

Tongue Protrusion: A Respiratory Need or Habit Pattern?

Protrusion of the tongue is normally seen in infants and can persist for many years past infancy as a habit pattern. Since the tongue is the most adaptable component of the respiratory tract, it is the logical place for adaptations to occur to maintain an open airway for breathing. A forward rest posture of the tongue may suggest a small size of the nasal cavity, the posterior airway, or the oral isthmus that would cause the tongue to adapt by assuming a forward rest posture. Where there is a concern about a protrusive rest posture of the tongue, an evaluation of the airway is indicated. Tonsils and adenoids are present shortly after birth and can enlarge faster than surrounding structures of the pharynx. If the developing adenoids are enlarged and block the posterior entrance into the nose (the posterior choanae), or if enlarged faucial tonsils significantly constrict the oral isthmus and compete for the same space as the posterior tongue, any of these scenarios can account for the tongue having to adapt to maintain the airway by protruding forward at rest and in various functions.

If the protruded tongue rest posture does not resolve spontaneously to a more appropriate retracted rest position as the oral cavity and pharynx enlarge and as oral functions mature further, therapy can be provided to normalize the rest posture of the tongue. This will depend on whether the airway is open enough to accept retracting the tongue into a more normal rest position.

The key to determining whether therapy is needed to reposition a protruded tongue posture is a thorough assessment of the oral isthmus area and the posterior airway. An ENT evaluation can provide the information needed about whether the forward resting tongue posture can be changed or whether the patient needs to maintain this rest posture until whatever airway interferences that are present have been resolved.

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