Greetings in this New Year 2018! Thank you for being our readers and contributors to our Orofacial Myology News.

This edition contains discussions about the terms we use and how they might affect our relationships with those we serve. The tremendous advantages in getting certified is also a topic. Dr. Mason’s article explains the importance of the nasolabial angle and the liminal valve...you won’t get this information many places and will find it fascinating as well as helpful!

Each year we seem to be adding more and more to our schedules and I suspect we are not alone in that! Our classes are almost always filled to the brink and we keep adding additional locations as invitations to present continue to come in. Our specialty area has grown tremendously over the past several years and continues to do so. We are getting more and more calls and emails requesting different types of training and are trying to keep up with the requests. Something we should all think about in the New Year is “changes that makes sense”. If you are stressed and working to the max and feel like you are about to burn out in spite of your love for your profession… you gotta come up with something that works so you can maintain your health and enthusiasm. In our case, we bring in new members to our team. We bite the bullet and expand. Often, it gives us the relief we need (until the new team member becomes so good that we are once again “too busy” and ready to burst!) And then we brainstorm and take another step forward. It usually works…and gives us a new boost. We all have to remember that as we grow, we must do our best to grow intelligently, to learn by our “oops” and errors and to admit when we make mistakes,...then pick ourselves up and move ahead gracefully. Be kind to yourself this year, enjoy your work to the fullest, and don’t be afraid to “bite the bullet” and let yourself or your company grow!

Have a healthy, productive and satisfying NEW YEAR!

Orlando, FL January 2018

What REALLY is in a Name?

When you think about the type of relationship you hold with the people you serve, what comes to mind? Is it a “teacher to learner” relationship? Or maybe more of a “friend to friend” one?

Or maybe it seems more like an adult to child relationship regardless of the person’s age. There are other possibilities as well. In fact, many of you might remember a once very popular book “I’m OK – You’re OK” by Thomas A. Harris, MD, that talked about parent/child interactions compared to adult/adult interactions. While pondering this, it came to mind that we must consider some other VERY important terms at the same time….because the use of those terms might impact how we relate to those we serve in our various settings.

A little of my own background first. Because I was trained in a medically oriented clinic, we were taught to refer to those we treated as patients. That still rolls smoothly and easily off my tongue and seems most natural to me in many instances. But when I was working years later in my own clinic and began to see people for accent modification, calling them a patient seemed to be totally inappropriate. I called those people clients and felt far more comfortable doing so. When I worked in a hospital as a younger therapist, I often heard the word case when referring to a particular person being seen. I didn’t give any thought to that term at the time since it was used by those around me and seemed the “normal” way to refer to those under our care. Why might the terms be important? One thing I know from my years of work and life experience is that terms DO affect the way we act and interact with one another. Working with many dentists and RDHs, I found that recently many were using the word client rather than patient. One RDH explained that considering someone a client rather than a patient extends to them our recognition that they are in charge of their health and are active in the decisions related to their own bodies; in other words, we are on equal terms. I’m sure I’ll still be using the words that have become habitual for me, but in the back of my mind I will be more reflective, asking myself if using a particular “label” might just be categorizing them in ways that are not in keeping with my motto of “drawing the best out of everyone I serve.” What do YOU call your……..(patient, student, case, client)?????

2nd Annual Orofacial Myology Symposium

Elizabeth Roberts & Amy Bain --- Neuroplasticity and Errorless Learning: Effects Upon Habituation
Karen M. Wuertz --- Exploring the World of Orthodontic Techniques and Philosophies
Becky Ellsworth --- Big People, Bad Habits: What Can We Do? Adults and Oral Habits
Nora Dalton Litzelman --- Photography: Best Photos for Progress Documentation
Elizabeth Roberts --- How to Do In-House Research and Why
Bill Connors --- How to Offer Telepractice/ Distance Learning
Hallie Bulkin --- Private Practice Mentor Seminar. Hands on Development

Chicago April 13-15, 2018

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THE DIAGNOSTIC IMPORTANCE OF THE NASOLABIAL ANGLE AND THE LIMINAL VALVE

The a/ia, or wing of the nose, forms the lateral flared portion of the nose. The nostrils are positioned just under the a/ia on either side. The alar wings narrow behind the flared lateral projections to provide a decreased diameter of the nostril opening. The most constricted portion of the nostril due to this anatomical arrangement is found about 1 cm behind the nostril opening. This constriction is referred to as the liminal valve, the anterior nasal valve, or the valve of Mink. Some patients who claim that they are not able to breathe freely through the nose experience a dramatic opening of the airway when the liminal valve is surgically widened. This is also seen in aerodynamic assessments when nasal catheters of differing sizes are used to evaluate nasal airflow and airway resistance. Clinically, individuals who have a very acute nasolabial angle experience more difficulty in nasal respiratory competence because of the angle created at the liminal valve by the shape of the external nose; that is, the angle of the liminal valve generally follows the outline of the nostrils.

