

Our Orofacial Myology News now contains new additions that reflect our ever-changing, ever-evolving Neo-Health family. You'll appreciate Dr. Karen Wuertz's article that presents us with a dilemma reminiscent of the "chicken or the egg" question! You'll easily sink your teeth into Becky Ellsworth's article, "Biting into Healthy Digestion."

Zohara Nguyen's interview with Shereen Lin about her newly released book, *Breathe, Sleep, Thrive*, will keep you bright-eyed and bushy tailed! It is a must-read for parents and therapists alike. We are all excited about the column, Community Connections, highlighting what is going on and what is about to happen in our 'myo world'. Our Featured Graduate column is unique this edition. Besides featuring Kristin Miller, a treasured "grad," we are delighted to highlight her practice and her team, all of whom are either Qualified or in the process of becoming so. Lisa Butler untangles the mystery behind the NPI number to begin your myo business. Enjoy the article, Believe or not - Thumbsucking Artifacts by Greta. Lastly, don't miss the fun Crossword Puzzle that will challenge your Orofacial Myology vocabulary!!

Enjoy the season, wherever you are. It is Autumn where I am, and I'm looking forward to Halloween and dressing up like a pumpkin! Wishing all of you a happy and fulfilling end of this year and into 2023!

Sandra R. Holtzman, Director

TMD vs SLEEP, a Prevalent Dilemma by Karen Wuertz, DDS, QOM

Do TMD Problems Affect Sleep? Or Does Sleep Affect TMD?

Which one comes first, TMD problems or sleep problems?

Recent research has discovered that approximately 75% of patients with TMD (temporo-mandibular disorders) also have sleep breathing disorders, including sleep apnea or snoring. Additionally, about 52% of sleep apnea sufferers have TMD symptoms.

If our airway collapses or becomes blocked by the tongue during sleep, our nervous system responds to the lower oxygen level in our blood. This results in jaw clenching/grinding, tongue protrusion, or waking us up (even if we don't remember any of it!). This fragmentation of our sleep cycle causes us to wake up tired and unrefreshed. This constant and vicious cycle can cause tension and stress on the muscles of the face and neck and put stress on the jaw joints. These symptoms may vary since the TM joint is unique to every person.

Common symptoms of TMD that can be caused by Sleep Airway issues include:

- Headaches upon waking; (common for sleep apnea sufferers, this shouldn't be ignored)
- Jaw pain or soreness from nighttime clenching and grinding
- Ear pain or stuffiness, ringing in the ears, or vertigo
- Pain in the back of the eyes
- Jaw popping, clicking or "crunchy" sounds (crepitus)
- Tension or migraine headaches
- Discomfort during chewing
- Face, neck, shoulder, or back pain
- Tooth pain/damage/wear

The field of Dental Sleep Medicine trains dentists who can help sort out if a sleeping problem is indeed caused by a TMD issue or if a TMD issue is contributing to poor quality sleep.

When looking for a treatment provider, it's important to find one that is knowledgeable and sensitive to the interaction between TMDs and Sleep Airway issues.



United States of America
United States Patent and Trademark Office

Qualified Orofacial
Myologist



Katherine Kelly Vidal
Director of the United States
Patent and Trademark Office

Neo-Health Services, Inc. (FLORIDA CORPORATION), DBA Neo-Health Services, Inc.

CLASS B: Educational services, namely, providing continuing professional education courses in the field of orofacial myology

The certification mark, as used by persons authorized by the certifier, certifies that the user has passed the required examinations in the field of orofacial myology.

The Neo-Health Services Family is proud to announce the QOM credential is a now a registered trademark.

We were notified of this milestone by the United States Patent and Trademark Office in August of this year.

The entire value of the Qualification Program — our philosophy, values, and know-how is now represented in one logo.



