Orofacial Myology News

Founded 2000 | Orlando, FL January 2015 | Published Quarterly

Happy New Year to all of our readers!

Each January, I take a few moments to consider the evolution of Orofacial Myology over the previous twelve months. I think about the blogs and the questions that have come up; I look at the courses we've taught and the growth in the number of "graduates;" I review the various locations of those who have contacted us for consultation, product purchases, and requests to give training courses. Based on my own observations, 2014 was the biggest year in history for the advancement of Orofacial Myology.... and I am only looking at the information that we, at Neo-Health Services, have access to.

It is more important than ever that we are careful to "police" ourselves as we grow. We have to monitor ourselves and our associates to assure that we develop in a manner that is consistent with other medical and dental professions. My dream is to see Orofacial Myology considered as a separate professional field within my lifetime. I believe that this will happen as long as we are careful to delve deeper into the areas that encompass Orofacial Myology and that we are likewise careful in treading into new exciting areas that require more evidence before we embrace them.

Please enjoy the very interesting and thought-provoking article on page 3 by Dr. Robert Mason: Does the Tongue Shape the Palate? It is a true eye opener for many of us. We thank him for his many contributions.

And we are very excited about Kristie Gatto's newly released "Muscle Manual," Understanding the Orofacial Complex. It is very popular and is "just what was needed" for all of us practicing clinicians. You can read about it on page 4.

We at Neo-Health Services, Inc. wish all of you the best year of Health, Professional Growth, and Wisdom.

How to get Referrals: Avoiding the Cookbook Approach

The process of creating a short letter or presentation to potential referral sources.

To the pediatrician: Emphasize the elimination of noxious oral habits, chronic mouth breathing, and speech disorders.... as they relate to orofacial myology. Briefly explain the rest postures of tongue, teeth and jaw, noting that the resting position is the "home base" where the actions begin and end. The correct rest postures lead to accurate placements for speech sounds, better appearance, and readiness for the chewing and swallowing process. Describe the effect of enlarged tonsils or adenoids on rest postures and how orofacial myology addresses these issues. Explain that starting early gives the child the chance to correct those habits before they do more concrete damage to dentition and to facial structure.

To the orthodontist: Although many have already heard about orofacial myology, you still have a LOT of educating to do. Describe how your program assures that the patient is stabilized at basic levels before moving ahead, thus minimizing the chance of failure and that it greatly reduces the likelihood that orthodontic relapse will occur. Tell them that you have a multitude of exercises to select from which assure that each patient will be treated according to his particular needs. Explain that you assess the lips to be certain that they are functioning within the normal range; if not, you will give exercises to achieve those goals. If you have the Lip Strength Meter, tell them that you establish a baseline comparison used throughout treatment. Inform them that you follow a strict scope of practice. Make sure they understand that you are someone in whom they can place their trust, someone who is well trained, and someone who offers a thorough evaluation followed by a well thought out treatment plan. If you are a member of the IAOM, tell them that you are part of an international association that was created in the early 70's and that you adhere to a "gold standard" of professionalism.

There is not enough space to cover the many other referral opportunities such as ENTs, Oral Surgeons, Pedodontists, General Dentists, Speech Pathologists, and more. The main objective is to individualize your presentation to appeal to the needs of your referral sources "from their viewpoint."

I must confess that the letters I sent out when I began my clinic many years ago, were not very helpful. As I shortened the letters and better targeted the referrals' needs, it made a tremendous difference in the number of patients they sent to me. What really did the trick to boost my patient base was when I phoned their offices, told the receptionist that I was a speech pathologist and orofacial myologist who saw patients who needed their services (name the service: orthodontics, pediatrician, etc.), and that I wanted to meet or take her/him for lunch to chat a bit before recommending them to my patients. I never (note: NEVER) was refused. They all went out for lunch .... and not a one would let me pay, (although I tried to do so, honest!). They told me they had gotten a good education over lunch, and wanted to pay for it!

Save the Date October 2-4

IAOM Orlando CONVENTION 2015

See inside for updates on speakers and activities for the incredible IAOM convention

2014 in Pictures

IAOM Calgary

IL, Easter Seals DuPage & Fox Valley

FL RDH's Convention

FLASHA

MYO CAKES *... Times when we Licked our Lips"*

2014 ASHA CONVENTION

Dr. Bob's CLINICAL PEARLS

Does the Tongue Shape the Palate?

