



Hello Readers and Friends,
Talk about a HOT summer! This one beats them all.... Speaking of "HOT," we have some hot

topics in this edition of the Orofacial Myology News.

Are we able to justify pre frenectomy exercises? What are the characteristics of a good website that we can utilize? Why is it important not to have orthodontic treatment in the presence of an unresolved airway? These are some of the subjects you will find in this edition.

The Annual Symposium was a big success and we are already planning the next one for April of 2018. We are thinking about the Chicago area since it is easy to get flights from most places to Chicago. We've begun discussing some of the topics to be covered and we appreciate the many of you who came up with good ideas for us to consider. A lot of new friendships were begun at the Symposium and we hope to continue the trend in the years to come.

We are in the process of setting up another office in Florida, this time in SW Florida and Carma, whom many of you know, will be the administrator of that location. Greta continues to administer the operation of the Orlando office, and Yours Truly will be mainly working out of the Raleigh office.

Orofacial myology continues to thrive, with professionals taking the information to the far ends of the globe. A recent trainee is an orthodontist in Benin West Africa who will be incorporating orofacial myology into the orthodontic school he was asked to establish there. Happy Summer to all of you and don't forget that we always welcome your input!

Sandra

PRE Frenectomy Exercises: To do or not to do?

The concept of providing exercises before a lingual frenum release is a very new concept, especially for those clients who are beyond the infant stage. When I first heard that some therapists were seeing patients for a number of sessions prior to a frenectomy, it caught my attention. My immediate thought was that it made no sense. Why work with tissues and functions that are about to drastically be altered? Why not simply see the patient shortly after the release and use the new environment to master lingual excursions and shaping skills? I needed more information so as not to be judgmental. I decided to search online as well as to ask some associates of mine why it might be helpful to provide the pre frenectomy treatment.

One COM whom I respect greatly said she does this pre treatment if it is a "borderline" case. She felt it was the conservative choice to see the person once or twice before sending them for the procedure. She gives them other exercises that they need at the same time (ex., lip exercises). By doing so, she feels comfortable that the time and cost to the patient is justified. This might be especially useful for new therapists who aren't yet skilled enough to make the decision during the initial evaluation.

Another professional felt that "There is no compelling reason to engage a

patient in therapy who will have a surgical release of the frenum" unless there is well-documented evidence to support this need.

A common answer I've received has been that they want to prepare the patient for what's going to happen afterwards. I tried to find such evidence for children and adults but did not have much success.

These are the questions that need to be answered as we decide whether or not to offer treatment prior to the release:

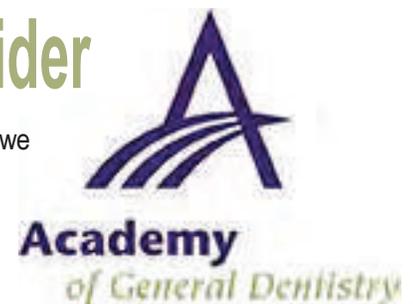
- 1) Where are the data that demonstrate the need for pre-surgical therapy?
- 2) What specific exercises should be used?
- 3) What is the rationale for stretching a restricted lingual frenum?
- 4) What evidence is there that a short lingual frenum can be successfully stretched, and if so, what evidence is there that doing so will have a positive impact on the surgical outcome?

For years, surgeons have successfully released constricted lingual frenula without the need for pre-surgical exercises, so why suddenly is a change needed in the surgical protocol that would include an unfounded exercise recommendation? For those advocating for pre-surgical treatment, please be sure to show your data!

Neo-Health Services is now an AGD provider

After a rigorous process to meet the Program Approval for Continuing Education (PACE) standards, we proudly announce that Neo-Health Services has been identified as a high-quality educational organization by the AGD. Thanks to this recognition we became a PACE-approved provider.

With this new accomplishment we renew our promise to continue offering you quality education courses and CEU's that YOU can use!