Outside of the “mouthbox”

Biting into Healthy Digestion

You know the old saying, “You are what you eat”? A different take would be, “You are how you eat”! The importance of a healthy diet, which leads to gut health, is a hot topic in books, magazines, newspapers and online articles. One may be eating a healthy diet but still be plagued with digestive issues. As Orofacial Myologists, we have the possibility of catching digestive issues before they start or after they have already affected a client we are seeing. There can be multiple reasons for digestion problems, such as tongue restrictions or airway obstructions, but we will be delving into one causative factor in this article: dental malocclusion.



Becky Ellsworth,
RDH, BS, QOM

To appreciate the importance of teeth alignment and the chewing process, we need to understand the way we start to digest food from the moment it enters our mouths.

In an adult with normal Class I occlusion, all four types of teeth are utilized when eating. With foods that need to be chewed, the incisors, canines, premolars and molars provide the proper mastication necessary to cut, tear, grind and mash the food into very small pieces. This employs the cusp-fossa relationship, which is how the teeth mesh together. The cusps of the maxillary (top) premolars and molars connect with the fossa (depression) of the mandibular opposers. Additionally, the ability to use a rotary jaw motion and transference of food bilaterally play important parts in this process as well.

The discussion above supports the reasons why we need to slow down and use all of our teeth for proper chewing. Let’s look for red flags we can notate during the case history and observe during the occlusal examination.

If any of the following questions asked in the Case History or noted during the assessment are “yes”, they should catch our attention and prompt us to probe deeper:

Mouth open or combination open/closed during eating	Messy eater
Noisy eater (lip smacker)	Takes large bites
Fast eater	Picky eater
Excessively slow eater	Gastric issues post eating (burping, bloating, gas, etc.)

Any of the following noted in the Occlusal Evaluation, should also catch our attention as they will definitely impact the ability to utilize the teeth in the correct chewing relationship.

Class II malocclusion	Class III malocclusion	Anterior/posterior open bite(s)	End to end occlusion
Excessive overjet	Missing teeth (adults)	Anterior/posterior crossbite(s)	

While other factors can and do play a part, the “yes” answers discovered in the Case History can be directly related to the observations found in the Occlusal Evaluation. Many times, there will be multiple occlusal issues discovered that will lead to a recommendation for orthodontic consultation. Even if there are no digestion issues currently with your client, your understanding of the importance of the function of the teeth related to optimum gut health will be a win for your clients’ future wellness!

In upcoming editions we’ll be covering how the chewing process triggers the salivary glands, how it works to make food “swallowable,” and more fascinating details about the bite, chew, swallow processes!

Till next time,

Becky

Breathe, Sleep, Thrive: An Interview with Dr. Shereen Lim

Hot-off-the-press is *'Breathe, Sleep, Thrive: Discover How Airway Health Can Unlock Your Child's Greater Health, Learning, and Potential'* written by Australian dentist Dr. Shereen Lim. It is a parent-focused book that thoroughly covers airway health and concepts of orofacial myology. Dr. Lim answered Neo-Health's burning questions:

Congratulations on publishing Breathe, Sleep, Thrive!

What was the impetus to write this book and why was now the time to release it?

Thank you! This book was inspired six years ago. I was starting to offer more early interceptive orthodontic treatment because I understood that it was helping children breathe, sleep, and grow better. This contrasted with our past standard of care, which was to refer to an orthodontist who waited until growth was nearly complete to put braces on. This often involved a request for us to extract teeth to alleviate dental crowding, therefore ignoring the underlying jaw and airway deficiency. Once I was qualified in dental sleep medicine and understood the research supporting palate expansion to improve breathing, this approach was no longer an acceptable option. I was passionate about helping parents understand this shift because many of the adult obstructive sleep apnoea patients being referred to me were struggling with quality of life, and it was despairing to see the underlying poor jaw development as well as the missed opportunities to correct it in childhood.

