



**I** hope all of you had a pleasant and fulfilling 2013. If you are like most of us, you have planned to make some changes in 2014. Ours include spending equal time between our NC and FL offices and traveling a lot more to other locations to provide courses. We'll be in Michigan, California, North Carolina, Florida, and Calgary to teach our 4 day courses...as well as providing short courses and convention presentations in various locations. We also have our new instructor, Becky Ellsworth, whose column appears in this edition of the Orofacial Myology News.

And in the works, very close to completion, is the 2nd edition of the Myo Manual (Orofacial Myology: From Basics to Habituation). I've listened to patients and students and purchasers of the Myo Manual, taking notes for quite some time. Some exercises have been added, some changed, and a few eliminated. Others were placed in a different order in the manual to expedite treatment, and new information has been added as well. For those who already own the Myo Manual and want to receive the new one, we are working on some ideas to make it possible for you to receive the new edition with a substantial discount.

Greater numbers of dentists are attending our courses along with SLPs and RDHs. Happily they report that once they understand how orofacial myology fits into their own practice, they are actively seeking therapists to provide the service. This is music to our ears!

Here is wishing all of you a year ahead that surpasses all of your hopes and dreams both as professionals and as individuals.

## What is Lip Incompetence?

I have heard the term "lip incompetence" used by many professionals throughout my career, but I have not found a definition upon which all agree.

Some refer to lip incompetence when it is *physically impossible* for a patient to close the lips; others refer to it as a *difficulty in closing the lips*; some explain that lip incompetence is when the patient is a *compensatory mouth breather without any other criteria*; and still others call it lip incompetence when the patient *does not keep the lips closed although he is physically able to do so*; and the definitions continue.....

**Lip incompetence should mean the same thing to everyone**

Among the definitions of "incompetence" which I found are the following:

1. lacking the skills, qualities, or ability to do something properly
2. defective: describing a body part such as a muscle that does not function properly

I contacted Dr. Bob Mason (see his column in this newsletter and at [www.OrofacialMyology.com](http://www.OrofacialMyology.com)) for his definition which is, "...an inability to keep the lips closed comfortably at rest, and without muscle strain." Clearly his definition falls within the parameters of 1 and 2 above.

I propose that we take care not to use the term "lip incompetence" except as described above. This will assure that we are on the same page as fellow professionals and can communicate more effectively with one another. I am finally comfortable about how and when to use the term. I hope this little discussion has given you some food for thought as it did for me.

I plan to discuss the term "posterior tongue tie" in a future Orofacial Myology News for some of the same reasons. I welcome your comments. You can email them to [sholtzman@OrofacialMyology.com](mailto:sholtzman@OrofacialMyology.com)

Having been an orofacial myology course presenter for many years, I have had the opportunity to see changes over that time that others might not have noticed. I want to discuss one of the most critical ones that ultimately affects the success of our treatment. When I first began my own training as a myofunctional therapist, as it was called at that time, there was one particular "barrier to success" that every therapist addressed immediately. As many of you who have been practicing for years already know, that barrier was thumb sucking (or other noxious oral habit). I have been surprised to hear from so many newer practitioners that they don't provide a

thumb sucking elimination program or that they utilize methods that are contrary to the policies and accepted practice methods of the IAOM. Simply stated: "The presence of anything foreign within the oral cavity misplaces the tongue from its rightful position." We also know that the mandible is misplaced, creating a larger freeway space than is acceptable. The lips are not closed naturally during the act of thumb sucking, and in fact the lower lip might be everted during the sucking process. Within the approved IAOM training courses and in the advanced courses for thumb sucking, many more details are provided regarding the nega-

## Barrier to Success

tive effects of such habits. The most important thing for all of us to understand is that a successful program of treatment for an orofacial myology disorder must have as its initial goal..... the elimination of sucking habits or any noxious oral habits using an approach that meets with the highest standards and avoids negativity of any type. Let's all do our best to assure that 100% of our orofacial myology colleagues address this most common "barrier to success."

