Cross-Training

Isn’t Cross-Training something that athletes do? Well, yes...it is. Because there is a lot of overlap in the skills that make one a great athlete in any particular field, “the best of the best” make certain that they are up to par in various skills related to their specific talent. So runners might also do weights. Tennis pros might do running, etc. You might have already guessed that I am going to make a hypothesis about the value of cross-training for us orofacial myologists, as well.

This important attribute for success came to mind as I was preparing our NHS organization’s end-of-year meeting. I wanted to properly thank each of our team members for what they have contributed over the past year. As I started listing the various roles and responsibilities that they had taken upon themselves in 2020, I began to see an unexpected pattern. It occurred with every single one of our team. As I listed each accomplishment, it was never a single-handed one. In every case, we have been aided by one or more others on our team. This not only meant that more was accomplished and that goals were achieved much faster than we had planned, but it also meant something far more important to success: We are able to “cover” for one another.

When our supervisor of shipping was in the process of moving, our QOM administrator and our products supervisor covered for her. When our products supervisor lacked help packaging certain materials, our director (yes, “yours truly”) dived in to help. When the QOM exams and clinical components were arriving faster than expected, every member of the examiners’ committee pitched in and worked long hours to grade them and get them returned quickly, often even including personalized advice and helpful hints. When one instructor has to step away for any reason during a training course, any of the other instructors jump in and cover for her, doing so very smoothly while quite perfectly covering the topic.

The advantages in cross training are many, but one of the most important outcomes is that it enables each team member to understand, respect, and admire the hard work of the other members. For those of you who work in any type of group or team environment, it is well worth the time to train one another not only to be able to cover in emergencies, but also to recognize the dedication and effort of each person that goes into the resultant success. This leads to a common set of standards and values related to how an organization treats students, clients, referrals, and everyone else...

Orofacial Myology: From Confusion to Qualification

A 16-hour supplemental course created to enhance prior learning skills and the opportunity to be part of the Neo-Health community that provides Total Support

What to do?
I'm Lost
I need a Treatment Plan...

How to Start?
How can I find support?

Who can help me?

ELIGIBILITY: Strictly for those who have received instruction in a 28-hour or longer introductory course in Orofacial Myology from an organization other than Neo-Health Services, Inc. If you have taken a course prior to 2016, please call to register as some preliminary details are required. You must be licensed as a DDS, SLP, RDH or other approved medical/dental professional. Proof of prior course completion will be required.

Click to Register
DOES THE TYPE OF LASER USED REALLY MATTER FOR A FRENECTOMY?

I wish I had a dollar for every time I was asked that question. Here is why it matters and how it can impact postoperative Orofacial Myology care and treatment.

The BASICS: Lasers produce light energy and it’s HOW that energy is absorbed in the tissue that really matters. The energy is absorbed and elevates the tissue temperature, and at 100 degrees Celsius, vaporization of the water within the tissue occurs through a process called ablation, which removes the frenulum. Knowing the wavelength (nm) a provider uses says a lot about what to expect.

The 3 most commonly used tools to perform frenectomies are the following:

**Dental Diodes (1000 nm)** are contact thermomechanical cutting devices with a wide heat and deep coagulation depth and tend to produce a deeper tissue wound penetration.

**Erbium lasers (3,000 nm)** are highly energy efficient and accurate for ablation; with significantly smaller depth range these lasers are great at cutting frenulums but poor at controlling bleeding.

**Carbon Dioxide (CO2) Dental Lasers** are extremely effective and accurate ablation tools that control bleeding well as their penetration depth is the shortest, thus limiting the thermal damage to frenulum tissues.

Karen Wuertz, DDS, QOM

<table>
<thead>
<tr>
<th>EFFECT</th>
<th>DIODE</th>
<th>ERBIUM</th>
<th>CO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discomfort/Pain</td>
<td>Moderate/Severe</td>
<td>Mild/Moderate</td>
<td>Mild</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Minimal/none</td>
<td>Moderate</td>
<td>Minimal/none</td>
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<tr>
<td>Healing Time</td>
<td>2- 4 wks.</td>
<td>2- 4 wks.</td>
<td>2-6 wks</td>
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<td>Scarring or “re”attachment</td>
<td>Moderate/Significant</td>
<td>Mild/Moderate</td>
<td>Mild</td>
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<tr>
<td>Patient Compliance</td>
<td>Difficult</td>
<td>Improved</td>
<td>Improved</td>
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</tbody>
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WHY IT MATTERS FOR POST FRENECTOMY CARE:

Post op therapy should start immediately with prescribed exercises to increase and maintain the “new” range of movement. A slower and controlled healing guides the tissues and minimizes scar formation, decreasing inflammation and postoperative pain. Helping your patient to become comfortable results in greater compliance.