Since then, there has been much new research and evidence to support this approach. We now have a deeper understanding of the need to optimise jaw and airway development in the earliest years of life when the brain structures are developing most rapidly, and children have the highest need for deep, restorative sleep. There is an urgent need for this info and new evidence to be disseminated widely to ensure that we are not missing this boat, so I couldn't really afford to delay completion any longer.

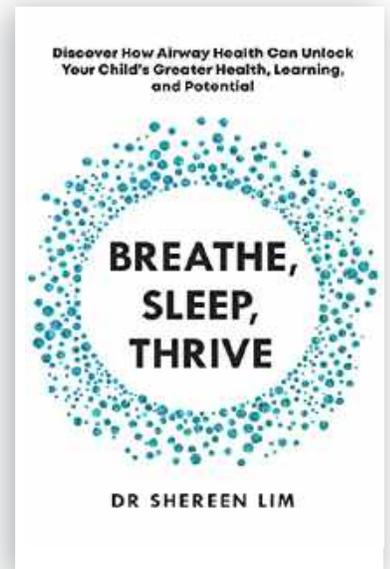
Your book mentions other well-known airway/myo texts. Why was it important to give a nod to other authors and publications within this niche?

There is a lot of conflicting information given to parents, and it can lead to confusion and to parents not having a clear path to care that will be helpful. A lot of this comes from professionals not having exposure to rapidly evolving knowledge, and parents must become better educated to advocate for their children. These books are written by well-researched experts. My aim was to ensure that parents can readily find the best available information and make the most fully informed decisions.

"You don't know what you don't know" is often a phrase spoken in our professional circles. What is one thing you wish you had known about airway issues and orofacial myology (orofacial myofunctional therapy) when you were going through dental school?

I wish I had understood that many of the dental problems that we deal with can have poor airway and breathing dysfunction at their root. These include dry mouth, bad breath, increased risk of decay and gum disease, crooked teeth and poor jaw development, grinding related tooth wear and cracked teeth, reflux-related tooth wear, jaw joint and muscle pain and dysfunction or even gagging during impressions or dental visits. By promoting nasal breathing and good jaw development early in life, many of these problems can be averted. A specific example is that rather than recognising that teeth grinding during sleep is often a marker of breathing disturbances or a protective mechanism to help keep the airway open, we were taught to offer dental night guards.

Research since tells us these can potentially aggravate the breathing problem in some patients, and this helps explain why so many patients couldn't tolerate wearing them. We were taught in dental school that teeth grinding is normal in children, and they will grow out of it. The recent work of Dr. Audrey Yoon has identified it as one of the top red flags in the mouth for breathing disturbances during sleep. We have been missing the opportunity to address this issue, including increased behavioural and neurocognitive risks.



Do you think mainstream knowledge of airway and orofacial dysfunction is changing?

Absolutely. There's now a lot of research and new information in these areas, and many people are reading books like James Nestor's *Breath*, and understanding the origins of breathing, sleep, and orthodontic problems they have experienced. They don't want their children to have to go through the same issues. They are doing a lot of research, having discussions on Facebook groups, and connecting the dots on their own. We have a growing number of families prepared to travel vast distances to seek our approach to care. This reflects that parents are becoming better educated and more selective in choosing providers.

What is an important lesson you learned writing this book?

One of my biggest challenges finishing this book was learning how to be on point to my target audience of parents. Two years ago, after working with a book coach and editor, I thought my book was nearly complete. However, people close to me felt the book read too much like a textbook, and I was stuck in limbo not knowing how to finish it. Ultimately I finished with the help of a new book coach, who was a mother herself and who shared my passion and belief that the content needed to be heard by more parents. I also used a camera confidence coach to craft messages that could connect with people quickly. This helped me to bring out a more conversational voice and to share personal experiences, as if I were talking to a parent in the room. When people tell me the book was easy to read, and they couldn't put the book down, they may not appreciate how much of a struggle it was to get there! The way we communicate information matters in order to spread new ideas and standards of care.

