THINGS WE CAN SAY in marketing/advertising OMD services

- The IAOM (International Association of Orofacial Myology) is a professional organization that can help you identify professionals in your area who are trained and/or certified to provide this specialized treatment.

- Myofunctional disorders involve behaviors and patterns created by inappropriate muscle function and incorrect habits involving the tongue, lips, and jaws.

- A tongue thrust, or what is more accurately known as an incorrect resting posture and swallowing pattern, is the most common orofacial myofunctional disorder.

- During rest, an incorrect positioning of the tongue may contribute to improper orofacial development and misalignment of the teeth.

- Restoring a normal rest posture of the tongue and lips and eliminating a tongue thrust can:
  - Guide the teeth into a more desirable relationship during the growth and development years;
  - Assist the orthodontist in aligning the teeth and jaws properly;
  - Assist stabilization of the teeth during and/or after orthodontic treatment and/or surgery; and
  - Enhance overall appearance

- Resting with the lips together has a positive cosmetic effect.

- It is often difficult to identify a particular source of an OMD. In most cases it is the result of a combination of factors; that is, OMD's involve a myriad of causes and contributing factors.

- An OMD may have a negative effect on the development of the dentition, particularly eruption patterns and/or alignment of the teeth and jaws.
Many authorities suggest that OMD may result from the following:
  - Improper oral habits
  - Restricted nasal airway
  - Structural abnormalities
  - Neurological or developmental abnormalities
  - Hereditary predisposition

A malocclusion may have an undesirable impact on the dental health of the patient:
  - If a malocclusion exists, the patient may be unable to bite and chew food efficiently
  - A malocclusion is thought to contribute to jaw joint (TMJ) problems and associated pain.
  - A malocclusion is thought to contribute to excessive clenching and/or grinding of the teeth.

Structural problems can contribute to an OMD. Sometimes the orthodontist or oral surgeon must alter those structural problems before myofunctional therapy can be beneficial.

In the presence of a dental malocclusion, the tongue may adjust or adapt at rest or during function to the misaligned dentition. Sometimes the abnormal rest posture of the tongue or an incorrect swallow is not noticed until the teeth are more favorably aligned.

Speech patterns may become distorted and speech sounds misarticulated where there is an OMD.

Parafunctional habit patterns may have a negative influence on the normal functioning of the TMJ.

Some individuals with OMD’s have an accompanying sucking habit, or vice versa. Others may only have a sucking habit.

Some individuals with a sucking habit may develop a tongue thrust and/or speech problems which are not likely to diminish until the sucking habit is eliminated.
- Many OMD’s involve sucking or biting habits, incorrect swallowing, and lisping.

- Prolonged and excessive thumb/finger sucking can have a harmful effect on the growth and development of the orofacial environment.

- Certified Orofacial Myologists (COMs) are trained to help patients eliminate sucking habits using positive behavior management techniques.

- Correcting or improving resting tongue or lip relationships can be instrumental in aiding the development of normal patterns of dental eruption and alignment, or restoring normal processes of orofacial growth and development.

- Myofunctional therapy for correction of an incorrect resting posture and swallowing pattern may be recommended for a variety of functional or cosmetic reasons.

- Correcting the myofunctional disorder can help stabilize the orthodontic result.

- Therapy programs are designed to retrain patterns of muscle function and to aid in the creation and maintenance of a healthy, stable orofacial environment.

- Therapy may help in the stabilization of the dental and/or orthodontic treatment, improve the clarity of speech, enhance one’s appearance, and help to maintain optimum oral health for a lifetime of benefits.

- There are many possible variations of OMDs just as there are many patterns of normal function.

- The decision to treat or not to treat should be made by a Certified Orofacial Myologist, and should be coordinated with the referring doctor.
The age of the patient is not as important as their motivation to succeed.
- Children as young as 4 years old can be seen for an evaluative session.
- Children of seven or eight years of age are often candidates to receive myofunctional therapy.
- Teenagers and adults of all ages are capable of success in treatment.

Myofunctional therapy may be recommended with a goal of facilitating normal growth and development, leading to a stable oral environment.

Therapy should be provided by a professional who has been specially trained and/or certified as an Orofacial Myologist.

Goals of treatment may include:
- Creating an awareness of selected musculature
- Reshaping/toning appropriate musculature
- Developing normal neuromusculature functions
- Establishing a routine to achieve habituation

A primary goal of orofacial myofunctional therapy is to recapture a normal freeway space dimension by eliminating deleterious sucking habits, re-positioning a forward, interdental resting tongue posture, teaching a closed-lips nasal breathing posture, retraining and eliminating an incorrect chewing pattern and swallow, or normalizing (opening) a closed dental rest posture.

