



I'm writing this as the holidays are beginning and 2016 is about to end. I am so appreciative to those who are always there to contribute to others in a variety of ways. As I look over the articles in this edition of the Orofacial Myology News, it becomes obvious that there are many "givers" among us.

Dr. Mason gives us his time and invaluable information nonstop; he is "on call" to all who have questions, doubts, or misunderstandings about their roles as professionals. Don't miss his important article in this edition. Karen Masters is unstoppable in seeking ways to provide advanced training to us via live offerings, online meetings, social events, and Facebook. Becky Ellsworth, our dear instructor, makes herself available to answer questions about every conceivable situation, and is ever welcoming to all who approach her. Karen Wuertz never says "no" to the opportunity to reach out to others to educate them; teachers, lactation consultants, speech pathologists, other dentists, and many other dental/medical professionals. Angie Lehman makes her office and herself available to aspiring orofacial myologists and offers badly needed information about all aspects of setting up an office. Our beloved Greta at our home office in Orlando is intricate to every facet of our success and our ability to provide you with anything you need. Carma, our North Carolina "life saver," oils the wheels that make our organization grow by tending to even the smallest details. I am very grateful to have all of them as part of our and your lives.

And, in thinking about those who can never be forgotten:

There are certain acquaintances I would be unable to forget even if I were foolish enough to try. Anita Weinfield was one such friend and acquaintance. She always presented herself in a dignified and confident manner, no matter what the situation. Many who knew her were aware of her dedication to orofacial myology and to the IAOM. She was always a fighter for what she believed in, able to point to minute rules that had been passed years before, so as to keep us on an honest path. I will never understand how she was able to retain such an enormous amount of information and call upon it in a moment's notice. From the time we met at my first convention to her becoming my on-site evaluator, I saw some less known and deeper sides of her. She would reach out unexpectedly with a phone call, asking my advice and opinion for both personal, organizational, and business decisions. She also was generous in providing me with suggestions. I sensed a pathway to her inner self and knew that she understood me on a very deep level as well. It is with heartfelt love and remembrance that we have chosen to put her article about mentorship on our first page for all of you to enjoy and hopefully, internalize.

God bless all of you and may you remember your current and past loved ones as you prepare to journey into 2017.

My Life as a Mentor By Anita Weinfield, MA.COM

Member IAOM 1974 Certified 1976 Past President, IAOM Board of Examiners Life Member, IAOM Private practice 1973 through present

When I was asked to write an article about my experience as a mentor, I think that request was for me to explain what I did as a mentor for IAOM. But in truth, my life as a mentor started many, many years ago.

My first remembered experience as a mentor was when I taught my doll how to behave properly at a tea party. My growth as a mentor took place over the years as I coached my younger sister with her multiplication tables, and continued as I encouraged my Brownie troop members to extend friendship to one another. As the growth in my mentoring skills continued, I offered my own children knowledge from my life experiences. When I joined IAOM, it was then that I began to share my knowledge about myofunctional therapy/orofacial myology with anyone who was interested in listening to me.

The dictionary defines a mentor as:

- a: trusted counselor or guide
- b: tutor, coach
- c. an experienced and trusted adviser

"Whatever I know, someone shared with me"

In re-reading my résumé, I seem, over the years, to have earned the title of Mentor. Does mentoring happen naturally? I think it does for some of us. Informal mentoring occurs all the time and is a powerful experience.



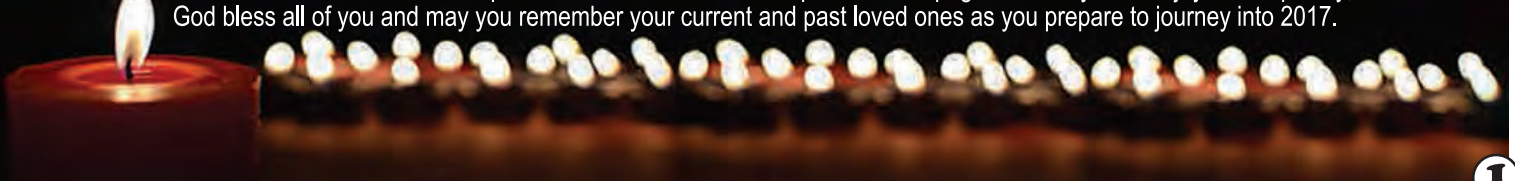
My personal rule, when I am functioning as a mentor is to reflect an open and sharing attitude. My feeling is that "Whatever I know, someone shared with me." Whenever we think an exercise is "our own," it is more than likely that it has also been developed by another therapist somewhere else in the world. At one of my first conventions I was lucky to share a room with Roberta Pierce. She was from Alabama and I was from Illinois.

