



Season's Greetings

to every one of you valued readers, associates and friends. Here is hoping that this year finished well for you and that you have be able to successfully overcome any challenges that arose. The old adage of "making lemonade out of lemons" does work most of the time! This edition has an article that discusses "habituation," something we have to keep in mind from the first visit until the dismissal date of treatment. How do we gauge whether it is accomplished? You'll learn that answer and more! Dr. Wuertz discusses our role as orofacial myologists in relationship to airway issues. Carol Varni is highlighted in the QOM Gems column. Our featured graduate, Mackenzi Coker, explains her pathway to becoming part of our team in addition to her other responsibilities as an SLP doing research at the University of Florida; Zohara gives us a delightful article that emphasizes the importance of knowing WHY we give the assignments and makes us think twice about being arbitrary in our selections. Andrea McFarland gives us insight into building our brand and enhancing our practices. Becky Ellsworth tells of her experience as a main presenter for a large dental group. For the many professionals trying to decide If, When, and From Whom to take training most suitable for their needs, there is a checklist that will make the research much easier for you. Lastly, I want to say to my team and openly to our readers that Neo-Health Services is made up of an entire team of the kindest, most hard-working, dedicated individuals I have ever known and I cannot think of enough words of thanks and praise for all they do to make everything possible from this Orofacial Myology News to our training courses, creation of myo tools, shipping all class materials, following up on every detail readers and graduates bring their way.....and endless more tasks. Thank you, Greta, Carma, Zohara, Becky, Karen M, Karen W, Jamesa, and Mackenzi as you are truly *the wind beneath my wings*.....

Habituation... not to be overlooked or taken for granted!

The definition we use for *habituation* related to orofacial myology is "the establishment of new patterns and habits with regard to oral postures, rest position, chewing, swallowing and nasal breathing." (Speech pathologists working with speech clients in *conjunction* with myo might add the speech component to the definition as well). The definition seems straightforward and at first might appear simple to understand. But the very definition opens up additional questions that have to be answered in order to demonstrate that our myo work is completed and that the client can be safely sent on their way. Let's look at a few of these questions related to the important decision of whether it is time to dismiss someone from treatment, put them on some type of recall, or not let them go *quite* yet.

When should we implement habituation into our treatment program?

In our program, it is officially during the last phase, *Habituation into Lifestyle*. But let's be real! We can't suddenly stop exercises and hurriedly enter some type of miraculous habituation phase, can we? It is a "process" that gradually builds throughout the program and once the final phase is reached, that is where we provide many types of activities to pull it all together and place full focus on moving it into all aspects of daily life.... and the subconscious realm as well. This is where daily time charts, a night time regimen, autosuggestion tracks, reminders, and associations are paired with other interesting activities such as Special Treatment Week and "tallying" to make it fun while creating the subconscious avenues that lead to habituation.

What is the gauge?

This is another "tricky" one. We even find that our QOM candidates sometimes get "fooled" by this question! Note that our description of how to "gauge" habituation includes:

The new behaviors are established and maintained over time, with no relapse.

The client/patient demonstrates it naturally and without conscious, deliberate effort or attention to that area or skill.

The newly instructed patterns and tendencies prevail over the previous (pre-treatment) tendencies.

We cannot overlook the words "no relapse" nor take that phrase lightly. No relapse literally means "NO relapse." So if the client is "almost there," it doesn't count!

Are there exceptions?

While these goals are meant to represent expectations for "typical" clients seen by some therapists and dental professionals, we also have to be sensible and fair to ourselves and our particular clients. Because we come from an array of backgrounds and types of facilities with many types of clients, there are some that we are certain from day one will not habituate every aspect of our program. To be fair to them and to ourselves, we should create appropriate goals for each individual, perhaps segmenting sections of treatment to be habituated and others to be "maximized" to the best possible level. We should take into consideration special needs, age, medical indications, and more. Being able to think on our feet is one of the foundations of being truly "qualified" as an orofacial myologist, so I encourage you to think outside of the box in situations where you are dealing with a client who is also outside of the box....always keeping in mind that you can trust your knowledge of science only so far and you must draw upon your experience and art as a therapist as well.

Keeping all of the above in mind, you will be far better able to decide if recalls are needed, if more time in treatment will be helpful, or if your client has truly habituated.

We are pleased to announce that Neo-Health's 28 hour training course, Orofacial Myology: *From Basics to Habituation*, has been approved as recommended training for dental hygienists in the province of Saskatchewan, Canada.

