



Happy Wintertime, wherever you are! I travel so much that I sometimes forget whether I should pack up my earmuffs or my swim suit! That could be quite embarrassing if I make a mistake!!!

Seriously, though, it is captivating to see the transformation between golden leaves fluttering downward... to white graceful snowflakes enticing us to catch them as they drift in our direction.

The New Year is always a time for reflection as well as looking forward.

Having been part of this wonderful specialty area for so long, I can see trends perhaps more easily than someone newer to orofacial myology. See the article about Thumb Sucking in this issue related to one of these trends. Also, be sure to read Becky Ellsworth's column, Outside the Mouthbox, which discusses another trend related to SLPs and RDHs working together. And yet another development that is helping to hasten the increase of COMs is our access to social media. Karen Masters gives us an example of how we can include greater numbers of course graduates in study groups and encourage them to continue their pathway to certification. See her article under the "Grad's Corner" to get a better idea of this helpful trend. As the Orofacial Myology News has grown, it has encompassed many of you who contribute articles and ideas as well as compliments.....We hear from our readers that "Dr. Bob's pages are awesome" and that "Articles stimulate me to see things from a different perspective."

We thank all of you for your contributions and words of encouragement and we promise to do whatever we can to continue to promote Orofacial Myology worldwide in a careful, thoughtful manner so that it grows scientifically, ethically, and positively for all of



Orofacial Myologists and Thumb Sucking Elimination When did it become elitist???

When I first studied what was then called "myofunctional therapy" waaaaaaay back in the 70's, we didn't treat the many facets of orofacial myology that we have today. We knew a little about "tongue tie" and we understood there were some relationships to speech disorders, and perhaps our main focus was on the orthodontic issues and what we believed was a "swallowing" connection that caused tooth movement or failure to erupt. One thing, however, that we ALL were involved with in our practices, no matter what type of facility, was thumb sucking (finger sucking) habit elimination. We knew that the presence of a thumb or finger or other object in the mouth meant that the tongue and lips and mandible could not possibly function in a "normal" manner. All professionals who studied 'myofunctional therapy' from whoever taught it at that time had that part of the job description fully operational. They used a solid positive reinforcement program and were successful a very high percentage of the time. Over the years of teaching courses and presenting to

professionals worldwide, it was evident that thumb sucking was the first part of the treatment process. One had to have and be comfortable with a solid program to eliminate negative oral habits. Thus, it is very surprising to me that I occasionally come in contact with therapists who claim to be orofacial myologists and yet they do not see patients for sucking habit elimination. I am baffled by this as I try to imagine the client, perhaps a young child, trying to accomplish the requirements of a therapy regimen while continuing to misplace the tongue, jaw, and lips with a sucking habit. I know that we have added a lot of knowledge and perhaps a few peripheral areas that might best have been left in the periphery.... however, none of this is an excuse to ever pursue a program of orofacial myology without first addressing any and all interfering oral habits. I hope this article is an incentive to the many who do follow this important guideline to remind associates that there is no way around it: we must "unplug" the thumb before proceeding with other parts of the orofacial myology treatment program.

Breaking News
On December 4th, The College of Dental Hygienists of Ontario approved Orofacial Myology to be within their scope of practice!!! Great news!!!

Certified Course SAN DIEGO, CA January	Certified Course ORLANDO, FL February	Certified Course ATLANTA, GA April	Certified Course VANCOUVER, CA June	Certified Course AUSTIN, TX August	Certified Course ORLANDO, FL November	Certified Course ORLANDO, FL December
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Tongue Thrusting and Tongue Rest Position – A Short Explanation

The following description of tongue thrusting and tongue rest posture is intended to be copied by clinicians and used as needed with patients, parents, or colleagues. You have my permission to copy and use this document as you see fit. If you have a need for additional information and data to support the claims made here, please go to www.OrofacialMyology.INFO, and under the heading "Myo-Research" find the article: For Dentists and Physicians. ~ Dr. Mason

A normal relaxed or rest position of the mouth would include having the lips together, teeth slightly parted rather than touching, and tongue tip resting behind the front teeth – usually on the hard palate tissue just behind the upper teeth, or in some cases, behind the lower teeth.

