



A wonderful greeting to all of you... good friends, close associates, and delightful readers from all over the world! As our team at Neo-Health Svcs continues to grow, we welcome the fresh ideas and enthusiasm of our new additions.



Mackenzi Coker began as one of our NHS "grads" who continues as a superior therapist in the Tampa area and now is ALSO our pride and joy as administrator of the products and shipping division. Carma, whom many know well, is taking over much of the administrative work related to the Qualification in Orofacial Myology, QOM, that is now keeping us very busy. She also edits my own work and keeps me organized. Becky Ellsworth helps to oversee the exam and clinical components of the QOM process, finding any details that need to be tweaked. Greta is busy dreaming up and bringing to fruition so many new business and product introductions that even I cannot keep up with it! Zohara continues helping with certain technical glitches in addition to her great work with social media and her very welcome infusion of unique ideas, and Karen Masters maintains our beloved grads Facebook and her tasks as facilitator and event planning in spite of her own extremely busy schedule in New Jersey.

And rumor has it... you won't believe this next part... the most ridiculous rumor.... Yes, we learned that someone out there actually started the absurd rumor....that I am retiring. WHAT??????? That is about the looniest rumor ever begun, so do not heed even one word of it as I am very occupied with instructing, developing new divisions to our NHS organization, and keeping up with the growth that our dedicated team brings to the table.

Seriously, I have seen the world, met incredible humans throughout my life (and doggies and kitties also!), have done my best to continue to contribute to our field, and always find great joy in communicating with and working with so many of you deeply committed and dedicated therapists, dentists, orthodontists, physicians, lactation consultants, parents, and every other one of you readers and associates.

Wishing all of you a magnificent 2019 that finds you looking into the mirror daily and seeing someone satisfied with his or her situation and continuing to move forward with whatever it is that you want to accomplish in life.

# IT IS OFFICIAL!!!

**WHAT:** Qualification in Orofacial Myology (QOM) distinguishes those who have completed the Neo-Health Services (NHS) 28 hour course, Orofacial Myology: From Basics to Habituation; have passed the examination and required clinical components; and are dedicated to high standards of professionalism as well as respect of their own Scopes of Practice and those of their professional associates.

**WHY:** In response to our course graduates' request for recognition as highly trained individuals who are qualified to treat and oversee treatment in their facilities, we listened, we worked on it, and have developed what they have been asking for.

**WHO:** Past and future graduates of the NHS 28 hour course, Orofacial Myology: From Basics to Habituation.

**HOW:** Attend, or provide proof of having attended, a NHS 28 hour training course. Complete and pass the exam and clinical components.



[Click Here to Learn More](#)

- QOM exam based upon the following:
  - Course training and materials
  - Myo Manual Treatment Program method
  - Understanding of and ability to utilize NHS habit elimination programs
  - Review of certain papers, research articles, and other information found on orofacialmyology.com and www.ASHA.org websites.
- Clinical Skills
  - Assessment
  - Treatment
  - Ability to modify program for each individual

**WHERE:** Visit our 2019 course locations at: [orofacialmyology.com/seminars-shop/](http://orofacialmyology.com/seminars-shop/)

Our Neo-Health Services (NHS) staff has made a bold decision that we want to share with you. As many of you are aware, NHS prides itself in teaching course content that serves to enlighten our students and enrich their practices. After careful consideration, we have concluded that it is not in the best interest of Neo-Health Services to continue to offer our training courses to the IAOM. We will proudly continue to remain CE providers for ASHA and AGD/PACE.

Neo-Health Services (NHS) is expanding and redefining our organization to solidify our place as the primary source of information for OMDs. The NHS designation of achievement is QOM (Qualified Orofacial Myologist). It will be awarded to past and future graduates of the NHS course, Orofacial Myology: From Basics to Habituation, upon completion of the qualification track components. The QOM credential is intended to be added after your name on professional correspondence, in the same manner as internal designations of other organizations.

We remain steadfast in our dedication to offering all NHS course participants the path of excellence to achieve their goal of premier assessment and treatment for their clients, patients, and students.

# CLAIMS OF IMPROVING MUSCLE "TONE" SHOULD BE AVOIDED

I am concerned about the inclusion of the terms "low muscle tone" and improving muscle "tone" in the reports and discussions of many orofacial myofunctional clinicians. In my opinion, descriptions of "muscle tone" are out of place in orofacial myology. Here is why:

The concept of "tone" in muscles is defined as the resistance of muscles to passive elongation or stretching. Muscle "tone" describes the state of muscle tension inside a muscle or muscle groups when in a resting state. Discussions of muscle tone usually relate to muscle contractions that impact the movement of bones around joints. Normal muscle tone means that there is a correct amount of "tension" inside the muscle at rest, and that the muscle is inherently able to contract upon command.

