



Hello to all of you readers from around the globe. We have been busier than usual, preparing for the upcoming IAOM convention here in Orlando. Many of you have said you will be attending the convention and have promised to track me down and say "hello" and some of you have offered to help out.beware because I might take you up on it!

Orofacial Myology is on an upward surge! We have participants scheduled to attend our remaining 2015 courses who are coming from as far away as Israel, Taiwan, and points in between. Although the practice of Orofacial Myology differs in some ways from country to country or region to region, we are a "melting pot" of ideas, treatment methods, and research priorities. We are now respecting and understanding much better the various scopes of practice within our specialty areas. We know who is best to assess and treat conditions that are on the periphery of orofacial myology such as sleep apnea, TMD, speech articulation errors, correct breathing patterns, and unusual oral habits. We are involving other specialists in the evaluation process to maximize the chance of success for our patients and clients.

This edition contains articles to further educate you, challenge you, and inspire you. Please know that we very much welcome your feedback and the willingness of many of you to contribute articles.

Have a lovely season, wherever you are in the world.

**Past Holtzman Grads Only:
Ask for your special gift!**

How would You handle the following situation:

I received an email from a new orofacial myologist. She asked how I would handle the following situation:

A child she is seeing has enlarged tonsils and oral myofunctional issues.

The child's ENT says that his tonsils are not large enough to be removed and there is no sleep apnea or other serious issue.

She asked the following: "Do you make a case and push or do you deal with what you have?"

STOP:

Before you read further, please think about how YOU would respond to this therapist.

Is your tendency to say sharply that you would refuse to see the client? Would you say that you would definitely see the child? Did you come up, perhaps, with something in between the two choices above?

I hope you decided that you had to have more information! We can't be black and white about this patient's set of symptoms and the same is true for most patients we see.

Stop here, again, and ask yourself what questions would have to be answered before giving advice.

Here are some of the ones I came up with:

How old a child is he? How large are his tonsils and what is the history of infections? Are his adenoids ok? How severe is his forward tongue resting posture? What symptoms were found on your oral exam? How motivated is he and his family?

Too often we seek a single solution for different clients when what we need to do instead is to step out of the box, pretend the client is our "own" family member, and individualize in the strictest sense of the word.

All of these are necessary considerations, and there are more I can easily think of, as well.

Depending upon the answers to those questions, my response could be anything from:

Refusing to see the child completely.....

Doing a modified program of exercises and activities that would be "fair" to give him considering his individual circumstance....

Having further discussion with the ENT about the extent of the problem and asking if the ENT expects the tonsils to reduce on their own (if child is nearing puberty, for example).....

I know I frustrate some of the therapists who contact me when I don't give a definitive reply, but in my real life I take all things into consideration and pretend the client is my own family member before concluding what to do and how to proceed with a given patient.

Too often we seek a single solution for different clients when what we need to do instead is to step out of the box, pretend the client is our "own" family member, and individualize in the strictest sense of the word.

I hope this little "exercise" has given you food for thought and helps you step out of the box!

IAOM 44th Annual Convention is Dedicated to the Memory of William "Bill" Zickafoose Founder and Lifetime Member

IAOM Convention 2015 is here!

We are proud to say that we are PLATINUM LEVEL sponsors of the 2015 IAOM Convention. Come to visit us at our table & ask for information about the BEST COURSE EVER TAKEN.



TONGUE PROTRUSION: A RESPIRATORY NEED OR HABIT PATTERN?

Protrusion of the tongue is normally seen in infants and can persist for many years past infancy as a habit pattern.

after birth and can enlarge faster than surrounding structures of the pharynx. If the developing adenoids are enlarged and block the posterior entrance into the nose (the posterior choanae), or if enlarged faucial tonsils significantly constrict the oral isthmus and compete for the same space as the posterior tongue, any of these scenarios can account for the tongue having to adapt to maintain the airway by protruding forward at rest and in various functions.

accept retracting the tongue into a more normal rest position.

