



*Like so many of you treasured readers, my work life has become overwhelming. It is an odd thing to be distressed because one is doing so well, but that has happened to us and it is a mixed bag! If we work diligently for years on end, being sure to always put our clients first, it just happens that way...we are swamped! A few weeks ago, I thought I would burst from the mountain of emails, phone calls and other responsibilities that nearly buried me from having been away teaching a course. If I have learned one thing throughout the years, it is the necessity to listen to that little voice, that tug, that slight discomfort in the "gut" that signifies a change is needed. I shared that feeling with those close to me, remaining open to the input from every one of them. Lo and behold, the idea of opening another small office emerged. I would never have thought of it myself because that naturally seems like "more" work, not less. After several discussions with those close to me, I realized that it fulfilled many of the needs I had and would actually be relieving me and others of stress. Reaching out to those close to us, being open to suggestions from those who work with us or for us, solidifies the collaboration and provides answers we simply could never come up with on our own. I want to take this opportunity to thank those associated with Neo-Health Services as well as those of you readers who have become part of our "family" and willingly share your ideas, and are part of the back and forth exchange of information that makes so many lives better, both our own and our patients. Wishing you a warm and wondrous Spring Season!*

## Setting Realistic Goals

When we think of goal setting, most of us probably do something like the following:

1. Review the evaluation/oral exam results.
2. Analyze which parts of our treatment program are applicable, based on the client's areas of weakness.
3. Draw up our treatment plan and present it to them.

While these steps are certainly necessary, sometimes the client decides not to take the treatment or drops out of treatment long before it is completed. We scratch our heads, trying to figure out why we "lost" them when we followed a solid protocol that makes sense.

Often they "walk" because we failed to get inside the heads of the patient and family and view the various elements from their perspective based on their expectations and needs.

To truly offer an individualized program of treatment, we have to know and internalize certain motivating or "dis-motivating" circumstances that might at first seem irrelevant to us...but might be the difference in their signing on for treatment or walking away.

I like to handle this part of the consultation by asking questions such as the following:

What is your weekly schedule? What days and times are you available to come for therapy? How much time are you able to spend at the therapy session without feeling rushed? What is your typical daily schedule and are you able to fit in 2 sessions daily for several minutes? Can you fit in 3 sessions? Do you have more time or less on weekends? What are your chief concerns out of the ones we have outlined? Why do you want therapy and what are your expectations once it is completed? Will you accept family support and reminders? Do you usually complete tasks and goals that you set for yourself? Do you think this is the right time to begin treatment and are you dedicated to moving forward at this time?

These are the general types of questions I have used to successfully help me with the following situations:

- To weed out those who should not be seen at a given time
- To provide more or fewer exercises each session
- To include family members more or less, based on the client's request
- To shorten therapy sessions if needed

Asking the right questions gives us the best chance for success since we are drawing from the patient rather than trying to push our own agenda upon them. It also increases the bond between therapist and client from the very start, more often leading to a trusting working relationship needed for a successful therapy outcome.

## Orofacial Myology will be in VANCOUVER June 9 to 12

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## What is our role and where does it begin and end?

The question has arisen lately about how much responsibility we as therapists have in assuring that our patients succeed in every aspect of our program. For example, a question came up in our Yahoo blog recently from a therapist who was concerned that her patient who was very successful in the daytime, awoke with a congested nose and mouth breathed at night.

Another question was "What do we do if our client becomes non compliant partway through the program?" Yet another, "What about the client who never remembers to bring his myo supplies?" And then there's the client who's always 10 minutes late for her treatment session. No doubt, you probably can think of even more examples.

There is a fine line between demanding compliance of a patient and ignoring noncompliance. We cannot compel another person to do our will without their consent and willingness to do so. On the other hand, we cannot continue to use our valuable time and accept the patient's remuneration in situations where progress is negligible or nonexistent.

Rather than trying to decide how to handle endless examples of noncompliance or roadblocks (be they physical such as the nighttime congestion or behavioral such as arriving late), we need a fundamental principal to guide us regarding the limits of our role as ethical therapists.

