learned how to "Zoom," to the joy of finally being able to see clients in person! Some of our articles talk about the silver linings that have been discovered during this time of introspection. We hope they help to uplift you.

At Neo-Health, this has been an opportunity for us more than ever before. We have virtual meetings we can all see and develop projects together. We even FINALLY completed what has been in the works for many years, something that we just didn't have the time to create....until now.

For decades we have been asked to please create a course for those with some background training but who feel lost, lack confidence, have many missing pieces in their treatment, and would like to fill in the blanks without having to retake the full intro course. Our Advanced Course, From Confusion to Qualification, was designed to give them what they lacked, and the seats began to fill immediately. When a team has the freedom to brainstorm without fear of being rebuked, when each team member is respected and knows that their opinions are heard, when the talents of each member is revalued during these many days of self-quarantine, it might well be worth the effort to address the "missing links" we are seeking.

It reminds me of my own journey and perhaps rings a bell with your experience as well. After taking my original basic course many years ago, I discovered that many of my patients had certain symptoms or disorders that I had not been aware of up to that point. I began using what I had learned in that class, which was state of the art at that time; however, it was essentially a cookbook approach. Realizing that my clients were all unique individuals, I soon became quite uncomfortable while assessing and treating them. I knew there was something else there. Once I had established a dynamic and busy clinic, I was in a position to oversee my therapists' approaches and the challenges of our clients. I depended more and more upon myself to probe, analyze and come up with a clear picture of what had to be done to connect the dots. I spent over 15 years accumulating piles of papers in a drawer that noted the methods used to become more and more basic with each patient. At one point it was apparent that what I had inadvertently created was proving to be very helpful for many of the clients being seen by the therapists in my clinic, who then shared it with many others, and so it went.... I never planned to create the Myo Manual Treatment Program, nor had I expected that it would be spread to every continent and every corner of the Earth.

I have found that often our intention to become more basic, to be able to put ourselves in the shoes of our clients/students/patients, and to refuse to stick to the old tried and true when it is no longer practical or beneficial... naturally leads to the creation of the "missing links" we are seeking.

It might well be worth the effort to address what is lacking in our lives and careers, and to trust that feeling. Develop the mindset to become more and more basic and you might find your "missing links" just as I did....and maybe you, too, will find something that is eventually shared around the world.

#7333 Orofacial Myology Concepts You Need to Know: Eliminating Barriers to Treatment Success

This course explains the importance of providing treatment in a sequential, systematic and sensible manner. It covers the four frequently overlooked barriers that must be addressed to maximize the opportunity for successful treatment of "tongue thrust," articulation, swallowing, drooling, and many more conditions. The barriers include oral habits, tongue tie, airway issues and certain orthodontic appliances. The presentation provides insight into...
I don’t believe that anyone would argue that this is a challenging time for many of us in both our professional and personal lives. And, unfortunately it doesn’t appear that COVID-19 will be going away anytime soon. By nature of social distancing, it has become more difficult to connect with other professionals.

So what do we do? We learn to adapt… we challenge ourselves to create and do things in a different way… and if we haven’t started already, we become more intentional about reaching out to others across disciplines with the goal of a team approach to patient care.

So how, exactly, do we do that in the “World of Ankyloglossia”? One thing for sure, is that we cannot practice on our own “Island”. As I continue to share my experiences about oral restrictions, one of the biggest challenges is creating a collaborative team.

A few years ago we talked about treating our patients with a Multidisciplinary approach in which we partnered with colleagues from different disciplines working together, each drawing on their disciplinary knowledge. Today I prefer to use the term Interdisciplinary approach which not only integrates knowledge and methods from different disciplines, but uses a real synthesis of approaches to patient care.

Disciplines that should be considered as part of your team will vary based on the age and needs of your patient. For example, if you are caring for a nursing infant, consider a team consisting of an (IBCLC) who are experts in anticipating, preventing and restoring breastfeeding when issues present. A pediatrician can ensure that the infant’s overall growth and medical conditions are monitored and a dentist can perform a frenectomy when needed. For children, adolescents, and adults, include a pediatrician/primary care provider, a dentist, and if there are airway and/or sleep issues—a board certified Sleep Medicine physician. If a patient requires surgery, partner with a local ENT. Chiropractors and Bodyworkers should also be included if patients require evaluation for musculoskeletal concerns.

You may ask: “Where can I find an Ankyloglossia friendly provider?” Consider joining a local Ankyloglossia Facebook page in your area— especially a parent or dentist group. Connect with other Neo-Health colleagues and you can always shoot me an email with your location and what type of provider you are looking for. I am well connected with the “Behind the Curtain” networks.

