



Henry and Sandra are so happy after realizing how new technology enhances the online telepractice patient experience.

With each passing year, the ability to communicate across the miles is becoming faster and more precise. A recent graduate of our certification course asked if I could "have a look at her son" to see what exercises she should be offering him at that point in time. I had a new iPad which I had purchased only two days earlier. Within seconds...literally!!!...I was connected to them on Face Time. I was able to see clearly under his tongue, the shape of his palate, and even his uvula. Although various organizations such as IAOM, ASHA, and others, require that we work within certain boundaries while using telepractice, we are still given ample liberty to bring a lot of benefit to a lot more clients worldwide.

For those of us who like to think of ourselves as visionaries, it seems like the sky is the limit. It is critical that we "keep up with the times" and don't let ourselves think that we are technologically challenged. There are many places where we can find the right kind of understanding "teacher" to patiently walk us through the basics. I found out that it sometimes means I leave a particular store and find another one with a better trainer. Sometimes a private tutor can be helpful. Some libraries offer free classes. Don't give up or wait too long to jump onto the technology train and rest assured that you can reach a comfort zone where you will be able to add new information easily onto the base you already have.

The importance of descriptions

The more we train ourselves to "see" as well as "listen," the more we will benefit our patients!

What do you see in the photo? Can you describe it well enough so that another professional understands what you are seeing?

- Do you restrict your use of terms to words that describe the length of the lingual frenum?
- Do you note the lower central incisors and their tendency to "lean" lingually?
- Do you point out the location to which the frenum attaches to the tongue itself?
- Do you attend to the V shape of the tongue?
- Or where it attaches to the floor of the mouth...or might you realize at times that it does not attach onto the floor of the mouth?



I still see articles written by medical and dental professionals that are concerned with simplistic definitions of "tongue tie"...such as "heart shaped" when protruded. And SLPs still often "listen" to determine the existence of ankyloglossia.

"Listen?????" you may ask. "What do you mean by "listen" to determine tongue tie?" If someone decides the extent of a tongue tie simply by listening to a given patient speak for a short period of time, then they are completely missing the boat! Any given tongue tied patient might be able to speak somewhat precisely for a period of time, but to assume that that single criterion is all that is needed is to act in an uninformed manner. An assessment should be given that considers all of the above bulleted areas and many more.

Put on your antenna and become aware of how other professionals describe tongue tie. You will be surprised how limited their descriptions are. Then you will understand better how simplistic descriptions lead to incorrect diagnoses, lack of proper referral, and ineffective treatment protocols.

ADVANTAGES AND DISADVANTAGES OF REMOVABLE APPLIANCES IN ORTHODONTICS

International Journal of Orofacial Myology 2009, V35
Authors: Robert M. Mason, DMD, PhD, CCC-SLP
Ellen B. Role, CCC-SLP

Contemporary orthodontic treatment involves the use of fixed and removable appliance systems. In traditional orthodontic care, removable appliances play a supporting role in comprehensive treatment. They are useful for the preliminary treatment with preadolescents or for adjunctive treatments for adults, and are employed routinely in retention (Proffit and Fields, 2000). A variety of functional appliances continues to be indicated for selective growth modification efforts.

Over the past ten years, the advent of the Invisalign® system of removable appliances has provided an alternative to traditional braces for many adults, and recently also for adolescent patients. The Invisalign® and other competing systems employ a series of removable appliances called "aligners" which are constructed from dental casts; each aligner is modified slightly to facilitate movement of a particular tooth or teeth. There may be as few as 3 aligners to as many as 20 sets involved, depending upon the system. The Invisalign® aligners were originally intended for use only by orthodon-

tists, although they are now marketed and used by many in general and pediatric dentistry. The treatment costs vary; they may parallel or even surpass the fees for conventional fixed orthodontic treatment.

Advantages of removable appliances:

- (1) They can be removed easily by the patient (this advantage is especially attractive to patients in social situations, and also, oral hygiene measures become easier with the appliances removed);
- (2) The appliances can be constructed in the laboratory rather than in the mouth at chair side;
- (3) Some types of growth guidance treatments can be carried out with removable appliances more easily than with fixed appliances.