QUESTIONS POSED BY A CLINICIAN ABOUT AN OPEN BITE THAT DEVELOPED FOLLOWING ORTHODONTIC TREATMENT

(My responses in blue)

Dr. Bob: I have a question for you regarding a statement made by a referring orthodontist regarding a 16 year old female patient. The patient originally underwent orthodontic treatment (completed at age 14) which included palatal expansion, corrected posterior crossbite/crowding and extraction of four 1st bicuspid teeth to level and align teeth and close her anterior openbite. Approximately one year following treatment, the patient's anterior openbite reopened 1 - 2 mm and has continued to worsen. The patient's original orthodontist felt that the anterior open bite relapsed largely due to the steep angle of her mandible and strong skeletal openbite tendency in addition to continued jaw growth of the mandible. Both the original and referring (current) orthodontists do recognize the presence of an abnormal tongue habit/lip incompetence. Airway issues were suspected and have recently been evaluated and are currently being managed.

I'm interested in your thoughts on this statement made by the referring (current) orthodontist:

"There was some talk of her anterior open bite being associated with jaw overgrowth. But that makes no sense to me. If that were true, it would have caused a posterior open bite, not an anterior open bite. But the reality is that it would not have caused any open bite, because if the teeth were to separate, natural supra-eruption would have brought them back together. The real issue here is tongue habits."

Is this statement accurate? **No, it is not.**

I thought that if there was supra-eruption of the posterior teeth (because of potential jaw growth in this case or as a consequence of an increase in normal freeway space due to an interdental tongue posture) then differential eruption would contribute to an anterior open bite. What am I missing here? **Nothing. I am impressed that you understand the concepts of the freeway space and differential dental eruption. Well said and well thought out!**

1) The suspicion of an unresolved airway issue should have been addressed before the orthodontic treatment was initiated, or soon after. Removing braces following closure of an anterior open bite in the presence of an airway issue is asking for relapse to occur.

2) The statement that this 16 year old female's mandible is characterized by a steep mandibular plane indicates that more overgrowth of the mandible has occurred in the body of the mandible rather than the ramus. Additional growth would be compatible with an anterior open bite reoccurring rather than a posterior open bite. To develop a posterior open bite, there would be more additional growth in the ramus of the mandible rather than the body.

3) If the tongue is an issue and the mandible was hinged open by the presence of a forward interdental rest posture of the tongue, differential eruption would occur, with supra-eruption of posterior teeth but no additional eruption of anterior teeth due to the interdental position of the tongue that would prevent anterior eruption. The posterior over-eruption would be related to the freeway space (and mandible) being open beyond the normal range rather than to the development of a posterior open bite.

4) Most often, late, additional growth of the mandible occurs in the body of the mandible. Along with this, the gonial angle (the angle formed by the posterior edge of the ramus and the lower border of the body of the mandible – where they meet at the posterior-inferior border of the mandible) would increase, or "open".

Continue reading this article at: <http://orofacialmyology.com/files/questions-posed-by-a-clinician-about-an-open-bite-that-developed-following-orthodontic-treatment.pdf>

Dr. Bob's
CLINICAL PEARLS



QUESTIONS POSED BY A
CLINICIAN ABOUT AN OPEN
BITE THAT DEVELOPED
FOLLOWING ORTHODONTIC
TREATMENT

WHETHER OR NOT TO
TREAT CHILDREN WITH
DOWN SYNDROME

Website Claims and
Legal Caveats



Earn CEU's at Home

▶ Orofacial Myology "Tongue Thrust" Level 1 Course

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is Our Role?

Grads Corner

by Karen Masters



I had surgery this week and as a result, I have lots of “restrictions.” While I have been stuck here in the house feeling “limited” I have had time to think about the idea of restrictions as they pertain to orofacial myology. In my situation, I can’t bear weight on my left foot at all. That means I have to walk weird which in turn makes my knee feel bad and my hips feel sore and right on up the line. So, that being the case, if a tongue is restricted and can’t move as it’s designed to move there must be collateral consequences, right? Maybe the jaw compensates, not unlike my knee? Perhaps the teeth aren’t free to develop to their fullest potential or structures “above” the tongue, like sinuses, are impacted? Maybe sound can’t be produced “normally?” Some of these situations are “measurable” like articulation errors but others are less measurable.

