



Hi Everyone,
Thank you for your many compliments and expressions of gratitude for being able to

receive the Orofacial Myology News. You keep us hopping to provide you with short, yet poignant, articles and columns to enhance your knowledge, curiosity, and practice techniques. We deeply appreciate our regular "columnists," Dr. Robert Mason, Karen Masters, Becky Ellsworth, and Angie Lehman. We are highlighting a new columnist, Nora Litzelman, the Chick Who Clicks, who will be offering you helpful hints to improve your photography know-how. You'll enjoy hearing how our Featured Grad, Karen Goske, was able to fill a void by creating programs for herself and other therapists. And you can start thinking ahead about the 2nd Annual Orofacial Myology Symposium to be held on Apr 13 through 15, 2018 in Chicago. There is a lineup of presenters for this event that will cover a variety of topics that are useful to clinicians and dentists, as well as many other professionals. Please enjoy this edition and let us know your thoughts and suggestions.



Obligatory: *tongue thrust*, articulation disorder, swallow pattern, manner of breathing?

"Obligatory" synonyms include mandatory, required, compulsory, and necessary.

This term should be used by orofacial myologists in certain situations related to the areas cited above.

Why might a patient of ours be "obligated" to thrust the tongue forward or produce speech imprecisely, or swallow and breathe in a less than desirable way?

Let's consider some "cases" to better understand the importance of recognizing circumstances when obligatory behaviors are present and why they are necessary in those cases.

A child with Down Syndrome, age 9 years, is referred to you for "tongue thrust." (I know, I know...we avoid that term "tongue thrust" most of the time, but let's say that the referral source still calls it that in reference to the forward movement of the tongue during the process of mastication and swallowing!). The child has an open bite and his tongue rests forward and down habitually. Chances are extremely high that this child's "tongue thrust" swallow pattern is obligatory. In brief, the airway is compromised, obligating the tongue to seek a position where there is the best chance for increased airway. Couple this with enlarged tonsils or adenoids and the obligation to move the tongue forward (thrust) is multiplied greatly. Consider the alternative: THERE ISN'T ONE! It's a matter of survival! (see orofacialmyology.com/Mason.html)

You have a client, age 8 years, with an anterior open bite. Her parents are distraught about her terrible table manners and eating behaviors. Her habitual lingual resting posture is between her

anterior dentition. In short, if she did NOT "thrust" her tongue forward during the swallow to effectively seal the open bite, her food and liquids would be propelled out of her mouth. This is an obligatory swallow pattern that is absolutely necessary under these conditions.

Your next client is a 25 year old man who has had a speech articulation disorder for which he has received therapy many times and with many therapists over the years. His history reveals a long time oral habit through the age of 12 years. He has recently undergone orthodontic treatment for the 2nd time and occlusion is within the acceptable range. Currently, there are no airway issues and no negative oral habits. His oral rest posture is tongue forward, lips apart 8 mm. This is NOT an obligatory "tongue thrust"..... There is nothing that is forcing him to attain or maintain the incorrect rest postures. Therapy may proceed at this point. The only caution is to be sure NOT to dive directly into speech therapy. It has failed before and will fail again unless treatment proceeds in a sensible, sequential manner. His lingual abilities must be maximized first; then rest postures must be attended to; finally, depending upon which sounds are problematic, he is seen for speech treatment at the end of *Phase One or after suctioning exercises are presented in *Phase Two (for lateral articulation errors).

As orofacial myologists, it is imperative for us to differentiate between those patients who have *obligatory* concerns that act as barriers to treatment success and those that can be seen immediately with full expectation to succeed.

* (Myo Manual Treatment program).

Orofacial Myology 2nd Annual Symposium Chicago April 13-15, 2018



An Explanation of the Dental Terms "Differential Eruption" and "Vertical Drift"

Question for Dr. Mason: When an adult individual has an interdental tongue rest posture with the mandible hinged open beyond the normal vertical dimension (freeway space), why isn't the root structure of erupting teeth exposed?

Response by Dr. Mason: Good question! In adults with a full complement of erupted teeth, if the tongue is resting interdentally with the freeway space open beyond the normal range of 2-3 mm posteriorly or 3-5 mm anteriorly for many hours per day, some additional posterior dental eruption will occur while no further eruption is possible anteriorly due to the presence of the tongue resting between the incisors that serves to inhibit additional anterior eruption. The additional posterior eruption, along with no anterior eruption, is termed differential eruption in dentistry, meaning that the eruption is occurring posteriorly but not anteriorly. The usual result of differential dental eruption is an anterior open bite malocclusion.