The diameter of the liminal valve can be quite variable and can influence airflow into and out of the nasal cavity. Since the angle of the liminal valve follows the configuration of the nose, it can in some instances create resistance to airflow as air passes the liminal valve in and out of the nose during respiration.

The outer configuration of the nose, and the underlying cartilaginous ring that constitutes the anterior nasal valve is related to the configuration of the nasolabial angle. This angle, from a lateral view, is formed by a confluence of lines from the nose to the lips. The two lines that form the nasolabial angle are: a line extending from the tip of the nose to the base of the nose, and a line extending from the base of the nose to the upper lip. The nasolabial angle is most esthetic when 110 degrees. When the nasolabial angle is over 130 degrees, the nasolabial angle is described as being obtuse, while an angle 90 degrees or less is described as an acute nasolabial angle.

An excessive or obtuse nasolabial angle is often seen with excessive vertical (downward) maxillary growth. Generally, the more the maxilla grows downward and exhibits a very "gummy" smile, the more the nostrils become more prominent. Generally, the more obtuse the nasolabial angle, the more prominent become the nostrils.

The illustration of three individuals with different nasolabial angles shows the parallel relationship between the nostril position and the nasolabial angle. The drawing on the right shows an ideal nasolabial angle of 110 degrees, with an appropriate amount of nostril opening that follows the outer contour of the nose. When this individual breathes, airflow in and out of the nose is not impeded by the liminal valve since the flow does not need to bend as it passes the liminal valve into the nasal cavity.

An excessive or obtuse nasolabial angle is often seen with excessive vertical (downward) maxillary growth. It is as if the face grew vertically and the soft tissues were distorted in the vertical plane, as an adaptation to this growth. Individuals with long faces also tend to show an excessive amount of tooth structure at rest and may have difficulty in achieving a natural lip seal at rest (lip incompetence). Surgical treatment of vertical maxillary excess, as with a LeFort I maxillary impaction, can create a more esthetic relationship between resting lips and teeth, as well as restoring the nasolabial angle to the normal range as the nose is tilted down from an obtuse angle to a normal position.

In the middle view, the angulation of the nasolabial angle is 95 degrees. The flow of air past the liminal valve has to turn to enter or exit the nose. The constriction created by the acute nasolabial angle would be expected to create some interference to airflow. If the diameter of the liminal valve is also constricted, a significant airway interference may result.

An acute nasolabial angle is seen in some patients with midfacial retrusion, such as patients with a repaired cleft lip and palate who experienced some horizontal and vertical collapse of the maxilla. A nasal mode of respiration may be impaired in such patients as the angle of the liminal valve of the nose acts to impede the flow of air through the nares. In the illustration on the left, of an individual with a repaired cleft lip, the nasolabial angle is very acute and this results in air having to make more than a 90 degree turn to pass the liminal valve. This change in angulation creates an airway interference due to the resistance to airflow created by the acute nasolabial angle. Also, in patients with repaired cleft lips, whether unilateral or bilateral, one of the nostrils is most often constricted, and with a typically deviated septum, nasal breathing becomes difficult due to combined sources of airflow resistance.

By now most physicians, especially ENT specialists, are aware of the liminal valve, whereas previously, many missed the significance of the size and angulation since to view the contents of the nasal cavity, they will use a speculum to spread the nasal valve for ease of viewing the turbinates and nasal septum. When using a speculum, the nasal valve is ignored and bypassed.

As part of an evaluation for OMDs, I recommend that the nasolabial angle and the size of the liminal valve should be observed and recorded. Surgery to enlarge a constricted liminal valve is an relatively easy operation. Since about 85% of an adult population has some deviation of the nasal septum, it has been tempting for surgeons to straighten the septum when the problem of airway interference may lie elsewhere.

