



We are excited to begin this Fall 2013 season by adding a new team member, Becky Ellsworth.

Becky, who is the Chair of the IAOM Board of Examiners, joined our Orofacial Myology team a few short months ago and we feel very fortunate to have her with us! Being an RDH instructor, she is a great addition to our classes.

When she is not teaching or working on IAOM projects, you will find her spending time with her husband, her cats, or researching a new topic to stimulate the avid minds of our attendees. She is soon to become a first time grandmother and cannot wait to hold that little new one in her arms. We welcome you, Becky, and look forward to many enjoyable times together.....

Our Orofacial Myology News now boasts a column by Dr. Robert Mason. Check it out on page three and use it to help educate your patients and their parents.

We added a section for international orofacial myologists to tell what approaches and programs are used in their own countries. This edition contains an article by Ana Lia Garretto. Many of our readers already know Ana Lia as an active enthusiastic therapist from Argentina.

Our 2014 schedule is set and we will be busy giving classes more often and in more locations including Orlando, Raleigh, Michigan, Calgary, and California. We hope to see some of you during our travels.

Enjoy this crisp and delightful season and as always, we appreciate your emails and input and ideas for future editions.

Pursuing Perfection Through Technology

We have to exercise caution when incorporating technology in trying to resolve real life problems with "real life" patients.

Software developers and other information management specialists offer guidelines as to what technology should be able to do for us. Among them are the following:

- To help us do our jobs better by clearly displaying the critical information that we rely on to do our jobs.
- To filter out irrelevant data so that we aren't drowned in meaningless messages.

But are these guidelines achievable? In well-ordered situations with clear goals and standards, with stable conditions, it makes perfect sense to seek such performance. With complex conditions and the need for constantly evolving goals, (yes, the ones we deal with in each and every therapy session!), it doesn't make sense to pursue those same goals. We have to exercise caution when incorporating technology in trying to resolve real life problems with "real life" patients.

Some books are addressing these issues. In "Seeing What Others Don't" by Gary Klein, the author explains why we need insights to avoid faulty beliefs that may come about by "failing to filter out irrelevant data." He explains how we are often drowning in meaningless messages along with the relevant ones.

Google can be TOO helpful. In

fact, Facebook, Google and other programs and search engines "learn" our preferences and try to limit our choices based on what they have "learned" about our prior selections. They screen out what they "think" we don't want or need, thus limiting our exposure to new and differing input that can lead to possibilities of new insights and professional growth. So when we put our request for information into a search engine, we can expect the first several results to reflect what we already know or have already seen in the past.

We need to see challenging articles and encounter other points of view. We need exposure to ideas that are NOT all similar to what we currently believe to be true.

We are taught throughout life to stay a course in order to reach our original goals. Unfortunately, doing so often interferes and stops us from discovering new and better goals that lead to insights about our patients and their immediate needs.

So how do we use technology effectively in the always variable environment of therapy settings?

- When using Search Engines, dig deeper, perhaps even starting on a later page and working backwards.
- Learn how to use objective measurements as a guide to "general" expected behaviors without downplaying our own instincts and without ignoring what is honestly occurring in our treatment sessions.
- When we discover something new or different or unexpected in the way a patient is responding to our treatment "plan," we have to be able to use that momentary insight to change direction. We must remember that striving to meet predetermined goals might sometimes actually obstruct progress and keep the patient and us stuck on an irrelevant pathway.

Suggested books: "Play" by Stuart Brown, MD (Avery Publishing, NY, 2009 and "Seeing What Others Don't" by Gary Klein (PublicAffairs Publishing, 2013)

IATP World Summit 2014

Oct 8-12, 2014 in Montreal featuring world class researchers and clinicians from around the world. Specific information about slate of speakers coming soon.