# Myofascial Release...

*Not part of orofacial myology?*

## ABSTRACT

*On occasion, myofascial release has been mistakenly considered part of orofacial myology treatment. Since this procedure is a physical therapy technique, it is not appropriate for use by non-physical therapists.*

## WHAT IS MYOFASCIAL RELEASE?

*Myofascial release (also known as fascial adhesion release) is touted as a gentle touch massage procedure designed to relieve tight muscles and reduce the lactic acid buildup in muscles that can cause muscle-related pain. Myofascial release deserves some brief attention and discussion since this therapy is not part of course training in orofacial myology and should not be advocated as such.*

*Orofacial myofunctional therapy is not "physical therapy for the face", as some have incorrectly concluded. Physical therapy procedures are not a part of orofacial myology, nor are the techniques compatible with the goals and scope of practice in orofacial myology. Orofacial myologists must assure that the management of pain, and massage therapy, are not within their scope of practice. Those who may wish to incorporate myofascial release into their practices should be advised that they are practicing physical therapy without a license and are placing their license at risk.*

## WHO SHOULD PROVIDE MYOFASCIAL RELEASE THERAPY?

*According to Spine-Health.com, "Many different types of health professionals can provide myofascial release therapy, including appropriately trained osteopathic physicians, chiropractors, physical or occupational therapists, massage therapists, or sports medicine/injury specialists. Specific training and courses in Myofascial Release Therapy are generally necessary and can be extensive to attain a high level of competency."*

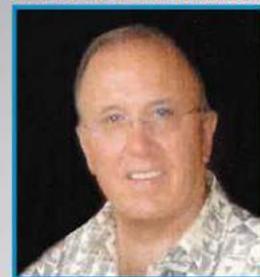
## MYOFASCIAL RELEASE AND FACIAL MUSCLES

*While myofascial release has some useful applications by physical therapists, the technique cannot be applied appropriately to the facial muscles. While the muscles of mastication have distinct fascial sheaths covering them and separating them from adjacent muscles, the facial muscles do not; that is, they are not covered by fascial sheaths.*

*This phenomenon is well known among anatomists. For example, Zemlin (1968) reported from his dissection studies: "The facial muscles, and in particular those of facial expression, are unique in that they are devoid of fascial sheaths characteristic of skeletal muscles. Also, many of their fibers insert directly into the skin." Instead of fascial sheaths supporting the facial muscles, a layer between the muscles and the skin called the SMAS (superficial musculo-aponeurotic system) serves to support the face.*

*Please continue reading this article at [http://orofacialmyology.com/files/MYOFASCIAL\\_RELEASE.pdf](http://orofacialmyology.com/files/MYOFASCIAL_RELEASE.pdf)*

**Dr. Bob's**  
CLINICAL PEARLS



Myofascial Release  
Not Part of Orofacial  
Myology!

Labial Frenulae  
Important Orthodontic  
Considerations

Treatment Options  
For Jaw Growth  
Variations

Suggested Clinical  
Research Projects in  
Orofacial Myology

Facial Osteotomies

Down Syndrome

The Buccal Corridor

Lip Incompetence

Concerns About  
Lip Taping

Evaluating Cephalometric  
x-ray Films

Gathering Clinical  
Research Data in  
Orofacial Myology

Speech-Language Pathology Continuing  
Education and Treatment Resources



Orofacial Myology "Tongue Thrust" Level 1 Course

R: From Basics to Habituation

Tongue Tie 101: What is Our Role?

Earn Orofacial Myology CEU's at Home



# Related News

This past October, the IAOM held our convention in Washington, DC. It included a lot of audience participation. One enjoyable activity, led by Kristie Gatto and Dianah Davidson, involved a “cooking theme” challenge where teams “cooked up” exercise programs and winners were chosen. Presenters came from far and wide...Chile, Brazil, Canada, Peru, and across the U.S.A. Stephanie Stanbury, representing Neo-Health Services, had the pleasure of helping the Peruvian group with the translation of their poster sessions. The Board of Directors’ meeting included a “hat giveaway,” with each hat representing one job description and responsibility shouldered by the hat recipient. It was extremely funny but also served to remind everyone that many of our BOD members are truly overburdened and that much of the hard work would be better dispersed. They look forward to welcoming “new blood” to their ranks. Social events included the Presidential Gala, where awards, dancing, and eating highlighted the event. There was a Mini Grand Twilight Tour of DC, followed by dinner at Pulpo’s restaurant. A Mount Vernon Trip and brisk AM walks were also offered.

The 2014 committee members gave a presentation which created a welcoming Canadian atmosphere, giving everyone a taste of what is to come in May, 2014, at the next IAOM convention.



**IAOM  
Convention  
Washington,  
DC. 2013**



## CONNECTING THE THOUGHTS...

**Linking Prevention, Treatment & You!  
43rd Annual 2014 International Association  
of Orofacial Myology (IAOM) Convention  
May 30, May 31 and June 1, 2014  
In Calgary, Alberta, Canada**

**Register via the website: [www.iaom.com](http://www.iaom.com)**





Installation of New Officers



## The Orofacial Myology Group



Kristie Gatto is a Speech-Language Pathologist and Certified Orofacial Myologist in Private Practice in Houston, Texas. She has worked in the areas of pediatric dysphagia, feeding difficulties and aversion, apraxia, articulation, phonological processing, and voice. She became certified in January 2011. Kristie owns and manages a practice of 16 Speech-Language Pathologists, provides supervision to graduate interns, speaks locally and nationally, and is a current member of the Community Advisory Board for the University of Houston's undergraduate and graduate programs.

