



Springtime greetings to all of you! Many of you readers attended the 2nd Annual Orofacial Myology Symposium in Chicago or were "with us" participating in online streaming. It was a good opportunity to reflect back upon orofacial myology (OM) through the years. When I began practicing OM, there were far fewer of us. We knew just about everyone who practiced and we became good friends with one another. We spent time brainstorming at our small conventions, sharing ideas about evaluation and treatment during "table topics," and had hearty socials where laughter reigned! People who had met at earlier conventions or courses became close friends and associates and many were "roomies" at conventions. This same nostalgia was present in Chicago and it filled that special space in my heart and soul that I remember so well.

Even as we grow as a profession, we have to be cautious not to forget who we are, what really matters when we are face to face with clients in sessions, and the dangers of going too far astray as orofacial myologists lest we lose the tremendous gains achieved by those who came before us. We have to remain vigilant that we never allow organizational politics or self-serving behaviors to enter our world.

It is important that we don't let our desire to grow in numbers interfere with what makes us who we are...a close knit group of specialists who have much to offer one another as well as to the public.

A big thank you to all of you who have become and remained friends of mine for many years, always there to share discussions, ask questions, and help me with important decisions!

Sandra

What Age is Appropriate for OM Treatment?

This is one of many emails and phone calls I have received lately. It is important that we clarify this and are able to explain it to those approaching us and insisting that we see their baby for "myo".

Hi, What age is appropriate for OM treatment? I have been hearing a lot of different ages. I know you said that our Myo Manual program is for 4 years and up, but why are people saying that myo is for infants and very young children as well? I have had parents contacting me to do "myo" with their young kids and I am left speechless. I hope you can clarify this for me. Thank you as always for your help.

Hi, You are not the first one to contact me about this recent dilemma. A general history from my bird's eye view of having specialized in orofacial myology for so many years might be helpful. This is how it appears to have come to such a confusing point for you and others. Years ago, it was rare for an orthodontist or dentist to send us a patient under the age of 12 or 13. Later, several different orthodontic philosophies emerged and various programs and systems were developed that were directed at younger and younger children. After a period of time, many of the developers and practitioners of those systems came to hear of orofacial myology and were impressed with it. Thus, they started sending younger clients/patients to therapists and there was a lot of success. So, after a period of time, it was accepted that orofacial myology was suitable for younger children who were being seen for orthodontic treatment.

Parallel to this happening in the dental/orthodontic fields, changes were also occurring in the speech pathology world. There were only a handful of us who were actively utilizing orofacial myology (oral myofunctional therapy) on a consistent basis over several decades. As a speech pathologist, I was able to integrate some of my myo program (now known as the Myo Manual Treatment Program) into many of the therapy plans of patients we saw at my clinic, many of whom were 4 and up. Other SLPs were discovering the same things and began using it in conjunction with their articulation clients as well as others. Four years old was about the lowest age limit that was "doable" and the program usually had to be modified for children that young. As orofacial myology became better known, therapists were being asked to see patients who did not fit into the 4 years and above range. This "fuzziness" was likely due to the overlap of two specific areas: ankyloglossia and "feeding". While orofacial myology exercises have been useful

for older children and adults post frenectomy, those exercises were never intended to be applied to babies. Since there were so few of us, we were approached to see if we could help infants in this one way that deviated from our usual clientele.

Because there were not many around with our backgrounds, we were troopers and started working with medical/dental specialists with babies post frenectomy. This was NOT myo, but it contributed to the aforementioned "fuzziness" of who should be seen, what ages, and for what conditions. Next entered the "feeding" overlap. When we examine the word "feeding," we find that it a transitive verb which involves someone "providing" food or supplement to another. Orofacial Myology does not fall into this category. It requires the effort of the individual client to do the "work" and to understand the "why" of exercises. We do not "feed" our myo clients. The word "feeding" is aptly applied to infants and others unable to feed themselves, including those adults who have serious "feeding" and swallowing issues. This "related" area is not within the scope of orofacial myologists. In fact, it is not even within the scope of practice for many of us SLPs who lack experience and specific training with "feeding."

