Oral Sensorimotor Stimulation Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
Abd-elmonem et al., 2021 Egypt RCT 5/10 Fair quality	N = 70 Age at enrollment: 12- 48 months CP diagnosis: 100% CP Type: Spastic quadriplegic, ≤ 10 on the initial evaluation of Oral Motor Assessment Scale GMFCS (Gross Motor Function Classification System) Level: Level IV: n=44 (63%) Level V: n=26 (37%)	 Oral sensorimotor simulation & Neurodevelopmental training (NDT)-based sequenced trunk co-activation exercises (n=32) vs. Neurodevelopmental training (NDT)-based sequenced trunk co-activation exercises (n=32) <i>Intervention details:</i> Oral sensorimotor stimulation: 20 minutes of oral sensorimotor stimulation followed by 10 minutes rest before the same program as in control group. Goal to decrease hypersensitivity of oral structures, increase jaws movement, and reinforce muscle strength, improve tongue movement, and enhance oral motor organization. Applied via certified physical therapists 5 days/week for 4 successive months. <i>Neurodevelopmental training (NDT):</i> NDT-based training administered by physical therapist 5 -90-minute sessions/week for 4 months. 	At post-treatment (4 months):Oral motor skills (+) Oral Motor Assessment ScaleTrunk control (-) Segmental Assessment of Trunk ControlPhysical growth (+) Weight scaleGross motor function (-) Gross motor function measure-88 (GMFM-88).