



Whew, just winding down from a tremendous Symposium and catching up before the next event around the corner! It's great to take a pause and say hello to all of you from around the world! This edition will give you an excuse to reflect a bit as you read the article on Elevator Speeches. If you decide to share your own creations after reading that article, please do send them our direction at info@orofacialmyology.info. Treating Lip Incompetence by Dr. Mason is an update on his prior articles and it sheds additional light on this important therapy consideration. Learn about NO.....yes, I said NO! This is found in Becky Ellsworth's column, Out of the "mouthbox." I'm sure you will find it quite enlightening. Check out the photos from the Symposium and see if you can find yourself or others you know well. It was indeed a retreat and a joy to get away from the usual busy-ness of our daily lives and to have time to talk, share, and socialize (and pig out a bit at the Texas BBQ, as well!). Don't miss the article on our featured grad, Kimberly White, who tells how and why she became interested in speech and orofacial myology. She walks her talk in every way and her clients are very fortunate, indeed! See when our class will be in your area and ask us about joining us or perhaps meeting one evening to chat, grab a bite, etc. We would be delighted to touch base with those of you we haven't seen in a while and certainly meet up with you readers whom we have not yet had the pleasure to meet in person. All our best from our Neo-Health Family to you and here's wishing you a wonderful Spring.....

Sandra

ELEVATOR SPEECH

At the Annual Orofacial Myology Symposium, one of the short activities turned out to be a very popular one. The attendees, both those at the event and those viewing from home, were placed into groups and asked to write an Elevator Speech. You might be asking yourself what in the world that is...

It is how you would respond if someone on the elevator with you were to ask "What do you do?" These are the parameters within which you have to remain:

1. No longer than 30 seconds
2. Use simple terminology so that the untrained person will understand you
3. Cover the subject sufficiently enough that they are able to grasp the essentials
4. Entice listeners to want to know more and to ask questions.

For some occupations, it is quite easy, but what about Orofacial Myology? Can you guess what happened when we received and compared what the teams came up with?

As you read excerpts from some of the elevator speeches presented, consider the following:

Are they similar to one another? Will some of them get the message across more easily to the general public? Do they differ significantly? If so, what are the big differences you see?

Are we defining orofacial myology only by what we do in our own practices without remembering the full pallet of symptoms that we cover as a whole?

Here are the descriptions our activity groups came up with:

We focus on rehabilitating oral function and nasal breathing with personalized care.

We are specialists like a physical therapist or fitness trainers who focus on the muscles of the face and mouth. Our goal is to achieve optimal speech, swallowing, and breathing.

We are the conductors in the orchestra of muscle coordination involved in breathing, chewing and swallowing.

Do you know that function of your tongue can impact speech, eating, dentition, shape of your face, breathing and sleeping? As a therapist, I teach people of all ages where to place the tongue appropriately so you can breathe, eat, talk and sleep better.

I work with orthodontists, dentists, and ENTs to help our patients keep their tongue resting on the roof of the mouth, keep their lips closed and breathing through their nose and also habits like tongue thrusts. Addressing these problems can be life changing for all ages.

After considering all of the above, isn't it time for you to create your own personalized Elevator Speech?

QOM (Qualification in Orofacial Myology) updated statistics

37 professionals currently hold the title of Qualified Orofacial Myologist

21 currently are in the process of completing their QOM Exams

41 have passed their exams and are currently in the Clinical Component segment. Several are on the waiting list at any given time to receive exams.

As one is completed, another is sent out to those who are on the waiting list.

QOM-D (Qualification in Orofacial Myology for Dentists as office overseers)

2 dentists and 2 orthodontists were awarded the QOM-D

3 dentists are working on dual recognitions in both QOM and QOM-D

The Neo-Health family is proud of the achievements of these professionals who have agreed to represent the highest standards of ethics and individualized care for their patients and clients.