In order for something to be truly within the scope of orofacial myology, it must be applicable to both the dental and the speech specialists in orofacial myology. This is why the discussion of obstructive sleep apnea has been heatedly discussed for a few years. While it was within the scope of practice for certain dentists who were part of a sleep team, it was not within the scope of speech pathologists or dental hygienists practicing privately as orofacial myologists. Claims were made by some therapists that cost them or nearly cost them their licenses. In order for orofacial myology to continue to exist, it is important that we recognize what it truly encompasses versus related areas insofar as "some" orofacial myologists have other areas in which they specialize....not all of us! If you happen to have specialties in addition to orofacial myology, please be clear that it is YOU and your additional training that makes you suitable to see clients outside of the usual orofacial myology scope of practice so that the public does not become confused.

How might dental eruption be affected by an orofacial myofunctional disorder?

A perspective related to how dental eruption might be affected by an orofacial myofunctional disorder can be appreciated and understood if one first distinguishes between: 1) A functional orofacial myofunctional disorder; and 2) a postural orofacial myofunctional disorder.

In the first instance, a functional orofacial myofunctional disorder would not affect dental eruption since the pressure applications of whatever functional activity is involved are too short in duration to change dental alignment. Also, the amount of intermittent force applied by any functional orofacial myofunctional disorder is also insufficient to move teeth; thus, short-term functional disorders such as an abnormal swallow pattern characterized by an interdental protrusion of the tongue are not going to change the alignment of teeth. In all, functional activities referred to as OMD's can be said to represent "opportunistic" behaviors in which a dental alignment condition was present first, and the tongue has then exhibited a behavioral pattern that is viewed as an adaptive response to the abnormal dental alignment seen, such as filling a dental space with the tongue tip during swallowing or speaking.

In the second instance of a posture-related orofacial myofunctional disorder, dental changes can be created by long-term (6 or more hours per day) abnormal postures of the mandible, tongue and lips. One example is a condition in dentistry described as "differential dental eruption"; that is, eruption occurring differentially within the maxillary dental arch, meaning that the dentition in one part of the maxillary dental arch is signaled by the brain to restart a process of dental eruption, while no further eruption occurs in another part of the dentition. If, for example, the mandible is habitually hinged open at rest and the tongue protrudes interdently, and the vertical rest dimension (the freeway space) is opened beyond the normal range for hours per day, this posture signals the brain to restart dental eruption. The dental result is

posterior teeth continuing to erupt while anterior teeth cannot erupt further due to the presence of the resting tongue interdently. The result of this abnormal posture and additional, unwanted posterior eruption is an anterior open bite that occurs because, as the mandible closes down, the posterior segments then contact sooner, and an anterior open bite is the dental result.

In another scenario where the mandible is habitually hinged open while the margins of the tongue splay over all occlusal surfaces of lower teeth, with the mandible again hinged open beyond the normal range, the brain is again signaled to restart eruption of the entire upper dentition, while no further eruption of lower teeth will occur. This scenario involves dental eruption involving all maxillary dental segments erupting equally. Since the eruption pattern of upper posterior teeth follows a downward and forward curvilinear pattern, the result over time is the development of a Class II division 1 malocclusion.

If the two dental alignment scenarios can be identified early in the mixed or adult dentition, and if the freeway space is normalized in therapy, these abnormal dental conditions can be avoided. This question highlights the importance of evaluating and treating an abnormal rest posture of the mandible and tongue, and also highlights the importance of correcting a freeway space open beyond the normal vertical rest dimension that can signal the brain to initiate additional dental eruption. Establishing or recapturing a normal freeway space should be a primary goal of orofacial myofunctional therapy. Prior to any therapy, the posterior airway needs to be cleared of all interferences for any subsequent therapy intervention to be successful.

Source: the document INFORMATION, PERSPECTIVES AND ASPIRATIONS FOR NEW I.A.O.M. MEMBERS AND THOSE SEEKING CERTIFICATION by Dr. Robert Mason, found on the website OrofacialMyology.online/myo-articles/

Dr. Bob's
CLINICAL PEARLS



Find more articles
by Dr. Mason at:
orofacialmyology.online/robert-m-mason/

▶ How might dental eruption be affected by an orofacial myofunctional disorder?

👉 The Diagnostic Importance of The Nasolabial Angle And The Liminal Valve

👉 An Explanation of the Dental Terms Differential Eruption and Vertical Drift

👉 Questions Posed by a Clinician About an Open Bite That Developed Following Orthodontic Treatment

👉 For Dentists and Physicians Tongue Thrusting and Tongue Rest Position

👉 Tongue Thrusting and Tongue Rest Position

Speech-Language Pathology Continuing Education and Treatment Resources



▶ Orofacial Myology: An Introduction with Assessment Applications **NEW**

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is our Role?

