



With the coming of a New Year, it is natural for us to reflect upon our accomplishments of the current year while making resolutions for the upcoming one. We should also take time to appreciate some of the joys and good fortune that have marked the year. My personal thrill this year was the addition of a new granddaughter, Brooke, born on November 27th. She became grandchild number four and deepened my commitment to do more "mixing of family and work." What I have found to be surprisingly true is that dragging myself away from the office on occasion actually increases my productivity. It allows my mind to drop all of the details jammed inside of it, and frees it up for the all-important creative side to emerge.

This creative side is a primary ingredient that we therapists use to help us eliminate patient boredom and our own personal burn-out. It also clears our minds so that we can add the "art part" of treatment to the "scientific" part, thus moving our entire field forward. I wish for you all a New Year that combines "art" and "science," family and business, friends and personal accomplishment.



When Not to Treat

After so many years of having treated patients of all ages, with a variety of diagnoses (and prognoses!), I sat back and considered the many patients I had treated in the past whom I would NOT be treating if they came through my office door today. Retrospect is terrific for gaining insight and hopefully sharing that insight with others who can "save a lot of years" learning from my mistakes. By the way, I never become angry or disappointed with myself, because at any given point in my career I was doing the best I could with the knowledge and experience I had at the time.

I thought a good mental challenge for us this month would be to make a list of "When NOT to treat." Since space is limited, I decided to skip the "WHY" part, setting you free to agree, disagree, or have mixed feelings about it. Do send me your views on this and we will try to include them in our next issue. Here goes:

Client with open bite and interdental lisp; 3 year old – referred to you for

any type of lisp; young patient whose parents disagree about the need for therapy; patient of any age- with /r/ problem and restricted lingual frenum; 8 year old thumb sucker - with any articulation disorder; patient whom you don't like for any reason; patient who does not like YOU for any reason; client who arrives late consistently; patient who never practices assignments between sessions; client with chronic mouth breathing behavior due to untreated allergies; Down Syndrome patient 5 years old referred for open mouth posture.



Tongue Piercing - its effect on treat-



Recently, there was a discussion on the list serv for IAOM members about pierced tongues and the possible ramifications related to treatment. The general consensus was that tongue accessories hinder the therapy process and the outcome goals.

Some therapists said they try to reason with the patient and hope they make the right decision. Others prefer to be straightforward and give the client the choice from the first day: Remove the accessory and become eligible for treatment or leave it in and not be seen for treatment.

Consequences of tongue piercing may include any of the following:

Chipped teeth, gingival damage, infections, difficulty eating and speaking, nerve damage leading to parathesia or anesthesia, frequent biting of the tongue, allergic reaction to the metal in the stud, accidental aspiration of the accessory, and more.

If a client or potential client approaches you about the pros and cons, you can suggest they consider bonded tooth jewelry, a safer alternative to looking fashionable. That involves the use of decorative appliques that the dentist bonds to the tooth. They are removable and cost a lot less than piercings!

So many terms, so much confusion!

I am asked all the time to differentiate the specialty area of Orofacial Myology from the following terms as well as many others: Orofacial Disorders; Oral Motor disorders; Myofascial release; Oral Myology; Myofunctional therapy; Oral Myofunctional disorders; Speech therapy

The ASHA Leader is dedicating their October 2013 edition to Orofacial Disorders. What is ASHA's definition of Orofacial Disorders? Oops, there doesn't seem to BE an official definition! When searching online, you are sent to websites that deal with temporomandibular dysfunction and facial pain all the way to discussions about craniofacial disorders. So for now, we seem to lack a definition. What about Oral Motor disorders? Good heavens, THAT is even more convoluted, with descriptions of everything from clenching one's teeth and bruxism to dystonia and dyskinesia and of course various swallow-

ing disorders! Each dental/medical discipline seems to create its unique definition, adding to our consternation.

I was asked so often to define Myofascial release during my training courses, that I have added a slide just to explain the term. It is one of the descriptions that is easy to find and actually exists! It is a soft tissue therapy approach used to treat somatic dysfunction and restricted range of motion and any resulting pain.

"tongue thrust"
Orofacial myofunctional disorders
Cranio-mandibular Disorders and Orofacial Pain
Orofacial Myofunctional disorders

Oral Myology is a term that is used by very few professionals today and is a carryover of an "older" name for Orofacial Myology. You may hear the term, Myofunctional Therapy

which was used through the 60's and 70's, mainly due to Daniel Garliner, a speech therapist who traveled widely and referred to the specialty by that name. Oral Myofunctional disorders is a term that ASHA prefers since it refers specifically to the "oral" area rather than generalized muscle function.

The biggest mistake professionals and lay folks make is in pairing "speech therapy" with orofacial myology, but we shall leave that for a different issue of the Orofacial Myology News.

To summarize, we lack consistent definitions and descriptions for most of the terms discussed. To make my life easier, I created the following definition of orofacial myology to encompass all the areas that I teach and that my participants cover: *"The study and treatment of oral and facial muscles as they relate to speech, dentition, chewing/bolus collection, swallowing and overall mental and physical health."*

★ ★ "Bites Recipe" ★ ★

Ingredients

- 16 to 20 cherry tomatoes
- 1 pound sliced bacon, cooked and crumbled
- 1/2 cup mayonnaise
- 1/3 cup chopped green onions
- 3 tablespoons grated Parmesan cheese
- 2 tablespoons snipped fresh parsley

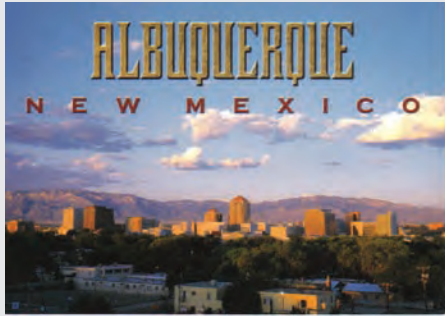
Directions

- Cut a thin slice off of each tomato top. Scoop out and discard pulp. Invert the tomatoes on a paper towel to drain.
 - In a small bowl, combine the remaining ingredients. Spoon into tomatoes. Refrigerate for several hours.
- Yield: 16-20 appetizer servings.





