Happy Autumn to all of our “myo buddies,” and dear readers. Orofacial myology is like Fall leaves in the peak of the season: it is in full foliage and has multiple colors! It has emerged from a tiny speck to a massive mountain. Some of the articles in this edition focus on the greater obligations that come along with having reached this level of popularity. You’ll also find an excellent article by Dr. Robert Mason on the consequences of an orofacial myological disorder. Business mentor, Hallie Bulkin, offers superb tips for time management that help to improve the lives of busy therapists. New items in the myo world are introduced such as bilingual brochures and useful links to help you find what you need quickly. Information about upcoming presentations and events are provided and our regular columns for Myo Masters grads by Karen Masters as well as Becky Ellsworth’s “Out of the Mouth Box” will give you food for thought. Thank you for your continuing compliments and words of appreciation. We are interested in your opinions, ideas, and contributions, so do feel free to keep in touch with us and give input on articles you would like to see.

My best,
Sandra

A single article is far too short to stress the importance of many of the historical segments that led up to orofacial myology as we experience it today. Yet it is important for us to do this in a timely manner because of the rapid growth and spread of this specialty area. Even the term “specialty area” is in question by many who feel that we are a discipline or a profession.

Although it was started by orthodontists, dentists and speech pathologists, it was not long afterwards that dental hygienists were included. Because many additional professionals today are strongly interested in gaining expertise in orofacial myology, our need for making important decisions can no longer be put aside. We must establish stricter descriptions of our scope of practice and a more solid definition of this “field of study.” To fail to do so, like the biblical “Tower of Babel,” we will fall apart and cease to be, each one using a different “language,” per se.

There are current processes in place in more than one organization to fill in the gaps related to the description and definition of what comprises orofacial myology. It is referred to by many other names, something that causes much confusion to the public as well as the professionals who contact us daily. Myofunctional therapy is still commonly used as a name for the specialty area. Oral myofunctional therapy was added later to denote which muscles we deal with in treatment. Somewhere along the line, orofacial myofunctional therapy was born and is used along with the other terms. Hopefully, few of us continue to call the specialty area “tongue thrust therapy” or “swallowing therapy,” but those terms do still pop up on occasion. If we are to be considered a specialty area, then certain of the above names might be acceptable. If however, our ultimate goal is to be considered a field of study or a profession, then Orofacial Myology seems to come closest to the sound and structure of related fields such as psychology, biology, physiology, audiology, etc. And there is ease in shifting the term to describe those who practice these fields: psychologist, biologist, physiologist, audiologist, etc. Thus, orofacial myology and orofacial myologist.

There are several organizations, companies, and universities that are currently advertising that they provide training courses for orofacial myology (myofunctional therapy, etc.). Some of these newer organizations are admitting trainees with quite varied educational and professional backgrounds, challenging us even further in our task of establishing ourselves as a single profession. We will have to determine who can do what—but that can happen only after we have a clear description and definition of orofacial myology that is more universally accepted.

Canada appears to be breaking through as a leader in orofacial myology. From my sources this week, as I was instructing in Toronto, I learned that they have established orofacial myology (myofunctional) codes for dentists that are accepted by their national insurance payment system. That is a big milestone!

An organization has been formed to attempt to better define Orofacial Myology and elevate it to a new level of acceptance. The Canadian Association of Orofacial Myology (CAOM) has been established and its board of directors has been meeting bi weekly to move their efforts forward. I met with the first two of the three officers that follow: Mohamed A. Mohamed, SLP, PhD, COM - President; Gabi Mitu, RDH, COM - Secretary and Gabi Mitu, RDH, COM - President; Mohamed A. Mohamed, SLP, PhD, COM - President; Gabi Mitu, RDH, COM - Secretary and German Ramirez, DDS, MDSc, MS, PhD, President Elect. They have created short and long term goals that might serve as models for others to adopt. They plan to work toward creating a post graduate diploma or a master’s program in Canadian universities specifically for orofacial myology. They are open to the idea of reciprocity with certain other organizations. Orofacial myology is definitely “on the move.”

