



Hello to all of you and welcome to our newest edition of the Orofacial Myology News! It seems that the weather is not

the only thing that is hot hot hot! So are many topics related to orofacial myology. In this issue, you'll find important information to help you discern how, when, and what to advise your patients when one of the complaints they bring relates to sleep apnea. You'll learn of potential legal ramifications that can happen if you overstep your scope of practice. You'll find out how universities are starting to implement orofacial myology into their coursework. And you'll be brought up to date on organizations, training courses, and conventions. Please enjoy yourself as you read through these articles created by and brought to you by some incredible professionals.

Approximately 42 million American adults have Sleep Disordered Breathing!

"That is a staggering number! Even more unbelievable is that 75% of adults with SDB are undiagnosed"

By Karen M. Wuertz, DDS

With the increasing number of people being diagnosed with Sleep Apnea or some form of sleep disordered breathing, and certainly those being referred to and seen by Orofacial Myologists, we thought it would be beneficial to provide clarity and a more in depth analysis about these conditions. As orofacial myologists, it is important to stay abreast of the increasing number of cases that are presenting to you, and the related symptoms associated with Sleep Apnea, and thus, how to refer them for treatment and to whom.

So what exactly is Sleep Disordered Breathing (SDB)? SDB describes a number of breathing disorders that occur during sleep. Obstructive sleep apnea (OSA), Central sleep apnea (CSA) Nocturnal hypoventilation and Cheyne–Stokes respiration (CSR) are just a few that can occur while we sleep.

- 1 in 5 adults has Mild Obstructive Sleep Apnea (OSA)
- 1 in 15 has Moderate OSA
- 9% of middle-aged women and 25% of middle-aged men suffer from OSA
- OSA Prevalence is similar to 20 million adults with asthma and 23.6 million with diabetes

Who is at risk for developing OSA?

It affects more men than women, persons with obesity (BMI >30), hypertension, excessive use of alcohol or sedatives (including sleep aides), upper airway or facial abnormalities, smokers, a family history of OSA, a large neck circumference (>17" men; >16" women) and persons with endocrine and metabolic disorders.

Some of the most common symptoms of OSA include:

Daytime Symptoms

- Excessive daytime sleepiness
- Morning headaches
- Forgetfulness, lack of focus
- Moodiness, Irritability
- Waking up tired, poor concentration
- Depression

Nighttime Symptoms

- Waking up with a dry mouth or sore throat
- Restless sleep, insomnia or nighttime awakenings
- Impotence
- Getting up to go to the bathroom
- Loud or chronic snoring
- Waking up choking, snorting or gasping for breath

Sleep apnea can also lead to serious health problems over time, including diabetes, high blood pressure, heart disease, stroke, and weight gain. But with treatment you can control the symptoms, get your sleep back on track, and start enjoying being refreshed and alert every day.

If you, a loved one, or a patient present with any of these concerning symptoms, start asking questions, gather information and make sure to refer for an accurate diagnosis. Start with a primary care provider, or other qualified medical professional. Remember, only a Board Certified Sleep Physician can make the diagnosis and make recommendations for effective therapy.

Dr. Wuertz is looking forward to following up on this three part series on the effects of Sleep Apnea and sleep disordered breathing, in upcoming issues.

Karen M. Wuertz, DDS, PA
Diplomate, American Board of Craniofacial Dental Sleep Medicine
Fellow, American Academy of Craniofacial Pain
Orofacial Myology, IAOM, Certification Track



IATP achieves official non-profit status of 501(c)(3)

The IATP has recently achieved its official non-profit status of 501(c)(3). This has been a long journey and they are all truly excited to let their earliest members and supporters know first that they are now releasing a call for membership. Tax payers in the US will be pleased to know their membership and any additional donations are now fully deductible.

With the new bylaws in place and the new nonprofit status secured, IATP encourages people not only to invest in membership but to consider their own future involvement in guiding and growing IATP. The committee work offers an opportunity to share experiences and gain new relationships. Upcoming elections for the Board of Directors offer leadership opportunities.