Question from a clinician: Dr. Mason - I have heard many clinicians say that the tongue shapes the hard palate. It seems logical to me that the tongue plays an important role in the development and shape of the hard palate and maxillary dental arch. Is this true? Am I wrong? Will you please verify this? Thank you.

Dr. Mason's reply: Let's begin here: when I ask a person to push the back of the tongue up against the back of the hard palate and keep it there, most reply that they cannot contact the palate with the posterior part of the tongue. This actually can't easily be done, and in most individuals cannot be accomplished at all. For those who can do so, considerable effort is involved; effort that cannot be sustained for a long time and that is not compatible with a habit pattern. Most habit patterns are associated with tongue activity that results in pleasure and not requiring full effort. I mention this to dispel the perception of many that the tongue can influence and "mold" the shape of the hard palate.

Contrary to opinions still held by many clinicians, the tongue does not play a significant role in the development and shape of the hard palate and the maxillary dental arch. Then how does the shape of the hard palate develop? The answer is that the shape of the maxilla and hard palate is controlled by growth events that occur above the hard palate rather than events that may occur involving the tongue below the hard palate in the oral cavity. To appreciate this, clinicians will need to change their perspective of facial growth and accept that what is taking place in facial growth occurs above the hard palate rather than what they see happening in the oral cavity.

The details: the growth of the hard palate involves regional growth starting at the basicranium, which serves as the overall template from which the hard palate develops. The regional growth influences that determine the final form of the hard palate that are taking place above the hard palate include such factors as: the route of the optic nerves, a large factor in the rotational growth of the hard palate and the maxillary dental arch; the development of the interorbital distance which influences the width dimensions and the shape of the hard palate; and the course and spread of the olfactory nerves, which is a major factor in determining hard palatal location and the extent of maxillary protrusion. Other peripheral contributions to maxillary shape are from the buccal and labial musculature, which are obvious biomechanical influencing factors; and whether the facial skeleton and dentition is Class I, II, or III, each of which has a differential effect on palatal growth and form. In all, hard palatal development, its shape and form, progresses from the basicranium downward, with the tongue and mandible dropping down and out of the way during the various growth and development actions above the hard palate that influence its shape and position as well as the maxillary dental arch (Enlow and Hans, 1996).

A few words need to be said here about thumb and finger sucking habits and their influence on hard palatal archform. A thumb or fingers habit can distort the palate short term but such habits are not responsible for the overall and eventual development and shape of the hard palate. Once the finger/thumb habit is removed, the palate fairly quickly returns to its previous form. (Enlow and Hans, 1996). As is well known among clinicians: with a sucking habit, negative pressure is exerted against the maxillary posterior dentition by the muscles of the cheeks, and the maxillary dental arch not only can narrow, but can also elongate vertically, exaggerating the perception of narrowing of the palate. After the habit is removed, the contour of the hard palatal vault and whatever narrowing and vertical lengthening of the posterior segments that may have developed will usually self-correct, and in short order. There is a difference, however, in the effect of a sucking habit as compared with anything the tongue does that has been claimed to influence the shape of the hard palate. The tongue can't be implicated as an important factor influencing the shape of the hard palate.

The explanation here for how the hard palate develops, including its shape, is based on the studies by Donald Enlow and discussed in the classic text by Enlow and Hans, titled: Essentials of Facial Growth, published by W. B. Sanders (Philadelphia), 1996. I attribute the information provided above to Enlow and Hans. Any skeptics of what is said here are encouraged to purchase a new or used copy of this classic text. Since the text is available in paperback form, it should be within the budget of most clinicians. Another source for greater detail than provided here can be found in an article that I published in the International Journal of Orofacial Myology, Volume 37, November, 2011, pages 27-38, titled: "Myths that Persist about Orofacial Myology". You can find this article on our website by clicking on Research Corner. Check out Myth #7 in the article. It pertains specifically to the question asked here.

Thank you for this question, and I hope that you are now convinced that the tongue is not responsible for the eventual shape of the hard palate.