Earn Orofacial Myology CEU's at Home

Grads Corner by Karen Masters



I am sitting at a cool place called Hamburger University on the McDonald's Campus in Oak Brook Illinois! Ronald McDonald sits on a bench outside the classroom door. Why would a speech pathologist/COM™ be at such a place? We are wrapping up our 2nd Annual Orofacial Myology Symposium and it was amazing! Seven speakers, seven topics and so much learned! Hallie Bulkin said something in her talk that really impacted me. She said "Write down your goal, or what you want to have happen and put it in your drawer. If you write it down it happens because somewhere in your brain you have planted the intention and when you look at that paper a year later you will have met your goal!" She swears it works so I am going back to NJ with a pocket full of papers! I challenge you all to write a goal and make it meaningful and impactful. How about "I will attend the next Symposium!" I am a lifetime learner, happiest when I am adding to the knowledge bank. There is power in knowledge! If you have taken the 28-hour, 4 day training class and feel like you need a refresher, or too much time has elapsed to allow you to pursue your COM™, you are welcome to come to one of the classes again as a VIP. We limit the number of VIP's per class so it is important to register early to get the location and date you want! Reconnect with the passion that drove you to explore Myo initially. Hope to see familiar faces in class soon.

Karen Masters, MS, CCC/SLP, COM

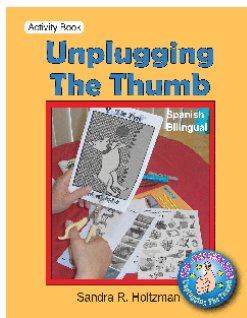


Our web developer in Europe has offered to help out our grads who want to build their own websites. You have to contact them directly at info@tecnify.com Please give your name and graduation class... as this is for grads only. Ask them to link your new website to your listing on www.OrofacialMyology.com to boost your traffic.

Products have been evolving and we want to keep you updated. Many improvements and new tools are a result of your kind requests and suggestions. We thank you so much for that!

When we started working with therapists more than three decades ago, we identified a lack of good tools to facilitate orofacial myological treatment. We began offering materials and tools to help orofacial myologists better organize their treatment sessions and home visits so they could provide patients with tools they could trust. Gratefully, we were not alone in our endeavors because we were able to work closely with our graduates who gave us great ideas on how to create and improve materials and supplies.

Unplugging the Thumb was developed to replace the more simplistic and less user friendly methods of the past. Most of us used to give socks to the patients, sometimes with buttons sewn on for faces, creating the possibility of endangering the child if the buttons came loose. We listened to our associates and created an easy-to-use kit that offered the complete program. A few months ago, our grads asked for a better activity book and with their help, we changed it and created one with pictures for the new generation of patients. We also improved the look of our Pocket Pillows. We now offer embroidered ones, and continue offering three different eye colors to be matched with the Sockies. And finally we are evaluating the replacement of the media in our kits, switching to flash drives.



Speaking of media, we have replaced our Myo-Manual CDs with Autosuggestion/ Subconscious Myo-Tracks. Graduates that purchased the Myo-Manual in the past, have the option of requesting a membership code to download the audios for free by contacting Greta at gvigil@orofacialmyology.com



Following the additional suggestions of our grads, we are offering the popular flip-top Myo-Mirrors in packages of 6 so our therapists can share them with their patients and others in their facilities.



After 40 years the original lip strength meter had to be updated and replaced. It was difficult to carry when traveling and kids were not comfortable with the look of the earlier device. We hired a professional to develop a new tool specifically for the needs of orofacial myologists. After a long period of testing, the new Myo Lip Meter was born.

Requests were made to customize different charts for children and adults, so we have improved the Assignment Charts to allow more space for writing down instructions.

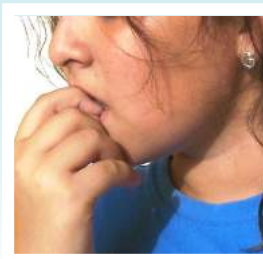
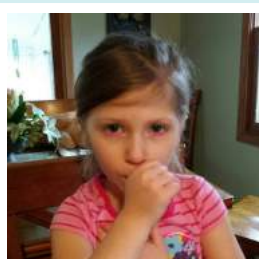
We also continue to explore the practicality of providing a Myo App. Thus far we have learned that the time and expense would not be profitable, but we will continue to consider it as more information is acquired.

www.OralHabits.com



STOP Pacifier.com

GrowingTheNails.com **UnpluggingTheThumb.com**





Outside of the “mouthbox” One idea about how to talk to a DDS.....