Calling all Minnesota SLPs and Dental professionals!
Orofacial Myology: From Basics to Habituation is coming to your area on June 06-09
Click here to save your spot!!!

TREATING LIP INCOMPETENCE

An Update to the Article *Lip Incompetence: Clinical Applications* by Dr. Robert Mason, previously published in our website. (orofacialmyology.com/wp-content/uploads/2019/01/orofacial-myology-lip-incompetence-clinical-applications.pdf)

TREATING CHILDREN WITH LIP INCOMPETENCE

Treating children with lip incompetency raises several questions that should be asked and answered: 1) Since the growth of the lips continues up to age 17, and since lip competency should be expected around age 13 (Vig and Cohen, 1979), on what basis should therapy be offered, or declined, for those children under age 13, or even up to age 17? 2) How can clinicians who provide lip exercises for children determine whether the gains achieved in lip length are related to the therapy provided or to spontaneous lip growth? and 3) What morphological factors can account for lip incompetence?

With regard to the first two questions, the clinical protocol for accepting individuals into therapy who have lip incompetence should involve a frank and detailed discussion with the child and parents about the growth patterns for the lips, as per the data of Vig and Cohen (1979). Also, the various morphological factors that can contribute to lip incompetence that may preclude success in therapy should be discussed with patient and parents following the initial patient examination.

TREATING CHILDREN AND ADULTS WITH LIP INCOMPETENCE

Morphologic Factors Related to Lip incompetence: As mentioned, there are several morphological factors that may accompany lip incompetency at all ages and that may preclude therapy success if not corrected prior to orofacial myofunctional therapy. Some of these contributing factors include: 1) Untreated airway interferences that may include, variably: enlarged faucial tonsils; adenoidal hypertrophy which interferes with airflow into the nose; allergies including allergic rhinitis; hypertrophy of mucous membranes of the nose; bony irregularities within the nose such as hypertrophy of nasal turbinates or a deviation of the nasal septum; polyps at the posterior choanae; or a constriction of the anterior nasal valve (liminal valve). A thorough examination by an ENT specialist and allergist is needed prior to orofacial myofunctional therapy when any airway interference is observed or suspected. 2)

Protruded upper incisors that prohibit individuals from achieving lip competency (Simpson, 2016); 3) A severely retruded mandible which may need to be advanced orthodontically or surgically; 4) The dental condition of an anterior open bite that can be severe enough to render the individual incapable of achieving lip competence due to the severe increase in the dental and skeletal vertical dimensions of the lower face; and 5) A lack of lip closure often seen with the skeletal condition of vertical maxillary excess in which there is excessive, unwanted downward growth of the entire maxilla.

If the maxillary posterior dentition is displaced downward more than the anterior dentition during unwanted differential eruption, bite closure occurs in a manner in which the lower molars meet sooner than normal with the over-erupted maxillary molars, and an anterior, very "toothy", skeletal open bite is the expected result. The dental result that includes a gummy smile relates to over-eruption of anterior teeth along with vertical drift of the anterior maxillary alveolus –although maxillary posterior eruption is greater (Mason, 1988; Hanson and Mason, 2003).

A Possible Role for Orofacial Myofunctional Clinicians With Adults There is currently an untapped role for the orofacial myofunctional clinician with such patients. After surgery to superiorly reposition the maxilla has been performed on patients with vertical maxillary excess, additional therapy by an orofacial myofunctional clinician may be needed to exercise the flaccid lip muscles that characterize such patients (Mason, 1988; Hanson and Mason, 2003) and to further normalize the relationship between the upper lip and upper incisors.

Orofacial myofunctional clinicians can also play a role with patients under orthodontic or oral surgical care. In some instances before or after orthodontic treatment, and before or after oral surgical correction of orthognathic jaw deformities, therapy to exercise and strengthen flaccid lips will be helpful.