To become a member please visit the IATP website or go to tonguetieprofessionals.org/membership

The IATP is one of the most experienced, inclusive organizations in the world devoted to understanding, diagnosing, and treating oral restrictions, and professional involvement moves it forward. By joining the IATP you will be involved with health care providers from many disciplines, all working together to improve the lives of patients/clients and to spread understanding in different communities.

POTENTIAL LEGAL RISKS ASSOCIATED WITH THE PRACTICE OF OROFACIAL MYOLOGY

Members of the IAOM are well-meaning professionals who are interested in the health and overall welfare of patients served. Orofacial myologists participate with health professionals from a variety of medical and dental specialties in the care of mutual patients. By doing so, orofacial myologists become privy to many medical and dental aspects related to their patients that may transcend the training or expertise that they can defend.

There are potential legal risks associated with the practice of orofacial myology that the membership should be aware of. Some risks can be self-generated by the inclusion of various questionable claims on member websites. A discussion of selected examples of practices used by some orofacial myologists may help to protect the membership from over-reaching by providing advice or treatment in areas outside of the field and scope of orofacial myology.

HYPOTHETICAL SITUATION: If a patient with an OMD had an unknown heart condition during the time that orofacial myology is provided for the OMD, and later suffered injury as a result of that unknown condition, the patient would not be able to recover damages against the orofacial myologist since there was no duty on the part of the OMT to assess or treat that condition. The focus of both the patient and the OMT was on treatment of the patient's OMD.

If however, the orofacial myologist noted something that caused him/her to believe that the patient possessed a heart ailment and proceeded to give advice and direction related to that ailment, the case may be different. The difference is that the orofacial myologist will have taken on a different role from a legal standpoint, thereby assuming a greater duty than was otherwise the case.

The hypothetical example portrayed above can relate to the practice of orofacial myology in a number of ways. The use of lip taping raises questions about the implications of this therapy to breathing and cardiac functions. If lip taping treatment is undertaken and if the orofacial myologist does not recognize these possible links and a cardiac or breathing problem ensues, negligence can be claimed since there was no attempt to relate the treatment provided to possible consequences of a heart or breathing problem. By contrast in the first hypothetical, no OMD procedure was being utilized that would affect the heart, so no liability was involved. The point is, since some therapies can

impact other areas, such as the heart, lungs, or stomach, therapists have an obligation to investigate whether such therapies can result in a problem associated with a particular therapy. If a clinician actually claims some expertise in peripheral areas and then makes recommendations related to medical problems, such recommendations also lead to a liability.

Some examples: 1) the recommendation of a specific pillow type or sleep position by an OMT directly links therapy to any medical consequences that may occur with sleep apnea; 2) If sinus infections or aspiration of fluid into the lungs occurs during the time that nasal irrigation therapy is provided, a liability may be assumed; 3) If elastics are used as reminders to help with tactile feedback for spot placement for night use and are aspirated, a legal issue may follow; and 4) Counseling a patient about a gastro-esophageal reflux disorder (GERD) that a patient may have, or claiming a link between orofacial myology procedures and the possible resolution of GERD can directly implicate an OMT if a problematic medical consequence develops from the GERD.

There are many instances where orofacial myologists may be tempted to advertise success in working with specific medical and dental conditions. While such advertising does call attention to patient groups that OMTs may wish to serve, the problem with such lists is that they may also imply that OMT can correct the conditions involved. Such linking of swallowing disorders or tongue thrusting with specific conditions may include: 1) crooked teeth or orthodontic relapse; 2) headaches; 3) TMJD (jaw joint) pain; 4) forward head posture; 5) digestive disorders such as acid reflux or stomach aches from air swallowing; 6) sleep and breathing disorders; 7) oral lesions from tongue irritation; 8) gum disease; 9) psychological problems; 10) failure to thrive and other child development problems; and 11) middle ear drainage issues. In each of these claimed links, there are a myriad of contributing factors that may have no specific causal relationship to an OMD. To imply such causation should be avoided and to claim that OMT can alleviate or eliminate such conditions is also ill-advised. If however, a referral is made for you to provide a specific therapy for an OMD with such patients, it may be appropriate for you to provide the therapy.