“Doctor, you know I have been looking for a continuing education course to take and while looking for something new, I came across a website dealing with Orofacial Myology. Do you know much about it? No? Well, many people call it “tongue thrust therapy”, but boy, did I find out how much more it is than that! When I read about how it relates to many of the patients we see on a daily basis, I became really excited!

Remember that family we just saw last week with the four kids? Every one of them had some of the problems about which I read. John, the 8 year old thumb sucker, had a high, vaulted palate and a 6 millimeter overjet. Susie, the 10 year old, had such bad allergies that she was a mouth breather and had dark circles under her eyes. I remember her mom telling me she snored... Poor Ben, the 12 year old, was tongue tied and definitely had speech issues! And last but not least, 16 year old Jennifer was in braces, and has been so for close to a year...without much progress in closing her anterior open bite.“

by Becky Ellsworth,
AAS, RDH, BS, COM

“How many patients every week do we see with cross bites, Class II and III malocclusions, TMD, open mouth rest postures, in adults as well as in children? You know, until now I never really connected all the things we see each day that we could address from an Orofacial Myology perspective if we knew what to do!”

“I saw on the website, orofacialmyology.com, that there is going to be a course for learning about Orofacial Myology, what it is, how to evaluate it and treat it, coming to a city near us soon. When completed, I can become an international Certified Orofacial Myologist and you could become a Fellow in Orofacial Myology! Since we are in the business of patient healthcare and want the ideal outcomes for our patients, I think we need to look into going to one of the courses so we can bring the best, and most complete care to our office! Maybe we can tell Jennifer’s orthodontist about it and they might come too.”



Related News

Oct. 5 – 7, 2018 | Charlotte, NC
Embassy Suites by Hilton Charlotte Uptown



Although this was written with RDH’s in mind, all you SLP’s can be information centers for the dental people in your areas too! Because of our backgrounds, we know we can make a terrific impact on our clients and patients. We need to get on our soap boxes and take the word out there to those who can make a difference – orthodontists, dentists, oral surgeons, pediatricians, untrained speech-language pathologists and dental hygienists, ENT’s, and other dental and medical professionals. There is much for us to do in the area of educating our professional peers!

Til next time,
Becky

Since last October’s convention, the IAOM had the largest number of certification track candidates receive COM™ accreditation in its history, since 1972! This is a record breaker and there are still several months until this year’s convention.

Additional good news relates to the new designation of FOM, Fellow in Orofacial Myology. Several dentists have begun the process of attaining their Fellow. There’s a race to see who will be the first to achieve it!

The Tensegrity Advantage: Connect, Support, Integrate



Dr. Jeffrey Hindin, DDS . Robyn Merkel-Walsh, MA, CCC-SLP Amanda Chastain, MA, CCC-SLP, COM . Autumn Henning, MS, CCC-SLP, COM
Dr. Scott Siegel, MD, DDS, FACS, FICS, FAAP . Dr. Erin Cooney, MD . Daniel Lopez, DO, NMM/OMM . Ron Hruska, MPA, PT .
Nicole Archambault Besson, EdS, MS, CCC-CLEC, CIMI . Linda D’Onofrio, MS, CCC-SLP

Click here for Convention INFO & Registration
<http://orofacialmyology.online/iaom-convention-registration/>

2nd Annual Orofacial Myology Symposium

Presented by: Neo-Health Services, Inc

We went to Chicago this past April for the Orofacial Myology Annual Symposium and ended up with an incredible experience beyond our expectations! It was held at Hamburger University which featured Ronald McDonald on a bench outside of our classroom, all-you-can-drink sodas, tea and coffee as well as delicious refreshments, and even a museum of McDonald's history.