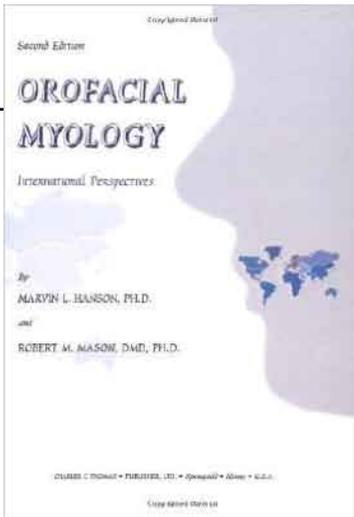
The key to determining whether therapy is needed to reposition a protruded tongue posture is a thorough assessment of the oral isthmus area and the posterior airway. An ENT evaluation can provide the information needed about whether the forward resting tongue posture can be changed or whether the patient needs to maintain this rest posture until whatever airway interferences that are present have been resolved.

Since the tongue is the most adaptable component of the respiratory tract, it is the logical place for adaptations to occur to maintain an open airway for breathing. A forward rest posture of the tongue may suggest a small size of the nasal cavity, the posterior airway, or the oral isthmus that would cause the tongue to adapt by assuming a forward rest posture. Where there is a concern about a protrusive rest posture of the tongue, an evaluation of the airway is indicated. Tonsils and adenoids are present shortly

If the protruded tongue rest posture does not resolve spontaneously to a more appropriate retracted rest position as the oral cavity and pharynx enlarge and as oral functions mature further, therapy can be provided to normalize the rest posture of the tongue. This will depend on whether the airway is open enough to

Dr. Bob
Robert M. Mason, DMD, PhD
Speech-Language Pathologist, ASHA Fellow
Emeritus Professor of Surgery,
Former Chief of Orthodontics Division of Plastic and Reconstructive Surgery Department of Surgery Duke University Medical Center
Past President, American Cleft Palate Craniofacial Association

Click here to find more articles of Dr. Mason
<http://orofacialmyology.com/Mason.html>



Do you have a copy of the leading current text on Orofacial Myology?

Orofacial Myology: International Perspectives 2nd Edition

by Marvin L. Hanson (Author), Robert M. Mason (Author)

The purpose of this new edition is to bring to readers in dental, speech, and oral myofunctional professions the most up-to-date awareness of what has happened, and is happening, in the field of orofacial myology throughout the world. In this volume, the information is intended for basic and intermediate levels.



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International Association of Orofacial Myology

Holiday Inn - Walt Disney World Resort,
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Oct. 2-4, 2015 www.iaom.com

Convention Coordinator/Chairperson

Anita Weinfield, MA., COM

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IAOM Annual Convention 2015 Program

FRIDAY OCTOBER 2

- 7:00 am Registration (All Day) / Breakfast/Posters/Vendors
- 7:30 – 7:45 am Welcome from Convention Chair Anita Weinfield
- 7:45 – 8:00 am Welcoming Remarks: President Shari Green, AAS. RDH (ret.) COM., BA
- 8:00 – 8:30 am Dr. and Mrs. Osamu Takahashi DDS, COM & Miyako Takahashi, RDH, COM Effective Cooperation of Orthodontics and OM
- 8:30 – 10:30 am Dr. Alison Hazelbaker, Ph.D, IBCLC, FILCA Tongue Tie a Journey from Past to Present: To Clip or not to Clip (Part 1)
- 10:30 – 10:45 am Break/Posters/Vendors
- 10:45 – 12:00 pm Dr. Alison Hazelbaker, Ph.D, IBCLC, FILCA Tongue Tie a Journey from Past to Present: To Clip or not to Clip (Part 2)
- 12:00 – 12:55 pm Lunch on your own or Lunch and Learn with Naurine Shah, RDA II, COM, BDS Let Your Photos Speak for You (Part 1)
- 1:00 – 3:00 pm Shari Green, AAS., RDH (Ret.), BA, COM. The Thumb Class is Now in Session
- 3:00 – 3:15 pm Break/Posters/Vendors
- 3:15 – 4:10 pm Dr. Fumiyo Tamura D.D.S., Ph.D. Dentistry in Japan
- 4:15 – 6:15 pm Howard Green, B. Mus., M.S.I.S., PMP Interrelationship of Wind Instrument Technic/Technique, Orthodontic Treatment, & OM
- 6:15 – 8:00 pm Break
- 8:00 – 8:45 pm Poster Viewing
- 8:45 – 9:00 pm Poster awards presented by Barbara Erskine
- 9:00 – 11:00 pm President's Reception

