



Wishing you a big welcome to our first edition of 2023 and hoping this year brings you all the good results you have worked for and definitely deserve! We offer you some points to ponder in our first page article that will help you step back and take a deeper look at how you promote the services you provide. Becky Ellsworth's article was well

accepted in our last edition, and she has added a Part Two that is sure to "whet one's appetite" to delve into the role of chewing in digestion.

Zohara Nguyen simply could not resist sharing her alluring article on the McGurk Effect, and querying whether this effect could be manifested by myo clients. I won't spoil it by giving you a hint, so be sure to enjoy exploring this fascinating illusion. Don't miss reading Dr. Karen Wuertz's article that describes a new clinical guide on Dental Sleep Medicine to which she contributed a chapter. Those who love being part of the world of orofacial myology will all enjoy our Community Connections section and learning about past and upcoming events.

Mixed here and there within, you'll find short articles of interest such as "Myo on the Go," discussing the importance of the actual environment where clients are practicing and the pros/cons of such locations. A very brief, but uplifting, article describes a few of the struggles and triumphs we experienced while establishing Neo-Health Services' main focus of becoming a premier training organization. It includes a photo of the "Little Red Schoolhouse" where some of our readers attended our course earlier on.

Lisa Butler offers us answers to "How to Become an Insurance Provider," an important question that comes up frequently in our classes and Myo Masters FB Group.

Don't miss the cute animals on page 8 that challenge you to describe their occlusions, as well as learning about a special dog named Bailey. There are even more tidbits and pearls of information and fun tucked into the nooks and crannies of this month's edition.

Enjoy the Orofacial Myology News and if you wish to contribute, contact us and share your ideas. Thank you for being part of our wonderful readership!

## False Promises?

As professionals, we should all be aware from our university training that we must curtail our promises about how effective and how long a treatment program will be with any particular individual. Hopefully, we have all learned that we should not make sweeping statements about "cures"....

Yet, many of us receive phone calls daily from the public, excited about the many things they have read online that promise to correct every symptom they have from sore necks to tight shoulder muscles, TMD pain, sleep apnea, dislike for certain foods and textures, frequent colds, back pain, and an endless list of other ailments. For all of these and more, the caller has found miraculous solutions under the all-inclusive tent of myofunctional therapy (aka orofacial myofunctional therapy, oral myology, oral myofunctional therapy).

As caring providers for our clients and patients, it is our responsibility to review our websites, our FB and other social media descriptions, and our other means of advertisement to ensure that we are not misleading the public. How we word our articles and ads is critical. Of course we want to encourage readers to come for a thorough assessment and consultation, but it is our duty to do so without offering "cure-alls" that are currently all too common as one searches online for help.

You can test this by putting a few words related to our specialty area into your search engine and check out the variety of answers to any single question; seek definitions and see if some of them seem way "off the mark" compared to the more transparent definitions used by professionals that are careful not to veil vague promises of extraordinary relief. Let's be sure we get our definitions and prognoses for success more in sync with what we *know* to be true rather than what we *hope* to be true. Let's not confuse what has worked with some of our clients but not in the numbers implied in our promotional materials.

The more we carefully reflect the state of our art (and science), the better the results will be and the speedier our specialty area will be recognized as a solid source and foundation for the medical and dental worlds.

*"...it is our responsibility to review our websites, our FB and other social media descriptions, and our other means of advertisement to ensure that we are not misleading the public."*

Are You Ready?

MARCH  
28 HOUR COURSE

# Outside of the “mouthbox”

## Biting into Healthy Digestion Part Two: How do you chew?

The last newsletter covered dental malocclusion issues that can affect the ability to properly chew food for optimum digestion. Now we will look at how *the body* is impacted by the way we chew. If you remember, correct chewing involves the correct cusp-fossa relationship between all the teeth to thoroughly masticate the food into fine pieces. Even if one has perfect occlusion, they can still suffer from gastric disturbances such as bloating, heartburn, gas, acid reflux and other problems. Why? Many times, it is related to eating large, uncontrollable bites of food or eating too quickly without taking the time to chew the food completely. In either situation, the body is being robbed of needed nutrients. Let's look into why this occurs and how to address it.