After the last session of the day we were sitting cross legged on our beds exchanging exercises, and I very proudly introduced my "pickle tongue/pancake tongue" exercise when she said, "Oh no, that's Fat Tongue/ Skinny Tongue." There we were, from two different parts of the country doing the same exercise, just with a different name. Sharing is growing and learning.

My person philosophy is one that I hope other mentors share: If I am going to guide, advise or counsel someone, I share with them my experience and knowledge; that includes forms, sources and friendship. I trust them to not abuse our relationship.

If you a thinking of serving as a mentor, please be sure you are willing to share your knowledge (all of it). Nothing is more discouraging to a new member looking to improve their skills than to hear from a mentor, "Oh, I can't share that with you."

I've received great pleasure in the lasting relationships that have evolved over my years as a mentor and I encourage others to enrich your lives by reaching out to others as a mentor.



WHAT CAN OROFACIAL MYOFUNCTIONAL CLINICIANS OFFER TO COUNTER DENTAL ALIGNMENT CHANGES (RELAPSE) FOLLOWING ORTHODONTIC TREATMENT?

QUESTION TO DR. MASON: When a dentist or orthodontist refers a patient with the complaint that tongue thrusting is causing dental relapse after the completion of orthodontic treatment, how can orofacial myofunctional clinicians respond appropriately to this referral complaint?

DR. MASON'S RESPONSE: The term "relapse" (unwanted changes in dental alignment during the retention phase following the completion of orthodontic treatment) has taken on a bad name. To some orofacial myofunctional clinicians and orthodontists and other dentists providing orthodontic treatment, a word association test using the stimulus word "relapse" would quickly result in the response of "tongue thrusting". Such a restricted view of relapse needs to be changed.

Many within the dental community still do not have a good understanding of the many factors that can lead to dental relapse. As a result, tongue thrusting often serves as a scapegoat when other plausible reasons for relapse have not been recognized. When this occurs, a problem is transferred to you to correct that is not resolved by eliminating tongue thrusting since the thrusting is not the cause of the dental changes seen.

Many dentists and orthodontists continue to focus inappropriately on tongue thrusting as a cause of any dental changes seen in the retention period while failing to identify and link an abnormal rest posture of the tongue and an abnormal, habitually open freeway space to the dental changes (relapse) incorrectly attributed to tongue thrusting.

WHAT BESIDES THE TONGUE CAN CAUSE RELAPSE FOLLOWING ORTHODONTIC TREATMENT?

Here is a list of factors, other than the tongue, that can account for relapse changes in the dentition during the retention phase: 1) poor resting relationship between the lower lip and upper incisors. At rest, the lower lip should cover 2-3 mm of upper incisors - whether or not there is lip competence. When this relationship is not established during orthodontic treatment, relapse forward of upper

incisor teeth that were retracted during orthodontic treatment may occur; 2) incisors expanded forward during treatment; 3) intercanine width expanded during treatment; 4) unresolved airway interferences; 5) late jaw growth, especially into open bite; and 6) a freeway space habitually open beyond the normal range. (Sources for this list: Dr. Richard Riedel, [from the Orthodontic Department at the University of Washington, Seattle], and also, Dr. William Proffit and Dr. Robert Mason).

WHAT CAN OROFACIAL MYOFUNCTIONAL CLINICIANS DO TO COUNTER DENTAL RELAPSE?

Where there are concerns about post-orthodontic relapse, here is an orofacial myofunctional caveat about such patients: **If, following orthodontic treatment, an orofacial myofunctional clinician has established; 1) a lips-together rest posture; 2) the tongue in a rest position other than interdental; and 3) a normal vertical dimension (freeway space) that is within the normal range of 2-3 mm at the molars, dental relapse will not occur, in spite of whether or not the patient has a retained tongue thrust during speech or swallowing.** When these three factors are normalized, and if relapse persists, the causes involved are related to items on the list above of factors other than the tongue, such as unresolved airway interferences.

WHAT ABOUT TONGUE THRUSTING?

Although working to eliminate tongue thrusting during speech and swallowing is recommended for cosmetic improvement or for any other reason or purpose, tongue thrusting is not the cause of orthodontic relapse in spite of what many dentists and orthodontists continue to believe. The link between OMDs and orthodontic relapse involves an abnormal rest position of the mandible, tongue and/or lips rather than any functional movement patterns of the tongue.

Robert M. Mason, DMD, PhD



WHAT CAN OROFACIAL MYOFUNCTIONAL CLINICIANS OFFER TO COUNTER DENTAL ALIGNMENT CHANGES (RELAPSE) FOLLOWING ORTHODONTIC TREATMENT?

Website Claims and
Legal Caveats

Potential Legal Risks
Associated With
The Practice of
Orofacial Myology

Labial Frenulae
Important Orthodontic
Considerations

Treatment Options
For Jaw Growth
Variations

Suggested Clinical
Research Projects in -
Orofacial Myology

Facial Osteotomies

Grads Corner

by Karen Masters

Ho Ho Ho...No more snow!