International Affiliation of Tongue-tie Professionals



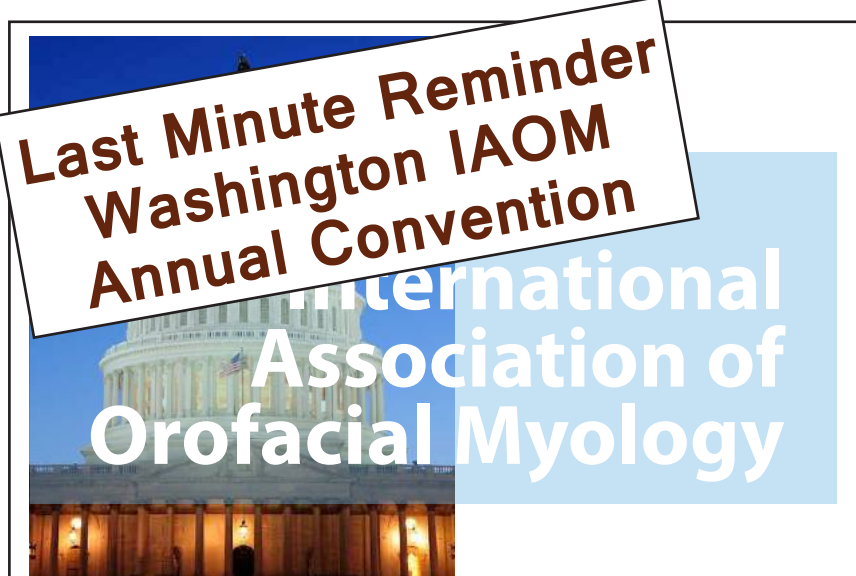
Related News

The new Board of Directors will be installed at the upcoming convention in Washington, DC. Thank you Marsha Lee-White for your work as President during your term in office. It is a daunting task to accomplish the many details of the office of president and we look forward to your continuing participation and input on the Board in the position of Past President. Thanks also to all of the other Board members who work sometimes many hours per week on IAOM tasks. May the upcoming two years be filled with continuous cooperation among all members and officers, leading us to even greater accomplishments.

Karen Samuels, the IAOM President Elect, was scheduled to take over the office as IAOM President this October. Due to illness, she is unable to assume the duties, leaving a vacancy in the President's seat. An election will be held after the upcoming convention to select the replacement for the position. Let us offer the new President our full assistance and cooperation as she steps up to fill this vacancy, making it possible for us to continue our work smoothly and without disruption. We wish Karen a speedy recovery and hope she will be able to return soon to participate in the IAOM activities.

IAOM Poster Session Presentations

Be sure to stop by the poster sessions at the IAOM convention on Friday October 11. The Morning session begins at 10:30 AM and the Afternoon session begins at 2:40 PM. The presenters are Kharen Levan Camones and Paola Grande Tolentino. Translation is being graciously provided by Greta Vigil from Neo-Health Services, Inc. and Stefany Stanbury, both originally from Peru.



In IAOM each committee
Gets to the real nitty-gritty.
We share all the knowledge
We've gathered since college.
To NOT do so would be a pity.

Tips From Colleagues

3D4Medical.com offers Apple and Mac apps for health professionals that can be used to inform and educate patients. They cover all of the body systems and allow for rotation and various views. Of particular interest to orofacial myologists are the sections on the muscular, skeletal, and brain/nervous systems.

<http://www.3d4medical.com/>

Come Join Us at the International Convention

The International Association of Orofacial Myology is holding its Annual Convention in Historic Washington, DC. Come learn about Treatment, Ankyloglossia, Orofacial Muscle Exercises and Treatment, Research, the Orofacial Complex, Buteyko and Beyond, Upper Airway Management, Videotape Measurements, Telepractice, and Utilization of Social Media, and more. Members \$300 prior to 9/9; \$350 after 9/9;
Non-Members: \$350 prior/ \$400 after 9/9

October 11, 12, 13
The Washington Court Hotel in Historic Washington DC
525 New Jersey Avenue, NW Washington, DC 20001

Register via the website: www.iaom.com

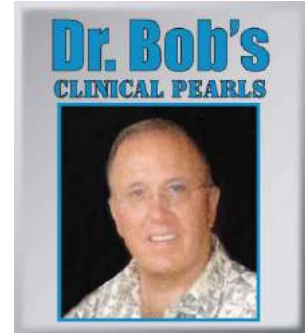
Finally here... a one stop place to visit and to send parents to educate them about Orofacial Myology

As professionals dedicated to the advancement and success of the field of orofacial myology, we accept and welcome the responsibility to train and educate professionals, parents and patients. With pleasure we will describe and highlight clinical services that can be provided appropriately and expertly by orofacial myologists.

This website is intended to be the "one stop" place for information about orofacial myology. The specific discussions of clinical techniques appeal to clinicians at all levels of experience. New clinicians will find the articles and discussions valuable supplements to the development of their clinical skills and knowledge base. We are especially dedicated to highlighting sucking habits. It is essential that we give sucking habits the importance they deserve; otherwise, as "conspirators," they can contribute to unwanted changes in the dentition and jaws of many children.

We are pleased to have the continued and increased participation of Dr. Robert "Bob" Mason on our website. Dr. Bob's contributions are intended to further an understanding of the tenets of orofacial myology, to encourage clinical research with OMDs, and to comment on clinical activities that merit discussion. It is our hope that working professionals, students, other interested professionals, and parents and patients, will find information and insights on his web page that will enhance their understanding of the field of orofacial myology.