We are sad to report the death of Dr. William "Bill" Proffit on October 1, 2018, at the age of 82. Dr. Proffit was an important and unique contributor to the orthodontic profession. The field of orofacial myofunctional disorders owes Dr. Proffit a great debt of gratitude for his classic studies with oral pressure transducers, the results of which provide the scientific basis for our discipline.
The Consequences of OMDs

(Derived from Open Access Editorial, titled: Orofacial Myofunctional Disorders and Otolaryngologists, published in the Journal: Otolaryngology by Robert M. Mason and Honor Franklin, 2014)

The consequence of a freeway space open beyond the normal range for 6 or more hours per day due to airway interferences or allergies can result in changes to the dentition that can take three basic forms: (1) when the tongue assumes a forward, interdental rest posture with mandible hinged open, posterior teeth can over-erupt while anterior teeth are inhibited from further eruption because of the interposed tongue. This process is known as “differential dental eruption” [3,4], the result of which is an anterior open bite. (2) The second scenario of additional, unwanted dental eruption with the mandible hinged open, occurs when the tongue at rest is splayed over the occlusal surface of all mandibular teeth. In this scenario, upper teeth can continue to erupt downward and forward, following their normal curvilinear path of eruption while the lower teeth do not undergo any further vertical eruption. The result is the development of a Class II malocclusion with maxillary incisor protrusion [4]. (3) In this scenario, the mandible is habitually hinged open and the blade of the tongue follows the mandible and is repositioned inferiorly. When this occurs, the tongue loses the normal balancing and opposing pressure relationship with the cheek muscles in maintaining the position of the maxillary posterior dental arches. The buccinator complex of cheek muscles become more activate when the tongue is repositioned inferiorly with the mandible. Over time, the maxillary posterior dental arch narrows to create a posterior maxillary crossbite. The hard palatal vault may also appear to be heighten as the maxillary lateral dental arches are displaced downward along with the narrowing of the maxillary posterior arch segments [3,4].

When unwanted additional dental eruption occurs as in scenarios (1) and (2), the roots of teeth are not further exposed during the over-eruption process because the supporting alveolar bone follows along. This process is termed “vertical drift” of alveolar bone [4].

With the mandible habitually hinged open, changes in facial and oral structures can develop that may include, variably, a high and narrow hard palatal vault, posterior dental crossbite, a recessed chin, mandibular retrognathia, a short upper lip, lip incompetence, and hyperactive/strained mentalis muscle activity.

Conversely, some patients have a habit pattern of clenching that involves keeping the bite closed for hours per day. Closure of the normal freeway space for extended periods can lead to dental trauma and dysfunction of the temporomandibular joint apparatus [2]. Altogether, a change in the normal resting dental freeway space, either too far open or closed, can create negative consequences in dental eruption or the position of teeth.

While an open resting posture of the mandible with a forward resting tongue posture is the primary link with the development of selected dental malocclusions, the functional activity of tongue thrusting continues to be blamed by some clinicians inappropriately for the dental changes often seen [4]. The reasons for this are logical: tongue thrusting during speaking or swallowing is easily observed, while an accompanying abnormal open rest posture of the mandible is easy to miss in evaluations. Consequently, tongue thrusting continues to be incorrectly linked with any dental alignment changes observed. The false claim of dental changes resulting from tongue thrusting will likely continue until the proper roles of resting abnormal postures of the mandible and tongue in creating malocclusions are understood, accepted and appreciated [4].

References

We are proud to let you know that Northern Speech Services has recently highlighted Sandra R. Holtzman as an Orofacial Myology Expert for over 30 years. This recognition will serve as a positive feedback to continue spreading the news about Orofacial Myology.

Speech-Language Pathology Continuing Education and Treatment Resources

Earn Orofacial Myology CEU’s at Home
**Time Management Tips For The Busy Therapist**

**By Hallie Bulkin, MA, CCC-SLP, COM & Business Mentor**

“I don’t have the time!” This is a comment I hear all the time. Whether you are a speech language pathologist, registered dental hygienist, dentist, other medical provider, employee, business owner, independent contractor, etc… the one truth we all share is there are only 24 hours in the day. So how do you make the best of them?

While I am a big list maker, there is something I have learned about myself that you may relate to. When I am treating, I work well on a schedule. When I am not treating, keeping myself on a “schedule” for getting work done, just doesn’t work. So here are my top 3 time management tips that keep me producing and pushing forward.