The myofunctional clinician uses specialized exercises to establish correct functional activities of the tongue, lips, and jaws. These exercises can eliminate or greatly reduce drooling, lip biting, food chewing problems, open lip resting posture, articulation disorders, and incorrect swallowing patterns.

Studies have shown that treatment for OMDs can be 80-90% effective in correcting swallowing and rest posture functions. These corrections are usually maintained years after completing therapy.
• Therapy can prove beneficial in adolescents and adults:
  o Proper muscle function may assist the orthodontist in bringing teeth into a more desirable relationship.
  o Proper muscle function contributes to the stability of occlusion.

• Early identification and treatment is recommended for some patients for the following reasons:
  o By correcting abnormal muscle function early, normal dental growth is encouraged.
  o The abnormal habits are usually not as ingrained as they may be later on.

• Many factors contribute to the success of a therapy program. Cooperation of the patient is essential. If the patient is a child, active family support is important. Cooperation and communication between the therapist and other professionals is critical.

• Therapy should be highlighted and promoted as orofacial rest posture therapy. This is a key recommendation! Even so, a tongue thrust should be corrected where there is an associated cosmetic problem or an accompanying interdental tongue tip forward rest posture.

• Changing negative orofacial habits is difficult as it takes commitment, discipline, and consistent effort on the part of the patient.

• Myofunctional therapy programs are specifically tailored to meet the needs of each patient.

• Orofacial myologists should only provide services that they have been adequately trained to perform.

• The diagnosis and treatment of patients should be done on a one-to-one, person-to-person basis.
Factors that can influence the chances of therapy success include:

- The severity of the disorder
- The motivation of the patient
- The ability to control and coordinate the appropriate musculature and structures
- The presence of other oral habits
- The skeletal structure of the patient
- The attention span of the patient
- The attitude of the patient and/or parents
- The compliance of the patient
- The inability of the patient to achieve a patent nasal airway on a consistent basis

Patient confidentiality should always be honored and maintained.

THINGS WE SHOULD NOT SAY OR CLAIM in relation to Orofacial Myology treatment:

- OMT’s evaluate/treat defects, deficiencies or conditions of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity

- Treatment for disorders of pain, deformities, injuries, deficiency, defects or other physical conditions of the human teeth, gums, alveolar processes, jaws, maxilla, mandible, or tissues or structures adjacent to the oral cavity

- Treatment of specific medical diagnoses or neurological syndromes (Sturge-Weber syndrome, etc.)

- Improper muscle balance or “muscle imbalance”

- Reduce unnecessary tension and pressures in the muscles of the face
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- Anything referring to speech correction or teaching proper speech productions or sounds, (unless you are a speech-language pathologist)
- Reduce/eliminate symptoms of sleep apnea and snoring
- Provide services of facial rejuvenation, mini-facelifts, facial yoga, getting rid of wrinkles, facial cosmetic muscle toning
- Manipulation of the mandible to work on jaw or tongue posture or for any other purpose
- Craniosacral manipulation
- Correct misalignment of teeth, correcting malocclusions
- Working to correct body posture
- Therapy can cure/eliminate/reduce sore throats, enlarged tonsils or respiratory problems
- Scalloping of the tongue represents a problem
- Diaphragmatic breathing
- Treating Hair pulling behavior
- Offer a guarantee of any outcome
- Discuss any patient, by name, with another, unless you have a signed release of information from the parent/patient and it is for the purpose of communicating information to a referral source.
- Chronic headaches
- Neck pain
- Anterior gingivitis
• Chronic stomach aches, burping, GERD, hiccups
• Special needs therapy, as this is not an OMD
• Cosmetic muscle training
• Correct forward head and neck posture problems
• Develop a healthy muscle matrix
• Teaching or performing nasal cleansing. This should only be done by the patient and only if recommended or approved by a physician. It is not appropriate to diagnosis the need for nasal cleansing or to offer/provide this treatment.
• Remodel the nasal airway
• Strengthen the soft palate and uvula
• Establish diaphragmatic breathing as the need for breathing exercises has not been established with OMD’s
• Sleeping with hands under the face leads to facial disfigurement
• Sleeping on your side creates a dental crossbite
• Speech symptoms such as mumbling, wetness, talks too fast, or when you see the tongue when one talks, are actually muscle problems, not speech problems
• During a swallow, the back of the tongue touches the wall of the throat as this is not required and usually does not occur
• Tonsils often decrease in size after removing the irritations of mouth breathing behaviors
• After tongue thrust therapy, the cessation of stomach-related problems generally will occur
• Cosmetic muscle toning for facial fitness or “cosmetic orofacial myofunctional therapy”

• Patients can learn to develop healthy muscle patterns. These healthy muscle patterns, when permanently habituated, can be proactive in preventing or aiding breathing disorders due to allergies or mouth breathing habits. TMD when it is a muscle or habit related issue.

