



Orofacial Myofunctional Therapy: It's Not Tongue Thrust Therapy

By Angie Lehman, RDH, COM

As this emerging field spreads its wings, it's important to revisit the foundation that this field is built upon: We are not tongue thrust therapists.

The field of orofacial myofunctional therapy (OMT) is growing at a rapid pace. Each year, more and more dental and speech professionals are seeking education and incorporating therapy into their practices. It's exciting to see the amount of new research available to support the role of OMT in the treatment of obstructive sleep apnea, sleep disordered breathing, ankyloglossia, and temporomandibular joint disorder. But as this emerging field spreads its wings, it's important to revisit the foundation that this field is built upon. What is the true purpose of the orofacial myologist? What should our primary goal be with each patient that we treat?

Traditionally, orofacial myologists were thought of as tongue thrust therapists. It's easy to see why. We do help to eliminate tongue thrusting, after all. But here is what we want our patients and colleagues to know: We are not tongue thrust therapists. Tongue thrusting is not the source of an orofacial myofunctional disorder. It just happens to be one of easiest symptoms to recognize.

If not tongue thrust therapists, then what? Orofacial myofunctional therapy could really be considered rest posture therapy. The focus of therapy, whether we are working with sucking habits, tongue ties, or airway issues, is always reestablishing proper oral rest posture. A healthy oral rest posture includes the tongue on the palate, sealed lips, and nasal breathing. There should be about 2–3mm of freeway space between the molars. When patients have good rest posture, there is equilibrium in the orofacial complex. Both form and function are healthy.

This article originally appeared on DentistryIQ, a PennWell publication. For more orofacial myology articles, please visit DentistryIQ.com. Reprinted with permission.

When rest posture is altered, we see changes in both muscle function and craniofacial growth. Since the tongue thrust is merely a symptom of a change in tongue posture, we need to address the entire problem. We need to teach the muscle where to rest again.

The reason that rest posture is always more important than swallowing is simple: Teeth are moved by light, constant pressure, not by intermittent heavy forces. Only treating the intermittent heavy force created by tongue thrusting is not treating the source of the problem. This is why cribs and rakes typically do not work. They attempt to block the heavy force of swallowing, which, even when added up, only amounts to about 20 minutes a day. If the tongue is resting low and forward against the teeth and lips are parted for the other 23.5 hours, then we have not addressed the actual problem. The light, constant pressure of the tongue and lips have much more influence on oral equilibrium than tongue thrust ever will.

Angie Lehman, RDH, COM, earned her associate degree in dental hygiene in 1999. She has been certified by the International Association of Orofacial Myology (IAOM) and practicing orofacial myology exclusively since 2012. Angie owns Oral Myofunctional Therapy of York and also provides continuing education for dental and medical professionals.

You can continue reading this article to gain a clearer understanding of the positive impact of proper oral rest posture at:

www.dentistryiq.com/articles/2016/09/myofunctional-therapy-it-s-not-tongue-thrust-therapy.html

Building relationships... We hear a lot about this and at Neo-Health Services we take it very seriously.

For every one of us, the people we associate with and the organizations that we join and the companies that we build are ultimately defined by the people within them and how they interact.

Have fun exploring the pages in this edition of the Orofacial Myology News and see if you recognize some of the incredible professionals within....maybe you will even find your own smiling face!

And be sure to look at the box on the last page to see what our goals are and why relationships are the bottom line.

Thanks for being our readers and friends....

Sandra



ACADEMIC APPOINTMENTS ACCEPTED

Neo-Health Services, Inc. is pleased to announce that our Director, Sandra R. Holtzman, M.S, CCC/SLP, COM, and Clinical Trainer, Karen Wuertz, DDS, PA, have accepted academic appointments at the rank of Adjunct Associate Professor in the Department of Prosthodontics, School of Dentistry, at the University of North Carolina at Chapel Hill. We congratulate Sandra and Karen for joining the faculty of one of the USA's premier dental schools.