Most of us, including individuals with OMDs, have "normal" muscle tone, meaning that our muscles are in a state of slight contraction and are ready to be activated. Those of us blessed with normal muscle tone are able to sustain a prolonged contraction and then return the muscles involved to a relaxed rest position. It is important to stress that muscle tone is not the same as muscle strength and muscle resistance.

The degree of muscle tone a person exhibits is regulated by the cerebellum. There are many disorders that have an impact on cerebellar function, and thus on muscle tone, leading to either hypertonia or hypotonia; both of which are abnormal conditions. Individuals with Down syndrome, for example, often exhibit hypotonicity, or a reduction in muscle tone. Any abnormality in muscle tone not under a person's conscious control will affect the way a muscle responds to stretch. Muscle strength and resistance testing cannot be accomplished accurately on individuals with abnormal muscle tone.

A reduction in muscle tone (hypotonicity) represents a more relaxed than "normal" situation at rest. Such muscles are slower to contract when stimulated and lack the ability to either contract fully or to sustain a contraction. Hypotonic muscles appear floppy at rest and may be "flaccid".

Contrary to popular opinion, working out in a gym does not improve muscle tone since it does not change the cerebellum's role of regulating muscle tension at rest. The benefit of working out, however, serves to reduce the ratio of fat-to-muscle. Although a fat-to-muscle change can positively impact the appearance of increased definition of muscles, such a situation is not an example of increased muscle "tone," in spite of the claims made in advertisements.

Assessments of muscle tone involve musculoskeletal and neurological assessment tools that are not appropriate for use in orofacial myofunctional therapy. The Original Ashworth Scale that you may be aware of is a test of resistance to passive movement around a joint with varying degrees of velocity. Scores range from 0-4, with 5 choices. A score of 1 indicates no resistance and a 5 indicates rigidity. The Modified Ashworth

Scale is similar to the original Ashworth, but adds a 1+ scoring category to indicate resistance through less than half of the movement. Thus scores range from 0-4, with 6 choices. Obviously, the Ashworth scale is not an appropriate assessment tool where there is suspicion that a specific muscle, not related to a joint, is weak or flaccid.

The term "low tone" that has been used by OMTs, is probably intended to mean that there is an apparent lack of muscle "tension" in a muscle or area that is observed to be droopy, or weak. A better term than "low tone" would be a "reduction in muscle tone," however, the idea that one can increase muscle tone in specific oral, pharyngeal and facial muscles with exercises is a concept and goal that is incorrect and has no place in orofacial myology.

The field of orofacial myology will advance and benefit further when correct terminology is used. Questionable and inaccurate terms to describe what we do will not serve to elevate and advance the field. Accordingly, I encourage orofacial myologists to entirely refrain from labeling an individual as having "low muscle tone", by visual inspection or observations of a lack of full range of movement or lack of elevation of a structure such as the tongue; or to claim that muscle "tone" has been improved or increased with myofunctional exercises. To continue to claim success in identifying and improving the "tone" of individual muscles through exercises, including references to individual muscles that are deeply imbedded in areas with many other muscles have been targeted and further "toned", begs the question of how one would validate such questionable claims?

Giving up terminology related to "toning" muscles in orofacial myofunctional therapy will avoid the potentially skeptical perceptions that may arise among referral sources when claims are made about "toning" muscles. Instead, it would be better to focus and report on "strengthening" muscles, or "increasing muscle resistance" (your choice as per preference) such as with the orbicularis oris ring that may appear to be flaccid (rather than having "low tone") where there is an everted lower lip; or, in discussing apparently weak lateral margins of the tongue; or, reporting on deficiencies observed in the tongue during suction activities.

A fact to remember is that if there is truly some reduction in muscle tone that an OMT would see, it would be seen throughout the face or oral cavity; but not localized in one or more specific muscles.

Instead of discussing "low tone", therapy exercises should focus on increasing muscle strength of the lips, tongue or face when muscle weakness is diagnosed that would indicate the need for resistance exercises that are either isotonic, isometric, or isokinetic. The use of appropriate descriptive terminology in clinical reports will serve to enhance the field of orofacial myology while continued use of the inaccurate perspective of "toning" muscles will not impress referral resources that know better.

I make a plea for trainers to impart this information in their courses.

