Depending upon whom one asks, trained orofacial myologists give responses to this question as though they come from different planets. Several define it as a specialty area that deals with sleep apnea and methods of treating it. Others report a definition that describes methods of determining ankyloglossia and how to treat patients post frenectomy. Still others state that their main concern is airway and the promotion of various techniques such as Buteyko. A large number state that their passion relates to specific orthodontic appliances or systems and their positive affects on facial form and airway. Many relate to the time-held beliefs that swallowing techniques are the underpinnings of orofacial myology. More and more websites are popping up and stating that normalizing the resting postures is the number one target. And great numbers come to the specialty area to expedite habituation of speech disorders. What a disparate list of goals and definitions!

Where does that leave us? Does it strengthen us or weaken us to have such different treatment goals and definitions? The purpose of this article is not to make any judgments but rather to be certain that all of our readers keep their eyes and ears and minds clear enough and earth bound enough to be sure that the direction we are heading does not become so dispersed that we are unable to define it ourselves. For the time being, I think the following suggestions offer us ways to stay connected even as we learn more about the diverse areas that brought us to orofacial myology in the first place.

- Be certain that you and your associates have a solid foundation and ample experience in the science and treatment components of orofacial myology before moving too far off center into related areas.
- Do not make assumptions and do not proselytize. Appreciate the fact that there are those among us who do not share your enthusiasm for your particular "pet" interest.
- Look for opportunities to meet with and study with those who come from different backgrounds and have different treatment goals. Encourage them to back up their approaches with as much scientific evidence and therapeutic evidence as possible and be prepared to do the same in return.

One thing is certain, I have yet to meet anyone in this specialty area who does not sincerely have the benefit of their patients at heart. That in itself gives us the best reason to move forward together and respect one another.
I discuss here what orofacial myologists should know before considering whether to treat the OMDs seen in children with Down Syndrome. (You probably already know that there is no “s” after Down; that is, it is not Downs syndrome, but instead, Down Syndrome).

**PRIMARY MORPHOLOGIC CHARACTERISTICS**

This genetic syndrome (Trisomy 21 Syndrome) has many facial and oral morphological characteristics which are important to evaluate when considering treatment of the OMDs usually seen in individuals with this syndrome. The primary features of interest to orofacial myofunctional clinicians are: a small maxilla with maxillary retraction, a small nasopharynx, an acute cranial base angle, an adenoid mass that often occludes the posterior entrance into the nose, a normal size tongue in a small oral cavity, varying levels of cortical functioning, and difficulty maintaining a nasal breathing pattern.

Let's go through these characterizing features individually: The maxillary retraction seen in children with Down Syndrome is related to the maxilla being small in overall size. A small maxilla results in a reduction of the area of the nasal cavity that delimits establishing and maintaining a nasal method of breathing.

The nasopharynx is also small due to the retruded maxilla, but as well, the angle of the cranial base is usually somewhat acute in children with Down Syndrome, as well as being a characteristic of other midfacial retraction syndromes. You can gain a perspective about the impact of an acute cranial base angle on the depth of the nasopharynx by observing the drawing at the end of this article of a lateral view of the angulation changes seen in the cranial base. With an acute cranial base angle, the distance between the posterior wall of the pharynx and the posterior entrance into the nose (the posterior choanae) is diminished, thus narrowing the horizontal diameter of the nasopharynx and further hampers the ability of children with Down Syndrome to habituate a nasal mode of breathing.

As you know, the adenoid mass, when present, forms an attachment on the posterior wall of the pharynx, extending vertically to the base of the skull and laterally, may occasionally circle and close over the opening of the Eustachian tubes that are located on the lateral walls of the pharynx, resulting in many bouts of otitis media. The adenoid mass may impinge on the posterior opening into the nose (posterior choanae) and in doing so, can interfere with the flow of air in or out of the nose. The consequence of these upper airway interferences is that children with Down Syndrome will adapt by reposturing the tongue forward as a means of maintaining the airway, to make up for the reduction in size of the nasopharynx and nasal cavity. Mouth breathing is obligatory with most children with Down Syndrome.

Dr. Dan Subtelny, an orthodontist, described the tongue in individuals with Down Syndrome as a “relative macroglossia”.; that is, children with Down Syndrome have a normal size tongue in a small oral cavity; accordingly, there is no true macroglossia present. The tongue appears macroglossic because it protrudes, but the mandible to which it is attached is normal in size and yet, the maxilla to which it also relates is small. The oral cavity is small because of the retruded and small maxilla, and the tongue naturally adapts to the small areas above by posturing forward.

