

Orofacial Myology

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Open mouth and low tongue resting postures. Chronic thumb and/or digit sucking habit past five years of age. Immature swallow pattern (tongue thrust). Anterior open bites. Enlarged tonsils. High, narrow palatal vaults. Diastema. Lip incompetence. Dry mouth. Chapped lips. Speech distortions.

Many dentists and pediatricians see any number of these symptoms in their practice every day! But what happens when children don't grow out of their thumb sucking habits with the usual heart to heart conversation or the "old band aid on

the thumb technique" and they continue to maintain an open rest posture? If you notice any of the above symptoms not going away on their own, a referral to a specially trained certified orofacial myofunctional therapist maybe in order.

The certified orofacial myofunctional therapist is trained to evaluate and treat patients with a variety of oral and facial muscle dysfunctions. They may also have additional training in speech/language pathology, dental hygiene or other health-related fields that the International Association of Orofacial Myology (IAOM) has determined to be within the scope of practice in orofacial myology (see the website at www.iaom.com for more information).

The practice of orofacial myology includes the evaluation and treatment of the following:

1. Abnormal non-nutritive sucking habits (thumb, finger, pacifier, etc.)
2. Other detrimental orofacial habits
3. Abnormal orofacial rest posture problems
4. Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition
5. Abnormal functional breathing patterns
6. Abnormal swallowing patterns
7. Abnormal speech patterns (only if the COM has the speech-language pathology credentials required by his/her state, province or country)

The overall goals of orofacial myofunctional therapy (OMT) are to assist in the creation, re-establishment or stabilization of a normal oral environment with regard to lingual and labial posturing and function to permit normal processes of growth

and development to occur. For patients who are beyond the range of pre-pubertal growth, the purpose of treatment is to create, reestablish, or stabilize appropriate normal postural and functional orofacial muscle patterns. In most cases, treatment goals, strategies and objectives are determined in conjunction with primary care providers in dentistry or medicine with a team approach.

There have been a number of studies showing the efficacy of orofacial myofunctional therapy in the dental and speech literature. One study by Smithpeter and Covell, 2010 demonstrated that OMT in conjunction with orthodontic treatment was highly effective in maintaining closure of anterior open bites compared with orthodontic treatment alone and another one by Benkert, 1997 involved the review of 100 cases and established the beneficial effects of OMT on improving dental occlusion, decreasing dental open bite and decreasing dental overjet. Other studies have determined the effectiveness of OMT on improving speech articulation by Ray, 2003 and Pierce, 1996. Also effectiveness of treatment techniques developed by Rosemarie Van Norman for eliminating digit sucking habits, Van Norman, 1997 and Shari Green's Confirmational Study: A Positive-Base Thumb and Finger Sucking Elimination Program, 2010 have also been noted in the literature.

So, the next time you see any one of the symptoms mentioned above, consider using the expertise of a certified Orofacial Myofunctional Therapist. They can make a valuable contribution to your treatment team!

***References to the article** (a more complete list of references is available on the IAOM website from an article written by Dr. Robert Mason, DMD, PHD entitled FOR DENTISTS AND PHYSICIANS)

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