A tongue thrust is a condition where the tongue becomes a prominent feature either when talking, swallowing, or eating. The term 'thrust' is misleading, since it implies that the tongue is forcefully pushed against the teeth, leading to a change from the normal position of the front teeth. This is an incorrect view. Actually, the amount of pressure exerted by the tongue against or between the teeth during a swallow is not sufficient to cause them to move out of a normal position, so tongue pressure during tongue thrusting is not the link with changes in the position of teeth. In many cases, a misalignment of teeth is already there and the tongue moves forward into the space available as a way of sealing the front of the mouth during swallowing. In this case, the tongue is said to be 'opportunistic' or 'filling in an available space.'

What then is the link between the tongue and changes in the position of teeth? Many dental practitioners and other clinicians see a tongue thrust and dental malocclusions (or teeth out of normal alignment) and presume that the tongue thrust is the cause. What is often missed in oral evaluations is an abnormal rest position (or posture) of the tongue and jaws. It is well documented in dental science that a forward rest position of the tongue tip against or between the front teeth that is maintained for hours per day, with the lower jaw hinged open beyond the normal vertical rest position, can, over time, result in dental changes. A long period (a duration of at least 6 hours per day) of an abnormal tongue rest position and open jaw position is required to create dental changes such as an open bite at the front teeth. Thus, the duration of an abnormal rest posture, rather than the amount of tongue pressure, is the link between the tongue and unwanted changes in the dental structures.

It does not take much sustained pressure for a forward rest position of the tongue tip to result in dental changes. Only light, continuous pressure is needed to move teeth, whether by orthodontic appliances or a forward tongue rest position. In the same way, sucking habits, when a digit pressure is applied hours per day, can cause a change in the shape of the dental arches. An open-mouth rest posture for hours per day, that usually accompanies a forward rest posture of the tongue, serves to trigger additional unwanted changes in the dentition.

A tongue thrust and a forward rest position of the tongue tip often occur together. When they do, a malocclusion (malposition) of teeth is the likely result. Not all individuals with only a tongue thrust habit will require treatment since the thrusting alone is not linked as a cause of changes in

dental position. But for some, a tongue thrust may involve a cosmetic or an eating problem. Such findings can signal the need for therapy even though no dental changes are involved. When accompanied by a forward tongue rest posture, dental changes will likely occur due to the abnormal rest posture.

Some patients show a rest position of the tongue between the side (back) teeth. In such cases, dental alignment problems can develop in the posterior segments of the dental arches.

A suggested clinical guideline: where there is a tongue thrust, clinicians should look closely for an accompanying abnormal rest position of the tongue and an open lower jaw rest position. With such findings, treatment is most often indicated.

A primary goal of orofacial myofunctional therapy in children is to re-establish a normal oral environment in which normal processes of dental eruption can be achieved. In adults, the goal is to normalize oral postures and functions to create stability in the dental arches. Therapy will necessarily involve re-establishing a normal vertical rest position of the jaws. Working on the elimination of a tongue thrust as a cosmetic concern is also an appropriate reason for therapy in some individuals. This is done by repositioning the tongue at rest, or eliminating a tongue thrust during the function of swallowing.

When the "house" in which the tongue resides becomes normal with regard to where the tongue rests and how it functions during eating, swallowing and speaking, then orthodontic treatment can successfully place the dental structures in a normal position that should remain stable. However, follow-up appointments will be needed after the completion of therapy to monitor success and to identify any possible recurrence of problems.