Dr. Bob

Robert M Mason, DMD, PhD, ASHA Fellow
Speech-Language Pathologist and Orthodontist
Emeritus Professor of Surgery and Chief of Orthodontics
Duke University Medical Center
Private Practice in Orthodontics
Durham, NC
(now retired and residing in North Myrtle Beach, SC)

Click here to find more articles by Dr. Mason

Speech-Language Pathology Continuing Education and Treatment Resources

Earn Orofacial Myology and Speech Pathology CEU's at Home

Orofacial Myology "Tongue Thrust" Level 1 Course

R: From Basics to Habituation

Tongue Tie 101: What is Our Role?

Outside of the "mouthbox"

by Becky Ellsworth, AAS, RDH, BS, COM

"A Blessing and a Curse"

Anyone who has taken Sandra's or our course is familiar with this phrase. As Orofacial Myologists, we are trained to look at the obvious, and sometimes beyond it, and connect the dots. As I have often said, you will never again look at your patients the same way.

Once you really begin to see what is present: the lip or tongue tie, the high vaulted palate, dark circles under the eyes, the open lip rest posture, etc. , you have entered into the world of "The knowledge you gain in an Orofacial Myology course is a blessing and a curse."

Never again will you be unaware of the symptoms your patient presents, literally, staring you in the face. Is it right to work on speech when it is impossible for your patient to physically do or maintain the correct tongue postures they need for success? Is it right to withhold discussion of the inevitable orthodontic relapse you see coming when tongue and lip rest postures are not addressed? The list goes on and on…

Our ***blessing*** is being able to recognize, through a thorough evaluation, the course of action that needs to be taken for the best outcome for each patient. Maybe they need to visit an orthodontist, otolaryngologist or an allergist before starting therapy. Maybe their issues only need a partial therapy regime instead of a "cookie cutter" approach where everyone goes through the same exercises, no matter what they truly need. By taking an IAOM approved course, you will definitely see things you overlooked or didn't see how they fit into the whole picture, prior to your training!

Our ***curse*** is that now we are responsible to share what we know, even if it isn't easy to do so. One of our recent course attendees stated that she can now speak with confidence concerning her evaluation findings to referral sources, patients, parents and fellow workers. This comment was based on the newfound, evidence based knowledge she gained from our course.

We have a unique skill set that will change the way you assess, evaluate and implement your treatment. If you haven't started the certification process, you owe it to yourself and your patients! There is no time like the present… Check out our course brochure and join us for a life changing experience! Believe me; the blessings totally outweigh the curse.

Till next time,
Becky

Understanding the Orofacial Complex

by Kristie K Gatto, MA, CCC-SLP, COM

As therapists, we know the importance of having reference materials handy to educate our patients and their parents about what we do, what muscles are involved and more. In the absence of accurate images, sometimes we attempt to create our own graphics, which can be confusing and unclear.

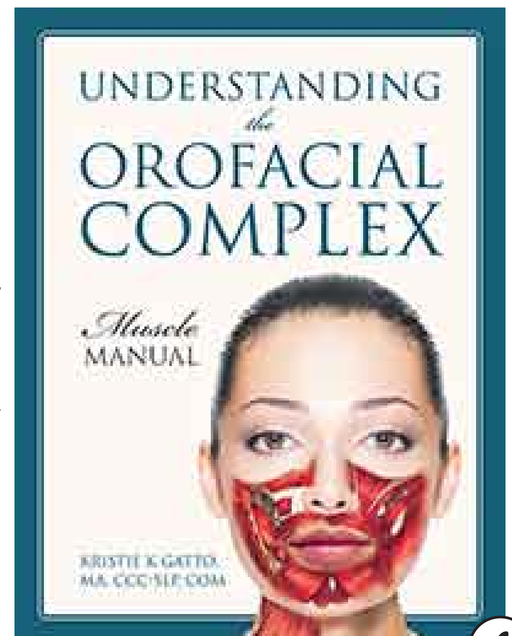
Last year, one experienced Orofacial Myologist, Kristie Gatto, MA, CCC-SLP, COM, finally identified this void and created an incredible Muscle Manual that will soon be considered a must in any Orofacial Myology, Dental and Speech Pathology practice.

Understanding the Orofacial Complex: Muscle Manual familiarizes the reader with the anatomy and physiology of the orofacial musculature, by providing comprehensive illustrations of each muscle with descriptions of the anatomical maps for those muscles. They include the origin, insertion, and function of the muscles, as well as the associated innervations.

Our Orofacial Myology Store proudly announces the inclusion of the MUSCLE MANUAL among our other offerings of supplies and materials. We are confident that as a professional you will value this tool. Take advantage of the special offer below only for our Orofacial Myology News readers by clicking the link below.