Why am I writing about this? Blame Facebook. There are many groups out there that seem relevant and interesting when it comes to learning about orofacial myology. Many of the groups provide a forum to connect with professionals in your area, get support as you venture into a new and unfamiliar content area or help you problem solve tough cases. I encourage us all to learn from our colleagues and peers. *I also encourage all of us to exercise caution and truly filter and process what we read.* Just because it’s on the internet doesn’t make it true! (Ask Abraham Lincoln! He’s quoted all the time!!)

There are aggressive members who will write that orofacial myology isn’t a “real thing.” They say “there is no scientific proof that what we are doing helps.” I admit I am not a scientist and I admit I have not conducted research since I did my master’s thesis. But I know that when something doesn’t work, I stop. When something *does work*, I take pictures and do it some more. I have my proof. I have my success stories. I have dental professionals calling me to help them with cases. It’s working, so I am not stopping. Restricted lingual frena will impact SOMETHING. Oral myofunctional problems will impact something as well. I may not know exactly what will be impacted or how much, but it is inevitable. I know how MY restriction has impacted my mobility! Let’s keep this in mind as we work with our patients.

Myo Masters, on Facebook, is a wonderful page that has evolved as a result of Sandra’s passion for teaching and our passion for learning. If you have taken her class and aren’t a member yet, please email me and ask to be added. (2karenmasters@gmail.com)

In the meantime, I am looking ahead to April of 2018 (probably in Chicago) when we are hosting our next SYMPOSIUM! I am so excited to make it happen again. We are in the process of planning some topics. I need your help though. What do you want to learn? What topic would make you hop on a bus/plane/train and come? Please send me your thoughts!

Karen Masters, MS, CCC/SLP, COM
2karenmasters@gmail.com

worked on it off and on for several months but with a busy life, running a business, and having two young children, life always took precedence over my exam. My son even commented, “Mom, you graduated a long time ago! Why are you having to take a test?” At the beginning of October, I was getting down to the wire, with only a few weeks left before my deadline. Things became very interesting when we saw that Hurricane Matthew was headed our way. Priorities changed as we live 40 miles from Savannah, GA and we began to prepare for a hurricane. Would we leave? Would we evacuate? We decided the best plan was to leave home and travel inland to stay with family! I took my exam with me since I knew traffic would be slow and I could make the most of my time in the car. We traveled contraflow on the interstate along with other evacuees, traveling west in the eastbound lane! That was fun! I worked on my exam during the long car ride! We were able to make it home 3 days after Hurricane Matthew hit. Thankfully, we had no damage to our property, only a few downed trees. But trees were down everywhere else in our area. For the next 8 days we lived like pioneers, with no power, only a generator to run our refrigerator. Daylight became a valued commodity! I continued to work on my exam, *sitting by a window and at night by lantern light!* That was an eventful season that we can laugh about *now* as we were inconvenienced, but all were safe and we were so thankful! I am happy to say that I got my exam done, unconventionally, but I turned it in and passed!! My advice to you is: Keep at it, Don’t give up, Turn it in!!

The Sad Thumb (who wanted to become “Unplugged”)



As therapists we often use images to help us tell stories. Although reading might be difficult for small kids, they easily relate to visual representations.

Since its publication, the Sad Thumb has become an important therapeutic tool that easily explains to kids the damages of thumb sucking and other oral habits. Although we want the child to be responsible for his decision to quit, we don’t want him or her to feel guilty or judged. So we put the burden on our little thumb... asking “Thumb” to be the one explaining all the undesirable effects of a negative sucking habit.

A new edition is now available with more appealing pictures and realistic photographs. We proudly present to you the second edition of our **Sad Thumb Book**. We hope it serves you and your patients well.

