Orofacial Myology News

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Greetings to all of you and welcome to our Spring Edition of the Orofacial Myology News!

We are fortunate this edition to have some in-depth articles on areas of interest expressed by you in our courses, emails, and phone calls. The first article calls attention to the importance of correct word usage and why "tongue thrust" should be examined with regard to how we use it, when we use it, and with whom we should use it. Then find Zohara's column where she shares information about lip enhancements that cause us to think about it in new ways. Becky wanted to dive a bit deeper into oral habits prior to her soon-to-be-released Extinquished! protocol for teens and adults; she shares some statistics about oral habits in her article that might be surprising. In a new column, Myo Business Minute, Christina Bridges gives us important details about taxes and myo practice, something that is on all our minds. Leigh-Anne D'Avanzo shares some of the insider info related to airway and sleep issues among her clients and those she has observed and treated in her current and past position with a large dental group. Dr. Karen Wuertz goes over the ins and outs about insurance coverage for orofacial myology treatment, primarily related to ankyloglossia. For fun, we asked a few people closely related to our myo world, but not professionally related, how they see our myo world through their non myo eyes. This edition features our own Carma's comments that you will enjoy reading. There is more inside for you to contemplate, enjoy, and hopefully to stimulate your thinking processes…so continue to read and to indulge in your Myo Experience.

Sandra R. Holtzman

Tongue Thrust, a misnomer?

While most of us know that the term "tongue thrust" is antiquated and does not describe an orofacial myological (myofunctional) disorder, we continue to see that term used. It may be acceptable to explain the presence of the tongue's being "thrust" between the teeth as a symptom of a disorder; however, claiming that tongue thrust is the actual disorder is not correct. A tongue thrust is not a problem in and of itself, but rather one of many symptoms underlying an orofacial myological disorder.

The thrusting movement between the teeth and the resultant open bite were among the earliest symptoms noted by dentists many decades ago. Sadly, far too many professionals and lay persons seem to have "stuck" with that term and continue to use it incorrectly to describe the actual disorder. Since terminology can act to assist progress or impede it, the research and knowledge that is available now should be taken into consideration when addressing any type of audience or readership. An example of an article was called to my attention. We will look at only a few of the claims and solutions brought forth that are not consistent with what we have known for many years. I am placing links to articles where you will find information that explains the errors in the claims.

The article's claims:

1. Tongue thrust appears when the tongue presses forward too far in the mouth, resulting in an abnormal orthodontic condition called an "open bite."

Comment: The forward placement or brief "thrust" between the teeth during swallows does NOT cause an open bite. orofacialmyology.com/wp-content/uploads/2017/10/orofacial-myology-myths-that-persist-about-orofacial-myology.pdf (Read Myth #1 in particular)

2. Tongue thrust (which the author describes as an actual condition) causes a swallowing pattern known as reverse swallow.

Comment: The term "reverse swallow" is also antiquated (as is infantile swallow). We understand now that a swallow cannot be in "reverse" or it would be similar to an act of spitting, perhaps! The tongue moves forward in many types of orofacial myological disorders but that is not swallowing in reverse. As found in some of

CONTINUE READING AT PAGE 2

July 2023
"Enhance Your Prior Myo Skills"
FROM CONFUSION TO QUALIFICATION
A MYO SUPPLEMENTAL COURSE

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

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

Introducing a new section

Since 2010 our Orofacial Myology Q & A and case studies, have been available to our website visitors. Sandra Holtzman, our founder, has spent many hours answering questions from her students as well as many other professionals and others who have reached out for advice. With the hope that visitors would benefit from them as well, we created this section on our website. Below, we have posted one of the questions. The answer is found at the following link:

Q: I notice many of my clients incorporate outside muscles when first learning some of the exercises. Should I pay attention to these extraneous movements and call attention to them?
Thank you so much!

We invite you to click here to find the answer to this particular one.

CONTINUE READING FROM PAGE 1

the included links, it is known that the forward movement of the tongue during swallowing and speaking is a reaction to, and not a cause of, malocclusions, speech disorders, or eating difficulties. Much of the time the undesirable tongue placement is compensatory or obligatory, meaning that certain conditions exist that necessitate a forward position of the tongue in order to enhance the ability to breathe, chew, and speak.

3. They might also have a larger-than-normal tongue.

Comment: The tongue is of normal size with the population typically seen for orofacial myology treatment. While true macroglossia does exist in the rare instance of conditions such as Beckwith-Wiedemann syndrome, these clients are not typically seen for orofacial myology (myofunctional) therapy. People with Down Syndrome were once thought to have greater-than-typically-sized tongues, but we know now that it is the maxilla and other factors that affect the appearance and placement of the tongue in those cases. The tongue is of normal size.

orofacialmyology.com/wp-content/uploads/2018/03/2017-october-orofacial-myology-news.pdf
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4. A number of different healthcare professionals can diagnose tongue thrust, including:

- general practitioners
- pediatricians
- speech pathologists
- dentists
- orthodontists

Some practitioners may evaluate swallowing patterns by holding down the bottom lip to watch how you or your child swallows.