**"It is my obligation to individualize and to draw the best out of each client according to his own abilities as well as his limitations."**

Some of you have heard my take on this dilemma. I follow the principle that "It is my obligation to individualize and to draw the best out of each client according to his own abilities as well as his limitations. Beyond that I am blameless...."

Having this credo makes it easier to answer most questions that arise related to how to handle a particular client in a particular situation. I recommend that you develop a credo you can use throughout your career that is your own foundation from which you can wisely make clinical decisions. Feel free to use or change mine as you see fit!

# Velopharyngeal Insufficiency and Eustachian Tube Dysfunction

Question for Dr. Bob:

We have a very interested ENT in our town who is on board with OFM and wanting to help our patients. He asked me an interesting question the other day and I told him I would seek some information for him. He has an 8 year old patient that has velopharyngeal insufficiency and also has Eustachian tube dysfunction. He was wondering if there are any palatal exercises for the Eustachian tube dysfunction. What do you think??? Is there such a thing?

orifice. Therefore, upon contraction, the tensor palatini may help to refill the tympanic cavity with air and equalize air pressure on the inside and outside. The nerve supply is from a branch of the trigeminal (V) cranial nerve. There are other pharyngeal muscles, however, which are more effective in this operation of relieving the dull tension caused by altitude changes and other causes of internal/external pressure differences. Dissection studies that I was involved in as a doctoral student in speech pathology under Anatomist Dr. Willard Zemlin revealed that a case can be made for the tensor veli palatini and the tensor tympani muscles being the same muscles. Some fibers from each are seen to interdigitate and they enjoy the same nerve supply from the 5th cranial nerve.

Dr. Bob's reply: Please tell the ENT specialist that I appreciate why he/she asked the question about a possible role for the velum in influencing Eustachian tube functioning because the tensor muscles of the velum pull the membranous lateral wall of the Eustachian tube away from the stationary cartilaginous medial wall, thereby opening the normally closed tube.

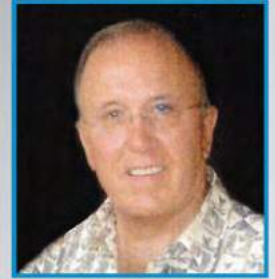
Background: The muscles that tense the soft palate during function (the tensor veli palatini muscles, or tensor palatini) tend to tighten their palatal aponeurosis attachment during contraction, but this is not thought to be a necessary or contributory component of velopharyngeal closure. A second, more clinically-important function is also present. This involves participating in opening the nasopharyngeal orifice of the auditory (Eustachian) tube by virtue of those fibers of the tensor palatini that take their origin in the anterolateral wall of the the auditory tube. Sometimes these fibers termed the dilator tubae are responsible for opening the auditory tube

Exercising the velum? It is questionable whether any exercise for the soft palate would improve Eustachian tube function. Swallowing would represent the best opportunity for the velum to influence the Eustachian tubes since the velum and the other muscles of the velopharyngeal mechanism contract actively up to and around the base of the Eustachian tubes. Where there is a velopharyngeal insufficiency, as with this 8 year old, it would be expected that the entire velopharyngeal mechanism would be functioning at a level lower than normal and failing to achieve a seal of the velopharyngeal port, so I would not expect movements of the velopharyngeal mechanism to participate actively in "milking" the Eustachian tubes open.

Please continue reading this article at:

[orofacialmyology.com/files/Velopharyngeal Insufficiency and Eustachian Tube Dysfunction.pdf](http://orofacialmyology.com/files/Velopharyngeal%20Insufficiency%20and%20Eustachian%20Tube%20Dysfunction.pdf)

**Dr. Bob's**  
**CLINICAL PEARLS**



## Velopharyngeal Insufficiency and Eustachian Tube Dysfunction

Labial Frenulae  
Important Orthodontic  
Considerations

Treatment Options  
For Jaw Growth  
Variations

Suggested Clinical  
Research Projects in  
Orofacial Myology

Facial Osteotomies

Down Syndrome

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# Grads Corner

by Karen Masters



Myo friends,

The past few months have been amazing! We have been to San Diego and most recently to Atlanta. Both classes were filled to capacity and kept Sandra and me on our toes making sure all attendees mastered "kiss the baby" and "trap and swallow!" The enthusiasm around the class content is so exciting. The SLP's, RDH's and dental professionals that attend all walk away talking about the immediate application of the content presented! That's the sign of some excellent teaching.