The approval was based upon our long standing respectability, accountability, robust/current course literature, and ongoing mentorship ensuring competency. We look forward to continuing to serve the dental hygienists in Saskatchewan as well as all dental hygienists worldwide.



SDHA

www.sdha.ca/



Changing Lives, One Airway at a Time: What's Our Part?

Sleep Related Breathing Disorders (SRDB) and Obstructive Sleep Apnea (OSA) affect people of all ages, impacting overall health and quality of life. Estimates suggest that more than 18 million Americans have (OSA) with most cases undiagnosed, contributing to diabetes, obesity, hypertension, congestive heart failure, coronary artery disease, systemic inflammation and traffic accidents related to drowsy driving.

Based on studies of snoring in children, the prevalence of snoring can be estimated at 10% to 12% of children, and the prevalence of OSA can be estimated at 1% to 3%. Habitual snoring was significantly associated with daytime sleepiness, restless sleep, and hyperactivity.

In children without defined craniofacial syndromes, certain craniofacial features are highly suggestive of a breathing disorder during sleep. Children with a small triangular chin, retrognathic mandible, lateral cross-bite, increased overjet, long face, high hard palate, and/or an elongated soft palate, lip incompetency and mouth breathing are very likely to have some type of sleep-disordered breathing, as are children with clearly enlarged tonsils and adenoids.

It is well documented that conventional treatments (continuous positive airway pressure (CPAP), upper airway surgery, and dental appliance) may not always be successful in the presence of non-anatomical traits, especially in mild to moderate OSA. Orofacial Myofunctional Therapy

Karen Wuertz DDS, QOM

(OMT) consists of isotonic and isometric exercises targeted to oral and oropharyngeal structures, with the aim of increasing muscle tone, endurance, and coordinated movements of pharyngeal and peripharyngeal muscles. Recent studies have demonstrated the efficacy of OMT in reducing snoring, apnea-hypopnea index, and daytime sleepiness, and improving oxygen saturations and sleep quality. OMT also helps to reposition the tongue, improve nasal breathing, and increase muscle tone in pediatric and adult OSA patients. Studies have shown that OMT prevents residual OSA in children after adenotonsillectomy and helps adherence in CPAP-treated OSA patients.

The key to helping young and old is early recognition and intervention by inter- and transdisciplinary teams of Dentists, Orthodontists, Orofacial Myologists, Hygienists, Speech and Language Pathologists, ENTs and various other providers.

It's everyone's responsibility to reach out a create a network of providers that can provide a significant impact on "Changing Lives, One Airway at a Time."



Tongue Tie 101: What Is Our Role?



Orofacial Myology/Tongue Thrust: An Introduction With Assessment Applications



R: Techniques And Interventions To Correct /r/ — Seven Steps, From Basics To Habituation—

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



[Webinar Information - Click](#)

Grads Corner



Karen Masters MS, CCC/SLP, COM, QOM

Sunflowers symbolize loyalty and opportunity to me. When I took my training with Neo-Health in 2015, I left that class knowing I wanted to somehow have an RDH as part of my practice. While not typically found in Speech and Language offices, I knew it would help us provide comprehensive assessment and treatment of myofunctional disorders. As the referrals for orofacial myology assessments kept rolling in, I knew I needed all the skills a myo-trained RDH would bring. I am thrilled to share that I now have a QOM RDH as part of the team at my practice. With the addition of Esther to my team, I now have 7 therapists working alongside me! Two have already earned their QOM and 2 others are working towards the same achievement! Chatham Speech and Language may be the most QOM-ed practice out there!

So, as you all turn your faces to the sun, dream big, learn big, and give big. We all need a little sunflower in our lives. Go find *your* sunflower!

See you at the next MyoMasters meeting. Stay tuned for details!

Featured Graduate

Mackenzi Coker, M.S., CCC-SLP, QOM

A fellow SLP friend asked if I wanted to take the NHS course with her. I had never heard of orofacial myology before, as no one in my practice was utilizing it. After some research, I realized how beneficial this subfield would be for my patients. I eagerly signed up to take the course with my friend in Orlando, FL in 2017. I learned such valuable information



that I could not wait to implement with my patients! Being the only SLP trained in myo in my clinic, I created the orofacial myology program from the ground up, and immediately began seeing the benefit of this therapy with patients who so desperately needed the intervention. A few years following my graduation from the course, I read on the Myo Masters page that NHS was seeking to fulfill a part-time shipping position and I quickly applied! I have loved being a part of the NHS family, as both a QOM and employee.