Elizabeth Roberts and Amy Bain opened the Symposium talking about Neuroplasticity and Errorless Learning, helping us to understand how habituation works. Karen Wuertz spoke about various case studies while exploring the world of orthodontic philosophies, followed by Becky Ellsworth who told us what we can do about adults with negative oral habits. She organized groups to work remotely, which proved to be a big plus to those doing the live stream attendance. They raved about the opportunity to feel like they were "right there with the rest of us." When Elizabeth Roberts explained how to do research from our own locations, she included the enthusiastic audience who shared their own ideas and possibilities. Suggestions were taken and plans were made to work together to create useful research. Nora Litzelman not only told us how to take a selfie that is flattering, but also how to better use our own equipment to take pictures for our websites. Bill Connors introduced us to new trends in telepractice, opened new windows for many attendees, and increased our confidence in how to pursue telepractice. Hallie Bulkin closed our symposium mentoring us on the best methods to develop business plans for our practices. Many attendees stated that her business information was invaluable to them and to their future practice plans. During the three days we learned a lot about orofacial myology, but more importantly, we all left feeling like a family that has a once-a-year reunion.... to share their achievements, learning experiences, and to spend time brainstorming and growing together.

We will continue to listen to your suggestions and arrange another incredible Annual Symposium in 2019! Hope to see you readers there.



Replay Event Live Stream

This 2nd Annual Orofacial Myology Symposium is now available for those of you interested in expanding your knowledge of orofacial myology. Allied professionals are also welcome. After purchasing this option, you will be contacted by one of our representatives to receive a code and be able to watch the whole presentation. This Symposium will be available only until July 31st 2019

Click
Here

Featured Graduate

Chris Walsh Zombek

RDH, COM™



In 2001 I graduated as one of the oldest students at the University of Maryland dental hygiene program. I always knew clinical hygiene would be the stepping stone towards something bigger. I just didn't know what was in store for me until I noticed an interesting article about orofacial myofunctional therapy in one of my professional journals for alternative careers.

After much research I found out that the IAOM was the only certifying body for Orofacial Myofunctional Therapy. It was highly recommended that I take Sandra Holtzman's course in 2014 which was the beginning of a whole new world of how I would look at my family, friends, patients and everyone I came in contact with.

Since the beginning I knew I would become certified. The most important treasure I learned from Sandra Holtzman was not only her three phases of treatment, but also how to become a creative therapist....when one way doesn't work out, then think outside the box!

I was the first RDH in Maryland to become certified and to practice orofacial myofunctional therapy. Since then I have been requested to speak at area schools on recognition of noxious oral habits and at dental and dental hygiene associations in my state as well as other states.

I have found that while building one's business it is very important to remain active in your state and county components for your licensure, whether you are an RDH or SLP. I cannot begin to tell you how this has advanced my business.

Lastly, I am extremely proud to be a part of the IAOM, one of the oldest, most knowledgeable associations in the field of orofacial myology. Every chance I get, I spread the word to build our association, and this year I have an opportunity to represent the IAOM at RDH Under One Roof. This a highly attended event in which close to 2,000 RDH's will attend for CE and to explore the various vendors' booths. I can't begin to tell how honored I am to represent not only the IAOM but all our knowledgeable and wonderful instructors.

I love the validation of my knowledge in everything I do, for myself as well as my patients. I encourage each and everyone to explore the benefits of certification and then go out and grow the IAOM through convention attendance and events, always remaining positive and highlighting the great assets in taking an IAOM approved course while remaining true to evidence-based research, education and mentorship that lasts a lifetime!

Orofacial Myology: From Basics to Habituation

Certification Track: Intensive Course



28 Hour Approved Course presented by

Sandra R. Holtzman
MS, CCC/SLP, COM

Becky Ellsworth,
RDH, BS, COM

With contributions by

Dr. Robert Mason
DMD, PhD, ASHA Fellow

OFFERING COURSES THAT PROVIDE YOU WITH A LEARNING EXPERIENCE THAT PARTICIPANTS HAVE CALLED "LIFE CHANGING"

2018 Offerings

Aug	09-12	COM course	Philadelphia, PA
Sep	27-30	COM course	Toronto, CA
DEC	13-16	COM course	Raleigh, NC
ONLINE		Symposium	Chicago, IL

2019 Offerings

Feb	15-18	COM course	Ft. Lauderdale, FL
Mar	28-31	COM course	Raleigh, NC
Apr	TBD	Symposium	
Jun	06-09	COM course	Saint Paul, MN
Aug	01-04	COM course	Quebec, CA
Sep	12-15	COM course	Boston, MA
Dec	05-08	COM course	San Antonio, TX

Additional offerings per request

Neo-Health Services, Inc.
OrofacialMyology.com
THE MISSING LINK

info@orofacialmyology.com
Ph 954-461-1114

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.