Chewing triggers the salivary glands to release saliva which mixes with the food to make it “swallowable”. The smaller the food particles, the more benefits to the entire digestive system. This implies that the food is chewed slowly and thoroughly. The process of digestion starts in the mouth and is facilitated by enzymes present in various salivary glands. The enzyme, salivary amylase, is secreted to break down complex carbohydrates into simple sugars. Salivary protease is secreted to begin protein digestion and salivary lipase is secreted to initiate fat digestion. Saliva also contains an enzyme called lysosomes that destroy bacteria in foods before swallowing occurs. More saliva is produced by chewing food thoroughly until the food is liquefied, thus allowing the enzymes to have a greater impact on digestion. According to a November 24, 2022, article by Colgate on Nutrition and Oral Health, there are multiple benefits to slowing down and enjoying your food:

- As the saliva breaks down food, this relaxes the stomach allowing the food and nutrients to pass through it more easily. When food is not properly chewed, not enough saliva is produced, forcing the stomach to work harder to digest what was eaten and creating stomach stress.
- Slowly chewing food gives the stomach enough time to alert the brain for satiety. This actually reduces snacking in between meals and can help with weight loss.
- Slow and prolonged chewing, which produces more saliva, can actually help re-mineralize teeth and restore the mouth's pH after eating acids and sugars.

So how does one go about getting all these benefits from chewing to help create a healthy digestive tract? The words “eat slowly” have appeared often in this article, so what does “eat slowly” entail? Depending on which article you read, the suggested number of times to chew one normal-sized bite is anywhere from 10 to 15 chews for softer foods, and up to 32 times for chewier foods, with the average recommendation being 20 chews per bite. One quote actually said, “Chew food until you can drink it!” This means being mindful when eating so that paying attention to your food can lead to eating less, enjoying your food more, and reaping the benefits of a happy, healthy digestive system. More to come about digestion and how it can be impacted by Orofacial Myological issues!

Till next time,

Becky



Becky Ellsworth  
RDH, BS, QOM



# Looking isn't Always Listening: Can myo compensations trick what you "hear"?


by Zohara Nguyen, CCC-SLP, CPSP, QOM

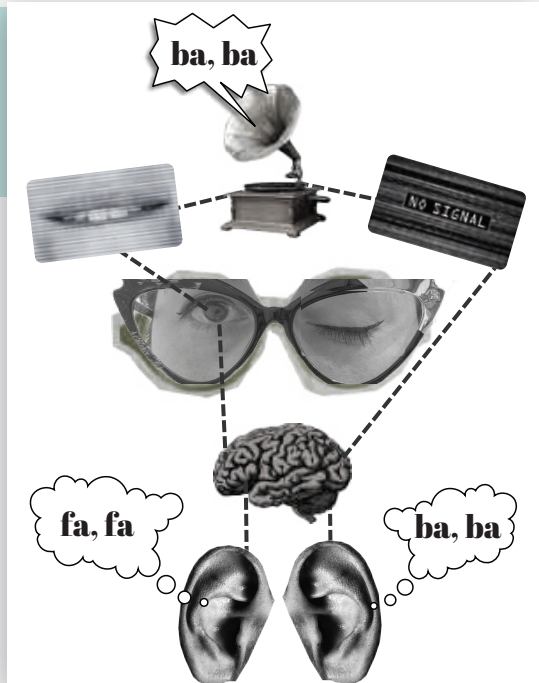
Have you considered that orofacial myofunctional disorders could possibly trick what you "hear"? During recent mask-wearing times you may have noticed that exchanges with store clerks often involved leaning forward and interjecting "sorry, what was that?" Many people found their perception of others' speech to be impacted by mask wearing, not only due to the physical barrier affecting the clarity of sounds, but because unbeknownst to us we "read" lips more than we realize. Have you ever imagined that "reading" lips can deceive you and make you "hear" sounds that are not actually there?