A few years passed and I was presented with a rare opportunity to join the University of Florida as a research SLP in an elite dysphagia lab working alongside world-renowned Dr. Emily Plowman. Having never held a position in research before, I became saturated with new skills, while refining my knowledge and love for dysphagia. Aware of my background in orofacial myology, I was approached by the UF SLP program Director of Clinical Education to give a lecture to the graduate class on oral mechanism exams and a broad overview of orofacial myology. It was a wonderful opportunity to share with the future generation of SLPs about myofunctional disorders and the subfield of OM. The students were enthusiastic to learn more, and I, of course, directed them to the NHS website so that they too could expand their clinical knowledge after they graduate and become QOMs!



With **Carol Varni, RDH, QOM**

[How has attaining the QOM helped you or your practice?](#)

I was a retired licensed RDH when I was asked by an acquaintance to consider the OM field. The subject sounded very interesting and of course I proceeded down the OM/airway rabbit hole while doing some research! I thought to myself, "If anything, I will be the only one in my area to do this and it will improve my scope of mouth function knowledge." I'm always open to expanding my brain! I began reading everything I could get my hands on regarding the jaw, impaired mouth, airway, etc... I signed up for the Neo-Health 28 hour training course and from the first day of the course, I have been eating, breathing, living the "OM/MYO eye" life 24/7! My dream position would be working in an SLP center, school or clinic in my area. I am doing everything I can to spread the knowledge within my dental community and the schools I am connected with.



[What qualities do you think a QOM needs?](#)

Patience, compassion, team building/good communication with the community of professionals and potential referral sources. Also, time management, computer skills for record/billing and session notes, and definitely problem solving as no two clients will be alike.

[What advice do you have for your peers who are doing/want to do the QOM process?](#)

Start it when YOU feel you are ready and have the time to devote to it. Some are very busy with current job, some have families and cannot devote the time needed to concentrate and be diligent and some need more time reviewing what was learned in the 28 hour course. But, once you start your written exam and client for the assessment, don't procrastinate. Keep the flow going, keep moving! Don't take day long breaks from completing the written exam or you won't have the drive to finish and don't miss over 2 weeks from contact with your clients during the assessment period or you both will lose your groove! Always write your session notes during your sessions. You will not remember all you did during your session if you wait hours or days to write your notes. I experienced this while I was working with my client. I did not want him to wait on me taking my notes. That evening while writing up our session notes, I completely left out necessary information. After that snafu, I explained to him that I would be writing notes while he practiced an exercise we were working on.

Hello? Is it Myo You're Looking For?

Holiday season is upon us! During holiday periods and quiet times in practice, linking to online myo exercise videos may seem like a quick and easy way to support your clients. Even the every day person wants to do DIY myo therapy to “fix” their “tongue thrust” their orthodontist has flagged. Yet through simple online searches for myo exercises, many videos appear to have vague rationales for exercise selection (if mentioned at all), no explanation of the sequence of the exercise within a treatment program, and even worse, some exercises are performed with poor technique. Why should we as professionals be watching and guiding correct technique like a hawk? Well, we are mostly forming new motor patterns with a clear rationale for the exercises we teach, and it is certainly important for the technique to be correct to get the results that you are hoping for.

Think about this: If a myo exercise “simply” asks for the tongue to move inside of the mouth from side to side, what is the skill they are trying to achieve and what would account for “correct” technique to demonstrate this skill? Is this a foundational skill for more sophisticated functional skills? Are we trying to build up muscle here, or improve coordination and independent differentiation?

Imagine you are watching a Youtube video of a therapist showing this “lateral tongue” exercise they learned over the weekend: the tongue moves laterally



Zohara Nguyen CCC-SLP, MSPA, CPSP, QOM

across the mouth, the mandible hangs and juts off to side as the tongue extends as far as possible beyond the commissures. Upon return to the other side of the mouth, the tongue tip drags along the lips as the mandible shifts in the same direction, then this sequence is repeated a few times. Does this sound like “correct” technique for the masses to imitate?

Then you look in the mirror as you do the task: you move your tongue from the corners of the mouth steadily in a straight line, not thrusting the tongue out, with the tongue tip lifted off of the teeth and lips so it is not supporting itself. The tongue is moving independently of the mandible. You can do this slowly and you can do this quickly, maintaining support of the mandible. Does this constitute “correct” technique?