<http://store.orofacialmyology.com/sadthumb.html>

Hello from Southeast Georgia! I have so loved being a part of this wonderful group and what I love the most is the friendships, support and care that is shown by the members! After the recent Symposium in Virginia, I laughingly shared my exam saga with Sandra and she asked me to share it with you!

I attended Sandra’s course in April of 2016 and requested my exam soon after. I



Caroline Bowman
M.Ed., CCC-SLP
The Therapy SPOT



by Becky Ellsworth,
AAS, RDH, BS, COM

Outside of the “mouthbox” “Snuffocation”



Yes, I just made up a word but thought how perfect it is for explaining the main area with which we must deal for successful therapy – the airway! For those of you who attended the April Symposium in Arlington, VA either in person or live stream, you know that I did a segment on the nose. What an amazing and complex body part! I believe that the examination of the intricate functions and interweaving roles of the nasal anatomy enhances our understanding of the importance of establishing a patent airway. Nasal breathing is not something to sneeze at (no pun intended.... Ok, maybe a little one :) It is imperative for health on many different levels.

This is where “snuffocation” comes into play. How many of our patients are constant sniffers or cannot breathe properly? Caused by allergies? Turbinate issues? Septum problems? Sinus blockages? The list can go on and on.... Maybe one or all of these contribute to a feeling of suffocation, thus “snuffocation”! If you don’t know all that the nose has to offer, please check out day two of the Symposium or read up on it yourself.

To be the best professional possible, you need to be informed about your field of interest. It is not enough to know that one should be a nasal breather. You also have to know *why* it is so important. I can tell you that a longer, healthier life depends on it for reasons you might not even be aware of. There is always more to learn so check it out. Get the skinny behind the need to eradicate “snuffocation”.

Till next time,
Becky

To register for the Alexandria Online Seminar [click here](#)



We went to New Orleans this summer to continue spreading the news...
And we found amazing people eager to learn more.

Proud of our past grad Karen Diaz



Rachel and Yvonne ready to start!



Angie and Kari had a great conversation while Angela from China saved the date for our Orlando training.



Characteristics of a Great Website

Have you created a website to promote your therapy services? Do you feel like your site stands out in the crowd? With over 1 billion websites currently on the Internet, it’s no wonder that it feels a little daunting to create a site that is both eye-catching and informative! If I stop and think about the most important components of the websites that catch my eye, I can boil it down to 3 main things: great visuals, pertinent facts and personal stories.

Whether you hire someone to create your business website, or you tackle the task yourself, make sure that the visual elements of your website align with the “brand” that you have established for yourself. Is your office serene and peaceful? Choose colors and graphics that align with that feeling. Maybe your office is bright and colorful and focuses on young children. Your website’s visual elements should reflect that. Your visuals should also include good quality photographs of what your services can accomplish. I love to include before/after photographs of my actual patients (with their permission, of course!). Don’t forget to make your site mobile-friendly so your site can be easily navigated from a mobile device.

One of the most difficult decisions to make while creating

your website is deciding how to incorporate facts that are accurate, informative, and concise. In today’s day and age, people want information to be short, yet comprehensive. The average person will only spend about 30 seconds looking at a site before deciding if it answers the questions that they have. So what does that mean for us? Our information needs to be concise.

Consider using bullet points rather than long sentences. Have short captions under pictures that show your readers what you are talking about. Consider short video clips instead of long paragraphs of information. If you have too much information in one location, you will lose your audience’s attention as well as their business.

Finally, I feel like the most important element of a great website is the inclusion of what I call “stories”. A personal touch. When potential patients or referral sources visit my website, I want them to feel like they already know me and my practice before they ever even walk through my door. Stories are the personal touches that connect people. Maybe it’s a teary heartwarming testimonial video from an appreciative parent. Perhaps it is a collection of photographs of you having a blast with your patients. Maybe it’s a few humorous personal facts in your biography. Whatever elements you include, make sure that you are making a connection with the people that you want to attract.

By including these 3 things, you will be well on your way to creating an effective website that positively represents your practice as well as our field!



