



Harvest Time

Welcome to our 2012 fall edition of Orofacial Myology News. I personally find the Halloween and Thanksgiving holidays to be among my favorites. There's something about pumpkins, apple cider, candy corn, turkeys, and yummy yams as well as hayrides and snowy walks after Thanksgiving dinner that bring forth feelings of warmth.

This is "harvest" time...when ripened crops are gathered. It behooves us to take a moment or two to consider what we have "planted" and what we harvest from our invested time, energy, and honest efforts. We're very fortunate in being in professions that give us daily opportunities to contribute to the welfare of others. What we receive in return goes far beyond the benefits of a salary or insurance remittance. We are truly the recipients of the "harvest," perhaps even more than those we serve each day in our offices, clinics, hospitals, schools and home visits.

I hope every one of you takes the opportunity to experience the fresh air, spooky kiddie costumes, and colors of the season.

Geographic Tongue

As orofacial myologists, should we feel safe providing our program of exercises to patients who present with geographic tongue?

We recently had two different emails asking about geographic tongue as well as a young patient who presented with it. James G. Murphy, MD, FAAP, FABM, IBCLC, a very active member of the IATP (International Affiliation of Tongue tie Professionals), provided an article that addresses it. *Variations of structure and appearance of the oral mucosa* T.J. Canaan, S.C. Meehan / Dent Clin N Am 49 (2005) 8-9



refer to the condition as "wandering rash of the tongue." Although we don't know the significance of the association between fissured tongue and geographic tongue, they commonly occur together. It is thought that a secondary fungal infection within the fissures might be responsible.

Because of the strange appearance of the tongue, patients might seek out medical or other professionals. The precise cause or causes are unknown, but stress and hormonal changes have been cited by some.

Geographic tongue is otherwise known as benign migratory glossitis or erythema migrans. Some studies place the incidence as low as 2% of U.S. population and some studies have found 11%-16% in other populations. It occurs twice as often in females and is usually asymptomatic; however, hot or spicy foods might cause discomfort in some cases.

Atrophic patches are present on the anterior two thirds of the tongue. They appear for several days or longer and "migrate," reappearing elsewhere on the tongue. Some

There is interest in identifying a connection to psoriasis since the histology shows similarities, but as of this time no direct link has yet been demonstrated.

Because of its benign etiology, treatment is usually not warranted, other than eliminating spicy foods that irritate the tissue.

With regard to our orofacial myology treatment, there is no reason why we cannot treat patients with geographic tongue just as any other patient, other than reassuring them and addressing any "spicy" food issues that arise.

Having supervised dozens of students and interns for many years, I've been in an ideal position to see many different therapy styles.

Often, our well intentioned mistakes might diminish rather than increase our client's chance for success. Here are those styles, and the names are fictitious, of course!

1. Jamie believes, as many of us, that new habits are formed from frequent daily practice. She herself is an organized, conscientious person. Where does she go wrong?

A. She assumes that her patients also devote much of their days thinking about orofacial myology. They don't.

B. She assumes that more assignments mean more improvement. It doesn't.

Solution: Jamie has to be realistic, involving the client in setting up assignment tasks. They know better than she does how often they can practice and how much they can handle between treatment sessions. Jamie must loosen up, individualize, and stay away from a cookbook approach!

2. Casey loves being a therapist. She had been in a different career and finds orofacial myology quite refreshing....and lots of fun! Where does she go wrong?

A. She gets so caught up and involved in the "fun" aspects that she neglects to reduce and remove past assignments.

B. She continues using the Elevator Disks even when the client's abilities are far beyond the original purpose of the exercise. When asked "why?" she says the client is having "so much fun" with the disks.

Solution: There is no need to continue "older" exercises that have served their purpose. They should be replaced with more complex exercises and therapy should continue to go forward in a sensible sequential manner.

3. Shawn is comfortable with his program and his ability to provide excellent therapy. He is personable and is able to motivate clients very well. Where does he go wrong?

He doesn't know how to organize the sessions to be most effective with his time as well as the clients'. He has not established a general pattern or flow for the session; thus, he runs late quite often or forgets to accomplish something important during a session. (ex. performing needed assessment, giving patient a necessary insurance or medical form to fill in, setting up the next treatment time and date).

Solution: Organize the steps of the session more or less as follows:

- a. Review last "prescription," eliminating, altering or increasing as needed.
- b. Probe to see which exercises are appropriate to move forward at this time.
- c. Get patient to demonstrate understanding of new exercises at least two or three times, and write down new lesson on "prescription" pad.
- d. Answer any questions, give or receive any forms, referral reports, and set up new appointment.