## Dr. Bob's CLINICAL PEARLS



Find more articles by Dr. Mason at: [orofacialmyology.com/robert-mason/](http://orofacialmyology.com/robert-mason/)

### CLAIMS OF IMPROVING MUSCLE "TONE" SHOULD BE AVOIDED

Myths That Persist About Orofacial Myology

The Consequences of OMDs

How might dental eruption be affected by an orofacial myofunctional disorder?

## February Sales

**SLP Spotlight on Sandra Holtzman**  
MS, CCC-SLP, COM, QOM

## Earn Orofacial Myology CEU's at Home

- Orofacial Myology/Tongue Thrust: Introduction With Assessment Applications
- R: From Basics to Habituation
- Tongue Tie 101: What is our Role?

Speech-Language Pathology Continuing Education and Treatment Resources





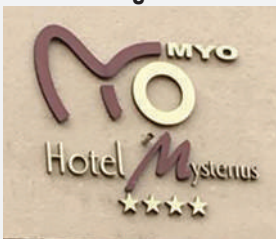
## Grads Corner



by Karen Masters  
MS, CCC/SLP, COM



Myo Hotel, Out next meeting is here!!



### Everywhere I look I see mouths! Blessing and a curse!!

Happy New Year to you all! I hope this newsletter finds you well! My journey into the world of orofacial myology has been amazing! It started in 2015 when I took my 28 hour class with Sandra and Becky here in NJ. I offered to "help" with anything they might need while staying here in NJ and never expected to find myself working alongside them in 2019! My role continues to evolve and I am fortunate to have had a front row seat to the development and evolution of the QOM! When I finished my training the only option to demonstrate my understanding of what I was taught was with the COM process which was a great experience but expensive and time consuming. The QOM process offers a fantastic way to solidify your abilities, using the Myo Manual Treatment Program, evaluation techniques, oral habit elimination programs, and more... I can't wait to watch you all acquire that qualification.

My Myoverse (myo+universe!) is ever evolving. The learning never stops and over the winter holiday I traveled to Prague and Amsterdam, two beautiful and very different cities. From the spires of Prague to the canals of Amsterdam, I was wowed by history, art, architecture and the people. Everywhere I went I met amazing people and they told their stories while I stared at their tongues and teeth, thinking "Oh no! You have a restricted frenum" or "Get that pacifier out of that toddler's mouth" or "Your T, D, N, L is imprecise, your lips are incompetent, you're breathing through your mouth..." I couldn't stop myself. These MYO-EYES can't un-see what I saw! There are people across the globe who would benefit from what we are learning. Make a difference in your corner of the world! Full disclosure though...everywhere you go, if you are anything like me, all you will see are tongues and mouths! There is even a MYO hotel!

In April please join me in Canton ,TX for the Symposium we have been working on for months! The speaker lineup is so strong! I promise you will walk away invigorated by the presentations and inspired by your friends and colleagues. The "retreat style" environment will be a nice change from our hotel based gatherings in the past. Plenty of BBQ and memories to be made!



This family just got discharged from therapy.  
Lips together/teeth apart tongue to spot!!



In Amsterdam and wondering if this guy can skip phase one?  
Myo everywhere!



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## Related News

# New Practice Portal for Orofacial Myofunctional Disorders

A recent event has occurred that will be of interest to you. A completed project by ASHA (American Speech-Language Hearing Association), which is the national organization that certifies speech-language pathologists (SLPs) and monitors the clinical work of SLPs nationally is finally ready. As many of you may know, ASHA holds a huge yearly conference for SLPs and sponsors several professional journals. The project recently completed by ASHA is an update of guidelines and current practices for SLPs that is titled: Practice Portal for Orofacial Myofunctional Disorders.

Among those asked to do the final editing and review were Sandra Holtzman, MS, CCC-SLP, COM, QOM and Robert Mason, DMD, PhD, ASHA Fellow, who served as reviewers for this ASHA project, along with several other reviewers that you may know, such as Honor Franklin, PhD, CCC-SLP, COM; Tricia Grant, MA, CCC-SLP, COM; and Patricia Taylor, MA, CCC-SLP, COM.

Whether or not you are an SLP, you are encouraged to read this updated ASHA project that pertains to Orofacial Myofunctional Disorders (OMDs). Of special interest to all who treat OMDs, this document describes the status of OMDs as currently practiced and also reviews the role of SLPs in treating individuals with OMDs. The ASHA document can be found at the following link:

[asha.org/Practice-Portal/Clinical-Topics/  
Orofacial-Myofunctional-Disorders.](https://asha.org/Practice-Portal/Clinical-Topics/Orofacial-Myofunctional-Disorders)

# Unplugging The Thumb

On its 20th anniversary this effective and easy-to-use program delights its users with an enhanced edition.