Disadvantages to removable appliances:

- (1) The appliances can only work when patients wear them, so patient compliance is a recurring issue (the orofacial myologist may assist in motivating and supporting the patient to become more compliant);
- (2) The appliances present problems in applying the two point contacts on teeth that are necessary to produce complex tooth movements, so the appliance itself may limit the possibilities for treatment (Proffit and Fields, 2000). Because of these limitations, current comprehensive orthodontic treatment is dominated by fixed, nonremovable appliances

FIND THE HIDDEN MYOLOGY RELATED WORDS

T H U M B S U C K I N G A G Q I W E R T
 O J G S A F V N K L P P O L I N Y U J J
 R M O P E N M O U T H A B O G C F U I B
 I A M M Q B Q A S D F C H S B I J K M R
 A N K Y L O G L O S S I A S H S F J M E
 U D Y O D L Z I A D K F W O M O V K A A
 O I T L E U B P L C N I M P O R I H C S
 R B X O M S K S E L P E Q H R S S P O T
 T L F G D H S I T U J R V A D X W L B F
 H E R I W F R E N U M F E R Z J A Y P E
 O C J S X G Y W F B E A B Y P A L A T E
 D A U T O N G U E T I E I N X I L G S D
 O N V B H D C Z W K N F L G O Q O M W I
 N O V T H E R A P Y G V G E P A W I K N
 T E R A P H Y M N O S O Y A F W R N T G
 I B T E W P R R Y G S T U L X H P F Y L
 C M A L O C C L U S I O N Y D L C X C F
 S P A H T J U O I W X N V A Y J Q H Q A
 W Q S C R O S S B I T E R V T E E T H C
 K W E G J O S Z Z Q V O X M C A N I N E

ANKYLOGLOSSIA
BREASTFEEDING
BOLUS
CANINE
CROSS BITE
FACE
FRENUM
GLOSSOPHARYNGEAL

INCISORS
LIPS
MALOCCLUSION
MANDIBLE
MYOLOGIST
OPEN MOUTH
ORTHODONTICS
PACIFIER

PALATE
SPOT
SWALLOW
TEETH
THERAPY
TONGUE TIE
TORI
THUMBSUCKING

PLEASE PRINT AND ENJOY

Interesting Research

Please send us your own observations and we'll share them, also!

There are some observations that therapists have noted clinically and we are in need of studies to be performed that can back up these important clinical impressions:

Nail biting - possible relationships to malocclusion

Tongue tie - speech connections (based on "type" of tongue ties)

Thumb sucking - increased incidence of illnesses among thumb suckers

Enlarged nasal bridge incidence among chronic mouth breathers

Functional habit appliances - tendency of patients to "over ride" them

Therapy sessions - benefits of twice weekly vs. once weekly, etc.



Orofacial Myologists Building our Field Around the World

Speech and Dental practitioners are using Orofacial Myology techniques and approaches. Some are members of local, state, national and international organizations. And some are solo therapists trying to help the patients as best they can without an association. Based on the orders we received for the Myo-Manual and myofunctional related products, here are some of the locations of therapists building the Orofacial Myology field around the world: Australia, Puerto Rico, Greece, Canada, Italy, Colombia, Mexico, Jamaica, Netherlands, Finland, Argentina, India, Portugal, Brazil, Venezuela, Trinidad, Tobago, Japan, England, Ireland and others.

Among the most common questions we receive regarding the certification process for orofacial myology are the following:

- What are the steps I need to take?
- How long is the process?
- How many others are certified worldwide?
- What are the short and long term benefits?

RELATED NEWS

Ready for Certification?



We will be answering these questions and others in this and upcoming issues. The IAOM is the international certifying organization for orofacial myology. Its mission statements are important to understanding some of the questions posed above.

To improve the health of the public by advancing the art and science of orofacial myology by means of:

1. Increasing the awareness of and ensuring access to quality primary health care for the treatment of orofacial myofunctional disorders.
2. Maintaining the highest standards possible through promotion of educational opportunities and administration of the certification process.
3. Increasing the body of knowledge through scientific research.
4. Representing the interests of orofacial myologists.
5. Promoting and encouraging interdisciplinary relationships with allied health professions.

With that in mind, the interested SLP, DDS, or RDH will take a 28 hour certification track course or internship from an approved IAOM trainer, join the IAOM as an active member, and then practice the skills on patients/clients until he/she feels comfortable enough to request the take home proficiency examination. Depending upon one's background experience, many candidates will practice for about one year before taking the exam. Six months is allotted to complete the exam. An extension is possible upon request. Upon passing the exam, the last step is to request that a member of the Board of Examiners do an onsite visit to observe you for approximately 6 hours.

You will demonstrate your ability to give a thorough orofacial myology examination/consultation, treat a patient in early therapy, in later treatment, and either a recall or demonstration of a thumb sucking elimination program. All the details are sent to you well beforehand so that you can be adequately prepared. Often, the onsite experience is a very memorable one, with many candidates reporting that the examiner added a wealth of knowledge and sharing of information once the actual onsite observation was completed.