Therapy "styles"



PLEASE ENJOY

*Halloween Fruit
Apple Teeth Treats*



myo-recipe

Ingredients

- 4 Honeycrisp apples - cored and quartered
- 1 teaspoon lemon juice (optional)
- 1 (2.25 ounce) package blanched slivered almonds

Directions

1. With a small, sharp paring knife, cut a lengthwise wedge from the skin side of each apple quarter, leaving the peel around the wedge for lips. If desired, rub the cut portions of the apple quarters with lemon juice to prevent browning. Poke 5 or 6 slivered almonds into the top and bottom of the cut-out area to make snaggly teeth.

Original recipe makes 16 snacks
From Allrecipes.com

RELATED NEWS



2013 IAOM Convention – Albuquerque, NM

This edition goes into print just prior to the IAOM convention on Oct. 19 – 21. Dental and Speech professionals from around the globe gather to share information and learn from one another.

Topics vary from convention to convention; some speakers offer alternative methods of evaluating, diagnosing, and treating which provide attendees with visions of future possibilities; others cover and review the “tried and true which encourage the audience to reconsider their current approaches.

Featured presenters this year are the following:

- William Hang, DDS, MSD, presenting on Proper Oral Rest Posture – Is It Really a Matter of Life or Death?
- Sarah Rosenfeld-Johnson, MS, CCC-SLP, speaking on Oral Placement Therapy to Improve Speech Clarity and Feeding Skills
- Patti Digangi, RDH, BS, offering information about Simple Action Steps to Prepare for Electronic Health Records.
- Paul Clifford, DDS, discussing the basic principles of Anatomy of the Head and Neck for the Orofacial Myologist

Additionally, Marvin Hanson, PhD and co-author of two orofacial myology texts will be providing Updates for orofacial myologists.

Camaraderie at IAOM conventions is always present and the customary Saturday night Social serves as a highlight for the event. This year, there is a Mariachi Band performance, appetizers, tequila tasting and more, along with a traditional Mexican buffet.

IJOM: The 2012 issue

Pat Taylor, the IAOM research director and editor-in-chief of the IJOM (International Journal of Orofacial Myology), stresses the importance of using an evidence based practice and baselines to support our assessment and treatment methods. According to Pat Taylor, “If everyone is looking for the same things while performing assessments, it will help standardize the assessment components and that, in turn, will build a foundation for future research.” To further speed that goal, the 2012 IJOM has focused on Orofacial Myology Assessments.

To discuss possible research projects with Pat or to order past issues of IJOM (until they are all sold out), contact her at the following:

Pat Taylor

Kptaylor2@verizon.net



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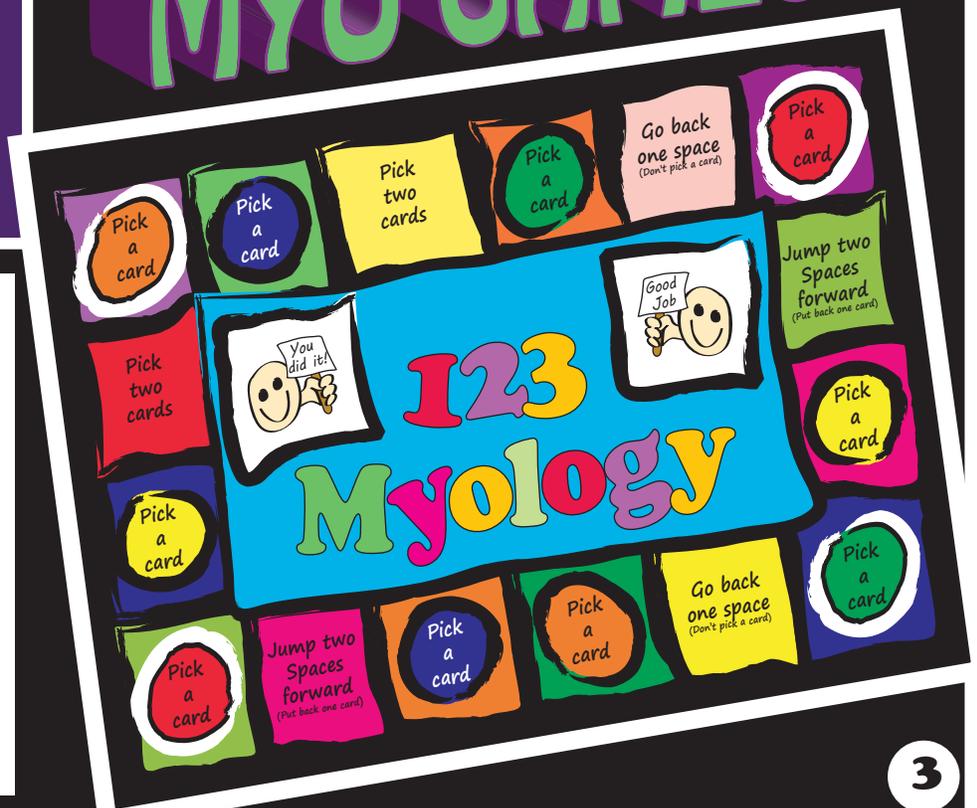
Orofacial Myology
Tongue Thrust
Level 1 Course