With Down Syndrome, the normal size tongue and mandible, coupled with a small nasopharynx and maxilla, result in the tongue resting and functioning forward. As mentioned above, this protruded rest position helps to maintain the airway, and oral breathing is the result.

Individuals with Down Syndrome show a wide variation in cortical functioning ability. Those with reduced cortical functioning will often lack the ability to control the vertical movements of the tongue in therapy, replying instead on horizontally-directed tongue patterning. For such patients, substituting a tongue tip rest position at the lower incisors helps to provide a good starting position for the tongue for speech and swallowing therapy. Achieving this rest position depends on an ability to breathe normally with the tongue repositioned to a rest position at lower incisors. FYI - it is a myth that a tongue at lower incisors rest position leads to negative dental changes. (This myth needs to be eliminated among orofacial myofunctional clinicians, as it is unfounded and untrue).

Children with Down Syndrome often exhibit flaccid tongues that lead to a reduction in ability to perform well on oral diadochokinetiatic testing. When the starting position for speech is with the tongue protruded, producing vertical tongue movements is further compromised, as is the starting position for speech sound productions.

Please continue reading this article at:

https://orofacialmyology.com/files/WHETHER_OR_NOT_TO_TREAT CHILDREN_WITH_DOWN_SYNDROME.pdf
Are you taking good, quality photographs of your therapy patients? Photographs are a very important part of the patient records that you keep. Just like measurements, photos can be a quantifiable way to track progress with our patients. Often, the changes that we achieve happen gradually. We may completely miss the transformation if we are not comparing side by side pictures from before, during and after therapy. Patients/parents LOVE seeing the esthetic changes associated with better Oral Rest Posture and better function. Don’t forget to send a copy to the referring Orthodontist. Professional looking “before/after” collages aren’t just helpful for patient records….they are a great marketing tool as well!

Feeling intimidated by the photo-taking, collage-making process? Attendees of the upcoming Symposium and Live Streaming will have the opportunity to learn much more about this topic! Stay tuned for future opportunities as well!
**Outside of the “mouthbox”**

Take time for YOU!!

I know this may be a very trite statement, but it comes from the depths of my heart. Last month, my husband and I had the amazing pleasure of a two-week vacation in the Tucson, AZ area. Some dear friends of ours offered us their beautiful home for our escape from the winter doldrums of Michigan. I was prepared for “life” as I did take along my computer. You know how those pesky, yet necessary emails just keep coming, right? My plan was to get online every day, early, go through everything and stay on top of all that came my way. That lasted two whole days.... Imagine watching the sun rising over the Santa Rita mountains, sipping coffee, watching Gambel’s quail and hummingbirds — sigh.... I think you get the picture.

My point is that, even though I did have to deal with “catchup” work after arriving home, I allowed myself while there, to take some time and just enjoy the day without guilt. Sure, it's easier to do when you have beautiful surroundings and sunshine, but I have been able to bring that sense of well-being back with me. I still have much to do every day (as we all do) but I am not feeling anxiety or stress about it. Who knows how long this will last but I am making a conscience choice to remain “chill”. We all know the toll that stress and anxiety take on the body and mind. We live in a hurried world with no peace from our computers and phones, messages and tweets, Facebook, blogs, TV, etc. We are surrounded by input and overloaded. Stop!

I hope this resonates with you. I encourage you to find a quiet place where you can enjoy music or silence or whatever it is you find that gives you a chance to just slow down and smell the roses. You can’t be the best “YOU” when you can’t even hear yourself think. Eventually things catch up with you. There is no time like right now to start your renewal of “self-time”. Close the computer, turn off your phone, take out your earbuds – give yourself a break and you will find you will be a better person for it. You are worth it!