On the home page Dr. Mason will occasionally reply to selected questions from professionals and others. A Q&A regarding a patient with Down Syndrome is currently featured. On the Dr. Bob's Clinical Pearls page, readers will find featured articles, editorials and tutorials for orofacial myologists, and separate articles with information for parents and patients. Dr. Mason will be updating the web page periodically with the addition of new documents to provide you with valuable and useful clinical information. Just click on the box with Dr. Mason's photo on the home page, Dr. Bob's Clinical Pearls, to be transferred to his page. Feel free to invite parents and patients to learn from Dr. Bob's articles. You will find information that is not readily available elsewhere. Please visit often and benefit from all the resources!!!



Parents
We need to talk!!!

Parent Concerns

*OM Questions
and Answers*

*Ethical
Clinical Practices*

*For Professionals
and Parents*

Speech-Language Pathology Continuing
Education and Treatment Resources



Earn Orofacial Myology CEU's at Home

Orofacial Myology "Tongue Thrust" Level 1 Course

R: From Basics to Habituation

Tongue Tie 101: What is Our Role?



Orofacial Myologists Around the World

When we asked Ana Lia Garretto to tell us about her activities as an orofacial myologist in Argentina, she created a nice timeline that introduces us to the life of a person who has devoted herself to learning and lecturing about Orofacial Myology topics. Thank you, Ana Lia. We are sure our readers will enjoy reading about your evolution as an orofacial myologist as much as we have.



Enjoying a little free time with Susemarie Swenson and our dearly beloved Marge Snow



courses to dentists, ENTs, pediatricians, and speech pathologists specializing in orofacial myology. I organize intensive courses and training for SLPs in Spanish and English.

I would like professionals to expand their knowledge all over the world, paying attention to the importance of Orofacial Myology in our overall health. I want professionals to understand that orofacial myology cannot be applied the same way in every location because there are different cultures and restrictions. I wish the best for Orofacial Myology now and in the future and I especially thank Sandra Holtzman for inviting me to write these lines.

Ana Lia Garretto
Speech Language Pathologist, PhD
anagarretto@gmail.com
Skype: analiagarrett

During my first 25 years as a professional, I worked at the Department of Pediatric Dentistry at Buenos Aires University, where I taught dental students, saw patients, performed evaluations and conducted research. I always worked in a close relationship with an interdisciplinary team of ENTs, dentists, pediatricians, neurologists, and other specialists. I decided to get my PhD and realized that as an SLP, the doctoral thesis included a mandatory original research project. I decided to do my research in Orofacial Myology. I traveled to Orlando, Florida, in 1986 where I met Daniel Garliner and heard about the IAOM. I attended courses with Dr. Marvin Hanson, Joe Zimmerman, Bill Zickefoose, Gloria Kellum and Dr. Robert Mason with whom I visited Duke University. I collaborated with Dr. Hanson and Dr. Mason for their book, Orofacial Myology: International Perspectives, writing about "Orofacial Myology in Argentina", Chapter 15. Irene Queiroz Marchesan invited me several times to Brazil, where I spoke about Orofacial Myology in different cities. I also presented Chapter 2 of the book "Tratamiento de la Degluticao" organized by Irene. We still keep in touch.

Currently, I see patients in private practice at the Argentine Orthodontics Society (Sociedad Argentina de Ortodoncia-SAO), where I teach graduate students specializing in orthodontics and orthopedics. I also conduct patient evaluations and diagnoses associated with Oral Myofunctional Disorders. I work every day with patients that have negative habits such as thumb sucking, lip biting, nail biting, bruxism, functional respiratory habits, and more. I also see patients regarding restricted lingual frenula and temporomandibular joint disorder and general body posture. Most of the patients present with mouth breathing, dysfunctional swallowing, and speech disorders. I continue presenting papers and

"Winter Conference, Orlando"



Here I am with Co-Chairs Marvin Hanson and Sandra Holtzman, also present Sandy Coulson.



One of many wonderful moments

Outside of the “mouthbox”



by Becky Ellsworth,
AAS, RDH, BS, COM

I am delighted to be part of a new career adventure with Neo-Health Services, Inc. and to be able to share some of my thoughts with you in my column in the Orofacial Myology News. I look forward to meeting many of our readers as I travel with Sandra Holtzman, giving courses throughout the U.S. (and perhaps elsewhere!). I wanted to use this opportunity to delve a little bit deeper for those readers who may not yet fully grasp the possibilities of orofacial myology and the advantages of treatment.

Assess – to appraise, determine **Evaluate – to examine, to get the measure of**

These are two terms with which all dental hygienists are aware as they are the crux of our profession. We are trained to work intraorally and observe all aspects of the soft tissue and periodontium, noting any abnormalities, but what about the whole person, not just the inside of the mouth? What about the head, mouth and tongue postures? Each one of these is important in ascertaining an orofacial myofunctional disorder (OMD).

There are very simple ways to screen for and detect an OMD, and they are literally staring us in the face!