Final clinical perspectives: what is seen at the front of the mouth can often serve as a clue that something is not normal at the back of the throat. A tongue thrust, a forward rest position of the tongue, or the mouth resting in an open position are diagnostic observations that raise suspicions of a problem at the back of the throat that can interfere with normal breathing. Examples of such problems are enlarged tonsils, adenoids, or allergies that can affect the nasal cavity or reduce the size of the throat cavity. Such problems can result in a need for the tongue to adapt by being repositioned forward at rest or thrusting forward during the first part of a swallow to maintain an open airway for breathing. Such adaptive tongue behaviors will continue until the causes of the airway problem are resolved.

Robert M Mason, DMD, PhD
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Former Chief of Orthodontics Emeritus Professor of Surgery
Division of Plastic and Reconstructive Surgery
Department of Surgery Duke University Medical Center
Private Practice in Orthodontics Durham, NC
(now residing in North Myrtle Beach, SC)

Grads Corner

by Karen Masters



Her dogs had full myo assessments and passed!



Greetings and Happy Holidays!

Thanksgiving is behind us already and 2015 is winding down with Hanukah and Christmas before us. Holtzman graduates have been really busy despite the holiday rush. Sandra taught a class in November in her Orlando classroom. We had people literally from around the world wanting to learn about orofacial myofunctional disorders. Dorit came from Israel, Sherry and Stephanie came from Taiwan, and Alberto from Puerto Rico!! This class was privileged to be the first to view some really fantastic videos made with Dr. Bob Mason teaching us about orthodontics and dentition. The information was excellent and helpful. Did you know Dr. Mason is an SLP and an Orthodontist?? He brings a very unique set of skills and knowledge to his video lessons!

The Facebook group (OROFACIAL MYO MOTOR MOUTHS) continues to grow! All the Orlando attendees joined the group and Nicole Campbell who attended the Boston training class this summer brought her Facebook group to join our Facebook group! She is an admin along with me. Our goal is to make the group cohesive and active. We are all writing little bios on the FB page to learn more about each other and what "MYO" we are all doing! It is an exciting forum to support each other as some pursue certification taking the exam and preparing for the onsite visit. It makes the process feel less intimidating and so much more attainable when there are so many of us doing the same thing at the same time. I am hoping that more and more of us add to the growing army of certified orofacial myologists.

The NJ group has gotten together twice to review the content from the class and practice the exercises on each other. The first time we met at my office in Chatham NJ followed by a trip to Eastchester NY to Deidre Beglan's new office. Deidre was able to arrange for a three year old patient to come to the office during the get together whom she had seen and identified as tongue tied! We all took a look and agreed with her assessment! Great way to keep it practical and hands on!

The next get together will be in Clifton NJ at Diane Reyna office. Two additional get togethers are scheduled for those who are already in the exam process. No answers are shared, of course, but difficult subject areas are discussed, googled and researched so all can learn from the experience.

I am looking forward to continued momentum and opportunities to work with all the new myo friends I am making! If you have completed Sandra's 28 hour training class and would like to join the Facebook group message me on Facebook or send an email to: karenspl@me.com and I will add you."

Karen



Annie-Karine Lamoureux and Dana K. Hockenbury, are two Speech Pathologists and Certified Orofacial Myologists who wanted to contribute to the field in a very special way. They identified that there was a lack of resources for professionals who were setting up their Orofacial Myology offices. So, they created T.R.È.S OM, an up-to-date, easy to use website that provides downloadable templates, resources, and educational materials.

You can download pamphlets / brochures to give parents/clients on a variety of topics, including opened-mouth posture, ankyloglossia, enlarged adenoids, orofacial myofunctional disorders, thumb sucking, etc. You can also download PowerPoint presentations for dental and medical referrals for easy identification of orofacial myofunctional disorders. All these materials are Ready to Edit-and-Print.

As Annie-Karine and Dana designed this website, they thought of all the times over the years when they had learned some valuable information simply by chance, or heard something through the grapevine from their fellow clinicians. It was their hope that their website would facilitate more of these valuable information exchanges by providing a centralized place for this sharing to occur.