1. **Eat your frogs first thing in the morning.** Brian Tracey’s, “Eat that frog” teaches you to determine what two list items/activities must be done today, in order to meet your goals. So many of us save these items for the end of the day and fill much of the day with non-money making busy work, never getting to those two scary list items that would lead to meeting goals and obtaining much success. So, eat those 2 frogs, first thing every morning. **(Note: you have to do some goal setting first. If you don’t know your goals you won’t know what you’re working toward).**

2. **Set Timers.** I do this with my 3 year old, my pediatric and adult clients, and myself. This can be used for different productivity purposes. You can set timers to take breaks from work, to limit time on social media, to chunk your work into 30 minute increments so you switch gears every half hour, to make sure you eat those frogs in the first hour of your day, etc. Figure out how to use timers to make yourself productive.

3. **Learn to say NO!!!** I know, I know. We are all in a helping profession. It’s in our blood. That’s why we do the work we do, right? But it should not be at the expense of your own health and happiness. Your income affects your happiness and therefore your health. So learn when to say NO and track how many times you start saying “No!” per week. Protect your time so you can be present when you are with family or friends and vice versa when working. Setting boundaries often starts with protecting your time and saying, “No!” at times. Give it a try this week!

As I tell many of the business owners that I mentor, no one else will respect your time until you do. You can start respecting your time by eating your frogs first thing, setting times and learning when to just say No! These are all actionable items you can put into play today and track over the course of this week. Let’s go!


Karen Wertz
DDS, ABCDSM, ABLS, FOM

Brooke Pettus
RdH
Myofunctional Therapist

Jenifer Chiappetta Midili
MA, CCC-SLP, COM

Ayden Cox
Licensed Massage & Bodywork Therapist

2 Day, Hands-On Course
November 10 - 11, 2018
College Park, MD

Registration:
valerie@smdsdentists.com

Click here to see Agenda and Clinical Curriculum

http://theprivatepracticementor.com/
Martha Pedraza, an RDH and past grad, has actively collaborated with Neo-Health by translating our program brochures. Thanks to her professional translations, the Hispanic population will be able to better understand orofacial myology disorders and the need to treat them.

One of the brochures that Martha has helped us to make available was prepared by Robert M. Mason, DMD, PhD., and based on information contained at the following link: orofacialmyology.online/-for-professionals-and-parents/ This brochure is intended to provide information about the field of Orofacial Myology and to update some selected patient diagnosis and treatment issues of interest.

The second brochure relates to thumb sucking and oral habit programs. It has questions and answers that help parents understand noxious oral habits. Brochures are available in English as well. They can be downloaded on our website at: orofacialmyology.online/myo-products/

My “MYO” journey
I graduated from Harcum College’s Dental Hygiene program in Bryn Mawr, PA in 1993. I have been working as a full-time registered dental hygienist ever since. I was fortunate to find my place in my office 23 years ago, where continuing education, personal growth and thinking “outside the box” has always been encouraged. After all these years, I still love what I do, but I am always looking to further my education. In 2015, I decided to pursue a BS in Oral Health Promotion and this is where my “myo” journey got started. I knew nothing about Orofacial Myology until I was asked to read and review my classmate’s research paper. This was an interesting subject to me and I decided to find out more about it. It wasn’t until 2016, when Sandra R. Holtzman’s course came highly recommended to me that I decided to sign up for it. Needless to say, nothing has been the same ever since. I am now looking at my patients with a completely different set of eyes and, quite frankly, everyone else around me. What I love about the therapy is that I am able to treat the source of the problem rather than a symptom.

Once I learned that I could get certified through IAOM, I decided to go through the process, which I have learned to really appreciate. I enjoy talking about what I do with other dental and medical professionals and spreading the word about IAOM. At the same time, I have an opportunity to build much needed relationships that are vital for my new business. Being part of professional organizations like IAOM, ADHA (American Dental Hygienists Association) and STAL (Finnish Oral Health Care Professionals) with like-minded people to connect with, is important to me.

Giving back to my community is also important to me. The satisfaction you experience by helping others is priceless, but it can also help to build new business relationships. I chose to get involved with the foundation that started right in my own neighborhood: Alex’s Lemonade Stand Foundation, a Foundation which helps raise money to fight childhood cancers. I volunteer my time when I can and take part in their events throughout the year.

I am currently working toward my certification and I cannot wait until I can say that I am a Certified Orofacial Myologist. I believe the possibilities are endless in the field of Orofacial Myology. I am eager to learn through my own practice and from my peers and that said, my “MYO” journey continues.

