



Founded 2000

Orlando, FL January 2020

Published Quarterly



Greetings to all of you,
2020 is here and as we begin a new decade, we at NHS hope it brings you a fulfillment of your wishes and goals, both personally and professionally.

There is no way to thank all of you who have been such a large part of the growth of our readership, our training courses, and our optimism about the future. Your phone calls and emails, packed with stimulating ideas and challenging questions keep us at the forefront of what is happening all over the world. We attend classes, exhibitions, and conventions to find so many of you there with smiles, hugs, and kind words of gratitude.

You asked for certain things and we continue to try to bring them to you. The Qualification in Orofacial Myology (QOM) is a big success with many newly Qualified RDHs, SLPs, and DDSs throughout the world. To satisfy the constant requests to provide training in more locations, some of our selected graduates have been trained to be able to bring it to more areas and to more professionals. We promise to keep our path forward open to be sure to target your needs and to give you what you ask for.

Work is exhausting! But it is well worth it since we are reaching many people who in turn, are reaching 1000s of others, helping clients/patients/students throughout the world to have improved lives. Please enjoy this issue and keep in touch!

Sandra

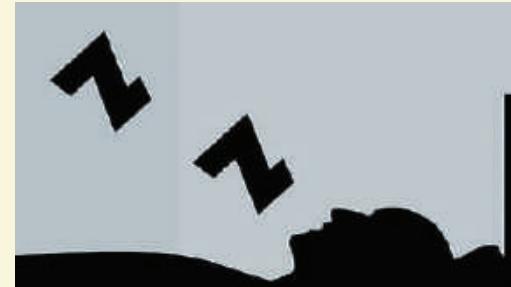
Does Snoring = Obstructive Sleep Apnea?

This is a frequently asked question that causes a lot of confusion.

Let's be clear. Snoring does not always mean a person has Obstructive Sleep Apnea (OSA), but many OSA patients frequently do have loud and regular snoring. So, just because you snore doesn't mean that you have OSA.

During sleep the soft palate and uvula may vibrate causing a rough rattling sound. This rattling occurs upon inspiration as air flows to the lungs and travels by the tongue, the soft palate, the uvula, and the tonsils. When a person is awake, the muscles in the back of the throat tighten to hold these structures in place and prevent them from vibrating and collapsing into the airway. During sleep, the soft palate and uvula may relax and vibrate causing the sounds of snoring. Depending on the age of the patient, it can be caused by nasal inflammation, congestion, allergies, alcohol consumption, anatomy such as a deviated septum, enlarged turbinates or adenoids, sleep deprivation and sleep position.

In addition, snoring is often associated with a sleep disorder called obstructive sleep apnea (OSA). But as I said before, NOT all snorers have OSA. If someone snores frequently and it is accompanied by any of the following symptoms, it may be an indication to see a doctor for further evaluation.



- Witnessed breathing pauses during sleep
- Excessive daytime sleepiness
- Difficulty concentrating
- Morning headaches
- Sore throat upon awakening
- Restless sleep
- Gasping or choking at night
- High blood pressure
- Chest pain at night
- Snoring is so loud it's disrupting your partner's sleep
- In children, poor attention span, behavioral issues or poor performance in school

By understanding the symptoms, presentations and differences between snoring & OSA, it will help you better educate your patients and make the proper referrals for evaluations as needed.

Karen Wuertz, DDS, QOM
Dental Representative to the Neo-Health Services Team,
Diplomate and Credentialing Chair for the American Board of Craniofacial Dental Sleep Medicine; Diplomate, ABLS;
Fellow, IAOM; Fellow, AACP.

Happy New Year Promotion

This month we have reached more than 6500 readers. To celebrate we're having a gigantic discount on the 50 count Quick Tongue Tie Assessment tools. Start using them to help your treatment really stand out this year.

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Did You Know? We provide over 50 orofacial myology products. We encourage you to visit our Q&A to find out how your colleagues are using our products and motivating their patients.



Motivation: NOT just for the patient!

By: Sandra R. Holtzman MS, CCC/SLP, COM, QOM

I want to highlight in the next few editions some “secrets” of successful therapy, most of which involve when and how to motivate each of your clients/patients/students in your therapy setting.

Let me begin by giving a scenario of a situation that occurred several years ago in my clinic. We had a lovely therapist, with a nice personality, good credentials, and seemingly everything a client or employer would want. She worked for several months and her clients never seemed to be as happy as those whom the rest of our team was seeing and it was noticeable when they entered and left our clinic. We couldn't quite pinpoint what the problem was. Unfortunately it wasn't until a few years later that we installed one-way mirrors and audio capability in observation rooms. At that time, however, we remained clueless.