Incorrect statements and concepts that should be avoided in advertising:

• A person swallows 2,000 times per day (the accepted range in dental science is from 800 to 1000 for children, and a mean of 585 for adults) Flanagan, 1964.

• The pressures exerted during a tongue thrust swallow are excessive (1 to 7 pounds per swallow). Swallow pressures average @ 50 grams/cm² (Proffit, 1973).

• Swallow pressures add up

• That OMD’s represent a situation of “orofacial muscle imbalance” as this implies that you can create or achieve muscle balance

• Myofunctional therapy is physical therapy for the mouth.

• Tongue thrusting is a primary cause of malocclusion

• You cannot state that you provide services for which you have not been adequately trained and/or licensed (nutrition, sleep disorders/sleep apnea, group therapy for psychological issues/phobia, the recommendation of a sleep position or pillow type), nasal rinsing, hair pulling.
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- Be wary of labeling a patient as a *mouth breather*, especially in the absence of aerodynamic testing and verification. A lips-apart, mouth open rest posture is not necessarily mouth breathing.

- Avoid saying *excessive pressure*. Actually, it would be wise to discontinue use of the term *pressure* to describe thrusting. Thrusting does not involve excessive pressures against the teeth.

**Other suggestions of value in advertising your services:**

- Highlight the concept of the *freeway space* in marketing your work with OMD’s. This distinguishes you from orthodontists and dental treatment. Your work involves recapturing a normal dental freeway space.

- Working to achieve *lip competence* is an important aspect of OMT. In many instances, therapy to achieve a resting lip seal can obviate the need for tongue therapy and can also lead to a normal freeway space dimension.

- Remember that a tongue thrust and forward interdental rest posture of the tongue serve as clues that there is likely a retained sucking habit or unresolved airway issue. Refer for definitive evaluation of the airway as appropriate.

- Discontinue use of the term *muscle imbalance*. Instead, focus dialogue on *tongue rest* and *functional patterns*.

- Wherever possible, substitute “incorrect resting posture and swallowing pattern” for “tongue thrust”, since the term “tongue thrust” is the leading cause of negative reactions from the dental community, especially orthodontics.
Pattern is a better term to use to describe a tongue thrust or “an incorrect tongue pattern”. Many orthodontists respond negatively to the historical focus and overemphasis on thrusting rather than resting tongue posture.

Whether it’s a brochure, a website or a report, professional writing has rules.

Here are some do’s and don’ts intended to help you get your message across in this multi-disciplinary world.

- Avoid sweeping statements such as “symptoms will disappear” or “tongue thrust is cured”. Qualify your message: it may, it could, it might, “in selected subjects”, “in selected situations”.

- Don’t use controversial, dated terms such as: “deviant swallow”, “deviate swallow”, or “visceral swallow”. Do use more neutral descriptive terms such as: “atypical swallow”, or “incorrect swallow pattern”.

- Avoid making absolute statements based on your experience: “this exercise works 100% of the time”, “jaw shift with /s/ causes TMJD”. Do specify that: “In my practice I observed that…”, or “In my experience, this exercise seems to…”, “My personal opinion is..”.

- Do not focus on teeth movement in narrative or pictures, since moving teeth is the orthodontist’s responsibility. Do focus on changes in muscle patterns, i.e. tongue rest posture and during swallowing, lip seal.

- Don’t make claims outside your OFM scope of practice, unless you have specific training on the subject. Do refer to the OFM scope of practice for appropriate language.
• Never criticize other disciplines or referral sources “Unnecessary orthodontic treatment”, “Overlooked by the ENT”, “Never addressed by the pediatrician”. Do focus on what you can do for the patient: “establish an appropriate rest posture of the tongue”, “habituate a lips-together rest posture”.

• Don’t “diagnose” medical or dental conditions such as malocclusion, allergies, oral cancer, leukoplakia, nasal swelling, airway interference, etc. **Do** observe and describe what you see, take notes and then make an appropriate referral.

• Avoid use of the terms such as “cure” or “cured”. Do utilize terms such as: “addressed”, “treated”, “managed”, “resolved”.