You are correct to observe that when posterior teeth continue to erupt, you do not see root structures being exposed along with the unwanted eruption. The reason is that the supporting alveolar bone and soft tissues "follow along" with the eruption. This process is termed vertical drift.

Vertical drift explains why, when additional eruption in the otherwise fully-erupted adult dentition occurs, the eruption does not result in the teeth erupting out of their bony sockets (alveolar bone) because the additional dental eruption also involves the deposition and resorption of alveolar bone occurring concurrent with the dental eruption.

It is important to remember that when the normal vertical rest position of the jaws (the freeway space) remains open beyond the normal range for hours per day, the feedback from the muscles of mastication that control the rest position of the mandible, and also feedback from the gingiva surrounding the teeth,

signal the brain stem (Pons) to initiate the process of eruption in the posterior teeth where the tongue is not blocking their pathway of eruption. The feedback to the brainstem from the muscles of mastication (primarily the masseter) and gingiva covering the posterior teeth is via the mandibular branch of the trigeminal nerve. The phenomenon of the supporting bone and gingiva "following along" by vertical drift is yet another example of the amazing adaptive capability of the oral mechanism.

This discussion further highlights the importance of establishing or recapturing a normal freeway space as an important goal of orofacial myofunctional therapy.

Dr. Bob

Dr. Bob's
CLINICAL PEARLS



AN EXPLANATION
OF THE DENTAL TERMS
"DIFFERENTIAL ERUPTION"
AND "VERTICAL DRIFT"

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

WHETHER OR NOT TO
TREAT CHILDREN WITH
DOWN SYNDROME

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



A little over a year ago, I approached Sandra with an "idea." As the admin on the Myo Masters, our private Facebook page, I had read questions and comments from our members and noticed some recurring themes. I asked Sandra if I could create a "symposium" with speakers to answer the "hot topics" our Myo Masters were tossing about. She said "run with it" and run I did! We hoped for 30 people to join us in Alexandria for the FIRST ANNUAL Orofacial Myology Symposium. I was worried about calling it the FIRST ANNUAL anything because that

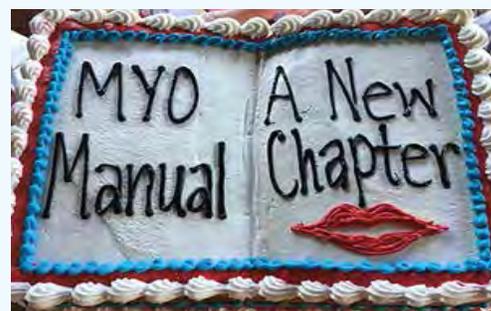
implied there would be a SECOND ANNUAL! The first annual was a wonderful success and we had 40 attendees and 20 remote viewers as I was able to arrange to have the event streamed live! So now, since it went so well, my fears have been realized... guess what? I have been busy with our SECOND Annual Orofacial Myology Symposium and it is officially on the books! APRIL 13-15, 2018, we will be wowing you with a line-up of speakers that will blow your socks off! Three days and 7 topics will be presented. The topics are unique and relevant, appealing to orofacial myologists for sure as well as other professionals. Where will all this take place? CHICAGO ILLINOIS!! **SAVE the DATE!** We are expecting a big crowd! The hotel will be announced shortly and naturally I will plan a special social event to make our learning that much more special. We already have people registered!! That makes my work completely worth it!

I am packing my bags to head to San Diego for the IAOM Convention and look forward to seeing you all there!

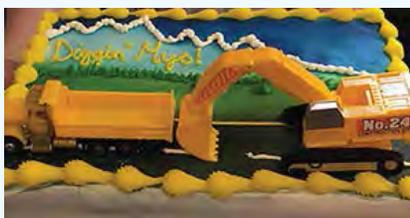
Karen Masters
2karenmasters@gmail.com

You know you are a Neo-Health "Boot Camp" Grad if...