Seeing that she had an unusual number of clients who were canceling, failing to improve, or generally unenthusiastic, a time came when we suggested she look elsewhere for employment and we congenially parted ways. She was well trained. She was pleasant enough to all of us. She had graduated from a highly respected university. What had happened?

At least part of my answer lay in the files she left behind for the next therapist. In her personal files for each client, she had copied numerous pages from various therapy books or educational sources and had several lessons planned ahead for each of her clients. AND.....nearly all of the clients' folders held the same busy work papers, with only minor differences for certain articulation disorders! What lesson is in this for us....we, who are dedicated orofacial myologists who want our clients to “buy in” to our treatment, to comply with home assignments, to look forward to coming to our therapy sessions, and most of all to accomplish their goals?

Analyzing input I have received from many of you readers as well as others over several years, observing the response to various presenters at our Symposiums, and watching and listening to our attendees during certain sections of our training courses, I realized what those certain “somethings” are that successful therapists have in common. With some, it comes naturally, but don't despair if you are not among them....it IS “learnable” and in fact, it is a lot more fun for us therapists as well as our clients!

First among these “secrets” is that the session must not be boring!

The way we handle a session must be interesting and fun for both the patient AND US! So, how is this done? Well, as with most everything I advocate, INDIVIDUALIZE. Depending on the age and interest of your client, use activities wherever and whenever possible (yes, I know they are really “games” but please refer to them as therapy activities to your younger clients so they get the message that there is a purpose behind them as well as a lot of fun.)

Here are a few ideas as starters for those of you who feel your sessions need a little more spark:

1. No drill sergeants, please!

Don't go long periods doing just drills. If they look frustrated, catch that right away and change whatever you are doing. I have observed some therapists who spend the entire session going over and over exercises, boring even me as the observer! An ideal session should be comprised of reviewing what they have practiced, providing just the right amount of home assignment, and practicing enough to know that by next session they should have the assignment accomplished.

2. Use “real” games and avoid digital ones.

Just about everyone is using digital devices constantly and the change-up will catch their attention and require that there is two-way discourse. You can use board games, having them perform X number of exercise repeats correctly prior to each turn, for example. You can use building type games where they remove or place a block onto a tower. I had a large room of shelves filled with various “games” that our therapists used. Depending upon the age and your ability to create your own type of relevant “rules” to a game, you can make therapy more enjoyable even for adults.

3. Switch roles.

Make the patient the “therapist” so they take the opportunity to observe and break down the exercises carefully. You take the part of “client” and purposely make occasional errors that they should detect and tell you how to correct your mistake. If using a “game,” switch roles each time you take a turn.

I hope these suggestions are the start of a brainstorming session you can have with yourself or your group... but keep in mind that the true bottom line to reaching a client is really YOU, the therapist, who hopefully shines with enthusiasm yourself!

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Hello to my MyoFriends,

Cake. I obsess over cake. Why would a speech pathologist from NJ be writing a column for the Orofacial Myology News about cake??

I'm going to fill you in on how my cake career began. In 2015 I took my orofacial myology class here in NJ. Sandra and Becky came, and I offered to help get them organized with whatever they needed. The first thing they asked me to help with was a bakery to order a "graduation cake." They ordered the cake and on the fourth day of training they presented our "graduation cake." It was a "nice" cake and everyone got a good laugh about the big lips on it.

Shortly after the NJ class, I became an official Neo Health team member. I did all the planning for all upcoming classes. I picked geographical locations, hotels, food, travel arrangements, rental cars and so on. It was up to me to make sure that everything ran smoothly and we were all where we needed to be on time.



Quickly it became clear that I was the Cake Boss. Being the Cake Boss is not a cake walk and I took that responsibility very seriously! Everyplace we went I would search out a bakery and try to come up with a unique cake idea that represented where we were. Coming up with a "one of a kind" design is not a piece of cake! Trust me! Occasionally an idea wouldn't go as well as planned. The icing on the cake was an Orlando attempt at creating a cake that looked like a schnauzer. Really bad.

