



Orlando, with all its lovely weather and lively action, somehow still brings out the flavor of this wonderful season. We wish all of you much happiness and joy, as well as excellent health and continued passion about the important work you are bringing to your clients, students, patients and referral sources. We feel a personal connection to many of you who are reading this newsletter. We also feel a commitment to our field and to being of assistance when you have questions or dilemmas that need a sounding board.

It's a pleasure to bring you our 2nd edition of Orofacial Myology News. As you see, it has grown quite a bit. I know you'll like the challenge of our Crossword Puzzle, and yes... we did supply the answer guide as well! A couple of the articles have sections for your input and we look forward to hearing from you. Some of your replies will appear in our next edition.

Season's Greetings and may 2012 bring 366 days of contentment to you and your loved ones.



Which Wind Instrument for Malocclusion?

It is not unusual for a client to ask about the interrelationship of playing a wind instrument and a particular malocclusion. Howard M. Green B.M., MSIS, spoke to an IAOM audience about this subject. He also wrote an article for the 25th Anniversary Edition of the IJOM publication, co-authoring with his wife, Shari Green, RDH, COM. In it, they discuss the skills involved in playing various instruments based on orthodontic classification, therapeutic value or contraindication.

Tables, photographs and drawings provide answers such as "if the occlusion is Class II, Div I, which instrument is recommended and which should be avoided?" Breath support and the oral cavity are

also addressed. This article seems to have been a well hidden "secret" whose time has come. This important information benefits not only the patient, but music instructors, orofacial myologists, orthodontists and speech pathologists as well.

IJOM Nov 1999 Vol XXV p18

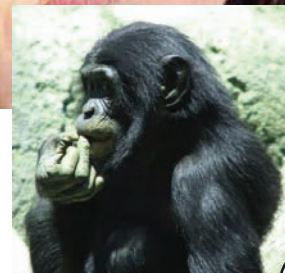


Question for today: Our Role and Nail Biting

In this section of our Newsletter, we throw out a question for your input.

Should Nail Biting be within our scope of practice?

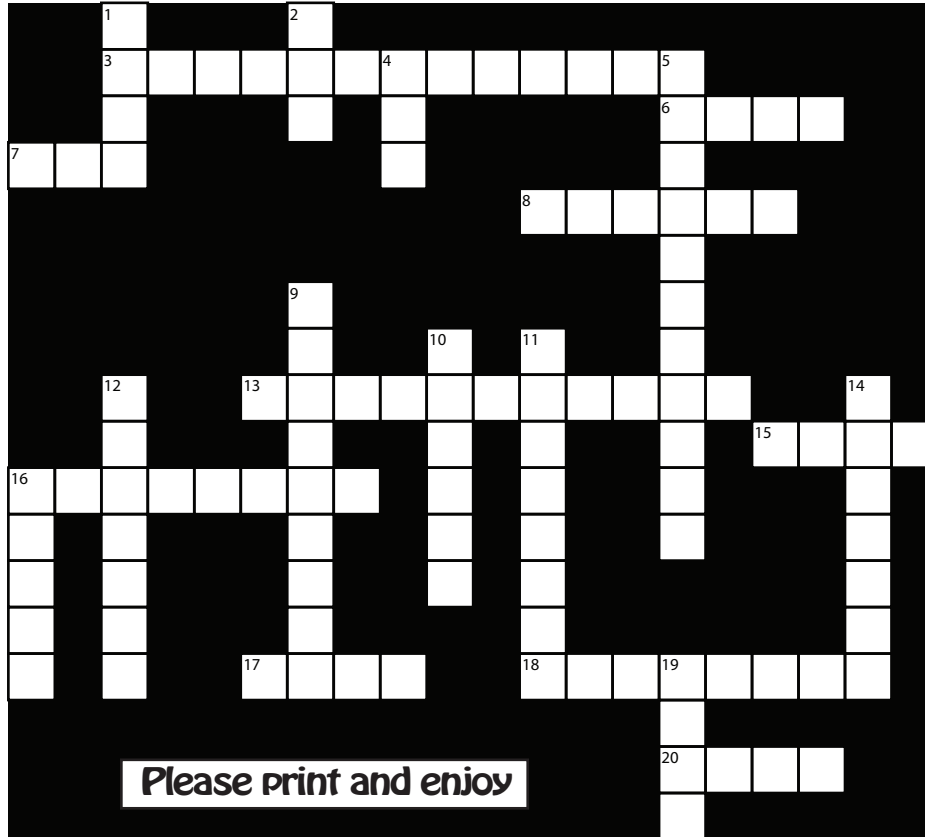
There is some disagreement whether or not we should address this particular habit since there is little or no research directly linking it to orofacial myology symptoms and orthodontic complications. Share your thoughts about this prevalent negative habit and how and why you believe it impacts our patients and our therapy.