We have listened to your feedback, and we are excited to announce the release of the new and improved generation of Unplugging The Thumb (UTT) kits! These stress-free methods to stop thumb and finger sucking habits were launched 20 years ago.

The new kits are the long expected answer to therapists' petition for an improved, modern program. They include a USB audio-visual presen-

tation that explains the possible consequences of sucking habits and also introduces small on-going goals that the child is able to achieve. High resolution images, digital tools, and new activity pages are some of the latest features found in the 2019 edition. UTT is now available in boys and girls editions.

While there still exist some uncoordinated and disorganized approaches on the market for eliminating negative oral habits, they have created more confusion than clarity. The need for a simple, inexpensive, and proven method has established Unplugging The Thumb as the leading oral habit-elimination program.

Two of the top questions, "What is the best method to use for therapists with any level of experience?" and "What method uses non-invasive resources to stop sucking habits?" were what inspired the new Unplugging The Thumb kit. It should be noted that over the years, Unplugging The Thumb has continued to deliver proven results, with more than 700 therapists world-wide using it in a range of dental and health facilities.

We are proud to introduce our new 2019 UTT kits to facilitate your work as dedicated dental professionals and therapists who take pride in tailoring your treatment to the uniqueness of every patient."



## Outside of the "mouthbox"

by Becky Ellsworth,  
AAS, RDH, BS, COM, QOM.

Even more than a double blessing! Our dear Becky's birthday present was the arrival of twin granddaughters.

Now THAT is gift!!! We'll hear back from her in our next edition....SHE IS BUSY!!!!



## Featured Graduate Brittney Sciarra RDH, BS

Unlike most young children who want to be astronauts or superheroes, I knew at the age of seven that I wanted my super power to be making people happy with their smile. From that moment on, I stayed the course and have now been a registered dental hygienist for eight years. I graduated in 2011 from the Forsyth School of Dental Hygiene. As a healthcare

professional, I am always looking for ways to improve or better my patients' quality of life. I became very intrigued when I came across an article in RDH magazine regarding orofacial myofunctional therapy and knew I had to learn more. Taking Sandra Holtzman's and Becky Ellsworth's 28-hour introductory course was truly an eye opener for me, and I am certain for many others as well. It has made me look at my patients in a different light. Now with my "myo eyes," I can get to the root of the problem rather than treating the symptom with a band aid.

It's been incredibly rewarding working with my patients and guiding them along as they learn new habits and muscle patterns to optimize function. What has helped me most is networking with people who share the same beliefs about the success and effectiveness of OMT.

I am so excited to see what is to come for this amazing field and the positive impact it'll have as I continue to grow my business, CT Orofacial Myology. If I had to give any advice, it would be to *just go for it*. When you truly believe in the services you provide, the possibilities are endless!  
Brittney Sciarra RDH, BS



[www.ctorofacialmyology.com](http://www.ctorofacialmyology.com)

Facebook: [m.facebook.com/bsciarra.omt/](https://m.facebook.com/bsciarra.omt/) Instagram: [@ct\\_orofacial\\_myology](https://www.instagram.com/ct_orofacial_myology)



# Learning and Playing with sounds

TOP  
50

Apps for kids  
2017



Last December in Raleigh, we were pleasantly surprised, to discover that one of our students, Bryndis Gudmundsdottir, M.A. CCC – SLP, from Iceland, is a well known app developer/innovator, and recipient of “The Special Recognition Award” from Global Women Inventors & Innovators Network (GWIIN). She has specialized in the areas of oral motor problems and articulation, voice and resonance, including neurological impairments and cleft palate, deafness and cochlear implants. Her company, Raddlist, provides services in the fields of education and health, along with developing and producing speech and language products. We invite you to visit her page “Learning and Playing with Sounds” at <http://kidssoundlab.com/>



## How I gained recognition of Orofacial Myology in Iowa

I wasn't comfortable with the thought that orofacial myology was within RDH scope of practice simply by assumption and personal interpretation of the Iowa Dental Board rules and regulations posted on-line.

I made phone calls to others in the State of Iowa who were listed as practicing orofacial myology and through a string of contacts I was put in touch with a member of the dental hygiene committee on the Iowa dental board. Then I finally got in touch with the executive director of the IA dental board. She was not comfortable giving me a definite answer and suggested that the issue be presented to the board. She also gave me the option of attending the board meeting with the scope of practice issue on the agenda.

If I didn't attend, someone else would be assigned to present the information. I didn't like that idea, as I wanted accurate information presented. So I enlisted the help of others and sent the board some information ahead of time. There were letters and documents sent from course instructors, another orofacial myologist, and a local dentist all discussing scope of practice and the benefits that myofunctional therapy can bring to patients.