Myofunctional Therapy has its own chapter within this book and you guide parents on how to find a well-trained and experienced orofacial myologist/myofunctional therapist. How has myofunctional therapy enhanced your practice?

Firstly, it offers more control of our patient's outcomes and stability of results with orthodontic treatment or tongue-tie release. Secondly, it's rewarding to follow a patient's journey over the long-term. We wouldn't have the same opportunity to become familiar with patient stories and progress, or learn holistically if we were referring out and just seeing them for six weeks of orthodontics or one visit for tongue-tie release.



Dr. Shereen Lim is a Perth based dentist with a post graduate diploma in dental sleep medicine from the University of Western Australia.

She has been involved in the team management of snoring and obstructive sleep apnoea for over a decade.

Dr. Lim is dedicated to promoting airway health from infancy as an alternative approach to minimize the development of these problems, and is author of the book "Breathe, Sleep, Thrive: Discover How Airway Health Can Unlock Your Child's Greater Health, Learning and Potential."

Her work in private practice is restricted to tongue-tie management from infancy to adulthood, early interceptive orthodontics and myofunctional therapy.

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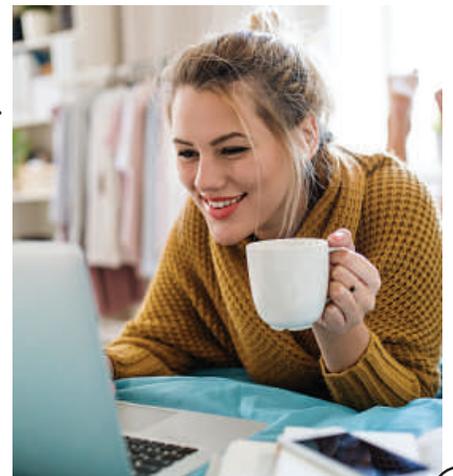
So . . . You Want to Set Yourself Apart in 2023?

Is this you? · You feel that something is missing to fully help your patients.
· You've heard of many types of exercises but you need a method that is individualized and systematic.

If these two questions describe your current situation then join us at Orofacial Myology: From Basics to Habituation and learn from our passionate instructors. By the end of this 28-hour course, you will feel more confident to diagnose and to craft a compelling treatment program.

Register

Meet the Team



COMMUNITY CONNECTIONS

With the ever-growing family of Neo-Health graduates, we present *Community Connections*. Here you will connect with orofacial myologists from around the world. Learn about the endeavors and goings-on of our Neo-Health community!

Recent and Upcoming Events:

Our Myo Masters Monthly Meetings are virtual events for NHS graduates that offer engaging educational and networking opportunities, peppered with fun activities. Our recent Monthly Meetings covered the following topics: *Myo Stories from the Therapy Table: Atypical Cases; Passing Criteria, and Motivators & Rewards; The Holtzman Hour* (Picking the brain of NHS' Director); *Lessons Learned & Client Challenges*. We had a myriad of speech and dental attendees from all corners of the Earth who generously shared their insights, professional experiences and advice.

The Monthly Meetings helped us to craft a one-day virtual event, **Refine and Shine: A Myo Skills Workshop**, where graduates hone their practical and analytical experience through clinical scenarios, treatment planning decisions, modification of exercises, and more. This sold-out workshop has a waiting list for future dates of Refine & Shine due to its popularity.

Myo Connections:

Some of our grads have been meeting up with our instructor, Zohara Nguyen: In Montreal she met Luciana Janiero. In NYC she met Dorit Mais (from Israel) and Ann Kelly (from MA).



with Allegra Le, SLP



How has attaining the QOM helped you professionally or helped your practice?

It has helped immensely! Our entire practice has taken the training course but not everyone has completed their QOM, this sets me and my practice apart in town to have someone with the appropriate credentials to back up the therapy approaches we use. A lot of practices in town claim to have therapists that are "orofacial myology specialists" but it's important to look for the therapists that have gone the extra mile to complete their credentialing to ensure you are working with someone that has ample experience and expertise.