Robert M. Mason, DMD, PhD

Dr. Bob's
CLINICAL PEARLS



Potential Legal Risks Associated With The Practice of Orofacial Myology

Labial Frenulae Important Orthodontic Considerations

Treatment Options For Jaw Growth Variations

Suggested Clinical Research Projects in Orofacial Myology

Facial Osteotomies

Down Syndrome

ADVANCED CLASS

Improving the Clinical Acumen of Orofacial Myofunctional Clinicians

Dr. Robert Mason
DMD, PhD, ASHA Fellow

...Filling in the Gaps.

Sep 23 - 24 Myrtle Beach, SC

Register Online

store.oroacialmyology.com/seminars.html

Grads Corner

by Karen Masters



Hello Myo Friends!

Myo Masters continues to be the lively, supportive forum for us to learn from that I dreamed of. There have been some excellent questions and stimulating discussions. We have over 140 members which is extremely exciting! If you have taken Sandra's 28 hour certification track class and are not yet part of our Facebook community PLEASE request to join by searching FACEBOOK groups for Myo Masters. You won't regret it!!

I am writing to you all from inside my air conditioned house since I learned there was a "heat dome" and it would be unbearable. Just feels hot and humid to me and my hair but it seems to be a new weather phenomenon!

I have been in all kinds of weather over the past several months as Sandra continues to teach the certification track classes and I make sure each class runs smoothly and that all attendees feel supported as they explore the exciting specialty area of Orofacial Myology. I met fantastic speech pathologists and dental professionals in Vancouver in June. We also attended the Florida speech and hearing convention in Orlando and ASHA Connect in Minneapolis. So many people who passed by were interested to learn more about orofacial myology and how it can be added to their therapeutic practice! We had a couple of "big winners" who pulled winning lollipops from our lollipop tree to earn themselves big discounts off tuition on a class. I am not sure who was more excited?? Sandra or the winners! Both were overwhelmed with excitement at the prospect of attending a class.

The big exciting new is that we are hosting an advanced level class in Myrtle Beach! Dr. Mason will be speaking and the response has been overwhelming! I was able to arrange for a 10-bedroom condo that many attendees will be staying at. This arrangement allows for plenty of open dialogue and idea sharing which is what we are all about. In addition to Dr. Mason's two day class, we have arranged a dine and discuss where Karen Wuertz, a dentist from Virginia, will be discussing ankyloglossia and laser release. It's been so exciting to arrange another opportunity to learn from the best professionals in the field.

We are off to Austin in August. Will I meet you there?
Karen Masters, MS, CCC/SLP, COM

PS Did I mention I passed my certification exam and onsite?? I am COM #222.

Who is next??!!

WE WERE AT
ASHA
connect
2016



The
Conference
from SLPs
by SLPs



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” New Adventures

It all started with an email.... One of our grads, Annie McCline, RDH from Mississippi, wrote to me months ago asking for information about starting her own practice in her state. Her question was, “Can I practice Orofacial Myology in Mississippi as a Hygienist and not get in trouble?” She told me that the Mississippi Dental Board was going to have a meeting soon and could I put together a letter to the Board explaining what it is and how it is NOT hygiene. Well, two heads are better than one, especially if you have Sandra as a partner, so we teamed up and wrote a letter that was presented at the Board meeting. The first result: As long as Annie does not use RDH in her advertising, the Board has no problems with her moving forward with her practice. What outstanding news! Come on all you RDH’s in Mississippi – your way has been paved!

The second result: One of the attendees at the Board meeting was Beckie Barry, the Program Director of Dental Hygiene at Ole Miss University in Jackson. Beckie contacted me about more information concerning Orofacial Myology as she (like the Board of Dentistry) knew little to nothing about the field. What happened from Annie’s original email was awesome... Sandra and I were invited to come to their school and, in March, we were privileged to teach 7 of their faculty members our 28 hour IAOM approved course! We had a wonderful time and were treated with true Southern hospitality. They loved the course and are planning on incorporating it into their program by making it a “highly recommended” elective. Eventually, their goal is to become certified instructors so that, upon course completion, their students will be Certification Track Candidates. How exciting it that!!