There is a really fascinating illusion called the McGurk Effect that explores this further. The McGurk Effect occurs when mouth movements do not match the sounds. Our perception of others' speech (auditory information - what we believe we hear) can be shaped by conflicting visual information (what we see). For example, when you watch a video of two lips meeting together on the "b" sounds during "ba, ba, ba, ba, ba", the sounds we hear match the mouth movements. However, when a video of a mouth, where its upper teeth touch the lower lip, is dubbed with the same sounds "ba, ba, ba, ba, ba", what we see changes what we hear. We believe that we hear the "ba" sounds become "fa" (we associate the contact of the upper teeth to the bottom lip with the "f" sound) Amazingly, "ba, ba, ba, ba, ba" is now heard as "fa, fa, fa, fa, fa". If you close your eyes or look away and play the video again, "ba, ba, ba, ba, ba" will be magically restored because the mouth movements that you saw are no longer overriding the sounds!

The McGurk Effect even applies to sentences such as: "The guy with the best boats." We no longer "hear" this sentence if the video is mouthing "The guy with the vest, votes." Again, only the mouth movements have changed, but what we believe we hear changes with what we see. This effect is so strong that even when you know you are seeing it in action, most people can't help but be under the spell of the McGurk Effect.

So, what does the McGurk Effect have to do with myo? Many myo-speech clients display orofacial compensations due to orofacial myofunctional disorders such as: grimacing, perioral muscle tension, "tongue thrusting," lip incompetence, mentalis straining, jaw jutting and sliding. Have you considered that these compensations might be reinforcing the McGurk Effect, impacting how speech is "heard"? Since the McGurk Effect demonstrates that our brain will often choose to "believe" visual information over auditory information, it is in our interest as orofacial myologists to match up our clients' mouth movements with the actual sounds they are saying. Might we be improving even more than we expect? Could this information influence your practice as a therapist?

Take the "Does the McGurk Effect Work on You?" Game: [click here to watch the video](#) 



## So . . . you want to set yourself apart this year?

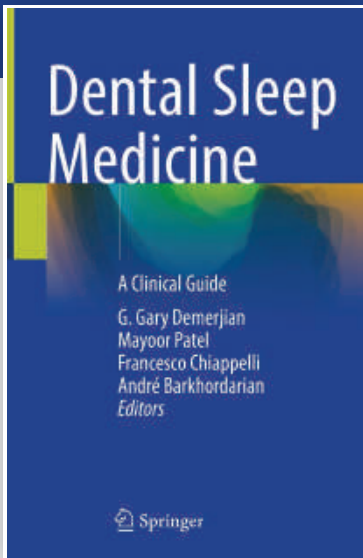
- Do you feel that something is missing to fully help your patients?
- Have you heard of many types of exercises but need a method that is individualized and systematic?

Join us and learn from our passionate instructors. By the end of this 28-hour course, *Orofacial Myology: From Basics to Habituation*, you will feel confident to diagnose and develop an individualized treatment program.

[Register](#)

[More Info](#)