Becoming a member is very simple. Go to tresomresources.com access the membership-registration page, and fill the information.



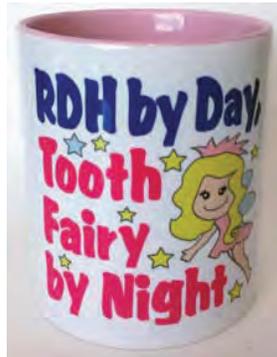
Latest News

Evidence of the Tooth Fairy

“We found the
"real" Tooth Fairy at
our Magical Convention”

Patricia Brinkman-Falter is an RDH and certified orofacial myologist who has been working as a dedicated professional for 24 years. When night approaches, her true personality comes alive and she becomes one of the most mysterious and beloved characters for kids, the Tooth Fairy. We had the opportunity to see her in Orlando and we took some pictures to get proof of the existence of the amazing Tooth Fairy.

We invite you to visit and like her page and get to know Patricia Brinkman, a terrific therapist who enjoys helping children through the important process of losing "baby" teeth and getting their "adult" dentition!



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For our grads and others who have been asking for Advanced Classes, we are preparing a terrific one for next year. We will release that information as soon as we have the location and date.



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Orofacial Myology "Tongue Thrust" Level 1 Course

R: From Basics to Habituation

Tongue Tie 101: What is Our Role?

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Orlando IAOM Convention 2015



Two Sandys together



Sandra Holtzman
Alison Hazelbaker
reunion!



Japan was well represented



...and Brasil too!



From Colorado with ❤️



Deb and Dana
Minnie Mouse copy cats?



Decorating Hospitality Suite



Gabi from Canada
had a great time!



Miami's greatest!



Worker bee, Shari



For Orofacial Myologists Only



Barbara rocks and so does her poster session!



Nancy and Mohamed
chillin' in hospitality suite



Adorable Alla
presenting poster



A pleasure to see
Christiane from France



Meredith and Niki
happy to be there



Barbara, Sandra, and surprise visit
from Susan at nearby RDH event



We ❤️ Anita



Dr. Jane Ronen & family
came from Israel



Janice, Sandra & Cheryl



Orofacial Myologists know
 how to have fun.
 We invite you to guess
 who are in these pictures...



Save the Date

2016 IAOM Convention Oct. 21-23
 Drury Plaza Hotel, San Antonio, TX, USA
 Convention Chairperson/Coordinator Kristi Gatto



Outside of the “mouthbox”

Who would be the perfect Orofacial Myologist in my opinion? An SLP/RDH COM “combination”!!!

What a perfect blend of knowledge, therapy skills and the ability to assess a patient from all angles! Unfortunately, there are only two or three with such credentials...but there is a way to get around this problem for all the others.....combine them! This is a win-win situation not only for patients but for the SLPs and RDHs who team together to create such a powerful team.

How can this happen? In my personal experience, I have had the pleasure of working with two amazing professionals, Dawn Chamberlain and Jennifer Crouse, who own a private speech therapy practice. A few years ago, I contacted them to ask if they would be interested in hiring me to do Myo in their office. Little did I know that they had thought about asking me but I was teaching many hours at a local community college, and they thought I would be too busy to come on board. They happily hired me to work as an independent contractor, performing Orofacial Myology evaluations and treatment. I am paid a percentage of whatever I do. They schedule the patients for me to evaluate and supply all the needed materials. If a patient chooses to go forward after the evaluation, I then schedule those future appointments. If a client I am seeing is in need of speech therapy either during or after the Myo is completed, then they see either Dawn or Jenn. I cannot tell you how much I enjoy being there and working side by side with them. Fortunately, both of those SLPs have taken the IAOM approved course, so they understand the benefits of Orofacial Myology and embrace it. This goes to show all you RDHs out there that it never hurts to ask.

by Becky Ellsworth, AAS, RDH, BS, COM

To market yourselves to an SLP who is untrained in Orofacial Myology, it all starts with a phone call. You can set up a meeting and explain what you will bring to their practice. Let them know that you are skilled in habit control as well and describe the difference that orofacial myology and oral habit elimination will make in their success rate with speech issues. You can also speak to local area school SLPs as I have done at their monthly meeting. Although they cannot hire me, it made a big impact on referrals coming my direction.

