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.

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.
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.

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.

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

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 appreciated.

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.

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.

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)
Thie 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 for her dedication to orofacial myology and the educational process involved in certification. Welcome 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.

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.