New IAOM Examination in the works…. The committee to create a new version of the IAOM proficiency examination has been hard at work. They are busy updating questions and answers to reflect the current research, position papers, and other state of the art information. A special thank you is in order for Becky Ellsworth, who flew to Orlando for several days and stayed up to the wee hours, discussing pros and cons of various questions and test models. And deep appreciation goes to Dr. Robert Mason, who continues to work tirelessly in spite of the many other important obligations in his life, providing assistance and an abundance of information.

Frenotomy: takes longer to fill out consent form than the actual procedure itself An article published in the online journal, Pediatrics, by Dr. Sandra Sullivan, clinical assistant professor of pediatrics in the neonatology division of the University of Florida, describes frenotomy for infants as a relatively simple procedure where it takes longer to fill out the consent form than to perform the actual frenotomy. Sullivan, along with Sandra Holtzman and approximately 48 other professionals worldwide, were founding members of the IATP (International Affiliation of Tongue tie Professionals), a brain child of Dr. Alison Hazlebaker, developer of the ATLFF, Assessment Tool for Lingual Frenulum Function. Sullivan is on a committee to develop a simple tongue tie screening test for infants that nurses can perform right after the birth of a child. Lactation consultants are the professionals usually called upon to help babies experiencing breastfeeding difficulties, something often associated with restricted lingual frena. Dr. Isabella Knox, an associate professor of pediatrics at the University of Washington, estimates that between 40,000 and 100,000 babies are born each year in the United States with a tongue-tie problem. Knox said that the general pediatric training doesn’t prepare doctors to pay enough attention to the importance of breastfeeding.

At this time, it is unfortunate that only a handful of orofacial myologists come into contact with newborns. Elizabeth Schlein, a recent Holtzman grad (Jun-July 2011 course), has expressed great interest in this area and is in a position to further our efforts with newborns. We look forward to hearing more about this important area that is intricately related to orofacial myology.

ROM Acronyms Changed: Requires Your Attention

The ROM measurement method is now more user friendly. Please replace the former Acronyms as follow:

MO(max) replaces former MO. MO(max) is the measurement in millimeters of the maximum mouth opening achieved without discomfort. (Mouth Open Maximally)

MOWS replaces the former MOW. MOWS is the measurement in millimeters of the maximum mouth opening achieved while the tongue is suctioned flat upon the palate. (Mouth Open With Suction)

MO(tts) is the measurement in millimeters of the maximum mouth opening achieved while the tongue tip is placed upon the incisive papilla (“spot” behind upper central incisors) (Mouth Open with tongue to spot)

The ROM is extremely useful to establish the baseline pre and post treatment or frenectomy and is especially handy when seeing clients outside of the office. If you have questions, let us know at info@orofacialmyology.com