An interesting fact is that children rarely have a deviated septum. Also, the breathing cycle in adults changes from one nasal chamber to the other every 60-90 minutes. This cyclical change in nasal breathing is not found in children who exhibit equal breathing through each nasal chamber. I hope that the comments and suggestions offered here will aid your initial examination and lead to appropriate referrals to ENT specialists.
Looking for Dentists, Hygienists and Volunteers to do a Mission in Galapagos Islands

Ann Lalezarian, a registered dental hygienist for 27 years, is coordinating a dental mission to Ecuador to provide dental care to the underprivileged and underserved.

Started in 2014 by Ann Lalezarian RDH,MS., Barbara Greene RDH,MBA, Ziba Zadeh, DDS, Go Dental Mission, [The Dental Division of Blanca’s House] is a team of volunteers that promotes oral health through education and dental services by both preventing and restoring optimal dental health.

Blanca House Ecuador will provide all the logistics and man power, assistants, translators, etc. to serve a community of 350 kids.

This mission is planned for August or September in Galapagos Islands and Matala.

They are looking for dentists, hygienists and non-dental volunteers with an interest in caring for children and adults in urban and rural communities in Latin America.

For more information you can visit godentalmission.wordpress.com to find out how to help them.
Outside of the “mouthbox”
Make it Official

There are many auspicious occasions in life that are causes for celebration. How about when you earned your first driver’s license, graduated from college, got married or had a child? There are many more such occasions throughout our lives and each of them has something in common – a license or a certificate is granted.

That being said, as the Board of Examiners Chair for the IAOM, it is a joy and a pleasure to be able to grant the official Certificate in Orofacial Myology (COM™) to everyone who completes the certification process! Just like every other event that has made a profound difference in your life, the research and practice involved in gaining the COM is quite an accomplishment. If you noticed the™ by the COM, that is the exciting news that the COM has officially been trademarked. No one can claim this status unless they have taken an IAOM approved 28 hour course, like the ones offered through Neo-Health Services of which Sandra and I are proud to be part. Our commitment is to generate well-trained, confident and solid therapists who impact many lives on a daily basis.

In my files as the BOE Chair, there are 11 people with their on-sites planned, 38 who are writing their exams and 75 who have completed their exams and are waiting to complete the on-site visits. We have 252 COM’s worldwide. If you add up the numbers I just mentioned and everyone completes the process, we will have 376 COM’s internationally!!!! This is obviously not including all the applicants still in the early process who are scheduled to take the introductory courses!

As of the last convention, there is also a new category available to dentists and doctors. Instead of obtaining a COM (which they can do if they so choose), they can gain their FOM (Fellow in Orofacial Myology). At this time, we have one DDS who is in the final stages of setting up her “on-site” visit and she will be the very first FOM ever! Three other DDS’s have completed the written exam and are planning on following this path toward FOM… How exciting!

We are gaining recognition throughout the world and there is no better way to be part of it than to get your COM. I just spoke with someone attending our upcoming course who told me one of her reasons for entering the process: A doctor she knows asked her if she knew anyone who was certified in Orofacial Myology. The doctor said he would only refer to someone who was certified….she decided to BE that person he is seeking!

It’s been a long time coming and we are on the brink of something really big in our “field”! To those of you reading this who are in the process, hang in there and don’t give up – get your COM! To those of you reading this who have never taken a course but have thought about it, there is no time like the present! There has always been strength in numbers and this is no exception. I look forward to seeing our numbers grow so our impact becomes a force with which to be reckoned. What are you waiting for – make it official.

Til next time,
Becky

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Unplugging
TheThumb ™
Correct The Habit in
an Unstressed Way!
www.OralHabits.com

About 10 percent of adults never stopped sucking their thumbs. And some of them just so happen to be celebrities. Are you able to match the names of these celebrities with the pictures of their infamous habit?

**Famous Thumb Suckers**

1 Amy Winehouse, 2 Cristiano Ronaldo, 3 Emma Stone, 4 Kelly Garner, 5 Madonna, 6 Rihanna, 7 Rosario Dawson, 8 Susan Boyle, 9 Uma Turman, 10 Victoria Beckham
The IAOM convention titled Multidisciplinary Integrated Wellness: Bridging the Gap, was a “Multidisciplinary success.” The meeting was held in beautiful San Diego, CA, and attracted professionals from twenty different countries. Attendees included many members, speakers, sponsors, vendors and contributors.