We will include some of your comments in our next issue.

Terms, definitions we should know...

- Down
- 1 acronym for our organization
 - 2 acronym for speech member
 - 4 reflex that may be hyper or hypo
 - 5 city location of 2012 convention
 - 9 what the "C" stands for in COM
 - 10 "bump" sometimes seen on thumb of thumb sucker
 - 11 word that precedes "resting posture"
 - 12 oval masses of glandular tissue sometimes seen "kissing"
 - 14 "space" that should exist between upper and lower dentition during rest
 - 16 last name of the medical director of IAOM
 - 19 acronym for the publication of the IAOM



- Across
- 3 term for tongue tie
 - 6 what we measure that is normally between 3 and 5 lbs.
 - 7 acronym for quick tongue tie assessment tool
 - 8 antiquated term following the word, "tongue" to describe lingual movement
 - 13 stage one of the eating process that the orofacial myologists deal with
 - 15 bumps sometimes seen on mandible or maxilla
 - 16 muscle seen "bunched" on chin area of many orofacial myology patients
 - 17 acronym for some eligible members
 - 18 direction of teeth when tipped toward lips
 - 20 type of bite where there is a space between upper and lower dentition

Please print and enjoy

Interesting Research

Please send us your own observations and we'll share them, also!

These are some observations that therapists have noted clinically and we are in need of studies to be performed that can back up these important clinical impressions:

- Nail biting - possible relationships to malocclusion
- Tongue tie - speech connections (based on "type" of tongue ties)
- Thumb sucking - increased incidence of illnesses among thumb suckers
- Enlarged nasal bridge - incidence among chronic mouth breathers
- Functional habit appliances - tendency of patients to "over ride" them
- Therapy sessions - benefits of twice weekly vs. once weekly, etc.

Delayed use of a bottle may prevent subsequent speech disorders, suggests a 2009 study.

BMC Pediatrics published a study of 128 three to five-year girls and boys who were breastfed for an average of 25.2 (SD 9.6) months and used a bottle 24.4 (SD 15.2) months. Fifty-three children (41.7%) had or currently used a pacifier for an average of 11.4 (SD 17.3) months; 23 children (18.3%) were reported to have sucked their fingers.

They found that there was less than a one-third lower relative odds of subsequent speech disorders for children whose mother delayed the use of a bottle for the first nine months compared to children without a delayed use of a bottle.

Other findings included a three-fold increase in relative odds of speech disorders for those children using a pacifier for 3 or more years and for those with a finger-sucking behavior.

Conclusion: The results suggest extended use of sucking outside of breastfeeding may have detrimental effects on speech development in young children.

BMC Pediatrics 2009, 9:66 doi:10.1186/1471-2431-9-66
 This article is available from:
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At first when you chewed up your snack, The snack overflowed front and back. Then you learned to correct, In the mirror you checked.. Til finally you got the "knack"

*Myo Poems
 by S. Holtzman*



Why Telepractice?



- Welcome to IAOM new President Marsha Lee-White who is burning the midnight oil to bring many new innovations to the organization. Thank you for all your effort!
- 2011 Cincinnati Convention Committee deserves a special thank you for all their hard work. The historical video was especially great!
- Thank You Emily Clayton for being the beloved executive administrator for the past 10 years. In so many ways, you are irreplaceable!



Although the number of certified specialists is increasing all the time, the IAOM website shows currently that California is the state with the most COMs, numbering 16 total. In second place is Colorado with 10 COMs.

A few states still have none, compromising patients with orofacial

myology disorders who simply cannot find anyone to fulfill their treatment requirements. Telepractice may be used to provide this needed service.

The member must practice by telecommunication only in accordance with the IAOM telepractice guidelines, and where not prohibited by law. Diagnosis/evaluation

may only be administered in person. This does not preclude the member from calls, letters, or electronic communication for therapy and/or follow-up.

To learn more, contact the IAOM and request the telepractice guidelines.

Thoughts on what a "true" therapist really is.....

"If the child is not learning the way you are teaching, then you must teach in the way the child learns"

Rita Dunn

"People's behavior makes sense if you think about it in terms of their goals, needs, and motives."

Thomas Mann

How Many CE's Needed?