The courses Sandra and Karen will teach in the dental programs at UNC-Chapel Hill provide a unique opportunity for them to further advance the role of orofacial myofunctional therapy within the dental community. Sandra's and Karen's appointments in the UNC Department of Prosthodontics highlight the shared, important goal in prosthodontics and orofacial myofunctional therapy of establishing a normal vertical dimension at rest.

With pride, the Neo-Health Services, Inc. team congratulates Sandra and Karen!

WEBSITE CLAIMS AND LEGAL CAVEATS

Orofacial myofunctional therapy has been recommended on member websites and in articles as being appropriate for patients with a variety of specific medical problems. To list specific medical conditions is not advised. In compiling a list, where does one stop in listing the medical conditions for which you may have provided successful treatment? The implication from such claims of success with specific patient groups is that therapy will help to resolve the oral conditions and behaviors that characterize these patient samples, and by implication, may resolve the medical or dental condition itself. Offering such unintended hope to parents of affected children results in the orofacial myologist accepting an unintended responsibility; or, in legal terms, assuming a duty for such patients that may not be achievable. While you may have successfully treated several patients with a common diagnosis, it is advised that you do not identify any specific medical diagnosis in your advertising.

The examples portrayed here represent some selected procedures and links that may presume and assume a greater duty by the orofacial myologist. The members of the IAOM need to be mindful of such potential situations where a different role than intended may be assumed.

Some offers of therapy support for physicians, dentists, and patients are appropriate to include in website or brochure advertising. Such offers may include: pre-surgical preparation of patients who will undergo orthognathic surgery; orofacial myofunctional adjustments that will be required following surgery; monitoring and stabilizing oral adaptations following orthognathic surgery; maximizing oral functions following lingual frenum or TMJ surgery; and aiding patients of dentists and physicians in adapting their oral behaviors to structural changes they may experience as part of orthodontic treatment, airway surgery, or other medical and dental procedures. Such advertising clearly describes the role of the orofacial myologist with such patients while also informing physicians, dentists, and patients that OMT can contribute an effective component to many dental and medical treatment plans.

LEGAL CAVEATS: As expressed in legal terminology, the general theory of recovery against an orofacial myologist in a professional liability action is negligence. To recover in negligence, the plaintiff must prove four things: 1) the existence of a duty; 2) a breach of that duty; 3) damages, and 4) that the breach of duty caused those damages (also known as causation). Therefore, if an orofacial myologist elects to interpose an opinion or a specific treatment into a

situation where there is a medical or dental condition, he/she will have accepted a greater duty to the patient than that to which they would otherwise be obligated. In other words, if any condition or issue other than an OMD is reflected in a discourse or treatment of a patient, the orofacial myologist will have assumed the duty to accurately identify it. The failure to properly detect and address such an issue will result in a breach of the greater duty that has been assumed.

The overall message from these legal admonitions is that when orofacial myologists participate in the treatment of medical and dental problems, and even though such participations may be directed to specific behaviors, OMTs may unknowingly be assuming an unintended responsibility (duty) for the medical or dental condition of that patient. *The warning to orofacial myologists is to avoid the implication in advertising that orofacial myofunctional therapy offers hope to resolve the underlying medical or dental condition(s) involved.*

RECOMMENDATION: It is recommended that members of the IAOM remove from website ads any links between OMDs and various medical and dental conditions or problems for which they may have assumed a greater duty by including such items on websites.

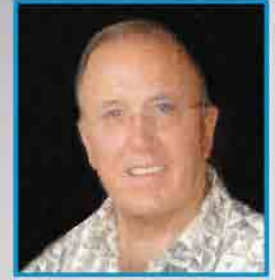
IAOM members are advised to consider the possible legal consequences that may follow from linking swallowing disorders and tongue thrusting with a variety of medical and dental conditions and problems. Links to OMDs that have no evidential support in the literature place orofacial myologists in an untenable legal position if other unforeseen problems develop that are associated with such conditions.

Unfortunately, orofacial myology is not the magic pill that we would like it to be that can cure many of the ills currently being claimed by some. Any over-inflation of claims in advertising will neither advance the field of orofacial myology nor enhance its acceptance among other professionals. Without adequate research to support claims made, any OMTs making unsupported claims of success are exposing themselves to legal liability.