Now that you understand more about Dental Lasers, make sure to ask your laser frenectomy provider about their laser tool so you’ll be better equipped to help your client obtain the best functional outcome.

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

Instructor: Sandra R. Holtzman, MS, CCC-SLP, QOM

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.

** Earn Orofacial Myology CEU’s at Home **
Silver Linings

2020 has been tough for so many. I lost my beloved dog in May and my amazing Dad in June followed by my Aunt in September and my Uncle in November. The universe took a lot from me for sure. COVID stole the spotlight and tested us all professionally and personally. In true Neo-Health fashion, the team and our grads supported one another in every way. But, COVID gave me silver linings the entire way. Since I was working remotely, I was able to see my dad for hours and hours each day. I set up shop at his house and entertained him with funny therapy stories. Time I would have never had if it weren't for COVID. I signed up for continuing ed classes that were changed from in-person to virtual. I was able to sit for hours and listen to podcasts and webinars and get credits while keeping him company. Silver lining! I picked up some new hobbies and had plenty of time to practice mandala dot painting and needle punch embroidery. Silver lining. I had time on my hands I never had before. No shopping, socializing, traveling saved me loads of money. Another silver lining. I put my dog in the car and found trails to let him run on. We hiked and explored. I found ways to enjoy “free time” that never existed before. Did Yoga from home, reiki from home. I cooked on Zoom calls with my mom, went “golfing” virtually with my son in Charlotte. Took virtual bike rides with my daughter in Philly. 2020 took so much from me and from all of us, but I found so many silver linings along the way.

Tonight, I co-hosted a ZOOM call with Zohara. We reviewed exercises, put our collective heads together to solve clinical conundrums, and had some laughs. Myo Masters is another silver lining! So many creative, talented people, always willing to support and share.

What were your silver linings? Send me a note. I would love to hear.

Sincerely,
Karen

Silver Linings

Karen Masters
MS, CCC/SLP, COM, QOM

Orofacial Myofunctional Disorders: More Than a Mouthful

Neon-Health grad, Angela McCleod, was asked to prepare a webinar hosted by Speech Therapy PD. Her goal is to reach the listeners in the topics that fall under “orofacial myology” because she found that many are still equating it to earlier concepts and definitions limited to “tongue thrusting” behaviors. Her hope is to generate enough interest so that participants in her webinar will be prompted to pursue training.

We are so proud of her efforts to reach out to other professionals, filling in the blanks for them so they know the meaning of “true myo.”

Congratulations, Angela!

More Information

Two NHS Grads Connect!

Alisa Prewitt and Nichole Wiltshire-Scala, were in post graduate training together at Rocky Mountain University of Health Professions, that offers training with an evidence based focus, when they found out that they were “sister NHS grads”. They didn’t need a DNA test to realize that they were part of our Orofacial Myology family since they “talk” the same talk and use the same methods. When you hear someone talking about the training in “pure myo” you might very well be communicating with an NHS grad! We are so proud of both of you!
Is Marketing Your Practice on Facebook Enough?

A Facebook business page can be an amazing tool for your practice. It's inexpensive to use and gives you opportunities to engage personally with your clients. But is using Facebook alone enough to market your practice? The short answer is no. Here's why using a Facebook business page should be in conjunction with a website to grow your practice effectively.

1) Once you post content to your Facebook business page, you are no longer the owner. Facebook owns the content posted on its platform. Consider this strategy to retain ownership of your Facebook content. Create lead generators, such as quizzes, videos or PDFs, for your website. Then post a link to the lead generator on your Facebook page. You've now posted valuable information while also driving traffic to your website. The best practice is to repurpose the valuable content from your website rather than creating original content only for Facebook.