A Certified member of the I.A.O.M. is required to attend a course related to the field of Orofacial Myofunctional Disorders or an I.A.O.M. Convention/Conference for a minimum of 15 hours within a 3 year period to maintain status.

This is a subject that comes up fairly often. We receive calls asking us how many hours are needed to maintain certification status, what subjects are accepted, etc. There are different ways to earn the hours:

- The IAOM arranges its annual convention agenda so that attendees attain the necessary continuing education hours.
- All IAOM approved courses

provide accepted CEUs.

- You can submit related courses from other organizations that may be applicable for credit. Examples include workshops dealing with swallowing, "tongue thrust", ankyloglossia, etc.

- You may take related online courses that can be used toward required hours. Northern Speech Services (www.northernspeech.com) has an introductory online course in orofacial myology authored by Sandra R. Holtzman that can serve towards orofacial myology CEUs. Other venues will be considered and should be brought to the Education Committee for approval.

LIP STRENGTH METER and what it Measures

Although "strength" appears in the name of this important tool, patients often show a jump in their numbers after mastering the treatment sessions on "suctioning skills," suggesting that it measures more than simply the **strength** of the lips. This has implications for

reduced drooling, AND.....teens report that they can finally "smooch" better after treatment. Pucker power seems to be part of the benefits!!! (Yet another area warranting research...see article under interesting research in this issue)



To view Lip Strength Meter demonstration go to:

<http://orofacialmyology.com/blog/products>



Joni Loftin

The education committee has a new chair, Joni Loftin, MSP-CCC-SLP, clinical professor at Idaho State University and director of the new Orofacial Myology Clinic within the Idaho State University Department of Communication Sciences and Disorders.

This education committee approves continuing education courses in orofacial myology and ascertains that the background training of those seeking IAOM membership is consistent with IAOM standards. We appreciate Joni's taking over this position formerly held by Karen Samuel, whom we also thank to for her dedication to orofacial myology and the educational process involved in certification. Welcome Joni Loftin!

Inside Story

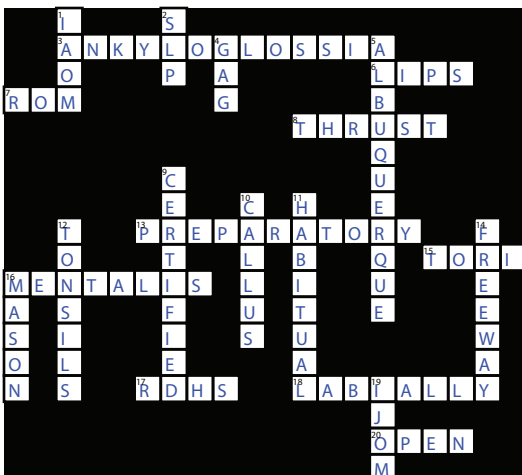
The Proficiency Examination revision committee hopes to have the new exam ready within the next 3 months. The design has been approved and the new exam will be more objective and easier to grade. Let us not think it will be a pushover, however!!! All aspects of orofacial myology will be addressed including history, ethics, policies, anatomy, orthodontic connections, relationship to speech,

evaluation, treatment, research, and more. Our goal is not simply to train more certified orofacial myologists to practice around the globe, but to be sure that each and every certified therapist is a highly trained and skilled practitioner who is equipped to provide thorough evaluation, diagnosis and treatment for their patients while remaining within our scope of practice.

Orofacial Myology Newsletter is brought to you by Neo-Health Services, Inc. in order to keep you posted on conventions, policy, noteworthy therapists, IAOM happenings, products, interesting questions we receive, and other topics related to orofacial myology. We even include challenging activities such as the crossword in this issue.

This newsletter is meant to provide a connection among all of us who practice or have strong interest in this wonderful specialty area of orofacial myology. 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.

Terms, definitions we should know... ANSWERS.



Orofacial Myology: From Basics to Habituation Certification Track: Intensive Course



28 Hour Approved Course Presented by

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

offering you courses that provide you with a learning experience that participants have called "Life Changing."

2012 Offerings

Feb	17 – 20	Orlando, FL
Mar	22 – 25	Orlando, FL
May	03 – 06	Orlando, FL
Jun	27 – 30	Orlando, FL
Aug	02 – 05	Orlando, FL
Oct	04 – 07	Orlando, FL
Dec	27 – 30	Orlando, FL

Additional offerings, various dates at our
Orlando Training Center



Register online:
www.OrofacialMyology.com
and click Seminars button top of page

Or Call to register:
321-352-7411 or 954-461-1114

Email contact:
Sholtzman@OrofacialMyology.com

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