RELATED NEWS



IAOM news: The convention in 2012 was held in Albuquerque, New Mexico. The slate of officers was set and many awards were given to members who have worked hard throughout the years to improve the organization's standards and principles. Ethics was a subject discussed during the convention, with emphasis on the importance of staying within the scope of practice while looking towards increasing and improving our research in the near future. Presenters offered a variety of views challenging attendees to think "outside of the box," further bringing into focus the necessity of moving carefully ahead before incorporating new concepts and techniques into current approaches. The necessity for a synchrony of art and science was well demonstrated at this year's convention.

International Affiliation of Tongue-tie Professionals

The IATP, International Affiliation of Tongue tie Professionals, is a multidisciplinary group of Pediatricians, Pediatric Surgeons, Board Certified Lactation Consultants, Pediatric Nurses, Speech Pathologists, Dentists and Orthodontists whose mission is "to further the understanding of tongue-tie via education, research and the dissemination of old and new knowledge on the subject." They will soon be providing

information on their website www.Tongue-Tie.com, so be tuned to that site. There are three categories of membership: Expert Professional; Student Researcher; Avid Supporter. They are seeking new members from those who are truly expert on tongue-tie, so if you fall into that category or know someone who does, you can refer them to IATPmembership@gmail.com. IATP is holding their annual conference on

June 20-22, 2013, in Orlando, FL. Discussions and presentations will include focusing on pre and post surgical treatment, co-morbidities, and plenary sessions on a variety of tongue-tie and maxillary lip-tie topics. The conference is open to everyone.

For more information, you can contact AlisonHaze@aol.com.

I am a little pencil in the hand of a writing God who is sending a love letter to the world. ~Mother Teresa

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Elizabeth Roberts

When we decided to highlight Elizabeth Roberts, PhD, SLP-CCC, as one of our successful graduates, she provided the following description of the path that led her into orofacial myology. We consider it an honor to have had Elizabeth as our grad and new found colleague and friend:

"I am grateful for being part of a profession where there is always something new to learn. For many years, I have been intrigued by the effects of orofacial myofunctional disorders (OMDs) on dentition and facial features. Having been an SLP for over 30 years, it was in the first years of my practice that I had learned about "tongue-thrust swallowing pattern" while working in the public schools and observing the changes this treatment had upon articulation, carriage of the tongue, and dental occlusion.

Years later, in the 90s, I had the distinct privilege to study under Dr. Doris P. Bradley. She is a widely-published researcher in the area of cleft palate who also has extensive expertise in the area of OMDs. During that time, she shared with me a video produced by Dr. Robert Mason in which he explained the effects of OMD and the intricacies of treatment. This video exponentially expanded my knowledge base and piqued my interest in this disorder as it applies to even those speakers who are considered "normal" in their oromotor function. Throughout the years to follow, despite my following a different career path into the area of adult neurogenic communication disorders, I continued to observe these differences in orofacial structure and function in that "normal" population.

Fast forward to 2012, where I now work as a professor of speech-language pathology at Nova Southeastern University in Ft. Lauderdale, Florida, and teach courses in aphasia and motor speech disorders to graduate level students. Just last year, I decided to pursue further training in the area of OMDs after hearing Sandra Holtzman's dynamic presentation at a Florida Speech-Language-Hearing Association conference. During her presentation, she shared about the progress that had been made in the study of OMDs and the intricate and successful treatment she provides. So, this year, I participated in Holtzman's "boot camp." As those of you who have taken the course must know, Sandra is an expert and highly-skilled clinician who shares her immense knowledge base, highly-honed clinical skills, and remarkable insights in a nurturing and fun atmosphere. I came away from that training on fire for this area of our field and with a desire to engage in research to support the efficacy of this treatment.

In an atmosphere within our field where the efficacy of non-speech oromotor exercises (NSOME) has come into question and NSOME is not considered to be evidence-based practice, it is especially crucial that we increase the research base for treatment of OMDs. Recently, I have had the opportunity to initiate research in the treatment of OMDs in adults with the support of my employers at Nova Southeastern University. I also, thanks to Sandra, met Patricia Taylor, Editor-in-Chief of the International Journal of Orofacial Myology. It has been such a valuable learning experience to be able to interact with PatTaylor, who tirelessly devotes her time and expertise to this publication and to the support of research of OMDs. It was through Pat's recommendation that I became a member of the editorial board of this publication. This board includes distinguished researchers in this and other areas of our field, one of whom is Dr. Robert Mason. What a surprise and an honor to find that years later I would be a member of a group that included Dr. Mason!

It has been an exciting and fulfilling time since I first enlisted in Sandra's "boot camp." I am grateful on so many levels: for the new friendships that have been created, for the new opportunities for growth I have been given, and for the re-awakening of my interest in OMDs by providing treatment and engaging in research. Thanks for sharing your knowledge and expertise, Sandra!"

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Orofacial Myology Newsletter is brought to you by Neo-Health Services, Inc. in order to keep you posted on conventions, policy, noteworthy therapists, IAOM happenings, products, interesting questions we receive, and other topics related to orofacial myology. We even include challenging activities such as the crossword in this issue.

This newsletter is meant to provide a connection among all of us who practice or have strong interest in this wonderful specialty area of orofacial myology. 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.