If you have been around me much, you will know that I have often said I believe Orofacial Myology should be taught in every Dental Hygiene, Dental and Speech Language Pathology school. This is, I hope, just the start of something new and big. Any of you with school contacts, let them know about us! We are ready, willing and able to share and spread the word- Orofacial Myology ROCKS!

Till we meet again,
Becky

IAOM 45th Annual Convention October 21-23, 2016 Drury Plaza Hotel San Antonio, TX

Friday, October 21, 2015	
7:30-8:00	Registration
8:00-8:30	President's Welcome
8:30-10:00	Ronald Prehn, DDS
10:00-10:15	Break
10:15-11:45	Ronald Prehn, DDS (contd)
11:45-1:00	Lunch On Your Own
1:00-2:15	Stacy Cole, DDS
2:15-2:30	Break
2:30-5:00	Stacy Cole, DDS (cont'd)
5:00-5:30	Poster Session
6:00-8:00	President's Reception (303 Riverwalk & Patio)

Saturday, October 22, 2015	
7:30-8:00	Registration
8:00-10:00	Melanie Potock, MS,CCC-SLP
10:00-10:15	Break
10:15-12:00	Melanie Potock, MS (cont'd)
12:00-12:30	Lunch Provided
12:30-2:30	Melanie Potock, MS (cont'd)
2:30-2:45	Break
2:45-4:00	Patricia Pine, RDH,COM
4:00-5:00	Deborah Munoz, SLP,COM
6:00-7:00	Riverboat Cruise
7:00-9:00	Iron Cactus (social)
9:00	Howl at the Moon (event)

Sunday, October 23, 2015	
8:00-9:00	Annual Awards Meeting
9:00-10:00	James Bronson, DDS
10:00-10:15	Break
10:00-10:15	Break
10:15-12:15	James Bronson, DDS (contd)
12:15-1:30	Lunch On Your Own
1:30-3:05	Patty Fisher, MS,COM & Natalie Douglas, Ph.D
3:00-3:15	Break
3:15-4:30	John Wetherill, MS,CSPS
4:30-5:00	Closing Remarks



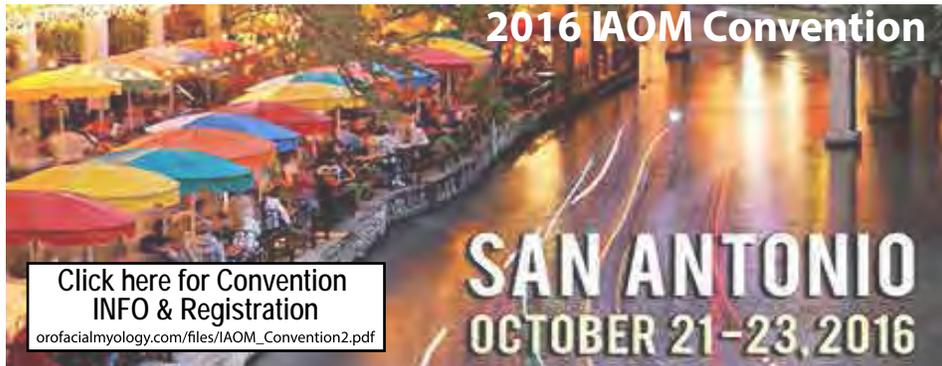
Related News

Come to celebrate with the IAOM its 45th Birthday as we explore "Beyond the Basics" at this year's annual convention in San Antonio, TX.

Established in 1974 the IAOM is a professional organization comprised of speech-language pathologists, registered dental hygienists and dentists dedicated to the expansion of research in OMD's; educating other allied health professionals and the general public about the long-term impact of these disorders; and, educating and certifying our members in the diagnosis and treatment of OMD's.

