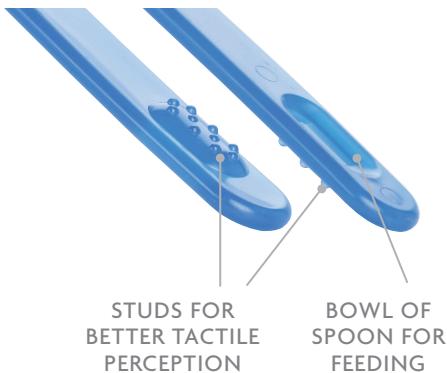
[Aim: Targeted articulation motion](#)

Passive part of exercise: Stimulation of the 3rd articulation zone on the palate, e.g. for producing the /k/ sound.

Active part of exercise: Having given a short, plosive, sensory input with the pellet to the back of the tongue, ask the patient to articulate syllables or words with /k/ as the initial sound.

SPOON HEAD

- Swallowing training with food
- Training tongue tip motility
- Stimulation of the back of the tongue



1. Training the tongue tip

[Aim: Enhancing tongue tip motility](#)

Active part of exercise: Fill the bowl of the spoon with a small amount of a sticky substance (honey or Nutella – caution! not suitable for patients at risk of aspiration) and place the spoon attachment on the palate or in the pouch of the cheeks with the studs pointing proximally. Ask the patient to search for the content with the tongue tip and lick out the bowl.

2. Stimulating the dorsum of tongue

[Aim: Triggering a swallow reflex and dorsum of tongue elevation](#)

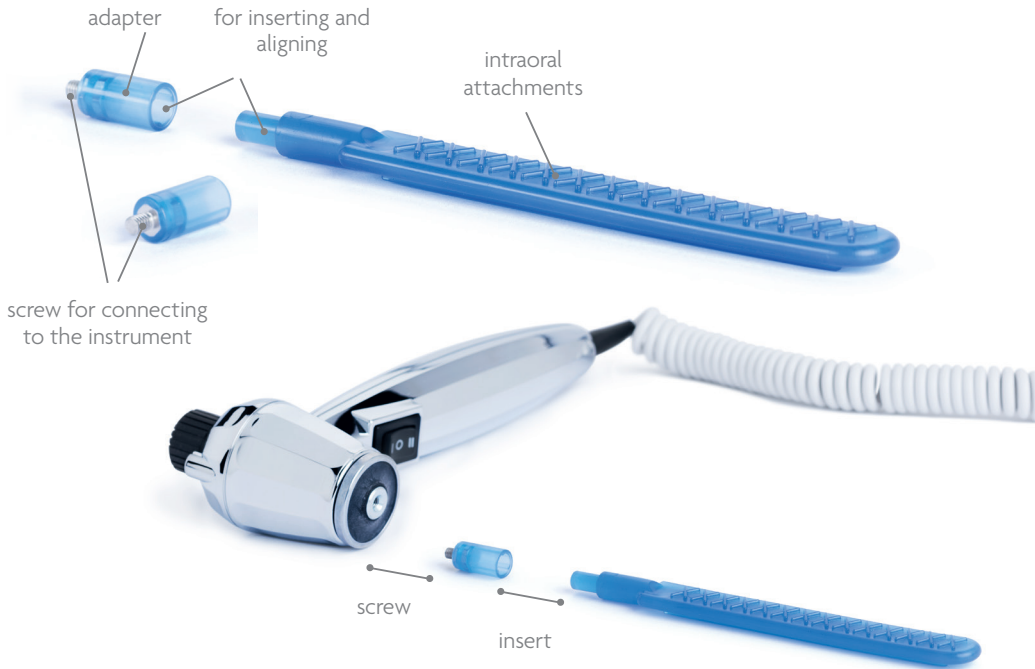
Passive part of exercise: Place the bottom of the spoon attachment with the studs on the dorsum of tongue and let the patient feel the vibration. Give a slight pressure impulse.

Active part of exercise: Tell the patient to swallow or combine this exercise with the articulation training of the 3rd articulation zone.

sterilised. The examples of usage stated above are to be understood as such and are not applicable to every patient. Furthermore, there are many other possible uses, which could not all be described here in detail.

TIPS & TRICKS FOR HANDLING THE INTRAORAL ATTACHMENTS

- The attachments can be turned inside the adapter to ensure the best possible hold and ideal alignment for in mouth application.
- The adapter can be removed by simply pulling it off the attachment (e.g. for cleaning or attaching a different head).
- If you apply pressure with the head, always support it on the other side with one finger so that no force is applied to the head of the instrument.



Please contact us with any further questions you may have:

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