What advice do you have for your peers who are doing/want to do the QOM process?

To continue to try because a lot of clients may drop out between getting your training and during the process of getting your QOM but to continue to remember that it all builds on your experience as a QOM therapist.

The QOM process was a great learning experience, it allowed me to reflect on the therapy I'm doing daily and remind me that there are always areas to improve upon. It was thought provoking and allowed me to be a better orofacial myologist for the clients I treat.

Short Courses Available to All Professionals



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](#)



FEATURED GRADUATE AND TEAM

KRISTIN MILLER, DIRECTOR OF MILLER THERAPY, LLC.



I jumped into OMT over 10 years ago and have never looked back! The journey started in 2007 while working as a pediatric SLP for a non-profit rehabilitation clinic. Drawn toward feeding and oral motor clients and spending years trying to fix those tricky, persistent lisps and /r/ errors with much frustration, traditional articulation therapy was not cutting it. A colleague then introduced me to an Orofacial Myologist in Chicago. After picking her brain about my current caseload, I knew I needed to make some changes in my treatment approach.

In 2009 I began taking the steps toward my own certification. Back then, Neo-Health's course was taught around a cozy dining room table. I learned more clinical information in Sandra's 28-hour course than I ever have before. It gave me the answers I needed to help my clients meet their goals.

Shortly after certification and understanding how prevalent OMDs are, I started talking about opening a private practice. Miller Therapy, LLC was born on the back of a napkin one Friday night while out for pizza. The idea sounded exciting, but I never thought it would all come together the way it has. It took time, hard work, and patience to build up the relationships required to operate a free-standing Speech and OMT clinic but today I'm proud of what Miller Therapy, LLC has become.

We're strong - The clinic has endured 3 relocations and a demoralizing full office fire incident.

We're talented - Three wonderful and talented SLPs have joined the team – Robin Blumberg, Georgia Petersen, and Marisa Camporese. Robin and Georgia have completed training with Neo-Health Services and Marisa is on deck in January 2023. (Georgia was recently awarded the QOM, and Robin is in the QOM-process). We treat all ages, infancy through adulthood, and regularly collaborate with the top Chicago airway dental providers and ENTs. **We're fun** - The team is super close and everyone pitches in during our weekly "Miller Myo Meeting Mondays" and Jimmy Johns lunch-n-learns. We continue our learning while attending airway conferences and staying up-to-date with SLP/OMT/Feeding Specialist.

We want to thank Neo-Health Services' wonderful team for their support and guidance throughout this journey. Miller Therapy would not be what it is today without them! Check us out at www.MillerTherapyLLC.com



MYO **Team Choice** DEMO MODEL

The large anatomical Myo Demo Mouth Model has become a standard tool for myo practices. Not only is it a perfect teaching tool for dentists, speech therapists, and dental hygienists, but also a perfect tool for most allied therapists working within the mouth.

It allows professionals to explain exercises while demonstrating the movements using the flexible tongue. The jaws are able to be separated as needed or moved forward and back to educate about occlusion, mouth opening levels, purposes of the various teeth, and more.

When used in speech therapy, the Myo Mouth Model is a key tool to demonstrate where sound production begins, where desirable rest postures are located, and for discussing anatomy.

The large Quick Tongue Tie Assessment Tool, is included along with the flexible tongue that can be used as a tongue puppet.

To purchase click orofacialmyology.com/product/myo-demo-model/

Mystery behind the NPI



Lisa Butler,
MS CCC-SLP, QOM

When starting a new business, whether you are private pay or accepting insurance you will need an NPI number. NPI stands for National Provider Identifier number. Having an NPI is required to bill insurance or for patients to submit for reimbursement if you are out of network. You need an NPI even if you decide to be a cash only practice. An NPI is like a social security number in that every provider has a unique and individual number. Unsure if you already have an NPI, you can search the NPI public directory for your name.