Photo Booth

Compliments of www.OrofacialMYology.com

SATURDAY OCTOBER 3

- 7:00 am Registration (All Day) Posters & Vendors
- 7:30 - 8:00 am Presentation Honoring Bill (William) Zickefoose, IAOM Founding Member, comments by Julie Zickefoose.
- 8:00 – 10:30 am Dr. Kevin Boyd, DDS, M.Sc. Airway Disaster Prevention: How Combined Dentofacial Orthopedics and Orofacial Myofunctional Therapy in Early Childhood Can Decrease Risk for Obstructive Sleep Apnea, ADD/ADHD and Childhood Obesity
- 10:30 – 10:45 am Break/Posters/Vendors
- 10:45 – 12:00 pm Dr. Kevin Boyd, DDS, M.Sc. Airway Disaster Prevention cont.
- 12:00 – 12:15 pm Break/Posters/Vendors
- 12:15 – 1:30 pm Dr. Kevin Boyd, DDS, M.Sc. luncheon presentation Sleep Hygiene and Airway Risk Assessment for Dummies
- 1:30 – 3:30 pm Mable Sharp, PT, MS, CST, LMT Effects of Postural Musculature on Orofacial Function (The Effects of Posture on Occlusion and Speech)
- 3:30 – 4:00 pm Posters/Vendors / Concludes Second Day, Free Buses to Disney Parks, hospitality room open 7-10 pm

SUNDAY OCTOBER 4

- 7:00 – 8:00 am Registration (7 to 12) / Breakfast / Posters & Vendors 7 to 4)
- 7:30 – 9:30 am General Session Installation of 2015-2017 IAOM BOD Awards Business Meeting
- 9:30 – 9:45 am Break/Posters/Vendors
- 9:45 – 11:45 am Rossana Ramires, M.SLP., CCC-SLP, OMTS, PHS Orofacial Myofunctional Therapy - Customizing Therapy Exercises
- 11:45 – 12:00 pm Break/Posters/Vendors
- 12:00 – 1:00 pm Lunch on your own OR Lunch & Learn with Naurine Shah, RDA II, COM, BDS Let Your Photos Speak for You (Part 2)
- 1:00 – 2:00 pm Rossana Ramires M.SLP.,CCC-SLP, OMTS, PHS continuation
- 2:00 – 4:00 pm Kathy Winslow, RDH, COM Paula Fabbie, RDH, BS, COM Who's on Your Team? When to Hold, When to Fold
- 4:00 – 4:30 pm Vendors / Convention Concludes - Concluding Remarks Mary Billings, MA, CCC-SLP, COM IAOM President

Designed with you in mind Find yours at the IAOM Convention & at www.OrofacialMyology.com



GRAD'S CORNER

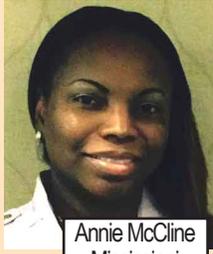
Congratulation Grads for being the first ones in your state!



Betsy Sullivan
Montana



Lisa Dolan
Delaware



Annie McCline
Mississippi



Anita Ulrich-Nlgg
Lichtenstein & Switzerland



Nichole Scala
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Loretta Gibson
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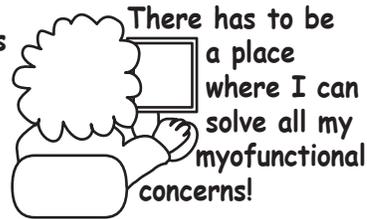
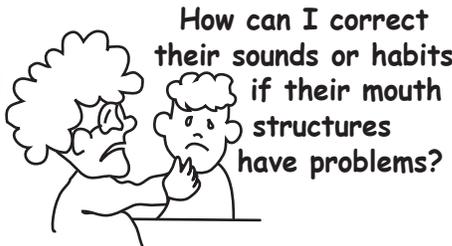
On August 17th, 15 strangers sat down in West Orange, NJ with Sandra and Becky poised to teach us all about orofacial myology and associated disorders. Twenty eight hours later we emerged exhausted and invigorated. We had spent our days in each others' mouths, talking about cases, riveted to everything Sandra and Becky had to say and eager to take our new knowledge back to our clients, schools, dental offices. Sandra hosted a lovely lunch after the last day of class and it was as if we had known each other for years! We exchanged numbers, snapped photos and agreed to stay in touch!