Angie A. Lehman, RDH, COM
Oral Myofunctional Therapy Of York
www.OMTofYork.com



Related News

Newsflash! Keep watching for the IAOM to announce something special that is being considered for DDS. It relates to a unique designation for them. It will provide an additional encouragement for DDS to become involved members of the IAOM as well as providing benefit to their practices.

This year the IAOM convention will be focused on Wellness vs Disease Management: Multi-disciplinary collaboration & its integration in care. They have brought together an interesting group of experts to provide new insights into supplementary areas related to orofacial myology.

Featured speakers this year are Dr. Mark Cruz DDS, Dr. Barry Rafael DMD, Dr. Soroush Zaghi MD, Valerie Sinkus PT, Dr. Mary Massery PT, DPT, DSc, Hadas Golan MS, CCC-SLP, and Michelle Emanuel OTR/L. The convention will be held in beautiful San Diego, CA on October 13, 14, 15, 2017. Continuing Education credits are available for ASHA and AGD

[Register Now](#)

Who said that fun and learning were mutually exclusive?

On April 2017, orofacial myologists from all over the world took the opportunity to learn and share recent developments in our field. Karen Wuertz DDS, Becky Ellsworth RDH/COM, and Angie Lehman RDH/COM gave us three days of invaluable knowledge to bring back to our clinics, offices, schools and hospitals. Dozens watched from afar via live stream, as well.



Attendees had the opportunity to work together and play together. A highly successful social was one highlight of the Annual Symposium... a delicious dinner together and endless conversation with new found friends.



Thank you all for sharing and learning.

We are committed to your success and are busy preparing the next Myo Symposium experience for you!



Featured Graduate



Karen Masters MS, CCC/SLP, COM

Karen Masters was a *one of a kind* class participant, always eager to help others from the very beginning. When she called to register for the training course, she offered to explore local venues to assist us. Besides embracing orofacial myology as a means to help

her own patients, she has expanded her love for the specialty area to encompass and connect professionals from around the world.

Karen shared our passion for orofacial myology since the beginning. Within a short period of time, she was contributing as the graduate coordinator, course facilitator and venue planner. Before long she became an active staff member of Neo-Health Services, one that we value greatly.

If we were dubious about venturing into a new arena, Karen insisted that we let her give it a go...and she made it happen!

· Because she values the idea of having a cohesive group that supports one another through the certification process and beyond, Karen developed the Myo Masters Facebook Group.

· Because she constantly hears requests for more sharing, Karen arranges online meet ups to share evaluation and treatment topics.

· Because we have been approached to offer advanced courses, Karen conceived of and organized The Annual Orofacial Myology Symposium that is perfect for keeping up with state of the art information and sharing and socializing with other orofacial myologists from all over the globe.

Karen has two young adult children of whom she is very proud. She is also a dog lover who fosters them with the same deep dedication that she brings to everything in her life.

Karen is the successful owner of Chatham Speech and Language in Chatham, NJ. www.chathamspeechandlanguage.com

2017 Live Streaming Symposium

As you requested, we have arranged for this to be available to you for viewing until July 31, 2018. If you have already made the purchase and to new registrants, the log-on information remains the same. Go to our website to register, or click here:

Register NOW

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

Register NOW

Apr	06 - 09	Albuquerque, NM
May	18 - 21	Las Vegas, NV
Jun	22 - 25	Chicago, IL
Aug	10 - 13	Montreal, CA
Sept	14 - 17	New Jersey
Nov	09 - 12	Orlando, FL
Dec	07 - 10	Phoenix, AZ

Additional offerings per request

 <p>APPROVED PROVIDER ASHA CONTINUING EDUCATION AMERICAN SPEECH-HEARING ASSOCIATION</p>	<p>Neo-Health Services, Inc. is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.</p>	 <p>Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. (5/1/2017) to (4/30/2020) Provider AGD ID # 375625</p>
--	--	--



IAOM is designated as an Academy of General Dentistry Approved Pace Program Provider. FAGD/MAGD. Credit approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. (October 2015-2019) Provider ID: 218851

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.