Since it is not always possible for an orthodontist or oral surgeon to 'set up' the dentition with lips together in repose, and with the lower lip covering 2-3 mm of upper incisors (Vig and Cohen, 1979), some additional therapy protocols intended to exercise and lengthen the lips may be needed. Information regarding the ideal relationships of upper and lower lips, the anterior teeth and excess gingival display are considerations that orofacial myofunctional clinicians should note and address in the initial exam of such patients.

Please continue reading this article at: orofacialmyology.com/robert-mason/

Dr. Bob's
CLINICAL PEARLS



Find more articles by Dr. Mason at: orofacialmyology.com/robert-mason/

▶ TREATING LIP INCOMPETENCE

👍 Claims of Improving Muscle "TONE" Should be Avoided

👍 Myths That Persist About Orofacial Myology

👍 The Consequences of OMDs

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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



Featured Graduate: Kimberly White, SLP MS, CCC-SLP

I am the owner and clinical director of Kimberly White Speech and Myofunctional Therapy Services. I have been a Speech Language Pathologist for 28 years. I found my purpose and calling at the age of ten. My little brother had a communication disorder and was enrolled in speech therapy. The difference speech therapy made in his life impacted our entire family. I decided that I wanted to be someone that would make a difference in the lives of others.

Orthodontists in my town started referring their patients to me and I knew it was my responsibility to provide excellent care. So I started researching and learning everything I could about “tongue thrust.” I knew that there was a reason so many clients were in speech therapy for years, and I was determined to learn what I could do to help them. I posted on Facebook one day that I was excited to attend a conference about Myofunctional Therapy. A very wise colleague contacted me and told me about Sandra’s Neo-Health Service’s course. I contacted Sandra and the rest is history. I was blown away by what she taught me! It made perfect sense....it was as if the pieces of the puzzle finally came together. I see everyone with different “eyes” now and am excited to see the difference OMD makes in the lives of my clients. I tell my clients they aren’t supposed to be in speech therapy for years and that I want to be the LAST therapist they ever see.

I am passionate about Orofacial Myology (Myofunctional Therapy) and have devoted the past 3 years to finding creative, innovative fun ways to target OMD in therapy. Specializing in Orofacial Myology has changed the way I evaluate and treat each client. I believe that children learn best through play. My approach to Orofacial Myology and speech is FUNctional and “out of the box”. I believe that relationships are the KEY to success in therapy. I want my clients to know that I believe in them and that I genuinely care about them. I can’t think of a better way to motivate kids than engaging them in FUN activities that are meaningful. I have also learned how to advocate for my clients and educate parents, physicians, orthodontists and ENT’s about how we can work together as a team! I am excited about what I get to do every day and will forever be grateful for this Myo journey!

Grads Corner



by Karen Masters
MS, CCC/SLP, COM

Symposium 3.5 was amazing for so many reasons! From the adorable little cabins we got to stay in, to the rustic charm of the “lodge” where we sat and learned for 3 days, to the two-step class organized by Kara Pfister (one of our Texas Myo Masters) and the birthday celebration we had for Sandra on the most beautiful outdoor patio I have ever seen.

It’s a wrap!

The barbeque food was authentic and delicious. The music was fun (thanks Jessica!). The cake was yummy, too. But the best part of the party was the camaraderie and the relationships that were made. No one wanted to leave! I might be biased here, but I truly believe this was the best symposium ever!