If you do not have an NPI follow the steps below

Step 1

To obtain an NPI number you'll need to go to: [National Plan & Provider Enumeration System](#)

Step 2

Deciding which NPI number is best for you

There are two types of NPIs: Type 1, for individual health care providers, such as speech-language pathologist and hygienists, and Type 2 for incorporated businesses, such as group practices and clinics.

- Type 1 is for the provider. This is the only type of NPI you will need if you receive payments in your name or under your social security number as a solo practitioner.
- Type 2 is for group practices, incorporated dental practices or other business entities paid under their business or corporate name, or under their employer identification number (EIN).

Every provider needs a type 1 NPI number, you only need to apply for a type 2 NPI if you have a group practice with multiple providers working under the group name.

Step 3

Taxonomy codes

When selecting a taxonomy code you must select your profession. If you are a speech-language pathologist your taxonomy code will be 235Z00000X. If you are a dental hygienist, your taxonomy code will be 124Q00000X.

It can take up to a week to receive your NPI number.

Thank you to Lisa Butler for contributing this information. Lisa is the owner and director of Back Bay Speech Therapy. She works with children and adolescents with speech, language, swallowing and literacy disorders. Lisa also owns a private practice consulting to help therapists to take their private practice to the next level. You can talk to her about your consulting and credentialing needs by calling (617) 213-0388, or visit her at butlerconsultingandcredentialing.com

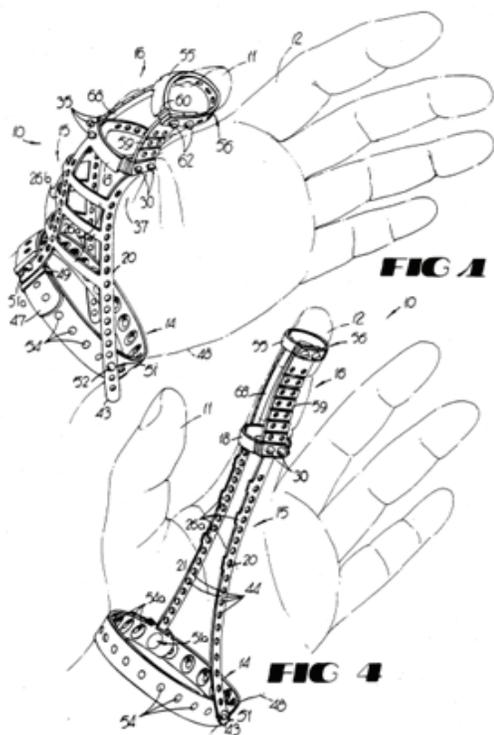
Believe it or not - Thumbsucking Artifacts

by Greta Vigil

While reviewing some modern thumb sucking elimination methods, it surprised me to find that some of the most disturbing “artifacts” were not medieval devices, but were devised a few years ago.

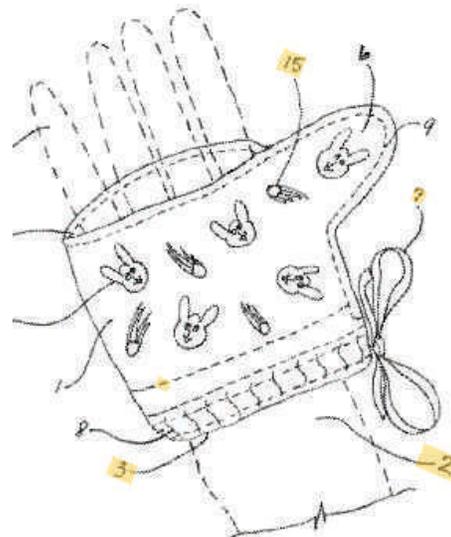
Developed in the last few decades, all of these interesting devices that claim to stop thumb sucking could just as easily be called “developmental delayers”.