Northern Speech Services



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Orofacial Myology
Tongue Thrust
Level 1 Course

**ASHA
ANNUAL
EXHIBIT**



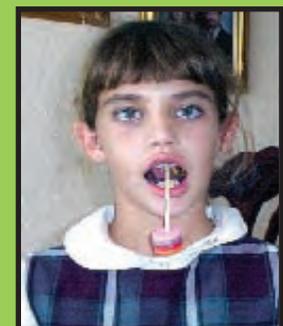
This year beautiful Atlanta will host the 2012 ASHA Convention. The Convention provides unparalleled opportunities to hear the latest evidence-based research and gain new skills and resources to advance your career. Neo-Health Services and your Myo-News have secured their place at this convention. We hope to see you, come and visit us in our booth!!!

Disk Elevators: Are they the former "Marshmallow Twist" disks?

Because the Disk Elevator exercises resemble an exercise from the past called Marshmallow Twist, some long time practicing therapists have asked if it is the same exercise. No, it is not same. They are lightweighted to be "kind" to the TMJ, colorful to appeal to clients and they are used in a totally different way. The former exercise was developed by Daniel Garliner to increase lip strength and assist bilabial closure. The Elevator Disk exercise was developed to fill a gap between Phases One and Two of the Myo Manual program, specifically to coordinate the muscle activities and lingual/mandibular/labial differentiations mastered in Phase One.

Click here to view Disk Elevator demonstration or go to:
www.OrofacialMyology.info

Disk Elevators





Tracy McNair

Tracey McNair is another one of our successful graduates. She is a Board Certified Orofacial Myologist with the IAOM and is also a licensed dental hygienist. She was

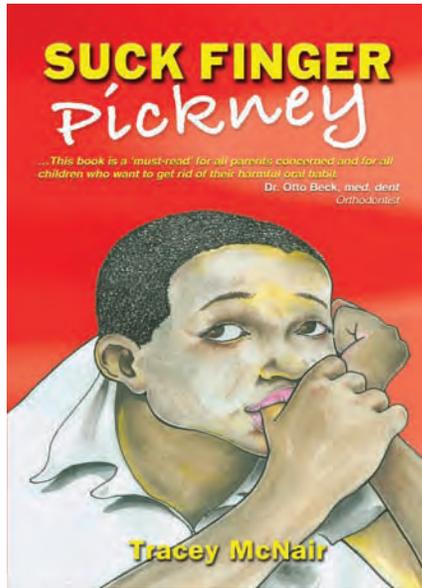
born in England where she worked as a dental hygienist in the Royal Air Force and private dental practice. She moved to Jamaica in 1993 to work for a year with a local Periodontist, and never left! She is married and has two children: Hayley, a former finger sucker, and Cole, a "recovered" thumb sucker.

Balancing her time between the periodontal office and her Myofunctional Therapy practice, Tracy was inspired to write a book to educate children, parents and other medical professionals about the damages of sucking habits.

Suck Finger Pickney is a delightful story about two friends who are bonded in friendship by their thumb sucking habit. Eventually they learn that thumb sucking is NOT such a good habit to have, and that there are BIG consequences of a physical, emotional and educational nature that accompany their habits.

Wonderfully illustrated, this story is a must read for any child with a finger or thumb sucking habit as well as an educational and self help guide for parents, guardians, teachers and other medical professionals.

If you are interested in buying this book, please click the following link:
www.lmhpublishing.com/children/suck-finger-pickney



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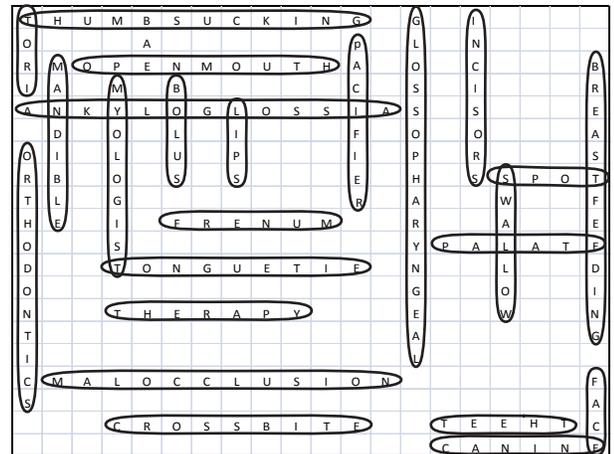
Or Call to register:

321-352-7411 or 954-461-1114

Email contact:

Sholtzman@OrofacialMyology.com

Hidden Words... ANSWERS.



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.

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