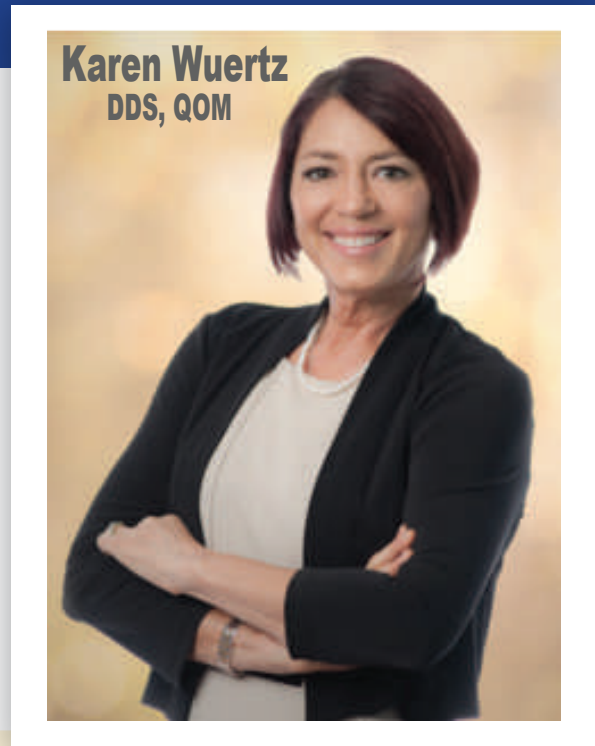




Almost 2 years ago, I was invited to contribute a chapter on pediatric dental sleep medicine.

With my colleagues, we shared information that we believed would be helpful not only to dental professionals, but also for other professionals that play a significant role in identifying infants and children who may be affected by obstructive sleep apnea.

The pediatric chapter is part of a larger project, the *Dental Sleep Medicine: A Clinical Guide*, which provides individual chapters written by specialized researchers and clinicians in the field, making the book a useful guide for dental clinicians all around the world.



#### Abstract

Pediatric dental sleep medicine is a focus on the pediatric population where the craniofacial and head/neck complex is integral to the diagnosis and treatment of obstructive sleep apnea. Sleep disorders in infants and children reflect an interplay among many factors, including development and maintenance of the central nervous system, impact of environmental influences, altered patterns of parent-child interaction, and presence of social stress and other medical conditions. When sleep is interrupted, it can significantly affect the body's ability to repair, grow, and restore itself. It has been hypothesized that these consequences during growth and development could create additional long-term effects. Pediatric obstructive sleep apnea (POSA) has shown an increase in prevalence and has been recognized as one of the most common and underdiagnosed chronic childhood diseases. Dentists can play a significant role in identifying, screening, and recognizing symptoms and physical characteristics that can lead to a referral for a medical diagnosis. With early intervention and recognition of signs and symptoms of POSA, potential adverse health sequelae and comorbid conditions can be prevented. This chapter provides an introduction of pediatric dental sleep medicine that reflects current insights as a starting point to explore this constantly dynamic field.

This book is designed to enable dentists to understand various aspects of dental sleep medicine and to recognize the signs and symptoms of sleep disorders in their patients. It discusses the potential negative impact of a sleep disorder on oral and systemic health, and shows how to collaborate with others in order to implement appropriate patient management. The first part of the book concentrates on the scientific background of sleep medicine in connection to dentistry covering the physiology of sleep, classifications of sleep disorders and their diagnoses as well as medical and dental comorbidities. The second part of the book is dedicated to clinical applications like CPAP therapy, oral appliance therapy, surgical procedures and adjunct therapies. Lastly, the future of dental sleep medicine is discussed. Each chapter is written by specialized researchers and clinicians in the field. This is not only limited to dentists; we welcome other multidisciplinary health professionals to use this as a foundational resource to learn more about sleep breathing disorders.

To purchase *Dental Sleep Medicine: A Clinical Guide* click here 

[link.springer.com/book/10.1007/978-3-031-10646-0?sap-outbound-id=ED423D7A08EB52BCC38F1395F4A204AC7C27120E](https://link.springer.com/book/10.1007/978-3-031-10646-0?sap-outbound-id=ED423D7A08EB52BCC38F1395F4A204AC7C27120E)

Find more about Dr. Wuertz and contact her at [orofacialmyology.com/orofacial-myology-home/about-us/karen-wuertz/](https://orofacialmyology.com/orofacial-myology-home/about-us/karen-wuertz/)

# 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!

## Upcoming Events:

Hot off the heels of our first wonderful course of 2023, we had our Myo Masters Monthly Meeting on January 29 on Zoom. The next one is on February 26. Our monthly meetings keep our graduates connected and feature numerous topics as requested by them. This month we will have the opportunity to engage in fun, small groups discussing solutions to various myo challenges.