Exercises can be like a game of ‘Telephone’ - instead of a whispered message that gets passed along and hoping to retain the original words within the message, the myo exercise is learned and then passed on for others to execute. The risk is that recorded exercises are passed online to be interpreted without context or professional tweaking of the technique. If the technique of the exercise has not been understood and executed correctly, it loses its meaning and effectiveness. Then we risk people saying that our exercises “don’t work”, the intended exercise technique is no longer recognizable, and the message of “orofacial myology” has somehow become “oromyofascial release therapy”!

An interesting article out of California by S. Johnson, BS, RDH and M. Long, BSDH, RDHAP has been published in the Summer 2021 edition of the CDHA Journal. It addresses questions about the orofacial myology field for those who are considering it as part of their professional growth.

Below, find an excerpt of the article:

If you have questions about the field of Orofacial Myofunctional Therapy and Sciences (OMT), you are not alone. Many licensed dental hygienists are looking for answers to fundamental questions about this emerging field. Queries about the scope of practice, educational requirements, and if certification is required to treat patients continue to surface. Recently, there has been renewed interest in how exactly OMT fits into dental hygiene. By the end of this article, these questions and more will be answered.

.....the field of OMT focuses on the neurological re-education and training of the muscles of the lips, tongue, cheeks, and face and their related functions such as breathing, sucking, chewing, swallowing, and some aspects of speech. With additional training, dental hygienists throughout the country have been successfully treating orofacial myofunctional disorders (OMD) for decades.



Click here to
read the article

Building Your Practice Brand

What is a Brand?

If you're like most, when you think of branding you immediately picture color palettes and logos. While these visual assets or brand identity are indeed important, they're just one element of what constitutes your brand.

A brand goes much deeper than what is seen on the outside. The brand of your practice represents everything you want to convey to your clients and prospective clients. As a practitioner, you likely want to exude the traits of trustworthiness, empathy and knowledge. Through your visual assets and your messaging you impart the personality of your business and evoke emotions from your potential clients.

Marketing expert Seth Godin defines a brand as, "the set of expectations, memories, stories and relationships that, taken together, account for a consumer's decision to choose one product or service over another." Simply stated, your brand is what differentiates you from your competition and establishes your practice as the authority in the market.

What is a Brand Strategy?

A brand strategy is the blueprint for your brand. Having a well-defined and executed brand strategy allows you to deliver a consistent brand message and create a strong emotional connection with clients. In the specialized field of orofacial myology, messaging becomes increasingly important. Your messaging needs to be clear and consistent at all times. The more simple and concise the better. There's a fine balance between exhibiting your knowledge and inadvertently intimidating prospective clients. Your brand strategy is a combination of all the emotional and visual elements of your practice combined into one cohesive method of reaching your target audience.

For those of you running a private practice or if you're considering starting one, a solid brand strategy is crucial in establishing yourself and your business as the go-to practice in your area.

Developing Your Brand Strategy

To develop an effective brand strategy the following aspects of your practice brand should be meticulously assessed and crafted:

- Identifying your target audience
- Outlining the services you offer
- Determining your pricing and insurance accepted by your practice
- Researching your competition
- Best practices in attracting client and referral sources
- Clearly defining your business and marketing objectives

Your brand strategy outlines the key elements that make your practice unique, your mission and goals, and how you'll deliver on them. If you're struggling to clearly define your practice brand, reserve your spot today for 61 Marketing's Brand Overhaul Course. Registration opens December 1st. After the course, you'll walk away with a complete brand identity, message and strategy for your practice.



Andrea McFarland
MA, CCC-SLP

"Andrea and her team are nothing short of amazing. The level of professionalism and their ability to deliver EXACTLY what it needed to help business owners stand out is remarkable. They helped me with a total rebrand - fonts, new color palette, messaging and graphics. I explained my vision and they were able to bring it to life in a way in which my ideal client could identify."

Fast service. Quality work. 61 marketing is my go to source for all things marketing and VA services."

-Lateisha Johnson, Prosperity Coach. Bestselling Author. Philanthropist. Creator of Wealth & Wellness Network.

61.

Orofacial Myologists creating Marketing Strategies for Orofacial Myologists

Book a free consultation to discuss your marketing strategy and ask about our 61 Marketing's Brand Overhaul Course

[Schedule Your Call](#)

Outside of the “mouthbox”

Golden Opportunity by Becky Ellsworth, AAS, RDH, BS, QOM

Last winter, I had the pleasure of being contacted by a dental group in Fort Wayne, IN. It seems that the directors of the Fort Study Club and Summit Hygiene Study Club, Dr. Mike Stronczek and Dr. Lena Fermbach, had heard “some very good feedback” on my myofunctional therapy work and wanted to know if I would present to the group with two other presenters, both dentists. The topic was “After All, Breathing is Important.” They wanted information on how Orofacial Myology fits into this area. I found out that there would be over 200 in attendance. What an opportunity to enlighten dental professionals! Who could say no to such a request!!