Greetings from snowy NJ!

Its hard to believe that 2016 is almost over! I have covered some serious geography with Sandra! Orlando, Atlanta, Vancouver, Minneapolis, Washington DC, Myrtle Beach, San Antonio, Austin and Raleigh and I may have left some cities out! I have had the pleasure of meeting so many wonderful speech pathologists and dental professionals. Myo Masters has grown to nearly 200 members. It continues to be an active forum and place to bounce ideas and questions off the most supportive and engaged people. More and more are requesting their certification exams and passing! On site visits are scheduled too!

We have so much to be proud of! We held our first ever Advanced Class! Dr. Bob Mason taught to a full house of eager learners in beautiful Myrtle Beach!

Feedback was all positive and it inspired me to look ahead and have him WOW another crowd! Stay tuned!

In the spirit of lifelong learning we have a Symposium planned for April in Virginia. Three days, three different topics and three different speakers to address needs and questions raised by all of you! I am hoping to pack the house again and am working on an evening "fun" activity too!

Cheers to you all as we head into the holidays!

Karen Masters, MS, CCC/SLP, COM



Earn CEU's at Home

▶ Orofacial Myology "Tongue Thrust" Level 1 Course

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is Our Role?

Dr. Bob's Recommendation



Effect of orthodontic treatment on the upper airway volume in adults

December 2016 Volume 150, Issue 6, Pages 937-944

Benjamin T. Pliska, Isaac T. Tam, Alan A. Lowe, Alisa M. Madson, Fernanda R. Almeida

The many false "horrors" associated with the extraction of teeth for orthodontic treatment purposes, that unfortunately continue to be made by some general dentists who compete with orthodontists for orthodontic patients, have been debunked yet again in a well-controlled study that investigated the impact of dental extractions on posterior airway dimensions in patients with and without extractions during orthodontic treatment.

The link to this article is: <http://dx.doi.org/10.1016/j.ajodo.2016.05.013>.

Unfortunately, many OMTs have accepted the false claims circulated about the negative impact of dental extractions. I recommend that you read this article and remember it when you next hear the continuing unfounded claims against extractions for orthodontic treatment purposes. A reminder: orthodontists only recommend the extraction of selected teeth as needed, per careful records review rather than having teeth extracted as a routine procedure. When extractions are needed, there are no horror stories that follow, as falsely claimed by some non-orthodontists.

~ Dr. Bob



Outside of the “mouthbox” Ever Growing

As Anthony J. D’Angelo, the founder of Collegiate EmPowerment, said, “Develop a passion for learning. If you do, you will never cease to grow.” When I read this, I found his words resonating within me. How very true of anyone who loves their field of study, their work, their discipline. As an instructor in Orofacial Myology, it is a joy when teaching, to see the dots connect on the faces of the attendees. I often hear, “This is the piece that was missing. Now I have a new approach, new tools to use, new techniques to try”... the list goes on and on. We are in such an amazing field that continues to raise questions, creates great discussions, allows us to share successful (and some not so successful) outcomes and challenges.

by Becky Ellsworth,
AAS, RDH, BS, COM

One of my favorite sayings is, “You don’t know what you don’t know.” This needs to be repeated to many who take their first Orofacial Myology course and shortly thereafter realize the numerous things they should have done differently with their patients. Does your learning stop there? Absolutely not!! For those of you reading who have never taken one of our Introductory Courses, I urge you to do so. For those of you who have taken an Introductory course and find more questions than answers popping up: we all must continue our “growing” by taking advantage of related advanced courses. A lot of you had the distinct pleasure of attending Dr. Bob Mason’s course last September at Myrtle Beach, S.C. It was truly worth the trip! Hopefully there will be another opportunity in case you missed that one. Also, on April 28-30, 2017 in Arlington, VA., myself, Angie Lehman, and Dr. Karen Wuertz will be sharing information on subjects near and dear to the hearts of all Orofacial Myologists. You need to look for professional growth that offers you not only the experience of learning more, but to become better at what you do, which in turn enriches the lives of your patients.

I see and feel the passion for what we do whenever I talk with any of my fellow Orofacial Myologists. We are here to encourage you to open your minds to deeper knowledge of our field, so that you can continue to flame the passion to others! Let’s continue our endeavors to “never cease to grow”!

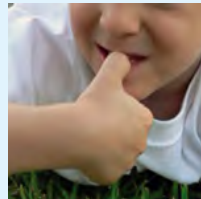
Till next time,
Becky



Hashtag (#OralHabits)



www.OralHabits.com



STOP Pacifier.com

UnpluggingTheThumb.com

GrowingTheNails.com

The Importance of Professional Correspondence Letters

Orofacial Myology is small field, and too few of our fellow medical and dental professionals have a true understanding of what we do. Unfortunately, even many professionals who are currently sending patients to us still just think of us as just “Tongue Thrust Therapists”. How can we as a small group of Orofacial Myologists change that? What can we do to instill a deeper understanding of our field? One excellent way that we can enlighten our fellow professionals is through improving our Professional Correspondence letters.