It's been a month since the class ended and we have a Facebook group created to share our experiences and use the collective knowledge of our classmates to handle our cases with our "new eyes!"

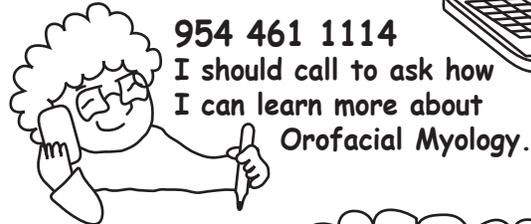
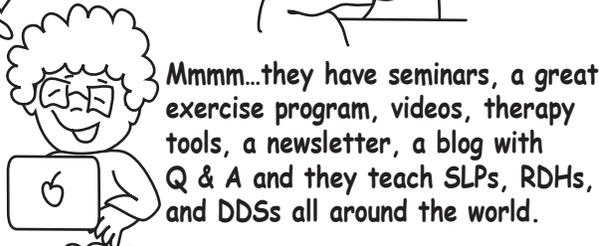
We will be hosting a group gathering on October 24th at Karen Masters' office in NJ to talk and review the class materials and prepare to become certified.

A second get together is also in the works for later this year in NY.

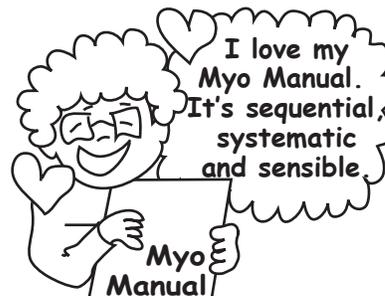
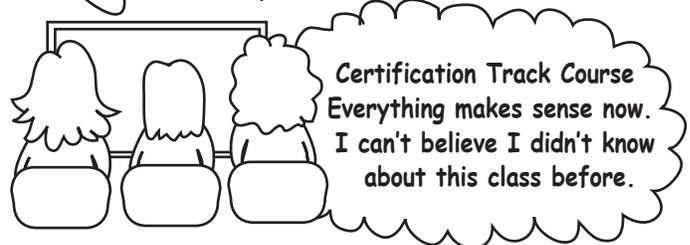
The class content was truly life-altering for me and I believe for my 14 classmates and 16 New friends!
Karen Masters



This seems to be what I am looking for....



They have seminars everywhere and they consult with professionals like me!



Thank you, OrofacialMyology.com for making me a better therapist!!!

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Outside of the “mouthbox”

I love being a COM – what about YOU??

There was a time, not too long ago, when many shied away from working toward their Certification in Orofacial Myology (COM) because of horror stories they had heard about the written exam. Having “survived” taking it myself several years ago, I can tell you that although it was much work, it was also very rewarding. I have to admit, however, that I really love the new exam format as it is more in keeping with other professional certification exams, being a mixture of multiple choice, true/false, identification, etc.

by Becky Ellsworth,
AAS, RDH, BS, COM

Although the time needed to complete it may be much less, the intent is the same – to research, to learn new things, to grow. As the Chair of the Board of Examiners, it has been my pleasure to receive the exams for grading and read many comments that verify and validate that the IAOM is on the right track. Comments include:

“I learned so much from it!”

“Found the experience awesome, like going on a treasure hunt for information.”

“I have actually had great fun doing this exam.”

“I did learn so much by going through this process”

We now have two different versions of the exam and are getting great responses to them. Currently, over 30 people are working on one or the other and they have all been started within the past year. In the “old days” there were years where very few exams were even started, let alone finished. We have been averaging about 14 new COM’s per year! Sandra and I are very pleased to be able to say that many of those currently taking the exam have been our beloved grads! Way to go “Bootcamp” survivors.