My advice is that there is no cookbook recipe as to who and how many should be on your interdisciplinary team. Establishing a strong foundational baseline and evaluation of your patients concerns, signs and symptoms will help you make the decision of who to refer your client to, and most of all be patient because a team doesn’t happen overnight.

Be well, Be Safe.

Karen Wuertz, DDS, QOM

Store Sensibly

What happens when the world’s most utilized Treatment Program and the world’s best case binder join efforts? The answer is simple: therapists now enjoy the advantages of a fully enclosed case that protects and stores their Myo Manual along with their myo tools all in one place! Easy to carry and store sensibly, the new case-enclosed Myo Manual will continue helping Orofacial Myologists all over the world.

orofacialmyology.com/myo-product

On September 8, 2020, the American Medical Association (AMA) released new Current Procedural Terminology (CPT®) code 99072 for reporting the cost of additional personal protective equipment (PPE), cleaning supplies, and clinician or clinical staff time needed to safely provide in-person services during the public health emergency (PHE).

The AMA worked with 50 specialty societies that responded to a survey about the supplies and time required to maintain the safety of clinicians, patients, and clinical staff during the COVID-19 pandemic. The data collected helped inform AMA recommendations to the Centers regarding coverage and payment for the new code.

99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease 99072 captures the cost of supplies and activities required to mitigate the spread of COVID-19, including:

• time spent pre-screening patients before the visit and checking for symptoms onsite;
• PPE for the patient, clinician, and staff; and
• time and cleaning supplies for disinfecting equipment and rooms after each encounter.

Clinicians should report 99072 only:

• during a local, state, or federally declared PHE due to a respiratory-transmitted infectious disease, such as COVID;
• once per in-person patient encounter per day, regardless of the number of services provided during that encounter; and
• when providing services in a non-facility setting, such as a private practice.

New code is available for immediate reporting on claims. For more information, contact reimbursement@asha.org.

A Big Welcome to Jamesa Treadwell, BSDH, RDH, QOM

We are delighted to announce the appointment of Jamesa Treadwell as our newest Neo-Health course instructor. She joined our QOM family this year, bringing her expertise, energy and sparkle to enhance our already incredible team!

Jamesa has a way of explaining complex concepts so that everyone can easily grasp them. Her intuitive way of sensing the participants’ needs at any given time makes it a pleasure to work with her and to learn from her as well.

Jamesa brings with her a background related to airway and is trained as a Buteyko Breathing Educator. She is the owner of Pacific Myo in Washington State where she treats clients for orofacial myological disorders and still manages to work part time as an RDH. We are proud to bring her into the Neo-Health family!
Sharon Collins took the Neo-Health qualification course in April of 2016. She is the owner and director of the Cincinnati Center for Improved Communication, Inc., a pediatric practice providing services in speech, language, language-based learning and orofacial myology disorders. The practice has two office locations and also provides services on campus at eight private schools throughout greater Cincinnati.

“Due to the large portion of our caseloads seen at private school sites, we had to come up with a plan for continuation of services if and when the schools in Ohio were closed as a result of the COVID-19 pandemic. Schools were ordered to close on March 16, 2020, and our offices were closed as well. Zoom Healthcare to the rescue starting March 23, 2020! Virtual sessions are ongoing and will be a part of our service options for the foreseeable future.

But when and how to re-open our offices? Here’s how we transformed our practice to continue to provide services to our patients beginning June 1, 2020:

- Number of SLPs in the office at any given time is limited to 2-3
- SLPs wearing masks, face shields, gloves and providing services with plexiglass barriers on therapy tables and desks
- Session start times are staggered so that multiple patients are not entering/exiting the office at the same time
- Parent/patient receives a phone call to complete a Pre-Appointment Screening Form - a series of questions pertaining to current health and exposure to the virus - day prior to session
- No parents or siblings in the waiting room
- Patient temperature taken at the door
- Hand sanitizing station at each office entrance
- Sanitizing of surfaces before/after session and in office throughout each day

Our offices do look different - no toys or magazines in the waiting rooms, socially distanced chairs, no prize boxes to dig through when a reward is earned (although we do provide boxes of candy - even priority mailed to patients accessing services via Zoom!)

We follow these procedures at our private school sites as well, and even added an additional contract site this fall. It can be done! It is a new normal for now, but the C.C.I.C., Inc. staff members have learned amazing new skills in technology and have discovered a plethora of new materials adapted to virtual and in-person sessions. Many thanks to my OM colleagues who have set up Zoom meetings to share their expertise!

Be safe! Stay well!