Comment: By suggesting that the reader obtain diagnosis from certain practitioners, this author is making an assumption that this specialty area is included in typical professional training, which is rarely, if ever, the case. Only those specially trained can reliably diagnose an orofacial myofunctional disorder. The same is true for treatment. Acceptable training is imperative prior to assessing or treating patients. Additionally, merely pulling down the lip is not by any means an acceptable method of assessing/evaluating an OMD since doing so is more likely to instigate an unnatural swallow. orofacialmyology.com/incorrect-swallow-evaluation-creates-false-positive/

The purpose of this article is not to criticize this or any other individual who is earnestly trying to get the word out and give advice, but rather to call attention to the importance of doing proper research in order to stay state of the art, and also to be well versed in the research and studies that have been solid and withstanding throughout the history and growth of orofacial myology as a specialty area for dental, medical, and speech pathology professionals.

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https://orofacialmyology.com/incorrect-swallow-evaluation-creates-false-positive/

Flipping the Myo Narrative on Lip Enhancements

by Zohara Nguyen, CCC-SLP, CPSP, QOM

Not all are "born with it" but many want it - luscious "Instagram" lips. Since the early 2000s "lip enhancement or augmentation" procedures have become increasingly popular and are now commonplace. Everyday people under 30 are currently the main population seeking lip fillers. Some adults seek lip enhancement to normalize atypical structures: for asymmetries in their lips to be more even, to cover their gummy smile, to summon a seemingly non-existent top lip. Our course attendees ask us, "Can you do myo with someone who has had lip filler or lip botox?". An educated guess would be "probably not", but having a "hunch" does not answer this topical conundrum. We could go and ask the general public. However, they don't necessarily have the fine-tuned insights into oral function that orofacial myologists have. What if we were to flip the narrative onto orofacial myologists themselves and ask - "Can orofacial myologists who have had lip filler or lip botox do myo?"

A scarcity of information regarding myofunctional treatment compliance or competence due to lip enhancement procedures led me to investigate this myself. It's not what you think… I did not get lip filler for this article! Instead I contacted a couple of orofacial myologists who had had first-hand experience. The first one, in her early 40s, had a "lip flip", which is botox in or above the upper portion of the orbicularis oris. This relaxes the muscle and "flips" the top lip up. Following her lip flip, she had experienced two months of difficulty drinking with a straw or from a cup. She laughed nervously as she continued to report other dysfunctions. She recalled spillage of liquid and unsightly compensations of her tongue when she tried to brush her teeth. As expected, this impaired oral function was a hard "pill to swallow" for an orofacial myologist! To make matters worse, this cosmetic mishap affected her work as an orofacial myologist; she couldn't demonstrate lip resistance and lip shaping exercises, or even drinking exercises. She didn't realize that the lip flip would affect her functionally like it did. She did not return for another round of botox.

Another orofacial myologist shared her tale of lip enhancement, this time with lip filler. This is known to add volume to the lips with the injection of hyaluronic acid. Following this quick procedure, she had difficulty drinking from straws. Like the other orofacial myologist with the lip flip, she could not demonstrate lip exercises or drinking exercises properly to her myo clients. Her sister also opted for lip filler and "could not drink normally" for one month. This orofacial myologist, too, stopped getting lip enhancements following her experience. Now she ensures that adult clients report any current lip enhancement treatments.

While researching this topic, I heard and read that sometimes there are strict orders to follow after receiving lip filler to prevent a "lumpy" result and to prevent filler migrating away from the lips. That seems unbelievable, doesn't it? These caveats involve avoiding numerous actions for a few days to a few weeks, including: drinking from a straw or water bottle, kissing, oral sex, sleeping on your face, or physical exercise (as you can see, the first example is practiced in myo treatment). It's also important to note that the swelling post-injection can impact lip and oral function for numerous days too.

The quandary is not limited to the inability for these clients and orofacial myologists to do myo exercises, as is often the butt of botox jokes ("But I AM smiling!"). The problem also extends to the limitation of what they should do post-injection. Both conditions can potentially limit myo competence and compliance. So before advancing into treatment, orofacial myologists should ask clients if they receive lip fillers or lip botox, and how often. As for orofacial myologists considering lip fillers or lip Botox, they should devise a backup plan using an arsenal of creative myo resources for their clients, should their lips suffer from style over function.

If you have any additional insights, interesting research, or comments about this topic, please get in touch with me at:

zohara@orofacialmyology.com

Is a Frenectomy covered as a Medical or Dental procedure?

Frenectomy procedures are performed primarily on infants and children and may involve the removal of one or both frena from the mouth. Recent statistics given by the American Academy of Pediatric Dentistry illustrate the number of frenotomy/frenectomy procedures performed is growing, and shows a 90 percent increase in recent years.