My first concern was how could I possibly cram all I want them to know about Orofacial Myology into just an hour and a half!! After all, our courses are 28 hours – what to pick and choose to share? Of course, I wanted them to know everything, but when my sanity returned and I really started thinking about what to offer them, it became obvious...

What is Orofacial Myology? Why is it the missing link? What is normal and abnormal in facial muscle function? What are barriers to therapy? What is our main goal in therapy?

One of the other presenters, Dr. Daniel Klauer, whom I have the pleasure of knowing, asked if I could briefly cover what an evaluation entails, and could I show a few exercises. Of course!!! I knew it will be a joy to share this information. We would have some fun too as Neo-Health Services was graciously providing QTT’S, a Battle Button and a brochure to each of the dentists and hygienists in attendance. I looked forward to seeing who would volunteer to be tested up on stage.

My hope that many Myo eyes would be opened was fulfilled as the participants were attentive and interested and many indicated interest in taking a step further to bring Orofacial Myology into their own practices! I made certain that at the very least, they will have experienced the “blessing and the curse” of now understanding the importance of myo and recognizing symptoms with the added responsibility to do something about the new found “myo eyes.” We are in such a wonderful time of expansion of Orofacial Myology into the dental, speech and medical worlds, so any time, any of us has an opportunity to share who we are, what we know and what we can do to normalize or maximize a fellow human being, I say, go for it!!!!

Till next time,

Becky



Bye Pacifier, I'm BIG NOW



A team of pediatricians in Finland suspected that pacifiers might factor into incidence of ear infections. They explored this possibility by comparing the use of pacifiers and the risk of ear infections.

Their findings were reported in the September 2000 issue of *Pediatrics*. This interesting study demonstrated that limiting pacifier use can cut the number of ear infections by 29%. The study isn't necessarily advocating complete restriction of pacifier use, but suggests observing the child for an increase in the number of ear infections.

This is not the first study nor will it likely be the last; however, it confirms that eliminating the habit must be considered at certain points and in certain situations.

Stop Pacifier, I'm Big Now, was created to offer a simple program for parents and therapists to be able to address this need.

We have developed the following checklist to help the many professionals who contact us to help them determine which Orofacial Myology course is most suitable for their needs. Please feel free to use the guide below to evaluate any courses you are considering.

What You Should EXPECT From an Orofacial Myology Training Course

Organization Considerations

- Organization's main purpose and function is training
- Entire team is involved with your training and support; instructors, administrators, executives
- Free website listing
- Assistance, samples, more when you are giving presentations

Training Course

- Prepares you to begin assessment and treatment immediately
- Virtual, real time learning from highly sought after instructors representing SLP, DDS, RDH professions
- Being 100% respected for who I am and for my professional background
- Feeling "safe" to ask questions
- A good blend of science and the "art" of therapy
- No additional or hidden fees
- All paperwork sent to you; no need to print anything
- All course tools, treatment manual, and materials sent to you

Support System

- 100% confidence that trainers and entire team will be there for you indefinitely
- An exclusive Graduates Group that is always supportive and 100% kind
- Ability to participate in a future "refresher" course as a VIP past graduate for "cost only" fee
- Free downloads of brochures, educational pamphlets, forms and more
- Monthly virtual meetings that are useful and participatory

Credentialing Process

- Course fee covers entire credentialing process
- Examination is relevant to what you learned in class
- Clinical component provides an opportunity to grow rather than be judged or dropped as a candidate
- In-depth feedback and input regarding your examination and clinical component
- Certificate and permission to use credential logos on your website
- Feeling of pride to be associated with the training organization and its entire team

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/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 Habituation

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Psst...having trouble piecing it together?

Make **2022** the year you're going to grow like never before!

What to do?

Who can help me?

I'm Lost

Where can I Find Support?

I need a Treatment Plan...



Neo-Health Services offers a special deal for you if you have received previous training in a 28 hour or longer course from another organization.

You will be guided step-by-step through a detailed treatment program that you can implement immediately.

Phone our director, Sandra Holtzman, to answer your questions and help you fill in the gaps. Phone: 954 461 1114

Call for Info

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