I feel a little selfish though. I approached Sandra with the hairbrained idea of hosting a Symposium, to allow fellow orofacial myology groupies to learn at a higher level and build on the 28 hour class they took. My intention was altruistic. However, now I am feeling like the Symposium has become my opportunity to connect and reconnect with my myo family! Every class I travel for each year, brings more and more of you into MY family! (told you I became selfish!) Since joining the Neo Health team, I have met some of the smartest, most innovative, tech saavy, tireless professionals. I continue to be impressed by the people I get to call friends and colleagues. I appreciated the opportunity to “talk shop” (thanks Tsambika for a great talk), and talk research (thanks Dawn, you nailed it!). I loved the way Ame helped us learn more about what it takes to maximize effectiveness across contexts. I was thrilled when Karese exposed us to all there is to know about

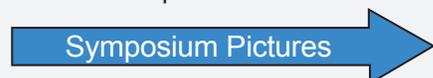
Orthotropics. Dr. Mason provided us with his presentation speaking to us from South Carolina. He focused on important clinical concepts and skills. Dr. John White presented some case studies and emphasized the value of utilizing an interdisciplinary approach. Kimberly White and Mari Nieminen gave us all kinds of fun ideas to bring back to our therapy rooms and enhance the quality of the myo work we do. Becky did an expose’ on some of the lesser known structures in the mouth. Who knew there were so many things in there! Last but not least was my cabinmate Zohara. She must have spent hours researching her fascinating presentation on the history of oral habits. Can you believe all the content we covered in three beautiful Texas days?

Even I was challenged to present! I spoke about what I have done to generate referrals from other professionals in the area and shared some of my marketing successes and failures. Yes, I had a few of those...

Then, there were the patient, engaged, smart, did I mention *patient*, live streamers enjoying the same content in their PJ’s from home! Despite early technical challenges we kept them involved so they actually felt like they were there in Texas too! It truly was a spectacular weekend of learning. There was so much to take back to the “therapy room” and content that stimulated all kinds of thinking.

The best part?? It’s all available for you to view in your PJ’s too! The recording will be available for purchase soon! How’s that for some good news??

I hope to see more of you at whatever I come up with for the next one in Orlando!!



...TEXAS STYLE!

3rd Annual Orofacial Myology Symposium A Clinical Retreat to Enrich your Skills



Join us next year!
Stay tuned for
location and dates!!!

Outside of the “mouthbox” Nitric Oxide (NO) Uncovered



The gas, Nitric Oxide (NO), also known as Nitric Monoxide, was first identified as a gas by Joseph Priestly in 1772; however, its true value and importance wasn't discovered until 1986. Prior to that, it was simply thought of as an atmospheric pollutant. Through painstaking research, Ferid Murad, Louis Ignarro and Robert Furchgott, were able to establish that NO played an important role in regulating biological functions in humans. The original discovery of these three men focused on investigating how blood vessels dilate, or relax, knowing that this, in turn, would control blood pressure. Their findings concluded with the fact that nitric oxide was the agent at work that did promote vasodilation in blood vessels; hence, the successful use of nitroglycerin by people with angina. They also found that NO is not only a widespread signaling molecule in all organs of the body, but that the main site for its production is the paranasal sinuses. For their collaborative efforts, they were awarded the Noble Prize of Medicine or Physiology in 1998. (1)

Healthy paranasal sinus epithelium expresses an inducible NO synthase that continuously generates large amounts of NO. (2) Nitric oxide synthases are a family of enzymes catalyzing the production of NO from the amino acid, L-arginine. NO is an important cellular signaling molecule. Since NO is found in all epithelial tissues it can also be increased by eating foods high in Nitric Oxide, such as kale, beets, meat, dark chocolate, etc.

What are the roles of Nitric Oxide in the body? Some of the known functions are listed below.

- | | |
|------------------------|--|
| Cardiovascular system | <ul style="list-style-type: none">• Controls vascular tone.• Relaxes vascular smooth muscles and reduces blood pressure.• Dilates vessels and relieves the pain of angina.• Inhibits the aggregation of platelets within the vessels and prevents thrombotic events. |
| Nervous system | <ul style="list-style-type: none">• Acts as a neurotransmitter, including in the autonomic nervous system.• Increases cerebral blood flow and oxygenation to the brain.• One of the important mediators in penile erection during sexual arousal. |
| Lungs | <ul style="list-style-type: none">• Dilates pulmonary vessels.• Beneficial in Adult Respiratory Distress Syndrome, Pulmonary hypertension and Chronic Obstructive Airway Disease.• Produced in abnormal amounts in inflammatory lung conditions.• Concentration of NO in exhaled air can be taken as a marker of airway inflammation. |
| Gastrointestinal tract | <ul style="list-style-type: none">• Regulates the relaxation of smooth muscles.• Controls peristalsis and the function of sphincters. |

Continue reading this article at: orofacialmyology.com/becky-ellsworth/



The long awaited updated version of GROWING THE NAILS (GTN) has arrived!