Vivos Therapeutics is a company with a multidisciplinary treatment protocol that encompasses our Orofacial Myology philosophy. They focus on treating mild-to-moderate obstructive sleep apnea, snoring and sleep disordered breathing in adults. Studies have shown that the Vivos System alters the size, shape and position of the tissues that comprise the human airway, leading to lower mean AHI scores by up to 65.9% in patients with mild to moderate OSA. (1) (2) (3)

The Vivos System consist of the mRNA (Mandibular Repositioning Nightime Appliance) FDA CLEARED as a Class 2 appliance for the treatment of adult patients diagnosed by an MD with mild to moderate sleep apnea, snoring and sleep disordered breathing.

Today one billion people worldwide are dealing with obstructive sleep apnea and this clever system and protocol seems to have the answer to help them to achieve healthy and restorative sleep! We at Neo-Health Services, Inc. are pleased to provide training to the dental professionals that are part of the Vivos family.

3. Wallace-Nadolski ME, Cortes M, Singh GD. Non-Surgical Upper Airway Remodeling as a Treatment for Obstructive Sleep Apnea, Sleep Volume 39 Abstract Supplement 2016; A139
What We Teach, How We Teach, and Why we Teach

Our Neo-Health team spends much time reviewing, adding or removing content for every course to maintain our desire to be “State of the Art.” This is why at times a course attendee can’t find a specific slide in their PowerPoint handouts. It may have been added the day before the course! It is necessary for all the information and tools to be sent out well in advance of the training date! Because Neo-Health is keenly aware of the different professions that participate, we constantly strive to update our training and materials in order to meet their needs.

What: The goal of an introductory course is to provide you with a base of knowledge about the many related areas while emphasizing that there is much more to know about each one of them. We remain open to input in order to continue to create the expansion of different topics for planning advanced courses!

How: Some topics related to dentition might be a review for certain dental professionals attending, and part of the information might be “old news” for some SLPs who are participating. As we review those areas, we emphasize that there is more to the information than they ever realized! We introduce concepts that help them see “old” information with new depth, new “myo eyes.” Our course reviews point out time and again that it works well to present as we do as it encourages group cohesiveness and is beneficial for each group to know the scopes of practice, standards and ethics of the other group. For example, when we go into “break out rooms” on Zoom or are face to face, the background has been laid for dental and speech participants to help one another use the information more effectively during evaluation and treatment practice. The malocclusions we discuss, the extra- and intraoral structures we discuss, the airway issues we discuss, the tongue tie issues we discuss, the speech distortions we discuss – all lead to a more thorough understanding of Orofacial Myology Disorders and “How” to correct what you have seen.

Why: The ultimate goal is for each person to put on their “Myo Eyes” and know how to deal with each individual patient’s concerns and issues. We must know “normal” to understand “abnormal”… By reviewing all the above plus the muscles, we can paint a picture of what barriers have occurred to create the myo problem we see with our patients.

Trust me when I say, there is a “method to our madness” and it is, hopefully, to demonstrate the importance of knowing WHY we orofacial myologists do what we do when providing treatment.

I want to let you all know what a joy and a pleasure it has been to meet and teach many of you readers over the years! Unfortunately, I have not been able to be at every class…. and there are many of you who are not yet trained……what are you waiting for? (:

Til next time,
Becky

Outside of the “mouthbox”
What We Teach, How We Teach, and Why we Teach

Calling all Australasian SLPs and Dental Professionals!

Neo-Health Services will be providing you with the intensive course Orofacial Myology: From Basics to Habituation that includes “The Myo Manual Treatment Program.” In the past, professionals have been devastated to learn they missed a course designed for them, and this is based on your time zone, so mark your calendar!

Oct 2-4, 2020

(Note: U.S. Eastern time zone is Oct 1-3, 2020)
Orofacial Myology News is brought to you by Neo-Health Services, Inc. to keep you posted on policy, state of the art treatment methods, conventions, noteworthy therapists, products, and other topics related to Orofacial Myology. This newsletter is meant to provide a connection among all of us who practice or have strong interest in this wonderful specialty area. 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.

Since our last newsletter, we have been receiving QOM exam requests more than ever! Surveys from recent classes show that 69% of class attendees are ready to request their QOM exams right away, while 23% will request their exams in the near future. We are incredibly excited that our grads are “connecting the missing links” and are entering the QOM process to enhance their learning.

Zohara Nguyen
CCC-SLP
CPSP, QOM

Zohara Nguyen
CCC-SLP, CPSP, QOM

This course is presented by real-time virtual instruction and provides an online learning environment that offers LIVE INTERACTION between the instructors and you. By participating in group discussions, individual and partnered opportunities during evaluation and treatment training, and lively Q&A sessions, you will feel as though you are in a live classroom setting!

Orofacial Myology: From Basics to Habitation

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

Becky Ellsworth
RDH, BS, COM, QOM

Zohara Nguyen
CCC-SLP, CPSP, QOM

Jamesa Treadwell
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With contributions by Karen Wuertz DDS, QOM

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