I first tried to apply the four basics we use with Unplugging the Thumb, but there was no common ground. I became horrified thinking about the possible damages to a child’s development process when using these devices. While they seem like clever solutions, the rigid nature of these devices inhibits normal manual dexterity and the ability to perform other simple tasks.



The first example is an “apparatus for inhibiting digit sucking” that was patented in 1987. It fits around the wrist of a wearer and includes at least one ring encircling a digit on that hand. I can’t imagine the emotional and physical suffering if the wearer tried to suck the thumb inadvertently.

My second finding is an interesting device for preventing thumb sucking in the form of a glove. Created in 2005, it includes an opening, permitting the fingers to move, while covering the thumb. There are hundreds of similar “glove” products, most of which disable the thumb while restricting the use of the full hand.

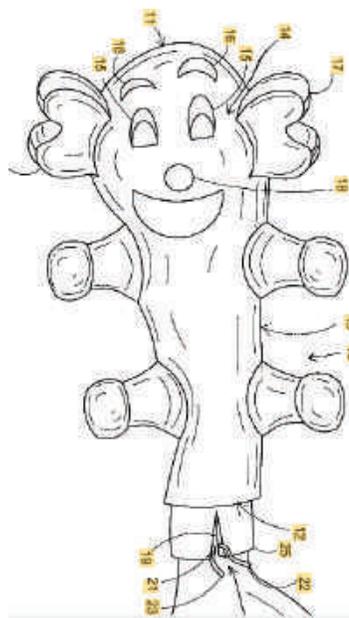


The particular one that caught my attention was an elbow sleeve that prevents the elbow from bending so that the thumb cannot reach the mouth. Created in 2018, it is offered as a method to provide a gradual cessation of the thumb sucking habit. (The numbness of arm muscles is a free benefit!)

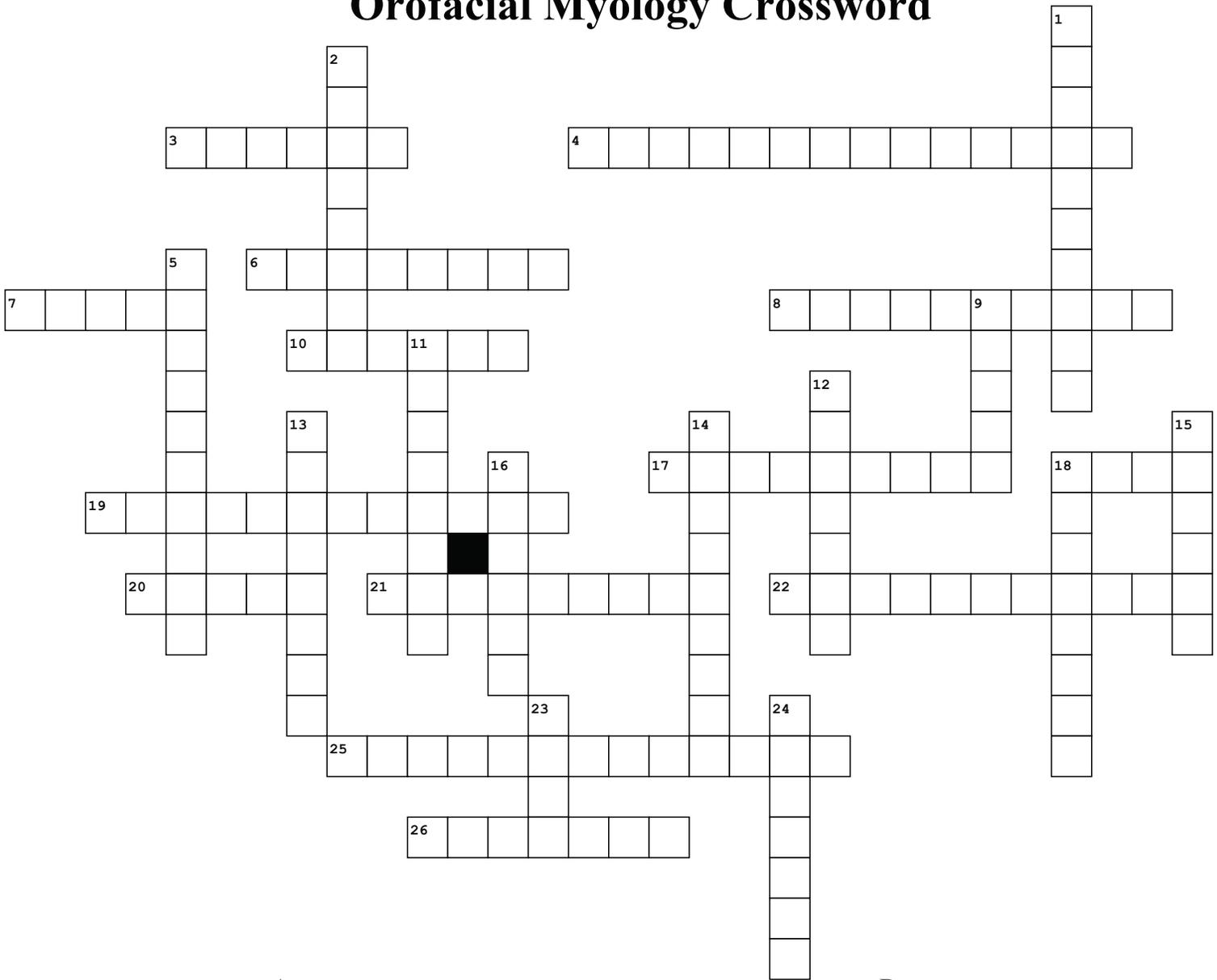
Finally, the malevolent cousin of our beloved Sockie (from our Unplugging the Thumb Habit Elimination Program) was introduced in 2013. It is my guess that this one worked. If I were a child, I would stop sucking my thumb immediately to get away from this scary device!