Our Facebook group for Hotlzman grads continues to grow as we top 117 members! We are certainly becoming a force to be reckoned with!! The myo militia! The questions and pictures that get posted are so interesting and the dialogue benefits all!

The biggest news is that it seems each day, another group member posts that she has passed the certification exam!

What a great rate of accomplishment our group is experiencing. Keep on taking those exams and setting up those onsite! Our knowledge will do so much good for so many!

We will be in Vancouver in June and Austin in August if anyone has friends or colleagues that want to take the class.

Lastly, the Advanced Class is officially planned and scheduled. We will be learning from Dr. Bob Mason in Myrtle Beach, South Carolina in September. Hope to see many of you there! Details are on the [www.orofacialmyology.com](http://www.orofacialmyology.com) website.

With a smile,

Karen Masters

Graduate Liaison, Education Co-ordinator



## YOU KEEP US BUSY!



**San Diego is beautiful in January**



**April in Atlanta Rocks!**



**March in Maryland was Cool!**



**February is better in Orlando**

Speech-Language Pathology Continuing Education and Treatment Resources



▶ Orofacial Myology "Tongue Thrust" Level 1 Course

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is Our Role?

## Earn Orofacial Myology CEU's at Home



by Becky Ellsworth,  
AAS, RDH, BS, COM

# Outside of the “mouthbox” Why work with me?

*There has been some discussion lately about how an RDH can get their foot in the door of an SLP's office who has no training in Orofacial Myology. What can you offer them and why should they work with you?*

*One thing I did in my hometown was to do a presentation at one of their monthly Speech meetings. I did a power point explaining what Orofacial Myology is and how it relates to speech issues. I discussed various etiologies, emphasizing airway, frenula and oral habits. I gave out brochures for the place I work and encouraged them to send students to me that they were having difficulty helping. It was very successful!*

*As far as private practices, I would focus on a couple at a time. Personal contact works best. Call and set up a time to meet with them. First must be the explanation of what Orofacial Myology is followed by what you have to offer them. Ask if they have any patients that they have not been able to accomplish correction of their speech. I have yet to teach a class with SLP's present in which light bulbs don't go off in their heads during the entire course as they think of one after another of their patients that could've benefitted from Orofacial Myology treatment!*

*What do they want most for their patients? Success! This is what we have to offer them – a way to be successful. As Sandra and I teach, we want to do whatever we can to maximize the patients' potential. Discuss what changes can occur during therapy, keying in on correcting the tongue and lip rest postures, eliminating oral habits, and establishing airway, if needed. Most SLP's know something isn't right but without the correct training, which you have to offer, they may run around in circles and never get the true correction the patient needs! Show them before and after pictures, walk them through an evaluation so they can see all the areas covered, go over some of the exercises – be creative! Let them know about your other referral sources – the dentists, orthodontists, ENT's and pediatricians – and how you work together as a team.*

*What can a trained RDH offer an untrained SLP? New eyes to look at each and every one of their patients and with a partner (you!) to help them change someone's life forever....*

*Till next time,  
Becky*

Convention  
Speakers



## Related News

The Convention will be October 21-23, 2016 at the Drury Plaza Hotel on the Riverwalk in San Antonio  
The Social will cost \$50.00 per person and is going to consist of:  
Riverboat tour of the museum district with transportation to the Iron Cactus for appetizers.  
Tickets will be provided to all for free admission to Howl at the Moon (dueling piano bar) for the remainder of the night.