2) Your activity on Facebook doesn't boost your SEO ranking, or how easily you're found in an online search. When you post content on Facebook your SEO isn't boosted, theirs is. To boost the SEO of your practice you must have your content come directly from you. For instance, if you have a quiz for prospective clients you can share the link on Facebook. When your Facebook followers click the link to visit your quiz your SEO ranking gets a boost because they haven't only seen your post on Facebook, they've interacted with the content that's attached to your website.

3) On Facebook, what posts are visible to users, how long they're available in the newsfeed and in what order is an ever-changing puzzle. Facebook recently announced their plans to prioritize posts from friends and family over public content, which includes videos and posts from businesses. As of late 2019, it was estimated that only 5.5% of a business page's followers actually saw their posts. Due to such a large amount of content being posted on Facebook, you have to post quite frequently to stay seen. In fact, in terms of the shelf-life of content online, Facebook has one the shortest, five hours. Your post is only available in the newsfeed and in what order is an ever-changing puzzle.

4) Facebook analytics can be difficult to decipher, creating uncertainty on exactly how your business page is performing. Your website is a much more effective way to see and use lead generation results. Likes on Facebook are great, but they're fleeting. When your website is used to capture leads, your visitors give their email address in exchange for content. You’re then able to see what type of content works the best for your audience and can adjust it accordingly.

5) Not every prospective client is a Facebook user. Or quite possibly those that are Facebook users may only be interested in using it for its original purpose, to connect with friends and family. Many people prefer to use social media for social purposes, while reserving websites and email for communicating with businesses. Facebook itself is making continued changes to prioritize social connections over promoting businesses.

While Facebook can be a useful tool for your practice, it's most successful when used strategically, with your website. Although a financial investment is required, your practice website can do things social media can't. Having a branded, user friendly, informative website immediately increases your credibility and authority. Particularly in the specialized field of orofacial myology, we should be establishing ourselves as experts, willing and able to provide solutions to prospective clients. A website for your practice offers a professional, reputable space to do just that. Focus on using Facebook to increase awareness about the services your practice offers and drive traffic to your website. When a Facebook follower visits your website, give them opportunities to take the next step, such as scheduling a complimentary consultation.

Think of your website as the online home of your business. Your Facebook page is a room in that home. No matter how useful that room is, it still needs the framework of the home to be sustainable.

A special thank you to our grad Andrea McFarland for giving our readers this incredible information in this issue. She has so much more to offer to those of you who want to expand your practice and make your lives easier.
EXTINCTION!!

Definition: In behavioral psychology, extinction is weakening of a conditioned response (CR) over the course of time, eventually resulting in the said behavior either decreasing or disappearing. What does this have to do with what we do?

One of the main barriers to a successful therapy program is negative oral habits, so naturally we work with our patients to help them eliminate the habit, or in psychological terms, help them “extinguish” their habit. For those of you who have taken our Neo-Health Services training, you are familiar with the highly successful protocol of Unplugging the Thumb (UTT). For those of you not yet familiar with it, UTT targets ages approximately 4 to 10 years old, with the goal of eliminating the habit in 10 days. There are four main tenets that must be in place to achieve success, including Awareness, Getting the Child’s OK, Self-fulfilling prophesy, and of course an excellent positive reinforcement program. But what do we do when these habits present to us with our older patients who are teens and adults?

When I thought about serving these age groups in comparison to children, many questions arose. What is going on in the brain? Why do we develop such habits? Is there an age that is best to quell a habit before it is truly locked in? Are the four tenets from Unplugging the Thumb still applicable? What other questions need to be answered before I start to work with an adult? Is the time frame for completing extinction different from that of a child’s?

When is the best time to work on extinction of the habit? (You may be surprised when you find out the answer to this!) What harmful effects can specific oral habits have on any particular patient? What interventions can I recommend for different teen/adult habits? Can a hard core adult habit really be broken? These are some of the many things that have run through my mind over the years.