- You have eaten one of Karen's delicious and unique graduation cakes (see below.)
- Socks are mainly for therapy.
- You always have your Initial Oral Examination in one of your pockets.
- Your grown up patients still have their Pocket Pillows.
- Your Myo-Manual is always on top of your desk.
- You spend more time with your Myo-Master Facebook friends than with other friends or family.
- You have a pouch full of Orofacial Myology goodies.
- You have a collection of straws from different restaurants.
- Your patients know how to read a Myo Lip Meter Chart.
- You can't watch "Lalaland" without being disturbed about the actress' oral habits.
- Your Mason's book has more than 50 post-its in it.
- You can recognize a tongue tie with eyes closed.
- You have lost your Unplugging The Thumb DVD at least one time in your life.
- Your family knows you can miss any trip but NEVER your Annual OM Symposium trip.
- You know all the deglutition phases and can demonstrate them while eating.
- You raise an eyebrow when Orofacial Myology and Sleep Apnea are in the same sentence.
- You know what a 3WMP is, and different ways to use it. You also know what a 2WMP is.

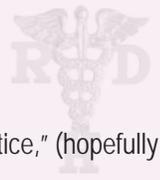


We all agree, this one was really ugly but tasted great!





Outside of the “mouthbox” Who are you and why do you do what you do?



by Becky Ellsworth,
AAS, RDH, BS, COM

When someone asks, “What do you do for a living?” and you reply, “I have an Orofacial Myology practice,” (hopefully as a Certified Orofacial Myologist ☺), their common response is, “What is that?”

How do you respond? What do you say? How can you put into words all that you are and all that you do?

You are well versed in head and neck anatomy, an expert in observation, a sleuth, a fact finder, a trainer, a helper, a sympathizer, a confidant, part of a team of referring parties, an “airway specialist,” a motivator, an educator (to those who don't know exactly what you do), and someone who looks outside the box.....

You sometimes have to deal with other specialists who don't support you (usually because they don't understand what you actually do or appreciate what you know), frustrated parents and children and adult patients and insurance companies (oh, for our own ICD and CPT codes!). This is just part of life and goes for many jobs out there, but there is something different about what you do.

Because Orofacial Myology is a specialty area, it brings about positive changes in many lives that might otherwise not be corrected. There has yet to be a course where Sandra and I have taught that we don't see the light bulbs going off in heads around the room! Countless times we have heard after attending a course that the attendees have totally revamped their practices because of the “eye openers” they gained from what they learned. What a joy it has been to be part of such a thing ☺

Why do you do what you do? Because you want the very best to help correct, or at the least, *maximize* everyone who walks through your door. Your goal is to help normalize the oral and facial muscles to improve or correct speech, the dentition, the chewing/bolus collection, the swallowing, and the overall mental and physical health of every patient you have. You do what you do, no matter the obstacles, because it is worth it all to help change a life....

Till we meet again,
Becky

Benefits of a Free Consultation

Over the years that I've mentored other therapists, I've often been asked about my completion rate for cases that I've started. It seems like a common problem in many practices is the high number of patients that start with the Initial Evaluation, then either never return, or complete a few sessions, only to “fizzle out” and discontinue therapy. Admittedly, I've never officially tracked my success rate, but almost every patient in my practice that starts therapy finishes it. When I stop and think about the reason for my success rate, I think it can be attributed to two things: good communication/rapport building with potential new patients, and the fact that I start to build this foundation during a free, no-obligation consultation prior to doing an Initial Evaluation.

There are numerous benefits to offering free consultations. First and foremost, it allows you to screen each patient prior to treatment to make sure they are a good candidate for therapy. As much as we hate to admit it, not every problem that we encounter can be solved by Orofacial Myofunctional Therapy. I like to screen my patients before taking their time and money. It also prevents “downtime” in your daily schedule. It doesn't make sense to book someone for a long appointment, only to realize that you cannot help them, leaving a large, unexpected gap in your day.

The free consultation is also a great time to establish a “timeline” for treatment. Many of my patients need to see the ENT or the Orthodontist for treatment first, in order for therapy to be more successful. Having this consultation before beginning an Initial Evaluation allows you to guide your patients to the professionals with whom you will be co-treating. Also, if you have a referral source who is unsure if a particular patient is a good candidate for therapy, this no-charge, no-obligation appointment gives your referral sources the freedom to send LOTS of patients to you without the pressure of feeling like they need to “get it right” each time they see a potential OMD in one of their patients.