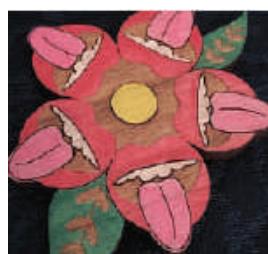
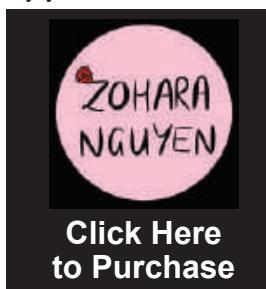
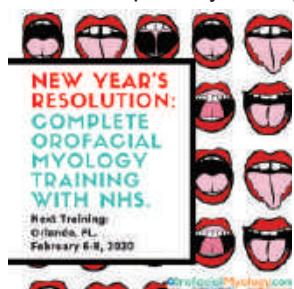
Alliteration, word play, colloquialisms, Disney characters, movie themes, super heroes and plain silliness were my tools. The "cake" became the biggest challenge of the job! Flight delays, smelly rental cars, cold coffee, stale bagels were nothing compared to the cake pressure.

I have lots of favorites but the one that took the cake, was the San Antonio 2019 one because it was my final cake. I have had the pleasure of "cooking up" classes for Neo Health for 4 years. I realized I can't have my cake and eat it too though. Work here in NJ has gotten too busy for me to keep traveling. Although I am still active as Neo-Health's graduate coordinator and travel coordinator, Mackenzi Coker is my very able successor as class facilitator, and I look forward to the next generation of cakes! Happy 2020 y'all!



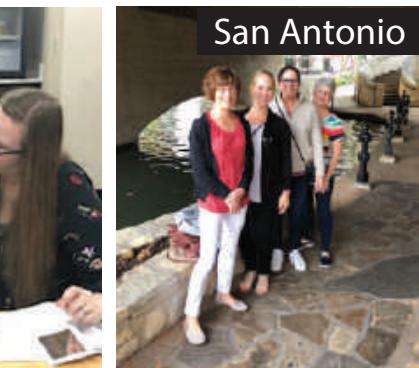
MYO ON ETSY

NEW MYO graphics available from Zohara Nguyen's Etsy store. Use these graphics on your business' social media posts, flyers, posters, home practice instructions/charts. Get your own "Lingua Flora" wooden stud earrings and brooches for a unique way to display your MYO side!



2019 A Year in Pictures

We have to thank all the Orofacial Myologists like you who made 2019 so phenomenal for us. All these happy times and warm memories will brighten our year ahead. Always remember that WE ARE HERE TO SERVE YOU!



Thank you 2019, we are ready to make more memories in 2020! ④

by Becky Ellsworth
AAS, RDH, BS, COM, QOM



Outside of the “mouthbox”

My “Own” Tale

Many years ago, a young 20's something couple started their lives together in a land far away from home. (Actually, they had moved from Indiana to Texas for her husband's first job out of college in the mid 70's.) She had not yet found her niche in the world and was searching for answers. Not one to believe in luck or coincidences, when her husband suggested she look into the Dental Hygiene program at the local community college, she decided to walk through that open door to see what lay ahead. Little did she know what was in store for her in years to come...

During one of her hygiene classes, a guest speaker introduced something about which she had never heard before – Orofacial Myology. It sounded fascinating, but as there was no follow up, it became just that - something fascinating with no direction. Fast forward to the 80's, when this now 30's something couple had moved to Michigan. Still a private practice Dental Hygienist, another door opened when she was hired as a Clinical Instructor at a local community college. Lo and behold, she was privileged to meet and work alongside Marge Snow! Who might you ask was Marge Snow? She was only one of the trailblazers in the field of Orofacial Myology! Marge had been influential enough to be able to include a required course in this field when the Dental Hygiene program was added to the college's curriculum – something no other Hygiene Program had in the world! Noting the interest the new instructor showed in her course, Marge asked her if she would like to become her assistant. Another door opening! Of course, the extremely eager and intrigued

“newbie” to the school, jumped at the chance, remembering her extreme interest in the subject from her earlier hygiene school days. ☺

Fast forward to the late 90's, when the now 40's something assistant became the course instructor when Marge retired. (Another door walked through!) Scary though it was, as Marge's shoes were impossible to fill, she embraced the task and over time, remade the course into hers. All was well with the world until work and family issues changed life as she and her husband had known it. Now the 50's something teacher knew she needed to step out of her comfort zone and seek additional employment. Well, as the saying goes, “When it rains, it pours”! Because of her knowledge and years of experience in Orofacial Myology, she was able to expand her employment to not only one, but to two amazing door opening opportunities! She was hired by two Speech Pathologists to work in private practice therapy and was also offered the opportunity of a life time teaching Orofacial Myology courses throughout the United States and Canada with one of the premier names in the field!!!