Till next time

Becky

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If you work with Medicaid, you know that the eligibility of your patients can change in one day without notice. You also know that Medicaid HMO plans can be a real nightmare if you are not on top of their system every day. Susana Montoto, a Florida SLP, asked her husband to design something easy to be used at her small office. She didn’t have time to learn complicated programs, so she asked for a simple App to check her Medicaid patients’ benefits every day, save the eligibilities and also alert her of any change in benefits. Her husband created EligiPro, an affordable, cloud based service that automates the time-consuming verification process, leaving her more time to do what she really loves....therapy. A few days ago she was telling us about her new office tool, and how what was supposed to be a little app for her practice has become popular for other therapists working with Medicaid. We asked her if we could share the news for the benefit of our readers. You can find the app at www.EligiPro.com. As explained, it is not free but they have service plans ranging from the single independent therapist to multi-provider clinics. It is a simple, friendly and affordable program created by a therapist for therapists. You can contact Susana personally at info@eligipro.com to learn more or suggest additional options for her EligiPro app.

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**Orofacial Myology Presentation** - XVIII National Conference AMCAOF

For the Past 39 years the Mexican Association of Communication, Audiology, Otoneurology and Speech (AMCAOF) has been updating and disseminating information about human communication. Members are therapists and highly trained medical professionals, committed to their patients through research, prevention, diagnosis, treatment and rehabilitation of many conditions and diseases.

Since its founding in 1977, AMCAOF, has been spreading their knowledge through biennial National Conferences and international symposiums. As part of this continuous updating, Diana Acevedo, one of our Neo-Health graduates, was invited this month to enlighten participants about the benefits of Orofacial Myology, among other related topics.

Diana Acevedo, M.S. CCC-SLP, is a Senior Bilingual Speech Language Pathologist who received her Bachelor’s degree from Purdue University and her Master’s in Communication Disorders from Arizona State University. Diana has more than 16 years of experience, working at recognized institutions such as Duke Medicine, UIC Craniofacial Center, and University of Chicago Hospitals.

During her presentation, she demonstrated the use of the Quick Tongue Tie Assessment tool and invited Mexican therapists to start researching Orofacial Myology. Thank you Diana for spreading the news!
Call for Posters for the 2017 IAOM Annual Convention

Shira Kirsh, the Poster Chair and Presentation Moderator for the International Association of Orofacial Myology 2017 convention, has recently announced the Call for Posters for the 2017 IAOM Annual Convention.

The development of a Poster usually starts with a question like Who? What? When? Where? How? Why? Today, research is infused into everything we do. It promotes collaboration between researchers and clinicians, enriching the work of both groups while forming our academic/clinical education. Your research is valuable and we hope to share your ideas. Please consider the following poster categories:

- Brief research reports on experimental studies
- Applied or theoretical research that is completed or underway
- Clinical case studies that were intriguing
- Clinical innovations in service delivery to clients
- Systematic review of literature on a topic that needs further explorations
- Student leadership projects in Orofacial Myofunctional Therapy (teamed with an IAOM mentor)

Deadline for Submission of Proposals: June 1, 2017
Notification of Acceptance: July 7, 2017
Email Submissions at: iaom2017postersession@gmail.com

Please contact the IAOM if you have questions regarding Poster submissions via email at iaom2017postersession@gmail.com and visit www.iaomconvention.com periodically for emerging details regarding the convention.
I graduated from the University of Buenos Aires, Argentina, as a Speech Language Pathologist over 16 years ago. I am the Owner and Therapy Director of Therapy Alliance, Inc. since 2009, having 4 Speech Language Pathologists and 4 Speech Language Pathologist Assistants in my clinic.

I took the “Basics to Habituation” course with Sandra Holtzman, MS, SLP-CCC, COM in 2011, and I did a refresher course in 2016. I decided to take the training because I felt that I needed answers about function/structure related to speech disorders. The results were unbelievable! It is a hands on course and the way Sandra teaches exceeded all my expectations.

During the course, I learned a lot of very helpful information that I could use in my clinic to increase the caseload and the quality of the therapy such as the following:

* To make correct referrals to other professionals (dentists, oral surgeon, ENT), and the importance of team-work with them.
* To recognize barriers that interfere with speech treatment (ankyloglossia, tonsils/adenoids, etc.)
* To use Orofacial Myology to reduce length of treatment.

In my personal experience, when my daughter was born, I noticed that she had a short lingual frenum. Pediatricians and ENT’s did not want to release it. After the course I realized the importance of releasing the lingual restriction. I looked for an oral surgeon who would understand the needs of my daughter in regard to the restricted lingual frenum, and he immediately agreed to release it without any hesitation.

I will always be thankful to Sandra for sharing all of her information, research, photos, and experience. I also appreciate her hands on approach during the course, demonstrating to the participants how to implement Orofacial Myology treatment on a daily basis.