Finally, establishing a good rapport with your patients is key to successful completion of treatment. Most people need to hear something 7 times before they remember it. Between the first phone call/email to your office to inquire about treatment, and the conversations that you will have during the consultation, you can emphasize the importance of therapy multiple times, and create value, ensuring that your patients fully understand the need for treatment, and the consequences of not completing your therapy program. A patient who understands and values treatment will always be much more invested in the process compared to the person who pays for an Initial Evaluation without understanding what they are gaining.





Related News

In our last edition we announced that the IAOM was working on something special for DDS that will provide an additional encouragement for them to become involved members of the IAOM as well as providing benefit to their practices. The Board of Examiners and Board of Directors (BOE, BOD) are in the process of adding a new category for DDS/DMD/MD/DO to be able to vote in the organization as well as hold Board positions. It will be a COM equivalent. Of course, they will still be able to become a COM if they choose. The election of new members to the BOD is going on right now. There are people leaving the Board this October and elections are in process to select replacements.

The IAOM convention is titled Multidisciplinary Integrated Wellness: Bridging the Gap, and we are ready to greet everyone there. Twenty different countries have IAOM members and many will be attending along with many speakers, sponsors, vendors and contributors. The meeting will be held in beautiful San Diego, CA, on October 13, 14, and 15. Continuing education credits will be available for IAOM, ASHA, and AGD. If you are not registered yet, you can save your space at: iaom.com/iaom-annual-convention/

For all of you attending the IAOM convention, we want to let you know that headshots will be available from Nora Litzelman. Come and visit our table to meet with her.

“A picture is worth a thousand words”

You've heard it before...“A picture is worth a thousand words”. It is so true, and in the world of photography documentation in this day and age, it has become imperative for a number of reasons. Digital photography can have numerous impacts on your practice: Photos can educate patients and improve case acceptance, communicate to other professionals, and improve patients' confidence following treatment. It can also create consistency for the parent, patient and professional to all be on the same page. This after all, could be the key to compliance.

...create consistency for the parent, patient and professional to all be on the same page.

My passion for photography has taken on a new level and has now evolved into dynamic documentation photos. If you are a visual person, like I am, it makes a world of difference between a good quality picture or just a mediocre photograph. Who wants to be mediocre anyway? It will be my intent to bring to the Orofacial Myologist the best tips, tricks and tools of the trade for photography documentation. Bringing standardization to our field will be my future goal.

KpsmileN,
Nora Dalton Litzelman, RDH, MS



THE CHICK WHO CLICKS

Featured Graduate



Karen Goske Krogg MS, CCC/SLP

Karen Krogg took Sandra's certification track course in July of 2014. She is a school-based Speech- Language Pathologist with experience in outpatient pediatric settings. Karen has a blog related to various topics under the umbrella of speech therapy at pedispeechie.blogspot.com. She has created numerous materials and programs that are found on Teachers Pay Teachers (The Pedi Speechie). Karen is busy every day and tries to divide her time between work, developing new programs, and enjoying her family which includes her husband and her a fourteen month old son. After attending Sandra's course, she became extremely passionate about correcting lisps and /r/, incorporating orofacial methods from her certification track course. Karen has currently partnered with Neo-Health Services to create engaging materials based on the Myo Manual Treatment Program and the online course R: From Basics to Habituation. Therapists follow her on social media (@thepedispeechie on Instagram) to become enveloped in great therapy ideas in action!

When Karen contacted us after her introductory class, we were in awe about the materials that she had developed. When we went to her blog, we found the reason for all of her incredible hard work.... in her own words:

"When I started working, I encountered some pretty challenging articulation and phonological disorder cases. I spent hours doing the following things: scouring the internet for SLP posts about various subjects, taking CEUs, asking my colleagues for help. I was overwhelmed. I had a HUGE caseload, and I didn't know where to start. There was so much information out there, but not enough time in the day."

So Karen decided to create fun materials to fill that void. She wanted to assure that other therapists could have them easily available, very affordable and be able to utilize her materials throughout their careers.

Thank you, Karen, for being a grad we are so proud of!



2017 Live Streaming Symposium

Remember that our Live Stream Symposium will 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: **Registration**

Orofacial Myology: From Basics to Habituation Certification Track: Intensive Course



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Sandra R. Holtzman
MS, CCC/SLP, COM

Becky Ellsworth,
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and the contributions of

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Additional offerings per request

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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.