## Myo Connections:

During their travels, SLPs Rebecca Dana and Zohara Nguyen met up in London's oldest wine bar (in a cave!) They first met at our symposium in Canton, Texas, back in 2019 and have kept in touch since!



## Myo Connections happening in March:

We are delighted to see that friendships formed among our wonderful graduates are blooming into new ventures. **Karen Masters, Lindsey Doyle, Kimberly White, Kara Pfister, and Dawn Moore** have created The Myosphere, where they are organizing their first event, Step Up Your Myo Game, in March 2023! Visit [www.themyosphere.com](http://www.themyosphere.com)



with **Kate Chatigny, SLP**

**What did you learn while doing the QOM process?**

The QOM process has become the gold standard at my practice for finding the root cause and treating FUNCTIONAL issues for my patients.

**What does it mean to you to be a QOM?**

I am proud to be highly trained and offer a treatment program that is comprehensive, effective and individualized.

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

During this process I have learned so much and have been able to help my patients make progress with their speech, feeding, breathing and overall health.

**What qualities do you think a QOM needs?**

Organized and Collaborative

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

Learn from every patient!





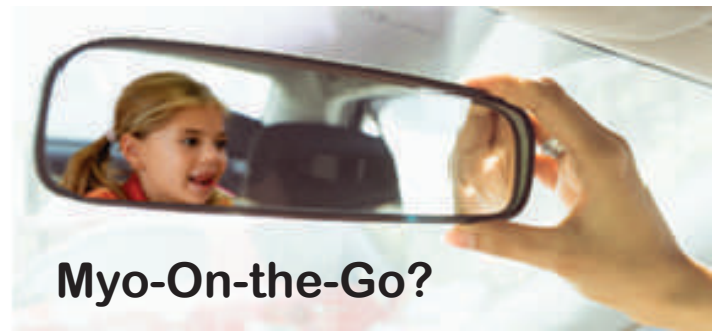
## Mary Irene Burtis May Her Memory Be A Blessing



We remember our Neo- Health grad, Mary Irene Burtis, who passed away peacefully on November 9, 2022, in Edmond, Oklahoma, surrounded by her loving family, including her younger sister, Marguerite Burtis. She received her Bachelor of Science in Speech Pathology and later earned a Master of Science in Speech Pathology from East Texas State University in Commerce

(now Texas A&M at Commerce). After receiving the Certificate of Clinical Competence from the American Speech-Language-Hearing Association, Mary Irene began her lifetime career as a speech-language pathologist in public schools in Texas City, Texas, and later in other Texas public school districts: McAllen, San Antonio, Paris, and Dallas. Mary Irene joined her sister, Marguerite, as a speech-language pathologist in private practice in 1986.

Mary Irene attended our course in December, 2009, in Weston, FL. Our director has fond memories of her first meeting with Mary Irene, at a short course in Texas, where Mary Irene reached out and included Sandra in a family meal and friendly evening of discussion.



## Myo-On-the-Go?

Can myo be done in the car, “on-the-go”, as a convenient way to fit in daily practice? Well, it depends...

The environment of a car does not typically support the following factors that should be considered during practice:

- **Stability** - It is important to have the feet well supported for full-body stability. Are the feet hanging or up on the seat?
- **Mirror/Self-Correction** - The client should be practicing their exercises with a mirror for visual feedback and to adjust their attempts to ensure correct technique. The movement of the car does not lend well to keeping your eye focused on a mirror!
- **Feedback** - The client should be receiving feedback and assistance (as necessary) from a parent or helper. This is awkward to do in the back seat, and impossible if the helper is driving!

Do you think there are any times when myo is appropriate in the car? The only exception our team thought of is working on habitual resting posture (i.e. Do Not Disturb Time). Let's face it, “myo-on-the-go” generally should be a no-go!