We believe in the importance of continuing education and growing in this spectacular specialty area. What better way to do that than to take up the challenge of becoming certified! It outwardly shows your referral sources that you took the extra step, and inwardly there is much satisfaction and pride to be able to write COM behind your name! Believe me, you will earn it!

I hope you think about becoming a COM and please know that Sandra and I are only as far as an email or phone call away. You won’t find any bigger cheerleaders than we are...

Till next time,
Becky



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

Holidays are coming and trying to find the best recipe for your family, we found these interesting suggestions that maybe you can share with your patients. We invite you to visit the page to find out how to prepare these delicious suggestions.



FESTIVE THANKSGIVING FOODS ON A LIQUID DIET?

Q: My mother recently underwent some pretty extensive oral surgery. As a result, she can only eat soft foods. As you can imagine this gets old after about 2 days. She's going to be on this diet for 8 weeks at least. That includes Thanksgiving. I am trying to think of a good dish I can make and bring to our family gathering for her since she won't be able to eat a lot of the food there, including the turkey. Because of that, I'd like to be able to include something with some protein in it so it's filling. Any suggestions?

Sent by Jamie

Editor: Jamie, how rough for your mom! Best wishes to her for a speedy recovery! As far as Thanksgiving goes, soup is obviously going to be involved, but can she also manage mashed potatoes? You could make potatoes with turkey stock for flavor and protein, for instance. Also, try these soups:

- Recipe: Sweet Potato Soup with Miso and Ginger
- Seasonal Recipe: Pumpkin Soup with Bacon

Originally published at
<http://www.thekitchn.com/good-questions-133-132456>

Featured Graduates

Kathy Gernhard

Glenda Zamzow



In each edition, we highlight one or more graduates who have benefitted their patients or facilities by pursuing training in Orofacial Myology. This edition we are dedicating to two of our graduates who have made contributions that changed the competency requirements for an entire Canadian province, paving



the way for so many others that will surely follow suit. Glenda Zamzow and Kathy Gerhard have helped to accomplish what can only be described as awe-inspiring. What they did in Canada will help therapists, patients, and orofacial myology as a respected professional entity.

Glenda explains, "Kathy got the ball rolling with this by writing several letters to the CRDHA (College of Registered Dental Hygienists of Alberta). Glenda spoke with the CRDHA about the IAOM certification standards in place such as concurrent maintenance of licensure as an RDH or SLP, code of ethics and continuing education. Fortunately for us Vera Horn set the precedent by being the first RDH in Canada who is a COM. The result after much consideration is that the CRDHA will only allow IAOM approved courses, and hygienists must become COM! That's a great step in the right direction!"

The CRDHA, College of Registered Dental Hygienists of Alberta, (formerly Alberta Dental Hygiene Association) has just published their current magazine with a section on "frequently asked questions" section on page 10. This column discusses their standards with regard to Orofacial Myology.

The CRDHA Continuing Competence Committee recently completed a review of course outlines, course content, and the evaluation/certification requirements and processes used by several organizations that teach orofacial myology procedures to dental hygienists and other health professionals. The Committee re-confirmed its earlier decision that only those RDHs who have completed all of the requirements established by the International Association of Orofacial Myology (IAOM) and who have received IAOM certification will be considered competent to perform orofacial myology as part of the practice of dental hygiene in Alberta. Further, following successful completion of the IAOM certification process, Alberta RDHs must comply with any code of ethics, policies, procedures, membership and continuing education requirements set out by the IAOM. Only persons who have completed the full IAOM certification process may use the designation "COM".

The IAOM was established 40+ years ago and provides certification and continuing education for those persons seeking specialized recognition in the area of orofacial myofunctional disorders. IAOM members can achieve certification status through testing procedures and by meeting specific clinical standards. A Directory of Membership includes all professionals who ascribe to the principles of the IAOM. Those members who have achieved certification in orofacial myology (designated as COM) are also identified in the IAOM Directory. From time to time you will see courses on orofacial myofunctional disorders offered by various agencies or speakers.

You should be aware that only those courses approved by the IAOM will qualify toward IAOM certification. If the course is not listed as an approved course on the IAOM website it should be taken for "general interest only".

The article may be reached by the following link: <http://www.crdha.ca/media/105182/intouchsummer2015final.pdf>

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