Useful links for orofacial myologists:

- orofacialmyology.online/myo-media/
  To view the following:
  All past editions of Orofacial Myology News
  Videos how to use orofacial myology tools,
  info on Sippy Cups, Thumbsucking, and more

- orofacialmyology.online/myo-articles/
  To view the following:
  Articles, positions papers of interest, and more

- orofacialmyology.online/myo-clinical-qa/
  To view the following:
  100s of Ques/Answers related to orofacial myology
  Put in a search word (ex., thumb) and get dozens of Q & A
Orofacial Myology disorders in China

Dr. Jane Shi, an orthodontist from Beijing, China, had been communicating with, and received mentoring from Dr. Bob Mason for several years regarding orofacial myofunctional therapy and disorders. Currently, there are no orofacial myofunctional therapy practices in China. Dr. Mason's mentoring goal for Dr. Jane is for her to introduce the field of orofacial myology to orthodontists, pediatric dentists and general dentists in China.

Dr. Shi arranged to spend two days with Dr. Mason and his wife Gayle in their home in North Myrtle Beach, SC, during March, 2018, to receive further intensive education and training related to orofacial myofunctional disorders. Dr. Mason provided Dr. Shi with several Power Point programs he had developed for Dr. Shi to translate into Chinese and then use in lectures with her professional colleagues in China. Following this 2-day period, Dr. Shi then traveled to Raleigh, NC, to attend the 4-day Neo-Health course where she was warmly included in the group attending this Neo-Health 4-day course.

We expect that Dr. Jane Shi will become the leading educator regarding orofacial myofunctional disorders in China.

Outside of the “mouthbox” Food for Thought……

For years, there has been talk concerning whether or not Orofacial Myology is a profession, a specialized area, a discipline, a field of study or what. I decided to do some searching and see what I could find. When looking for the definitions of the aforementioned possibilities, I offer these to you:

Profession –
1. A paid occupation, especially one that involves prolonged training and a formal qualification. (Oxford Dictionary)
2. Occupation, practice, or vocation requiring mastery of a complex set of knowledge and skills through formal education and/or practical experience. Every organized profession (accounting, law, medicine, etc.) is governed by its respective professional body. (Business dictionary)

Specialized area –
1. Requiring or having detailed training or expertise in a particular field
2. Presenting detailed information used in a particular field
3. Designed for a specific purpose or use (The Free dictionary)

Discipline –
1. A branch of knowledge, typically one studied in higher education.
2. A field (of study), synonym: specialty (Oxford Dictionary)

It seems to me as we are constantly working to establish what we do as an entity, this endeavor deserves some time and attention. To establish who and what we are needs to be defined and agreed upon for others in the professional world to see us in a solid light. Just some thoughts that need to be explored, some determinations that need to be made and ways to accomplish them – what are we???? Your thoughts???

Til next time,
Becky
Coming your way next April 2019!!!

Annual Orofacial Myology Symposium: Clinical Retreat to Enhance your Skills

Mark your calendar and save the date! April 26-28, 2019
Symposium 2019: A Clinical Retreat to Enhance your Skills.
I have been hard at work planning a novel Myo Retreat! We will be gathering in Canton, Texas at the Mill Creek Ranch Resort! We have cabins set aside for attendees to rent. (millcreekranchresort.com)

Share a cabin with friends! I am so excited about the content we will be bringing you!
Here are some things to wet your whistle:
Orthotropics Uncovered (we will leave with an understanding of Orthotropics!)
Book Discussion and Review (title to be announced)
When to Treat and when to say "No" to potential patients
Anatomical terms and anomalies that baffle us
Creative approaches to atypical clients
Sharing clever habituation and treatment ideas
Breaking into small groups for challenges and sharing conclusions
We will have a Texas size dinner/social one evening as well!

Limited space so don’t miss out!!

Orofacial Myology: From Basics to Habitation
28 Hour Approved Course presented by

Sandra R. Holtzman
MS, CCC/SLP, COM

Becky Ellsworth,
RDH, BS, COM

With contributions by
Dr. Robert Mason
DMD, PhD, ASHA Fellow

2018 Last Offering
Dec 13-16 COM course Raleigh, NC
ONLINE Symposium Chicago, IL

2019 Offerings
Feb 15-18 Course Boca Raton, FL
Mar 28-31 Course Raleigh, NC
Apr 26-28 Symposium Canton, TX
Jun 06-09 Course Minneapolis, MN
Aug 01-04 Course Quebec, CA
Sep 12-15 Course Boston, MA
Dec 05-08 Course San Antonio, TX

Howdy Myo Friends!

info@orofacialmyology.com
Ph 954-461-1114

Neo-Health Services, Inc.