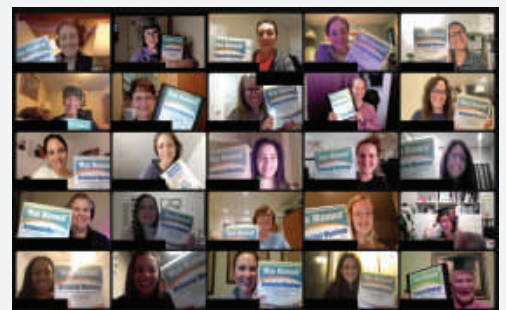
## From Humble Beginnings Come Great Things

When we began offering courses, we often had 2 or 3 students and were thrilled if we had 5! We would meet at a community center, a therapist's office, or the back room of a restaurant. Then in 2013, we purchased property in Orlando and developed what became known as “The Little Red School House”. There, we could accommodate a maximum of 6-8 people, but as the demand for our classes grew, we added on a conference room that could hold 14-16 people. In time, our team expanded, and we found ourselves traveling more extensively throughout the US and Canada. Occasionally we were asked to offer our courses online; however, at that time our team refused to consider it, believing the only option was a recorded class to which we were all opposed. We highly valued our interaction and ability to work personally with every attendee. We didn't even know if it was possible to replicate the “feel” of our in-person class virtually. Then came the pandemic lockdown. We were devastated, but extremely motivated to find a way to continue our important work, training speech and dental professionals. Brainstorming as a team, we explored all possibilities of ZOOM and virtual training...and tiptoed into our first virtual class quite quickly.

To our delight, the comments received from the attendees were filled with gratitude for the individualized attention and detail provided. They were especially pleased with their ability to actively participate and ask questions about all aspects of the assessment and treatment program.

Once the lockdown was lifted, we considered the next step and reviewed past virtual class comments. Most attendees expressed that it was more convenient to take our virtual training, saving the travel expenses and time away from family. We also noted that just like in former in-person classes, no one wanted to leave our virtual classes at the conclusion!

From our humble beginnings, we have been determined to live up to the accolades expressed by our course graduates with regard to our integrity and high values.



# So you want to be an insurance provider?

You'll need to register for an NPI (see previous newsletters for step by step directions). Before starting your CAQH application you'll need to get malpractice insurance. You will not be able to complete your CAQH profile without it.

The following is not an exhaustive list but here are a few companies that sell malpractice insurance for speech language pathologist:

- HPSO
- Proliability
- Hiscox
- AMBA (formerly Mercer)

It is recommended that you get a few quotes and choose the right policy for your practice.



**Lisa Butler,**  
**MS CCC-SLP, QOM**



You'll need to gather some information for your CAQH profile:

- Basic personal information
- Education and Training
  - Undergraduate School
  - Graduate School
  - Internships
- Specialties and Board Certification
- Practice Location Information
  - Practice name and type
  - Address and contact information
  - Billing, office manager, and credentialing contact
  - Services, certifications, limitation, and hours of operation
  - Partners and covering colleagues
- Malpractice Insurance Information
- Work History and References

Once you enter this information, you'll need to attest to the accuracy of the information provided and add your malpractice forms. Each state may differ by disclosures required for signature but they will appear in your documents section.

I'd like to note, only SLP's can accept medical insurance at this time.

If this process seems overwhelming, reach out to a credentialing specialist at Butler Consulting to help you in this process.

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](http://butlerconsultingandcredentialing.com)



Before working with the following patients, please be sure to identify their occlusions

1



2



3



4



5



Having difficulty? Go to last page for help.

# Meet Bailey




Bailey is a 5-year-old Goldendoodle and has been a therapy dog for the past three years. Her owner and handler, Mackenzi, is a Speech Language Pathologist and QOM at the University of Florida. Every other week, Bailey conducts her rounds as a therapy dog at UF Health Shands Hospital and the UF Clinical Research Center, where she visits patients and hospital staff. The staff gets very excited to see her, and she them! Mackenzi and Bailey visit patients who are receiving infusions or keep them company during an echocardiogram. Bailey recognizes that hospitals can be a scary experience for the younger patients; she is the best distraction when they need to have a procedure, like a blood draw. She has learned MANY tricks and commands that she will proudly perform, including "wave," "sit pretty," "whisper," "wait" and "dance." She will even close a cabinet that is accidentally left open!