Well, after much thought and hits and misses, I was finally able to work out those answers and achieve successful outcomes. I have been anxious to share the method to success for this older age group for a long time. I look forward to the release of something that will be of great benefit to those therapists who are confronted with older patients who feel defeated because of their habits... There can be freedom... and extinction can happen! Be on the lookout for the big reveal. I hope it provides you with what you have been seeking to impact the lives of those in need of a change. Here’s to EXTINCTION!! ‘til next time, Becky

Feed The Peds is the first online, yet interactive comprehensive 12-week course to becoming a pediatric feeding therapist with a focus on early development. The modules cover Normal Development, Assessment, Treatment, TOTs, OMDs, and Medical Complications. And there’s a highly sought after bonus bundle, including pediatric intake forms, assessment checklists, report templates, a goal bank, and SO MUCH MORE!

Learn more and get on the waitlist here: www.feedthepeds.com

Next course begins February 14, 2021. Additional courses begin May 23 and September 5

We only run ONE course at a time so ALL our attention goes to our current Feed The Peds members!

Featured Graduate

Hey Friends! Hallie Bulkin here. I wear quite a few hats in the therapy world. First, I am the owner of Little Sprout Speech, LLC, where we provide speech, language, feeding, orofacial myofunctional and occupational therapy across MD, DC, VA & PA. While we primarily treat pediatrics, my team also sees adults for orofacial myology services.

I learned it was helping to finally graduate kids who had spent 12+ years in speech therapy, I reached out and signed up! I really had no idea what I was getting into, but if it meant improved care for my patients, I was all over it. I hopped on a plane to Chicago in June 2017 and the rest is history. PS - for those of you who attended the Neo-Health 2018 Chicago Myo symposium, I was the mom in the back with the 2 month old that presented on private practice and building your myo biz (business is my love language).

When I returned from my course I hit the ground running.....assessing and treating immediately. I got certified, had my second little one, took maternity leave and hopped right back into it but this time ONLY treating myo and pediatric feeding patients. I niched down big time as the demand was high. I was getting a lot of area referrals and was having a lot of fun with my patients. I built a local myo study club so we could meet once a month and review cases from different perspectives. Our team consists of SLP, RDH, Myo Therapist(s), Dentists, Orthodontists, an Oral Surgeon, PT’s, osteopaths, and more!

What I came to realize is that my innate ability to quickly and easily put things into action is not shared by many of my friends and colleagues in the therapy world. So I launched The Untethered Podcast in July 2019, focusing on Myo, Airway, TOTs and Pediatric Feeding (and now business topics in this space, too!). It has been so much fun to bring this information to the masses with lots of guests on the show who have so much knowledge to share in this space. We have recorded 90 episodes and it has been a BLAST!

Fast forward a few months and I gave in to the feeling that I was here to help SLPs and OTs step into the role of becoming pediatric feeding therapists. I knew that if my team of specialists and I could teach more therapists, while creating a community for our students, I could reach a heck of a lot more families and pediatric feeding patients. As such, Feed The Peds: A Comprehensive 12 week course to becoming a pediatric feeding therapist was born. We taught it 3 times this year and it is now approved for 4.05 ASHA/AOTA CEUs. WOOHOO!

At the same time, I realized there was a struggle amongst the myo community. Many “colleagues” were taking intro to myo courses but were hungry for ongoing information and lacked the local team that they could “study club” with, so The Myo Membership was born. The Membership consists of 2 hours of monthly CEUs, a monthly virtual study club, research reviews, marketing materials and a monthly business training. It’s truly been amazing to get to hang with colleagues and collaborate, create community and elevate each other in the process.

I am so grateful for stumbling across this crazy myo world as it really has sent me on my own path and I have never felt so aligned. My most recent business venture is launching my R.E.A.L. Biz Mastermind for those of us in this space who want to start or grow an in-person or online business. 2020 has been a wild ride but I am so grateful for the myo community and love the lifelong friendships it has created as well!

Neo-Health Services is so proud of the remarkable accomplishments and dedication of yet another amazing graduate. Hallie has contributed so much in a few short years, helping so many over the big and small bumps in the road as they increase their knowledge. Thank you for all you do, Hallie!
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.

Orofacial Myology: From Basics to Habitation

With contributions by Karen Wuertz DDS, QOM

now available ONLINE

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!

Call: 954 461 1114   Email: info@orofacialmyology.info

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