(Note: The information in this document and the legal caveats included have been modified from a Risk Management Review article by James Bowlin, General Counsel for the AAO and the AAO Insurance Company, as published in Volume 28, Number 5, pages 24-25, August, 2010, of The Bulletin, of the American Association of Orthodontists.

This document was originally shared with IAOM members as a Memorandum during the time that I served as Medical Advisor for the IAOM).

**Dr. Bob's
CLINICAL PEARLS**



WEBSITE CLAIMS AND LEGAL CAVEATS

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



Earn CEU's at Home

▶ Orofacial Myology "Tongue Thrust" Level 1 Course

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is Our Role?

Grads Corner

by Karen Masters

Greetings Myo Friends,

It's been an exciting time for Myo Masters! Graduates continue to pass certification exams and prepare for their onsite visits in hot pursuit of becoming a COM. Seems like each week there is a reason to congratulate one another! Aren't we fortunate to have 150+ members cheering each other on through each step?



In August, we were in Austin, Texas for a 28-hour certification track class. We had a great bunch of dedicated students. Additionally, three past graduates came and interacted with the students. They answered questions about their experiences following completion of their training classes. It was nice to see the interaction between the "new" students and the "old" ones!! Plus, I got to meet two Myo Masters face to face!!

I left Austin looking forward to our first (annual??) advanced class! As Dr. Mason nervously prepared for his return to a classroom, I was worrying that a catering company called "Beach Monkeys" could actually provide a meal worth eating. Many attendees decided to stay in a 10-bedroom condo I found and each night was literally like a slumber party! Sandra, Becky, and Karen Wuertz fielded questions and conversations lasting late into the night. Everyone said over and over that this had to happen again and having so many of "us" together in one place created opportunities to connect and grow with our fellow professionals.

Needless to say, Dr. "Bob" instantly won the crowd over with his version of early morning humor and a seemingly bottomless knowledge-base! (Ask him to share with you the one about his wife's vision!) Beach Monkeys did an awesome job providing some southern style barbeque for the "Dine and Discuss" we hosted at the condo. Dr. Karen presented an organized introduction to ankyloglossia and the laser technology she uses to do releases in her office. She also shared some cases. There were 26 people packed into the living room and it's a night that I will always remember. The camaraderie was really so special.

October is the convention in San Antonio. I will be there representing Neo-Health as Sandra prepares to put on yet another hat as Associate Professor at the University of North Carolina, Dental School at Chapel Hill. Look for me at the Neo-Health table in the exhibit area. I want to get together with any graduates that are there; please watch the table for notification of where to meet.

In the wake of Hurricane Matthew, I am hoping our Florida and North Carolina graduates and families are safe and that their homes stood up to the strong winds and rain Matthew packed!

Karen Masters, MS, CCC/SLP, COM

Featured VIPs

This warm and engaging group of professionals invested their time and resources to continue increasing their expertise in Orofacial Myology. By sharing their experiences, findings, and questions, they contributed to our field and to the enhancement of their mutual practices.



Hashtag (#OralHabits)

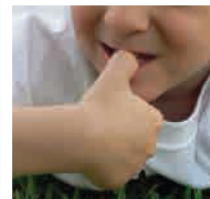


www.OralHabits.com

STOP Pacifier.com

UnpluggingTheThumb.com

GrowingTheNails.com





by Becky Ellsworth,
AAS, RDH, BS, COM



Outside of the “mouthbox” WOW Cups – Therapy Benefitters??

I am seeking opinions on the use of the WOW cup and looking to find input into whether or not to advocate their usefulness in therapy. Sandra and I saw them when we taught a course at the Dental Hygiene School at Ole Miss in May; then again at a vendors’ booth at RDH Under One Roof in Maryland in July. We were intrigued by them and, hence, this survey.

Their uniqueness seems to stem not only from their claim to prevent all spillage and be virtually indestructible, but their “auto-sealing technology.” To drink, the child places their mouth anywhere on the 360° Uni-Flow drinking edge, tilts the cup back and gently sucks. While gently sucking, they are to use their upper lip to push down on the valve in order to receive the liquid, which flows between the silicone valve and the valve ring and then reseals when the sucking stops.