GROWING THE NAILS is the stress free method to stop nail biting. The program comes in a kit, like its “sister program,” Unplugging the Thumb, with everything included for the parent or therapist. The concept was originally launched over 20 years ago and has been a welcome method that has been widely received worldwide.

The kit includes the following tools and activities that lead to success:

- USB audio visual presentation with high resolution images, explanations of the negative consequences, the advantages in quitting the habit, and the story of a child who succeeded, along with detailed program steps and directions.
- Activity pages for use in treatment and home assignments
- Daily chart and stickers for noting days of success.

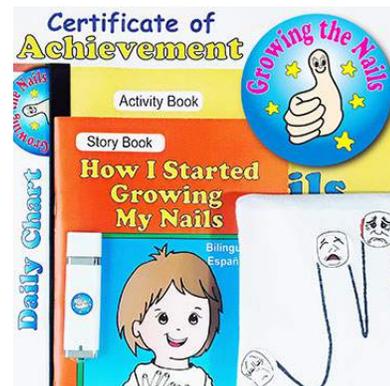


- Certificate of achievement
- T-shirt with sad nails turned into happy nails during the 10 day program; child “gets” to wear the happy faced t-shirt during an outing with parent at conclusion of program.

Unlike forceful or invasive methods found on the market, this program and all programs offered by Neo-Health Services utilize only concepts that are kind and draw the best out of each child.

Used by therapists, dentists and parents as well as other professionals, GTN leaves both the child and adult with gratitude at having participated together in a positive way to eliminate the habit!

Buy Now



I loved the class and appreciate so much how you continue to be there for your students.

I am so happy that I now have the information I have been missing and I am ready to begin using the Myo Manual program tomorrow! Thank you for answering my prayers!

Thank you for spending the time on the phone with me today. You were incredibly helpful and I am more confident what to do. You are always there for me and I also love our grads Myo Masters Facebook group and the advice and help they provide.

In 16 years, I have attended more continuing educational seminars and courses than I can count. This course has been by FAR the most enjoyable and I believe will be the most memorable in my career.

RED CARPET TREATMENT
You really know how to give your graduates the Red Carpet Treatment. I can't imagine any other organization treating people as well as yours. From the very first time we communicated you gave me your full attention and your team has always been there for whatever I have needed. I plan to announce that everywhere. Thank you so much for all you do at Neo Health!

Orofacial Myology: From Basics to Habituation



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MS, CCC/SLP, COM, QOM

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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 grow as individuals and as a respected profession.

I so appreciate your time and the expertise you have shared. I'm deeply touched by the mentorship you have provided. Now I'm pumped and more confident to give my new patients everything they need to succeed!

All in all this course added to my own experience and knowledge so that I feel I now have more skills that I can use right away!

From the bottom of my heart, thank you!! Your responses to my questions remind me that there is no cookbook answer for clients, that we are not expected to be miracle workers but there is real evidence that the Myo Manual Treatment program helps and the goal is to maximize the patient.

It is so great to be able to stay in touch after our training class and not feel alone, just like you promised.

Just wanted to tell you how much I appreciate that you go that extra step time after time when I have a question or cannot figure out what step to do next. I am forever thankful that I made the choice to attend your training class. It has made such a difference in how I look at my clients and the ways I can now help them that I didn't know about before.
Thank you. **6**