As compared to approaches that use kind methods that draw upon the child’s own desire and determination to quit the habit, these imposed methods are basically doing the opposite, and risk entrenching the detrimental habits even further. So, we candidly ask ourselves, “What were these inventors thinking when they developed these devices?”....

I am not a clinical person, but it is my humble opinion that there is no answer that involves common sense.



Orofacial Myology Crossword



Across

3. Inside surface area next to the cheek
4. Movement of the articulators between sounds
6. Extent to which the upper central incisors overlap the lower central incisors
7. Creases found on the surface of the upper alveolar ridge
8. Muscle that compresses and stretches the cheeks
10. Related to, or referring to, the lips.
17. Protuberances present on the permanent incisors when they first erupt.
18. Grinding teeth
19. Any deviation from normal occlusion
20. Food chewed and shaped into a ball-like formation
21. One or more teeth are malpositioned in reference to opposing tooth/teeth
22. Act of swallowing
25. Condition where membrane under tongue has limited mobility
26. Upper jaw

Down

1. Having fewer than the normal number of teeth.
2. Open contact between teeth
5. Red external portion of the lips
9. Nostrils
11. The four front teeth of either jaw
12. Horizontal distance from outer surface of lower incisor to inner surface of upper incisor
13. Tooth having two cusps or points
14. Muscles responsible for lifting the mandible vertically
15. Part of the respiratory tract between the pharynx and the trachea ("voice box")
16. Upper surface of the tongue
18. The "pouting muscle"
23. Benign overgrowth of bone
24. Gums

This course is presented by real-time virtual instruction and provides an online learning **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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THE MISSING LINK



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 specialty area. It is important for us to maintain a strong link from state to state and from nation to nation, so that we can grow as individuals and as a respected profession.

The views and opinions expressed are those of the authors and do not necessarily reflect the position held by Neo-Health Services, Inc.

Orofacial Myology Crossword Solution