As conversation ensued concerning their design and the pluses for using them over other cups on the market (See Sandra’s Sippy Cup Expose in <http://www.orofacialmyology.com/Videos.html>), the discussion moved to wondering if there could be any application other than no spilling. Could using it could be effective in working to promote lip “strength” or closure or resistance? How about those children with difficulty achieving a lip seal? Do children with lip issues have more difficulty using this type of cup?

This is where you all come in. Have any of you had any experience with the WOW cup? Have you recommended it to your patients? If so, have you seen any differences in their lip functions? Where is their tongue during the process of drinking from the WOW cup? If you have recommended it, or decide to do so after reading this article, please let me know your findings.

I would love to hear from you concerning these questions! You can send your input to me at rae0130@aol.com. I will keep track of what I find out and report back to you at a later date. This is research in action and if we can find another way to possibly help our patients, let’s do it

Till next time,
Becky



North Carolina Dental Hygienists’ Association



The best part of going to a convention is to have the opportunity of meeting great professionals and NC was no exception. NCDHA attendees expressed their interest in learning about Orofacial Myology as an opportunity to improve their future. Visitors to our booth were exceptionally gracious and appreciative and we plan to see many of them again in the near future.



The Myrtle Beach Experience

Improving the Clinical Acumen of Orofacial Myofunctional Clinicians...*Filling in the Gaps.*

This year the Hilton Garden Inn at Myrtle Beach opened its door to a group of Orofacial Myologists and Dentists eager to improve their knowledge and to share their findings. The Advanced Course "Improving the Clinical Acumen of Orofacial Myofunctional Clinicians" led by Dr. Robert Mason really helped attendees to fill in the gaps. For one of our students, this was "a once in a life time event." For another, it was "the information that I was waiting years for!" Professionals from all over North America and overseas attended the event. and overseas attended the event. Book signing and photos with Dr. Mason were highlights of the weekend.

They also had a "dine and discuss" on evening one, where Dr. Karen Wuertz, a dentist from Virginia, discussed ankyloglossia and laser release. Delicious food was served buffet style and old friendships were renewed and new ones were established.

The Myrtle Beach experience will continue being talked about for months to come as an unmatched educational experience!



Sandra, Dr. (Bob) Mason and Dr. Elizabeth Roberts during a class break.



Karen, Nikki, Gabi, and Dale reuniting.



Dr. Bob and Dr. Karen Wuertz



Sandra and Barb having fun during dine and discuss.



Nicole, Karrie, Dr. Bob and Becky, two generations of trainers.



Susana, Sandra and Carolina delighted to be together again.



Dr. Mason knows how to capture the attention of an audience.



Thank You Dr. Bob!



Related News

IAOM 45th Annual Convention October 21-23, 2016 "Beyond the Basics"

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

Orofacial Myology News is brought to you by Neo-Health Services, Inc. to keep you posted on policy, state of the art treatment methods, conventions, noteworthy therapists, IAOM happenings, products, 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. 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



28 Hour Approved Course presented by

Sandra R. Holtzman, MS, CCC/SLP,COM
with participation from
Dr. Robert Mason, DMD, PhD, ASHA Fellow
Becky Ellsworth, RDH, BS, COM

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

Click here to register online:

www.OrofacialMyology.com

Or Call to Register:
954-461-1114

Email contact:
info@OrofacialMyology.info

Offerings

Nov	03 - 06	Orlando, FL	2016
Dec	01 - 04	Orlando, FL	
Dec	27 - 30	Orlando, FL	

Apr	06 - 09	Albuquerque, NM	2017
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	

Symposium

Apr 28- 30, 2017 Maryland

Karen M. Wuertz, DDS, PA
What Orofacial Myologists Need to
Know About Sleep Apnea and Our Role

Angie A. Lehman, RDH, COM
Business Development, Practice and Marketing

Becky Ellsworth, AAA, RDH, BS, COM
Evaluation and Therapeutic Decision Making