Now the 60's something woman is still teaching that one class at the community college, still working part time with the Speech Therapists and still traveling and teaching and sharing her love for Orofacial Myology ☺

The moral of this tale is “Never give up on a passion you have.... and seek out those open doors!” Walk on through and see where life takes you. It might not always be easy but each step you take, helps you grow in many ways and in many directions! ☺

Till next time,
Becky

Jaimee Tyson-McOmie SLP
Neo-Health Services Graduate

Orofacial Myofunctional Teletherapy is Possible

Five years ago I began practicing orofacial myofunctional therapy at Boise Speech and Hearing clinic (BSHC) in Boise, Idaho. There, I was trained in the Chatterton Orofacial Myofunctional Program (COMP). I, like most Speech-Language Pathologists, had not received educational training in orofacial myofunctional therapy during college, so those years of work based training were critical for me. That time allowed me the opportunity to ask questions, build up my knowledge base, and learn to trouble shoot utilizing that new knowledge. I learned so much and became a better SLP during my time working in clinic. My family recently left Boise behind and moved to Virginia to be closer to extended family. This has provided us with the opportunity to establish teletherapy, which allows me to continue teaching clients in Idaho from my home in Virginia. There are a few important details that have helped with our transition to teletherapy:



- BSHC performs all orofacial myofunctional evaluations in clinic. This gives us the opportunity to do all necessary measurements and hands on aspects of the evaluation that would not be possible to do over the computer. The clinic based therapist puts all of the findings into a detailed report, writes goals, and uploads all documents onto our shared Google Drive.
- Only clients that are determined to be appropriate candidates are put on the teletherapy schedule. This decision is made based on many factors including maturity, family support, technology access, and motivation.
- We use a HIPAA compliant website that is user friendly for both the client and the therapist. Ours is a free online site for clinicians providing teletherapy. I have a link to my waiting room that is given to clients. They sign in, I am able to see them and how long they have been waiting, and I initiate all calls.

It is very important to our team that we always provide the highest quality of care and strive to make our clients and their families feel supported whether they are receiving therapy in clinic or online. The key to this is that we operate as a team. We communicate with each other so that clients know we are on the same page and our information, recommendations, and approaches are consistent. All orofacial myofunctional therapy is provided utilizing our system. Our detailed reports and weekly data allow us to seamlessly transition a client from one therapist to another if needed. If a client is struggling with a movement or concept and is having continued difficulty online, we are able to schedule an appointment for the client to be seen in clinic. We also share the follow up appointments after the completion of the program and this allows the clinic based therapist the opportunity to see the client's new skills and movements in person as well as facilitates carryover.

Orofacial myofunctional therapy is a great passion of mine and a very important and needed form of therapy. We know how orofacial myofunctional disorders impact our clients throughout their lives and we have seen the statistics proving how many people are impacted. Teletherapy provides us with the opportunity to serve more clients as it reduces the need for transportation to and from weekly appointments and allows us flexibility to see clients with scheduling limitations based on work, school, and extracurricular activities. As therapists in a world that is increasingly technologically driven, it is paramount that we utilize technology to serve our clients and continue providing them with the highest quality of care. Teletherapy is being used by professionals to provide speech therapy, occupational therapy, and mental health services. Let's add orofacial myology to that list!!



Millicent S. Porter, SLP, QOM

My name is Millicent Porter from Brookhaven, Mississippi. I am the owner of Therapy Nook, a private speech-language evaluation and therapy center for ages birth to eighteen years. In December 2018, I took the course in North Carolina with Sandra and Becky. While taking the course, I began to make a list of all the patients I could use the techniques with. Once the course was over, I came home and immediately began with three patients. Amazing progress was noted within two weeks. With the caseload I had and have, there are constant referrals for tongue thrust, ties, and limited range of movement. Using the techniques demonstrated in the course has been very effective with my clients. During the implementation, I began to ponder the idea of becoming a Qualified Orofacial Myologist. With the qualification, it further enhanced my understanding of the techniques and allowed me to follow one particular patient from the beginning to the end. Once completed, I was able to see the significant progress OM therapy provides for children. Often progress is so small and overlooked, causing us to feel defeated, but with OM documentation we can see progress almost immediately. Implementation of a home program is one of the most important aspects of OM therapy to me. With the home program in place, carryover is established. With the changing population of children, I firmly believe OM therapy will become more and more common.

My husband, Blake, and I have been married for 13 years and have two daughters, Meridith and Anniston.

Featured Grad



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

Becky Ellsworth
RDH, BS, COM, QOM

With contributions by **Dr. Karen Wuertz** DMD, ASHA Fellow, QOM

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