Observe:

Are the patient's lips apart at rest? Are they chronic mouth breathers? Is there a large “freeway space” at rest? Is the tongue visible? If so, where is it resting? Does the mentalis tighten when they close their lips? Is there low tongue posture or interdental position during speech? Are there anterior or posterior crossbites or openbites? Is there an ankylosed lingual frenum or a diastema between the maxillary central incisors related to the labial frenum?

These are just some of the many ways we can screen for an OMD. We can also ask questions to determine if there is a current or former oral habit that is a contributing factor.

We need to move our perspective outside of the “mouthbox” and if we do, we will be able to help our patients in ways that they, and you, can only imagine! What an exciting and vitally important way to expand our knowledge and grow our profession. If you have not yet done so, consider taking an IAOM approved course and jump on board for a new way to add to your skill set!



“Myo-Recipes... Time to Lick your Lips”

LICK-THE-BOWL-CLEAN HUMMUS

TOTAL TIME: Prep: 10 min. Cook: 35 min.

Ingredients

2 large sweet onions, thinly sliced

1/4 cup plus 1/3 cup olive oil, divided

1 can (15 ounces) garbanzo beans or chick-peas, rinsed and drained

1/4 cup plus 2 tablespoons lemon juice

1/4 cup tahini

4 garlic cloves, minced

1/8 teaspoon salt

1/8 teaspoon pepper

Baked pita chips or assorted fresh vegetables

Nutritional Facts

1/4 cup (calculated without chips and vegetables) equals 218 calories, 17 g fat (2 g saturated fat), 0 cholesterol, 91 mg sodium, 14 g carbohydrate, 3 g fiber, 3 g protein.

Directions

1. In a large skillet, saute onions in 1/4 cup oil until softened. Reduce heat to medium-low; cook, stirring occasionally, for 30 minutes or until deep golden brown.

2. Transfer to a food processor; add the beans, lemon juice, tahini, garlic, salt, pepper and remaining oil. Cover and process for 30 seconds or until smooth. Serve with chips. Yield: 2-1/2 cups.



Originally published as Lick-the-Bowl-Clean Hummus i Taste of Home February/March 2011, p69

by Taste of Home



Dawn Moore

"I have been an SLP for 15 years practicing in the schools and in private practice.. After diagnosing my own daughter at 2 years old with an OMD and struggling to find treatment for her tongue thrust and associated myofunctional difficulties, I sought out training to be able to help others with similar conditions."

When I was asked about orofacial myology on a recent list serv for Speech Pathologists at Large, I responded as follows:

I took Sandra Holtzman's course when she offered it in Raleigh this past spring. She usually gives it in Orlando. It is an eye opening, amazing training that will show you why you couldn't "fix" kids you had in the past. Their issues were not really articulation, they were orofacial. The kids I saw at school had issues ranging from "tongue thrust" to tongue tie to low tone to weak masseters, to mouth breathing and on and on and on. These issues cannot be fixed with articulation therapy and in the schools we can do nothing else. I am not talking about oral motor therapy. Orofacial myology deals with correction of the muscle function that may cause inappropriate habits (i.e., tongue thrust) which create articulation problems and dental problems. You have to work with patients and then pass the test and onsite visit observations to become certified. After being in this field for 15 years, I have finally seen what we should have been doing all along and what we should have been taught in graduate school when it comes to speech/articulation therapy. I have always said our field is way too broad and should be broken up into specialized areas, but since ASHA doesn't do it, we have to do it ourselves. I agree with Susan Arnold that there need to be more orofacial myologists in this country! If you are looking for a niche area in speech, this is a good one to consider. Working with orthodontists in your area will help you build up a practice. Just being a member of the IAOM has allowed me to receive referrals. I now have a way to assess and recommend lingual frenum release for those that truly need it and will benefit from it instead of just saying "It might help." That is just ONE of the areas I learned about in the training.

Orofacial Myology: From Basics to Habituation Certification Track: Intensive Course



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Sandra R. Holtzman **Becky Ellsworth**
MS, CCC/SLP, COM **RDH, BS, COM**

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- Jul 24 – 27** Grand Rapids, MI
- Aug 18 – 21** Calgary, Alberta, CA
- Oct 10 – 13** Raleigh, NC
- Nov 06 – 09** Orlando, FL
- Dec 27 – 30** Orlando, FL



Welcome to Our
New Instructor:
Becky Ellsworth,
AAS, RDH, BS, COM

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Orofacial Myology Newsletter is brought to you by Neo Health services, Inc. in order to keep you posted on conventions, policy, noteworthy therapists, IAOM happenings, products, interesting questions we receive, and other topics related to Orofacial Myology.

This newsletter is meant to provide a connection among all of us who practice or have strong interest in this wonderful specialty area of Orofacial Myology. Since there are only an small number of us worldwide, it is important for us to maintain as strong a link as possible from state to state and from nation to nation, so that we can grow as individuals and as a respected profession.