James M. Bronson, DDS  
Airway focused Lingual posture  
Facial growth guidance

Stacy V. Cole, DDS  
Tongue-Ties, Airway, Structure  
and Dentistry

Ronald S Prehn, DDS, ThM  
The Connection Between TMD  
and Sleep Disordered Breathing

John Wetherill, MS, CSCS, CSPS  
Understanding basic muscle  
function, imbalance and development

Melanie Potock, MA, CCC-SLP  
The Stacking Model:  
How Feeding Disorders Develop

Patricia Fisher, MA, CCC-SLP, COM  
Natalie Douglas, Ph.D., CCC-SLP  
Sharing the space. Orofacial Fundamentals  
of Brass Playing. Right Place, Right Time

Debora B. Rocha Munoz,  
“Let's Articulate”

Patricia Pine, RdH, COM  
Things that make you go hmmm,  
IC in Today's World

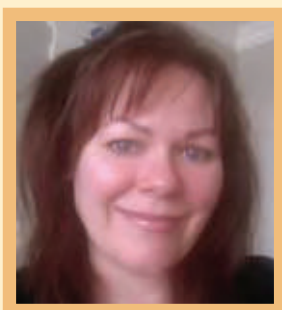






## The Use of Post Nominal Letters:

*A much more serious issue than many are aware of.*



### Lorraine Frey

RDH, LDH, BAS, COM, FAADH

Lorraine is a Certified Orofacial Myologist, providing myofunctional therapy services with 30 years of clinical practice in periodontal, general and pediatric private practice settings. Lorraine attended Prairie State College in Chicago for dental hygiene and earned her bachelor's from Siena Heights University in Michigan. Additionally, she completed post-graduate study with the Academy of Orofacial Myofunctional Therapy and The Coulson Institute and is board certified by the International Association of Orofacial Myology.

Lorraine has received her Diploma of Buteyko Breathing Therapy and was granted Fellowship in Clinical Practice in concentration of Orofacial Myology by the American Academy of Dental Hygiene. Lorraine maintains a full-time practice providing orofacial myofunctional therapy services in Granger, IN and Chicago, IL.

Licensed healthcare professionals are held to specific standards of care and allowable duties in the area they are licensed to practice. Likewise, the credentials one may use after their name must be legitimately earned. In the realm of orofacial myofunctional therapy, it is becoming increasingly common for some individuals to use the letters "OMT" after their "RDH" credential.

A legitimate credential is one that is earned from an academic institution or a recognized professional organization. A licensed professional cannot create their own credentials, by selecting letters to represent what they do, and place them after their name.

In holding a number of active state licenses, I called to speak directly with the boards of the states I'm licensed in to inquire about the use of credentials. I received the same response from each board I spoke with, that "OMT" is not a legitimate credential. Rather, it is a self-described acronym, an abbreviated subjective descriptor to indicate what one does. It would be the same as using the letters "PHS" (periodontal hygiene specialist) or "LTH" (laser trained hygienist) or "OSS" (oral systemic specialist) after one's name. None of these acronym descriptors are permitted, and advertising a credential that is not legitimately earned is considered to be misleading the public and can be subject to disciplinary action.

Orofacial myology has been included in the dental hygiene practice act since 1992. With additional, formal training, a dental hygienist can provide orofacial myofunctional therapy. Additionally, a dental hygienist does not need to be certified in order to provide myofunctional therapy services. What a dental hygienist cannot do is use self-abbreviated subjective descriptors to advertise and indicate specialty in the field. Taking a course in myofunctional therapy does not mean that one is "certified" after completing a course. This applies to all courses, IAOM approved or not. Completing a course, any course, is not certification.

The "COM" credential, issued by the IAOM, is a recognized and legitimate credential. Certification is in no way licensure; it is, however, a professional certification issued by a recognized, established, professional organization and is only provided to those already licensed healthcare professionals who have demonstrated proficiency in the specialty, significant hours of continuing education, and have passed written and clinical examinations. It also assures the public of this expertise, as well.