Her love of Orofacial Myology began after the birth of her second son when she stepped into the world of Private Practice. Orofacial Myology added the "missing piece" of therapeutic intervention.

Kristie was installed on the Board of Directors as the Orofacial Myology Representative this past October (2013) and will serve until 2015. Kristie also serves as the Marketing/ Public Relations Committee Chair.

The Orofacial Myology Group is used by Active and Certified members of the IAOM as a tool to share information with one another. Orofacial Myologists come from vastly different backgrounds, with various philosophies and clinical practices. Over the years, the merging of the fields of Dentistry and Speech-Language Pathology have provided intense debate and growth. These differences allow the organization to continue to grow. In this context the Orofacial Myology Group provides a positive experience in an open forum for professionals to collaborate on topics and situations that they experience in the field.

Purpose of the Orofacial Myology Group.

- To disseminate important information to active and certified members regarding current treatment practices, training issues and policies.
- To enhance community and facilitate connectedness among members of the IAOM (e.g., announcements regarding social events; announcements regarding annual meetings; seeking advice for location information, and roommates for continuing education events; to announce accomplishments of active and certified members).
- To disseminate pertinent and appropriate information to extend greater knowledge to the membership as a whole, as well as provide strategies and treatment techniques to clinicians when in need of collaboration to better treat the clients the clinician is serving.
- To disseminate information on available jobs to members of the Orofacial Myology Group.
- To disseminate information regarding upcoming events.

As noted above, the main purpose of the Orofacial Myology Group is one of information dissemination and membership building. It is a forum for discussion of professional issues.

If you are interested in joining the Orofacial Myology Group, please contact Kristie Gatto at [krisgatto@sbcglobal.net](mailto:krisgatto@sbcglobal.net). We would love to have you become part of our Group of professionals that share the love of Orofacial Myology!

## Unplugging the Thumb (UTT)

Therapist's Edition has been prepared as a complete kit that makes it easy for you to use in your particular professional setting.

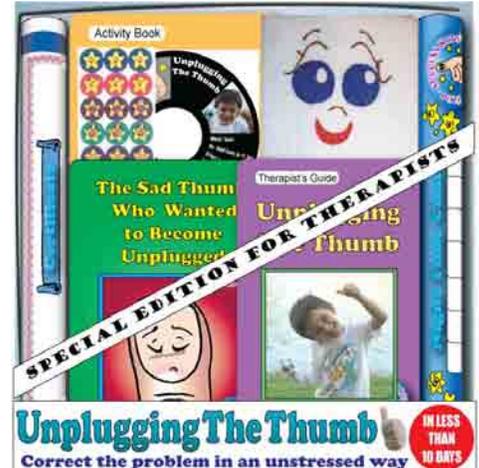
It includes an audio-visual presentation method that explains the possible consequences of sucking habits and includes small on-going goals that the child is able to achieve. We do not believe in creating prohibitions or pushing interceptive devices that try to force or control the child's behaviors from the "outside".

Reasons for preferring the Unplugging The Thumb over conventional methods:

- \* It increases the child's confidence
- \* It eliminates a habit in an unstressed way
- \* It offers the opportunity for you to work together with child and parent in a cooperative, non-judgmental manner to reach an important goal.

The program is also available in the Parent's Edition for those situations where a therapist is not available.

The kit includes all of the following: Parent or Therapist Guide, Story Book, DVD, Special Helper, Activity Book, Stickers, and a Certificate of Accomplishment.



**BUY NOW**

The IAOM mentoring committee was developed to provide a communication link between experienced members and those who are in the certification process. The members of the Mentoring Committee all hold COM (Certified Orofacial Myologist) status within the organization. Mentoring committee members are typically newly certified members (within the last 5 years). They work as an adjunct to the IAOM representatives. It is felt that those who have just completed the certification process are in an excellent position to help those that are "in the trenches" working on their test and gathering patients for their on-site evaluation. Mentors provide encouragement and periodic contact with those working on certification to make sure they stay on track with the exam process.

The Mentoring listserv, "CertSupport" is available to those who are working toward certification. It is a listserv available via invitation only and available to members who have requested their test from the Board of Examiners. The mentors and others working on certification help provide direction and feedback. Exact answers are not shared.