The Convention will be held at the Drury Plaza Hotel on Riverwalk in San Antonio. This Hotel has updated its information to give us an incredible night room rate from Wednesday through Sunday nights. If you haven't reserved your room, call and reserve today! Call 1-800-325-0720 and refer to the Group number of 2246171

Orofacial Myology.com will be present. Come to say hello to us at our table. Myo Masters members are encouraged to pick one of our special Grad Prizes.



Click here for Convention
INFO & Registration
orofacialmyology.com/files/IAOM_Convention2.pdf

Hashtag (#OralHabits)



Pinterest



Instagram



facebook

As we step with both feet into this golden technological era, it is safe to say we will all be spending a lot of time reading and watching digital media "right in the palms of our hands." There appears to be a consensus that the demand for social media will only continue to grow.

Here is the approach that we at Neo-Health Services, Inc. are taking to help educate professionals and families worldwide. Perhaps you might want to consider these methods of reaching your audience as well.

One of our websites, OralHabits.com, introduces programs to help stop and prevent three main oral habits – thumb sucking, nail biting and pacifier sucking.

Our company has integrated various social media into our business related to that website– including Facebook (Oral Habits @StopThumbsucking), Instagram (Oral Habits), and Pinterest (Oral Habits) – for the public to receive news highlights related to oral habits which are condensed into an easy-to-read format, as well as the option to voice their opinions.

We will be actively engaging the audience through social media by means of sharing and updating, and they can easily trace related threads, events, or topics. Additionally, we created our own hashtag (#OralHabits), a label to index a specific theme, so as to allow people to easily follow us.

With the implementation of the new online platforms, common ground is being created for like-minded individuals to share personal knowledge, exchange opinions, and discover related topics.

In the midst of overwhelming information, it is necessary that we are conscientious that our contributions are relevant, informative and educational.

We cannot deny that social media has done an amazing job of breaking down the wall that used to exist between businesses and the public. Let's all be sure to take full advantage of this opportunity!

Chin Po Law, B.A.



www.OralHabits.com



UnpluggingTheThumb.com

GrowingTheNails.com

STOP Pacifier.com

Did you know...

Did you know that in order to become an orofacial myologist and use that title, there are steps that are required to reach certification?

The first step is to complete the 28 hour approved course in orofacial myology. Having completed only a short course or online course does not place you in the same category and you may not make the claim that you have been trained as an orofacial myologist afterwards.

Did you know that the former subjective proficiency exam is now mostly objective?

Until a few years ago, a very long and subjective exam was the next step toward certification. A committee was formed and the former cumbersome exam became much more manageable, resulting in a much higher percentage of certification candidates completing the exam and doing so in a very timely manner.

Did you know that speech pathologists and dental professionals worldwide are practicing orofacial myology in all types of facilities with many types of clients and patients?

Orofacial myology is becoming more common place, with referral sources seeking certified professionals in this specialty area as team members.

Imagine yourself as one of a few hundred highly specialized orofacial myologists worldwide, bringing your special skills to the speech, dental, medical, and educational worlds.

Make it happen! Register for an approved course today!

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



28 Hour Approved Course presented by

Sandra R. Holtzman
MS, CCC/SLP, COM

With participation from
Dr. Robert Mason
DMD, PhD, ASHA Fellow

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

Offering courses that provide you with a learning experience that participants have called "Life Changing"

2016/17 Offerings

Aug	18 - 21	Austin, TX
Nov	03 - 06	Orlando, FL
Dec	01 - 04	Orlando, FL
Dec	27 - 30	Orlando, FL
Apr	06 - 09	Albuquerque, NM
May	18 - 21	Reno, NV
Jun	22 - 25	Chicago, IL
Aug	10 - 13	Montreal, CA
Sept	14 - 17	New York, NY
Nov	09 - 12	Orlando, FL
Dec	27 - 30	Orlando, FL

Advanced Offering

Improving the Clinical Acumen of
Orofacial Myofunctional Clinicians.

...Filling in the Gaps.

Dr. Robert Mason

DMD, PhD, ASHA Fellow

Sept. 23 - 24 Myrtle Beach, SC

Click here to register online:

www.OrofacialMyology.com

Or Call to register:

954-461-1114

Email contact:

info@OrofacialMyology.info

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.