Click Here To Buy Your Muscle Manual

Muscle Manual



In Memorium
William E. Zickefoose
1931 - 2015
International Association of Orofacial Myology
Founder

"I had planned to write another editorial, but my mind was changed by an e-mail I received this month. I have been in the practice of working with orofacial myofunctional disorders for over 40 years. One would think that by now there would be a better understanding of functional disorders by most of the members of the dental profession , but this does not seem to be the case.

The e-mail concerned an orthodontic patient who was on her third set of prongs to correct a tongue thrust. Not only did the prongs not correct the tongue thrust but they also had a derogatory effect on the patient's speech. She reported a very sore tongue.

Teaching the patient the proper tongue and lip position and a normal swallowing sequence without the use of pain inflicting devices would seem logical to me. In most cases the patient has no idea as to what the normal function should be.

One can not fault the orthodontist, for this author has found that in most cases the dental community has had little or no formal training of orofacial functional disorders. It is time that our educational institutions recognize that the patient with myofunctional disorders should be trained in the proper method of mastication and deglutition."

An editorial by "Bill" Zickefoose with his vision for the future
Editorial from www.oralmyofunctional.com

The International Association of Orofacial Myology wanted to clearly express their major purpose to those who are deciding whether to join this incredible organization of professionals. They have created a new, to-the-point, vision statement, as follows:

The IAOM will advance the field of orofacial myology through accreditation, education and research.

Presenters and Featured Keynote Speakers

Kevin Boyd, DDS, MS
Airway Interference in Pediatrics

Rosanna Ramiers M.SLP,OMTS,PHS
Therapy Techniques

Naurine Shah, RDH, BDS, COM
Clinical Photography. Hands on Lunch & Learn

Dr. Fumi Tamura Ph.D. (D.Sc.)
Dentistry in Japan similarities and differences

Mable Sharp, PT, MS, CST, LMT
The Effects of Posture on Occlusion and Speech

Kathy Winslow RDH, COM & Paula Fabbie RDH, COM
Complex Orofacial Myology Case Studies

Alison Hazelbaker, Ph.D,IBCLC,FILCA,CST RCST
Ankyloglossia and author of Tongue Tie (Morphogenesis, Impact, Assessment and Treatment)

Shari Green AAS, BA RDH COM
Oral Habits - Research Update, Thumb sucking Elimination and Treatment of Complex Oral Habit Cases

Howard, M. Green, B.M., MSIS
Skills involved playing musical instruments based on orthodontic classifications, therapeutic value or contraindication

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Kristie Gatto

MA, CCC-SLP, COM.

It is our pleasure to highlight past students who enhance our field. Last year one of our graduates greatly pleased the Orofacial Myology community with the release of her "Muscle Manual," titled Understanding the Orofacial Complex. Kristie K. Gatto, MA, CCC-SLP, COM, recognized the need for dentists, speech pathologists, dental hygienists, orofacial myologists and other professionals to have a clear, easy-to-use reference manual that provides instant access to what they need on a continuing basis. Precise images of the muscles are accompanied by details of their origins, insertions, innervations and functions….all of it concise and "user friendly."

Kristie K Gatto, is not only a sharp author, she is owner of The Speech and Language Connection in Houston, Texas; a practice of 16 Speech-Language Pathologists that provides supervision to graduate interns. She is a current member of the Community Advisory Board for the University of Houston's undergraduate and graduate programs.

Her love of Orofacial Myology began after the birth of her second son when she stepped into the world of Private Practice. According to Kristie, Orofacial Myology added the "missing piece" of therapeutic intervention that she was looking for. A short time later, she obtained her COM, Certification in Orofacial Myology. Since that time, she has facilitated direct clinical relationships to promote collaboration of treatment for her patients with hospital-based teams, oral & maxillofacial surgeons, neurologists, neuromuscular dentists, otolaryngologists, orthodontists, pediatric dentists, and pediatricians.

She also collaborates with the International Association of Orofacial Myology (IAOM). She is a representative on the IAOM Board.

It is not a surprise with such an impressive background that Kristie has identified the necessity of another "Missing piece" for therapeutic intervention by creating her "Muscle Manual".

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Nov 06 – 09 Orlando, FL
Dec 27 – 30 Orlando, FL

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