The mentoring committee is headed by Stephanie McCabe, MS, CCC-SLP, COM who has been a COM since 2007. If you are working on certification or are interested in becoming a mentor, please contact her directly at [stephanie.mccabe@hotmail.com](mailto:stephanie.mccabe@hotmail.com) for an invitation to the listserv.

## THE IAOM Mentoring Committee



**Stephanie Newell McCabe,  
MS, CCC-SLP, COM**

Stephanie McCabe has been a speech-language pathologist for 20 years. She is owner of McCabe Speech and Language Services, and has been in private practice as a speech-language pathologist since 2001. She received both her BA (in English and Communication) and MS (in Communicative Disorders) from the University of Louisville in Kentucky. She began pursuing her specialty certification in Orofacial Myology through the IAOM (International Association of Orofacial Myology) in October of 2004 and completed her certification in 2007. She also completed extensive coursework in the area of orofacial myofunctional disorders during an intensive internship. Stephanie was appointed to the IAOM Board of Examiners in 2013.

Currently, she serves as the Chairperson of the IAOM's mentoring committee for members pursuing certification in the area of Orofacial Myology.

# Presidential Award

*A personal note from Sandra*



*I usually write about the awards given to others, but this time I have to comment about my personal feelings after having received the Presidential Award at the convention. I deeply appreciate the recognition and thank you for the honor. Twenty years ago, as a relatively new IACM member, I recall*

*thinking how devoted so many members were to the organization and to orofacial myology in general. I remember how I was greeted and taken into the fold by Roberta Pierce, Anita Weinfeld, Marv Hanson, and many others. Observing their devotion to orofacial myology was very encouraging to me. I'd felt alone in my practice until then. Finally, there were others who thought as I did and who saw the benefits and the potential for orofacial myology. Their endless support and encouragement enticed me to accomplish goals I would not otherwise have realized. I could never possibly give back to the IACM what it has given to me. I hope that I, along with other long term members, can be as supportive to new members as our predecessors were to us, encouraging them to reach even higher goals.*



by Becky Ellsworth,  
AAS, RDH, BS, COM

# Outside of the “mouthbox”

Hi Everyone!

I hope this finds you all healthy and happy and ready to take on 2014!

My New Year started perfectly! I had the extreme pleasure of meeting my first grandchild, Lily Ann Crouse on January 3rd. As I watched the nurse weigh and measure her, I was keying in on Lily’s mouth – was her tongue able to move around? Where were the labial frenum attachments? Would she be able to latch on for successful breastfeeding? After I checked to see that the labial frenula were in the correct locations, I was delighted to observe my brilliant newborn granddaughter actually stick out her tongue! This is something many babies do not do until they are two weeks old or older, according to Alison Hazelbaker, author of *Tongue-tie: Morphogenesis, Impact, Assessment and Treatment*. Obviously, I was relieved and the breastfeeding is going perfectly.

This is just one example of what we do as Orofacial Myologists – observe and refer, if needed. Too many women have felt they were failures as mothers if they could not breastfeed, but in many instances, it wasn’t they who had the problem, but rather it was their baby’s inability to latch on because of a restricted frenulum! Although some of us do not work with newborns, we can certainly offer to take a look if a mother reports difficulty with latching on. Our early intervention could save the mother woe as well as give the child potential normalcy in their speech, dentition and appearance.

There are so many layers to what we do as Orofacial Myologists! I’ll be presenting new areas to explore in the months ahead – peeling back all the ways we can and do impact those around us.

I look forward to meeting many of you at conventions or, even better, up close and personal at one of our classes. There is always something more to learn and we promise to always do our best to lead you in the right direction.

My best,  
Becky



## “Myo-Recipes... Time to Lick your Lips”

### LEMON CHEWS



Lemon Chews are wonderfully sweet-tart candies with a smooth, chewy texture and flavor similar to Starburst candies. You can use other extracts and food colors to make different flavors of fruit chews. This recipe calls for citric acid, which accentuates the tartness of the lemon extract. Citric acid can be found in many specialty baking stores and large grocery stores—I found mine in the bulk spices section of a nearby grocery store. It can be omitted, but the candies will be missing an extra sour punch.