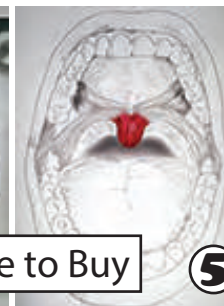
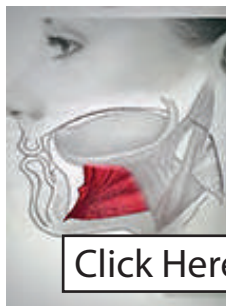
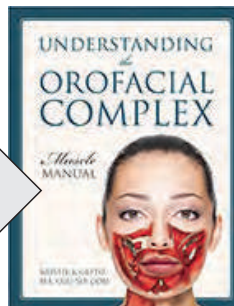
I encourage those who have questions to contact their state regulating boards. I believe that anyone who holds a license to practice would not wish to jeopardize the good standing of their license. While it should be common sense for a licensed healthcare professional to know that they cannot place indiscriminate letters after their name to imply an earned credential, it would appear otherwise.

Respectfully,  
Lorraine Frey

## Understanding the Orofacial Complex

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

This book familiarizes the reader with the anatomy and physiology of the orofacial musculature, by providing comprehensive illustrations of each muscle with descriptions and function of the muscles, as well as the associated innervations.



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# Featured Graduate

## Angela Rivera



This space was created because we love to share information about our past grads who contribute to and enhance the practice of Orofacial Myology. We also save this space to highlight therapists who spread the news to other professionals through exceptional means. Angela Rivera is a personable SLP from Maryland who recently learned about the benefits of Orofacial Myology for her patients. She was determined to share this information with her work colleagues and directors. She didn't stop until she got her director, Leslie Kessler, to contact us and ask for training at their facility. Because Angela planted the seed among her colleagues, others in her workplace were encouraged to register for the full training course and become part of our orofacial myology community.

Leslie Kessler, Director of the Language and Voice Experience, wrote the following comments about Angela: *Thank you so much for highlighting Angela. She is a passionate skilled clinician and a superb asset to the Language & Voice Experience. Her passion and knowledge is what made me pursue the education for the rest of my staff. Angela has my complete support and admiration.*

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In her own words, Angela explained what motivated her to pursue our field:

*There are always those particular patients that push you to search for answers. Particularly patients that do not respond to "traditional" treatment options that we learn about in graduate school for speech language pathology. I had two young boys with a frontal lisp, one who had a profuse drooling problem at the age of 8, affecting his ability to maintain and establish relationships with family and peers. It was also harming his self-esteem to be wearing a large bib at this age. I could tell something was awry with his oral musculature; however, I did not know how to describe it, nor did I know how to treat my suspected hunches regarding his oral/facial muscles. I entered terms related to my inquiries such as "dysarthria," "lingual muscle movements," "drooling," etc., into GOOGLE "the best invention" for inquiring minds EVER!! The term Orofacial Myologist appeared quite frequently. When I looked at the definition and saw that SLP's were also part of the profession, I said, "Aha!", "This is it!" This is the type of intervention this child needs and this is the professional I need to strive to become!" Speech language pathologists are THE professionals to teach speech. So I feel a responsibility to learn all possible tools and avenues to fulfill my role, which includes muscle form and function and potential barriers that may affect patient progress.*

*Taking Sandra's class "Orofacial Myology: From Basics to Habituation," provided the knowledge I feel almost all SLP's should be equipped with to fulfill their roles as speech-language pathologists. I felt compelled to share what I had learned with my peers as I am only one individual and there are so many patients that need the best care possible. The last thing I also would want is a patient attending a therapy session for a whole year without making progress because the therapist, innocently, did not know about barriers like "ankyloglossia" or "orthodontic appliances." As it stands, we are a TEAM and we should all know important facts to improve our ability to service patients.*

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 a 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.

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



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**Sandra R. Holtzman  
MS, CCC/SLP, COM**

**Becky Ellsworth, RDH, BS, COM**

**With participation from  
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Aug	18 - 21	Austin, TX
Nov	03 - 06	Orlando, FL
Dec	27 - 30	Orlando, FL

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