During the height of the pandemic, Bailey became very antsy because she was not allowed into facilities to do therapy work. Mackenzi said, "I saw an immediate change in her demeanor when we were finally allowed to return. I feel as though she knows she has a job to do, and she looks forward to it with each visit." Mackenzi takes pride in the dedicated training she has developed with Bailey. Just as our orofacial myology patients are expected to practice their exercises each week, Bailey continues to learn new tricks and reinforce her skills on a daily basis as well.



# 3 Tools to Keep Myo Practice on Track

Orofacial myofunctional therapy requires clients to be vigilant with their home practice to integrate and habituate their new skills. We have assembled **3 tools** of varying technical-ability to kick home-practice procrastination to the curb!

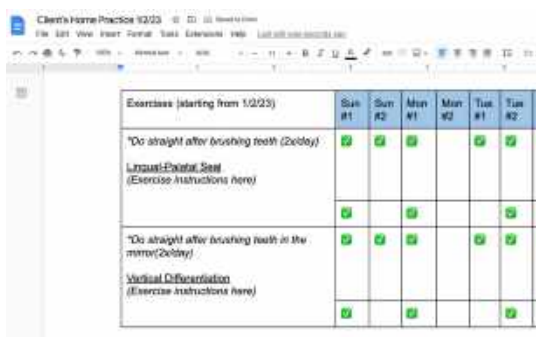



**1. The "Tech-Savvy" Option - *The HabitShare app***  
Connect with your client on the app and track between sessions the exercises completed and their daily progress.

Pros: Free on App Store and Google Play. No printing of sheets required and no "my dog ate my homework" excuses! Good for tech-savvy clients on-the-go and easy to use on mobile or tablet/iPad. The therapist can observe the client's progress on the app if they are app "friends." HabitShare includes reminders to do practice and is a good option for teenagers and adults to independently keep on top of their practice.

**2. The "Practical-but-Techy" Option - *Google Docs/ Google Sheets***  
"Share" Google Docs forms or Google Sheets exercise charts with your client to track their daily home practice.

Pros: Free to those with a Google Account and convenient for clients who use their computers daily. Clients can update the forms online to record their progress, viewable real-time to the therapist and client. No printing required but it can be easily printed as a hard copy to bring to in-person sessions.





**3. The "Fool-Proof" Option - *Orofacial Myology Assignment Sheets***  
Sometimes the fool-proof, traditional way is the best way! Recording home practice is convenient and easy with attractive printed assignment sheets/charts available in our online store: [orofacialmyology.com/product/orofacial-myology-charts/](http://orofacialmyology.com/product/orofacial-myology-charts/)

Pros: Users do not need to be tech-savvy, design options for adults and kids with colorful choices, sheets can be laminated and reused.

## Short Courses Accessible 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** 

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

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

**Becky Ellsworth**  
RDH, BS, COM, QOM

**Zohara Nguyen**  
CCC-SLP, CPSP, QOM

**Jamesa Treadwell**  
BSDH, RDH, COM, QOM

With contributions by **Karen Wuertz** DDS, QOM

**Call: 954 461 1114**

**Email: [info@orofacialmyology.info](mailto:info@orofacialmyology.info)**

- *"I loved how every question was answered. One of the best courses I have ever been to and I actually think it was FABULOUS over Zoom - a really effective way of presenting and such high-quality support provided."*
- *This course was by far the best experience I have had. It was career changing as an SLP."*
- *This course truly is "the missing link." As a pediatric dentist I can use and apply the knowledge I learned from this course to better serve my patients and to truly make a difference in their lives.*
- *"Thanks again for the great course! I went home and was able to immediately start using the exercises on my patients and have already seen a dramatic change in their lingual movement and control!"*

Read more...



**OrofacialMyology.com**  
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.

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Identification of Occlusions
1. Underjet
  2. End to end
  3. Crossbite
  4. Underjet
  5. Abnormal overjet