Yield: 20-24 lemon chews

#### Ingredients:

- 4 tbsp butter
- 1/2 cup light corn syrup
- 3/4 cup granulated sugar
- 1 tsp lemon extract
- 1/2 tsp citric acid
- 1-2 drops yellow food coloring

1. Prepare a 9x5 loaf pan by lining it with foil and spraying the foil with nonstick cooking spray.
2. Combine the butter, corn syrup, and granulated sugar in a medium saucepan over medium-high heat. Stir until the butter and sugar dissolve, then wash down the sides of the pan with a wet pastry brush to prevent sugar crystals from forming. Insert a candy thermometer.
3. Cook the candy, stirring occasionally, until the thermometer reads 245 F (118 C). It’s very important not to overcook this candy, as even slight overcooking can cause it to harden and lose its wonderfully chewy texture.
4. As soon as it reaches the proper temperature, remove the pan from the heat and stir in the lemon extract, citric acid, and yellow food coloring. Stir until the ingredients are well dispersed, then pour the candy into the prepared pan.
5. Allow the candy to set at room temperature until it cools and sets completely, at least 4 hours or overnight.
6. Once set, remove the candy from the pan using the foil as handles and flip it upside down on a cutting board. Carefully peel the foil off the back. Use an oiled chef’s knife to cut the candy into small 1-inch squares to serve.
7. Because Lemon Chews are soft and chewy, they will gradually lose their shape if left alone at room temperature. I recommend wrapping them in waxed paper to make them easy to save and handle. Individually wrapped Lemon Chews can be stored in an airtight container at room temperature for up to two weeks.

By Elizabeth LaBau

<http://candy.about.com/od/citruscandyrecipes/r/Lemon-Chews.htm>

# Angie Lehman & Sherie Tynes- Dietz



Angie & Sherie are dental hygienists from South Central Pennsylvania. Being long-time friends and former co-workers, they decided to venture into Orofacial Myology together. They are co-owners of Oral Myofunctional Therapy of York (OMT of York) located in York, Pennsylvania.

Through many years of practicing dental hygiene, Sherie & Angie had become aware of many oral myofunctional disorders but really did not know what to do about them. Unfortunately, recognition & treatment of OMD's was not a part of their dental hygiene curriculum & education.

Angie was the first to discover the field of Orofacial Myology while researching alternative careers for dental hygienists. An advertisement in RDH Magazine caught her attention, causing her to investigate a field whose existence she was unaware of. She was completely amazed and impressed by everything that she discovered. This was the puzzle piece that was missing throughout many years of treating patients in the dental office!

After attending Sandra's course in February of 2012, Angie immediately contacted Sherie and encouraged her to attend a course. For many years, they had thought about starting a business together, but never knew what to pursue. The excitement and fascinating knowledge that was acquired at Sandra's course was infectious! Sherie attended the course in June of 2012, and shortly after her return, the business was born!

The field of Orofacial Myology is a brand new concept for their area. This has sparked a passion in Sherie and Angie to not only treat patients successfully, but to educate orthodontists, dentists, ENT's and physicians in their area. They can often be found speaking to local dental and dental hygiene associations as well as speaking directly to parents at a variety of Health events. Educating others has always been the foundation of their dental hygiene careers, and now, the recognition and treatment of OMD's is their passion.

## Orofacial Myology: From Basics to Habituation Certification Track: Intensive Course



28 Hour Approved Course presented by

**Sandra R. Holtzman MS, CCC/SLP, COM** **Becky Ellsworth RDH, BS, COM**

*Offering courses that provide you with a learning experience that participants have called "Life Changing"*

### 2013/2014 Offerings

- Nov 07 – 10 Orlando, FL
- Dec 27 – 30 Orlando, FL
- Jan 17 – 20 Orlando, FL
- Feb 07 – 10 Santa Rosa, CA
- Mar 06 – 09 Raleigh, NC
- Jun 26 – 29 Raleigh, NC
- Jul 24 – 27 Grand Rapids, MI
- Aug 18 – 21 Calgary, Alberta, CA
- Oct 10 – 13 Raleigh, NC
- Nov 06 – 09 Orlando, FL
- Dec 27 – 30 Orlando, FL



Click here to register online:

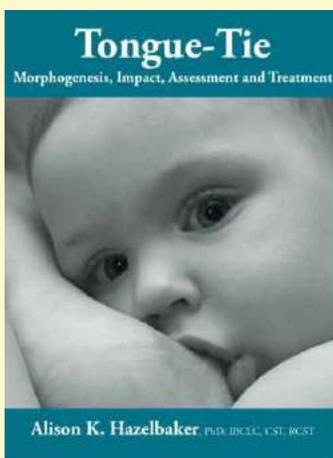
[www.OrofacialMyology.com](http://www.OrofacialMyology.com)

Or Call to register:

**321-352-7411 or 954-461-1114**

Email contact:

**info@OrofacialMyology.info**



## Tongue Tie: Morphogenesis, Impact, Assessment and Treatment

The best source I have ever seen for thorough information about ankyloglossia...

**Click here to buy this Book**

Or go to: <http://store.oroacialmyology.com/tonguetiebook1.html>

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.

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.