Letter writing in general is a dying art. As technology advances at warp speed, we as a society have somehow lost the ability to sit down and convey our thoughts on paper. As medical professionals, we have gravitated toward brief emails and “check-box” prescription-pad correspondence with other medical professionals. When is the last time that you devoted time to actually writing a letter to your referral sources? We cannot properly convey our thoughts through a few check marks on a referral pad. Both our referral sources AND our patients deserve better.

I like to think of letters to fellow professionals as an opportunity for marketing and education. I typically send two letters during the course of therapy with each patient: the first is sent after I have completed my full evaluation, outlining my plans and goals, and the second is sent along with before/after photographs once the patient has completed treatment. Rather than give a brief list of issues that were addressed during therapy, I prefer to take the time to write a detailed explanation of what we accomplished and why it was important. I like to clearly “connect the dots”. We should not assume that our fellow professionals understand the connection between OMD’s and total body health. That “simple” tongue thrust is usually a red flag warning for a myriad of other issues....especially airway related issues.

If you take the time to explain these connections to every referral source, you will soon find that these professionals start to recognize a higher number of OMD’s.....and refer them to you! Not only does this help more patients, but it builds your practice. You will gain respect and credibility as a leader in your field.



Related News

It is with great pleasure that IAOM recently announced that Jenn Asher will continue at the organization as a full time EXECUTIVE COORDINATOR. We are very pleased that she has chosen to accept the position and know that this will be very beneficial for the association and all of its members. Please note that Jenn has new contact information:

P.O. Box 2352 • Sequim, WA 98382 • U.S.A
Ph. (360) 912-4547 Fax (503) 345-6858
Email: info@iaom.com • Web: www.iaom.com

The IAOM has created a committee to develop an accreditation for DDS and orthodontists. It will set up regulations specific to dentists as well as provide an appropriate credential for those not seeking to become full COMs (certified orofacial myologists) but who wish to participate actively in the IAOM as a voting member. This has been long in the making and many dentists and orthodontists await the final details.

The IAOM recently gave its stamp of approval to short courses for related professions. This will increase the number of health related professionals who can identify and properly refer patients who will benefit from orofacial myology intervention. This educational opportunity will be able to fill current knowledge gaps in the medical and dental sectors.

IAOM 45th Annual Convention October 21-23, 2016 "Beyond the Basics"



Sandra, where ARE YOU?



Becky, you're stepping on my toe

We're three Special K's!!!



Karen, promise this won't go in the OM news



Where's the next Convention? I'm READY!



So much info!



Why is this column here?



Who's responsible for taking these down?



No words needed



Orofacial Myology Symposium

April 28, 29, 30, 2017

Location: Alexandria, VA

Residence Inn Alexandria Old Town/Duke Street
1456 Duke Street Alexandria Virginia 22314 USA

Advanced Class for those with previous training in Orofacial Myology

Presenters:

Karen M. Wuertz
DDS, PA

Multidisciplinary Approach to Therapy and the Role of Orofacial Myology



Becky Ellsworth
RDH, BS, COM

Expanding Your Evaluation and Treatment Knowledge



Angie A. Lehman
RDH, COM

Business Development and Marketing for the Orofacial Myologist



OrofacialMyology.com
THE MISSING LINK

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

And the participation of:

Dr. Robert Mason
DMD, PhD, ASHA Fellow

OFFERING COURSES THAT PROVIDE YOU WITH A LEARNING EXPERIENCE THAT PARTICIPANTS HAVE CALLED "LIFE CHANGING"

2017 Offerings

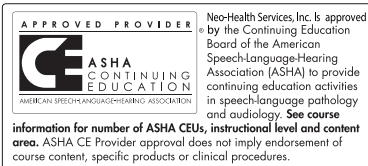
- Apr 06 - 09 Albuquerque, NM
- May 18 - 21 Las Vegas, NV
- Jun 22 - 25 Chicago, IL
- Aug 10 - 13 Montreal, CA
- Sept 14 - 17 NY, NJ
- Nov 09 - 12 Orlando, FL
- Dec 27 - 30 St Augustine, FL

Additional offerings per request

Register Online at:

www.OrofacialMyology.com
www.OrofacialMyology.info
Info@OrofacialMyology.info

Ph 954-461-1114 Fx 321-352-7411



Orofacial Myology News is brought to you by Neo-Health Services, Inc. to keep you posted on policy, state of the art treatment methods, conventions, noteworthy therapists, IAOM happenings, products, 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. 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.