For you SLPs who know about the benefits of Myo but are not currently doing it yourself, you can check out our website (www.orofacialmyology.INFO) to find RDHs in your area who have taken our course. They would be perfect for you to incorporate into your practice as they will have the knowledge to help you with patients when you can't figure out why they are not progressing or habituating.

We are so blessed to have the opportunity to expand and grow with one another!
With patience and perseverance, we can impact our communities and help those in need...

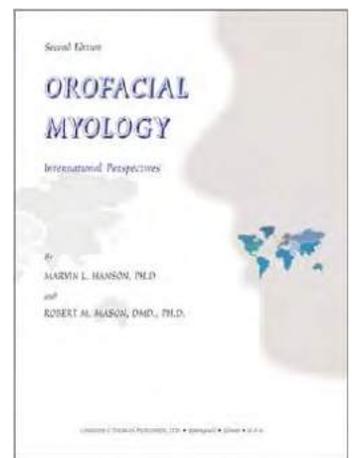
Till next time,
Becky



Our commitment to our graduates is to provide them with the opportunity to access the best resources available for OM. With this in mind, and for those of you going through the certification process, we contacted Charles C. Thomas publishers, inquiring about the text they published in 2003 by co-authors Dr. Marvin Hanson and Dr. Robert "Bob" Mason, titled: Orofacial Myology: International Perspectives that has been out of stock for several weeks. Today we are happy to announce that we received several copies of the book and they are now available for purchase through our store.

This expanded text includes contributions from Orofacial Myologists from four continents and from ten clinicians. The text contains updated and expanded chapters on the scope of myofunctional disorders, the history of myofunctional problems and treatment regimes, pertinent anatomy, physiology, speech, dentition and orthodontic concepts and diagnostic and treatment procedures. The authors' intent is to provide a wide scope of information about orofacial myofunctional disorders within a framework of interdisciplinary interactions.

We hope to continue offering you the best sources of information about orofacial myology.



[Click to Buy](#)

Mary Billings, MS,CCC,COM



This past October, the International Association of Orofacial Myology (IAOM) held its convention in Orlando. During that event, we had the pleasure of seeing one of our most active graduates become President of the IAOM... and it was no surprise.

In addition to being a certified orofacial myologist, Mary Billings, MS,CCC,COM is a licensed and certified Speech-Language Pathologist who directs her own private practice, which she started in 1994. When Mary took our training course in South Florida, it was obvious at first sight that Mary was a sharp therapist who was dedicated to spreading information about the benefits of orofacial myology. In 2008, she established the organization's Mentoring program to provide advice and resources to clinicians new to the field. In 2011, Mary was awarded the IAOM Connie Painter Distinguished Service Award for her mentoring efforts. She also serves as the current President of the Midwestern Organization for the Study of Orofacial Myofunctional Advancement (MOSOMA). Mary has been a guest lecturer on the topics of oral myofunctional disorders, apraxia, and childhood language disorders at a variety of events over the years.

Mary is now one of the IAOM approved continuing education instructors teaching the certification track course and she continues to advance the specialty area of orofacial myology.

Orofacial Myology News 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. As a specialized group of professionals worldwide, it is important for us to maintain a strong link from nation to nation, so that we can continue to share and to grow as individuals and as a respected profession. Every effort is made by

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Amazing grad moment!

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Jun 09 - 12 Vancouver, B.C.

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Eligibility is Limited to DDS, SLP & RDH

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