When I arrived at the meeting, the dental hygiene committee had already decided it was within our scope of practice. When it was time to discuss the issue at the meeting, it was simply decided that I could practice orofacial myology under my IA RDH license! I am permitted to practice as an independent contractor under the general supervision of a dentist.

However, there are some guidelines we have to follow in the state of IA under general supervision. They are as follows:

“General supervision of a dental hygienist” means that a dentist has examined the patient and has prescribed authorized services to be provided by a dental hygienist. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met:

1. Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment.
2. The hygienist must consent to the arrangement.
3. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing these procedures.
4. The treatment to be provided must be prior prescribed by a licensed dentist and must be entered in writing in the patient record.



by Lea Allbaugh, RDH



### 2019 Annual Session to Feature William R. Proffit Memorial Lecture



In the wake of the unexpected passing of orthodontist William Proffit, DDS, PhD, the American Association of Orthodontists (AAO) announced that the 2019 Annual Session Planning Committee has designated the lecture period during which Proffit was due to speak as the William R. Proffit Memorial Lecture — Sunday, May 5, 2019, from 10:20 to 11:20 am.

Kevin O'Brien, BDS, FDS, DOrtho, PhD, of Manchester, United Kingdom, has accepted an invitation to give the lecture and will present “Standing on the Shoulders of a Giant: A Retrospective on Bill Proffit.”

O'Brien is a professor of orthodontics at the University of Manchester Health Science Center, where he received his dental degree and completed the orthodontic residency program. He also lectures internationally and is an active researcher who has published more than 150 articles in peer-reviewed publications. In addition, he publishes Kevin O'Brien's Orthodontic Blog, which is read internationally and focuses on scientific topics and discussion pertinent to the specialty.

The 2019 Annual Session will take place in Los Angeles, May 3 to 7, 2019.

# 3rd Annual Orofacial Myology Symposium A Retreat to Enhance Your Clinical Skills

## April 26-28, 2019

### Canton, TX - Mill Creek Ranch Resort

The Annual Symposium is always filled with warm professionals who look forward to a weekend of learning, sharing and camaraderie. This year's symposium is in the format of a Clinical Retreat; a unique event where you will be able to share your own experiences, in addition to learning from and inter-acting with the impressive line-up of presenters. You will grow friendships and professional associations in a welcoming atmosphere that is open to all who practice and have an interest in orofacial myology. There will be a Social evening with a Texas Barbecue theme, where you will mingle, chat and laugh!

Each year in creating this event, the Neo-Health Services Team listens to the ideas, suggestions, and requests of orofacial myologists in order to bring their ideal topics to them. The brochure covers the topics, presenters, location and registration information.

We hope you decide to join us and create new relationships and new horizons for your career!!



**REGISTER** 

**Tsambika Bakiris** Business "Systems" to Guide you Through the Ups and Downs... Team Building and Beyond!

**Ame Batchelder** 7 Habits of Highly Effective People: Applications for Our Personal and "Myo" Lives

**Becky Ellsworth** Selected Oral Characteristics: Where are They? What do They Look Like? What Purposes do They Serve?

**Dr. Jonh White** Interdisciplinary Roles and Functions: Who does what?

**Karese Laguerre** Orthotropics Unmasked: Expansion, Growth, and Alignment.

**Zohara Nguyen** Oral Habits Through the Ages and Beyond.

**Dr. Robert Mason** Clarifying Selected Clinical Concepts: Improving Your Clinical Skills. *(Remote)*

**Karen Masters** Panel Discussion - Referral Attempts, Failures, and Learning Processes.

**Dr. Dawn Moore** Good Studies, Bad Studies and How to Tell the Difference.

# Orofacial Myology: From Basics to Habituation



28 hour Training Course

**Sandra R. Holtzman**  
MS, CCC/SLP, COM, QOM

**Becky Ellsworth,**  
RDH, BS, COM, QOM

With contributions by

**Dr. Robert Mason**  
DMD, PhD, ASHA Fellow

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

## 2019 Offerings

Feb	15-18	Training	Boca Raton, FL
Mar	28-31	Training	Raleigh, NC
Apr	26-28	Symposium	Canton, TX
May	07-10	Training	New Jersey, NJ
Jun	06-09	Training	Minneapolis, MN
Aug	01-04	Training	Quebec, CA
Oct	24-27	Training	Boston, MA
Dec	05-08	Training	San Antonio, TX

*Additional offerings per request*

**Neo-Health Services, Inc.**

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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, 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