Myo Games have been developed to keep the child motivated and encouraged throughout the therapy process. They will be available to purchase in 2013. The first set of MyoGames is 1,2,3 Myology. It consists of the directions, the game board, exercise activity cards, dice, game pieces, and Myo supplies specific to each activity. It was designed to be used in conjunction with most orofacial myology programs.

www.OrofacialMyology.info

How can I keep the child motivated throughout the session?

MYO GAMES





Susan Arnold

Susan Arnold is a graduate we are very proud of! She has been a speech pathologist for over 20 years during which time she developed a strong interest in oral motor and feeding issues, and she has worked extensively with children with dysphagia and oral motor weakness and sensitivity. She has also treated adults with dysphagia and performed video swallow studies. Susan opened her own private practice

almost ten years ago in Coral Springs, Florida.

She writes, "About four years ago, I was introduced to Sandra Holtzman by a local orthodontist we both knew and worked with over the years. I had already started looking into orofacial myology but after speaking with Sandra at length, I realized this was exactly what I was looking for! I began with Sandra's 28 hour course and loved it! . Initially, we lived near each other so I had access to her more often! She was planning on moving out of the area but the orthodontist wouldn't let her move until I was ready to see patients! The pressure was on... I spent a lot of time researching, meeting with local ENT's, oral surgeons and orthodontists and continued to have Sandra visit my office for consults. I started seeing patients and practicing all I had learned. It all made sense now! I spent a year working on my certification exam while I continued to learn on the job, run my practice and do my research. I finally set up my onsite visit last December, after some delays while moving my practice due to an expansion. After being a nervous wreck (and calling Sandra freaking out) I passed my onsite and earned my COM in December!

I spent a lot of time getting to know as many local oral surgeons, orthodontists and ENT's as I could. I recently met a periodontist who specializes in laser procedures. I have observed labial and lingual frenectomies both surgically and with the laser. Having observed them myself, I really feel that I can tell a parent or patient what to expect from the procedures.

My training course and subsequent certification have opened many doors for me. I am in the process of working with an orthodontist, periodontist and lactation specialist on a presentation we will be offering next year. We are all concerned about the lack of knowledge "out there" by physicians, dentists and parents regarding the need for frenectomies and orofacial myology treatment.

Although I still spend a lot of time treating patients with various issues and running my private practice, orofacial myology has become my new passion!"

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.

There are few places on earth that light their streets for the holidays like Orlando.

But this year, holiday pilgrimages to Orlando will be extra special.



New Year in Orlando Dec 27 - 30 Orofacial Myology

**From Basics to Habituation
Certification Track: Intensive Course**

28 Hours Approved Course Presented by:

**Sandra R. Holtzman,
MS,CCC/SLP,COM**

Offering courses that provide you with a learning experience that participants have called "LifeChanging."

Orlando Training Center 2012 / 2013 Offerings

- Dec 27 - 30 Orlando, FL
- Feb 15 - 18 Orlando, FL
- Mar 14 - 17 Raleigh, NC
- Jun 27 - 30 Orlando, FL
- Aug 01 - 04 Orlando, FL
- Nov 07 - 10 Orlando, FL
- Dec 27 - 30 Orlando, FL

Additional offerings in Orlando and elsewhere by request

Click here to register online:

www.OrofacialMyology.com

Or Call to register:

321-352-7411 or 954-461-1114

Email contact:

info@OrofacialMyology.info

Myo-Maze
solution
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