Happy 2018 Myo peeps!!! I have been getting plenty of questions regarding the right tools to have in our toolbox as far as cameras go and storage of the images. If you are currently using a software program for your images, then there is not a real necessity to buy another one, and if you don’t have one, there are plenty of free ones for use. For example, Google Images is a free app that can store images to free up space on your computer and is pretty easy to use. Another free suggestion could be Flickr for storage. As far as cameras are concerned, in my opinion it’s best to go with a DSLR, that is if you already have one. What is that you say? DSLR stands for digital single lens reflex. Basically, the lens is interchangeable, giving more options. Clear, concise photographs can be taken once you get the learning curve of the camera. If you already have a DSLR camera, and understand how to use it, then this may work for you. Stay tuned for another camera option I will go in depth about in the next OMnews edition.

For those of you planning to attend the 2nd Annual Orofacial Myology Symposium this April in Chicago, I will be going more in depth about photo documentation and how best to use it to enhance your business. I will be surrounded by other presenters that I cannot wait to hear. I hope to meet many of you in Chicago and look forward to answering more of your questions.

As always,
KpSmileN

For you who are interested in purchasing a camera that is specific for interoral images, Dine Digital Solution has created a simple hand held dental camera that requires no ring flash or additional macro lenses. Dine Digital Solution is no fuss, no muss. It’s a great tool for our toolbox, will take professional images every time, and improve your digital documentation. Contact chickwhoclicks@yahoo.com to learn more and to obtain a discount code.

See You Next Year!
Featured Graduate

Susie Appleman
MA, CCC-SLP

I remember being in graduate school and my favorite professional telling me, “Susie, it doesn’t matter if you know what to do or not for a kiddo, just love ‘em up.” “Just love ‘em up” has kind of been my motto throughout my career. I love seeing big smiles on my patients’ faces. There’s no better feeling than having my younger patients come running into my office to hug me and to tell me about their successes with practicing.

Approximately seven years ago, I took over a practice from a gentleman who was known as “The Tongue Thrust Expert in the Valley” (Arizona). His program was quick and easy to teach to both kids and adults, and for most it worked, but there were always patients that, no matter how much I just “loved them up,” ended up relapsing. I couldn’t figure it out. The patient could demonstrate great swallowing for liquids and solids with lips open, and maintain a closed mouth posture when they were thinking about it. Wasn’t that enough? Well, it turns out that the answer to that question was and continues to be “NO!” I was totally missing something and all the lovin’ in the world wasn’t going to solve this problem.

I decided to do some research on Orofacial Myology, and that’s when I found Sandra’s class. I was totally psyched to take it, and it being in Vegas didn’t stink either. The course was exactly what I needed. You see, I was just teaching a skill (e.g., “Swallow with your tongue on the spot.”), but not addressing the underlying structural and/or strength issues. It was like telling a kid to run a marathon without allowing them to train just because they knew how to run. I needed to just “love ‘em up” by addressing their potential airway issues, overall muscle strength and coordination difficulties, poor resting position, etc.

After taking Sandra’s course and utilizing the Myo Manual, my treatment has improved 100%. I love the Facebook groups. I find the information and dialogues extremely useful. It’s amazing to see how many people will jump in to help answer questions or give advice. Maybe it does take a village to do great Myo.

Aside from fixing and totally improving my therapy, I have been in hog heaven over the “Unplugging the Thumb” program. It really falls in line with my original motto. I don’t believe in using negative consequences in order to obtain a desired outcome. I never use shaming or “yelling” at kids during therapy to get them to practice at home. That doesn’t feel like I’m loving up my patients, for sure. I love the hopeful looks on the kids’ faces when I show them Sockie or the video. Believe or not, I even love the 6:30 AM phone calls on the weekends. It’s adorable to me to be woken up by some little squeaky voice screaming, “Miss Susie, I didn’t suck my thumb all night!” So sweet!

Check out these pictures. This is a twelve year-old female who started therapy in August of 2017. The first picture was taken on 07/06/17 by the orthodontist and then the second picture was taken on 12/22/17 again by the orthodontist. The orthodontist actually called me wanting to know “what I had done” to impact her occlusion this much. HEHEHE!!!