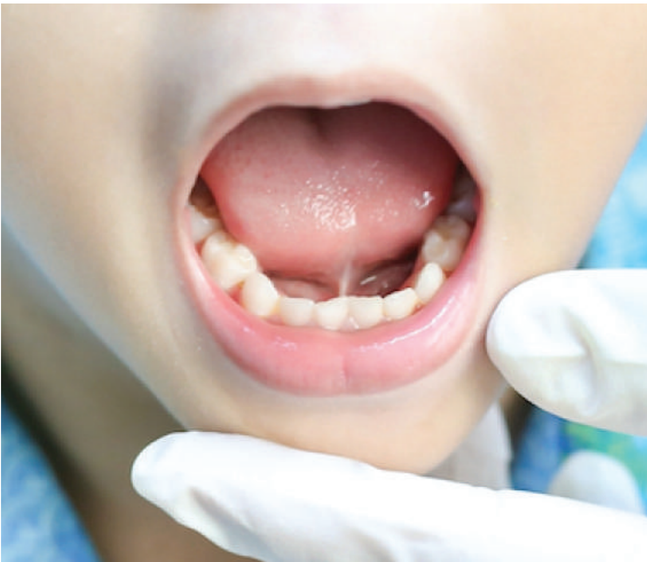
A frenectomy is considered medical in nature if there is a problem feeding newborns or if it is required to correct a congenital malformation known as ankyloglossia.

It also implies that a frenectomy is medically necessary and is accompanied by the following common symptoms such as difficulty with feeding/eating, chewing, swallowing or if there is a speech impairment or difficulty with articulation.

Depending on whom you ask, surgeries associated with the lingual, labial and the buccal frena can be considered either a dental or medical procedure.

Some Insurance companies will cover a dentist performing the procedure if the dentist's office knows how to bill medical insurance. If a specialty dentist provides sleep medicine or TMJ services, they often already have the system in place to bill medical insurance.

One of the most frustrating things about billing medical or dental insurance is that the inclusion or exclusion of a frenectomy code does not necessarily indicate coverage. Additionally, Codes that are listed as covered, may have selection criteria that must be met--- and conveniently, insurance companies rarely provide the description of that criteria.



States with Medicaid programs will sometimes cover frenectomy procedures when they affect breastfeeding; however, a pre-authorization is usually required and can have age restrictions for infants.

Because there are countless numbers of medical and dental plans across the United States, it's important to obtain, in advance, a verification of deductibles, coinsurance amounts and to determine if a pre-authorization is required for coverage.

With increased awareness about these life changing procedures, I remain hopeful that eventually people of all ages will receive the intervention needed to improve feeding/eating, chewing, swallowing and speech.

Find more about Dr. Wuertz and contact her at 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!

Myo Connections at The MyoSphere Conference

In March/early April our course instructor, Zohara Nguyen, presented 'Multiples & Myo: Comparing OMDs in a Set of Triplets' at The MyoSphere's "Step Up Your Myo Game" Conference in Myrtle Beach, SC. The unique topic put forth questions about the connections of myofunctional issues with preterm births and twin/triplet populations. The presentation's highlight was the comparison of myofunctional evaluations from a case study of three adult triplets, including two identical men.

There were many familiar faces at the conference, and finally some meet ups of people who had only ever met virtually! It was a wonderful collective of like-minded professionals, many of whom were Neo-Health graduates (and 15 QOMs in attendance!)

with Shreena Bhojani (SLP)

What did you learn while doing the QOM process?
I learned so much more about the oral motor structure and process than I ever thought I could.

What does it mean to you to be a QOM?
It means being a more well rounded SLP who can assist in areas where others have run out of answers.

How has attaining the QOM helped you professionally or helped your practice?
I have been able to use these practices with one of my clients at my clinic. I have also been able to refer out to a QOM for a formal assessment (as I provide my NY based services over Zoom) and connect the student's mom to the network for QOMs that we have :)

What qualities do you think a QOM needs?
Empathy, determination, dedication, patience, and is encouraging!

What advice do you have for your peers who are doing/want to do the QOM process?
Do it! It opens up your SLP mind to so many more possibilities and provides a clear cut path to serving our students who need a little extra help with their oral structure

This course was incredible. I can't speak highly enough of the structure, material, instructors, and just general community that Neo-Health has provided. I learned so much about the subject and it has created a new vision for me when approaching my students with these needs. I feel so much more knowledgeable and confident in my skills. The Neo-health instructors and team are also incredible - they are always there to respond to questions even when your course is done and create events and a community in which we can all turn to one another for help! I have recommended this course to so many people and obtaining my QOM certification is definitely one of the best achievements of my life!

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

Seeing Myo through the eyes of a non therapist

by Carma Stump

Watching tv will never be the same for me.

Since joining Neo-Health, I turn to my husband and say, "Do you see that jaw jutting out?" "Look at that tongue coming out of their mouth when they speak." "Listen to that lisp on our local news anchor."

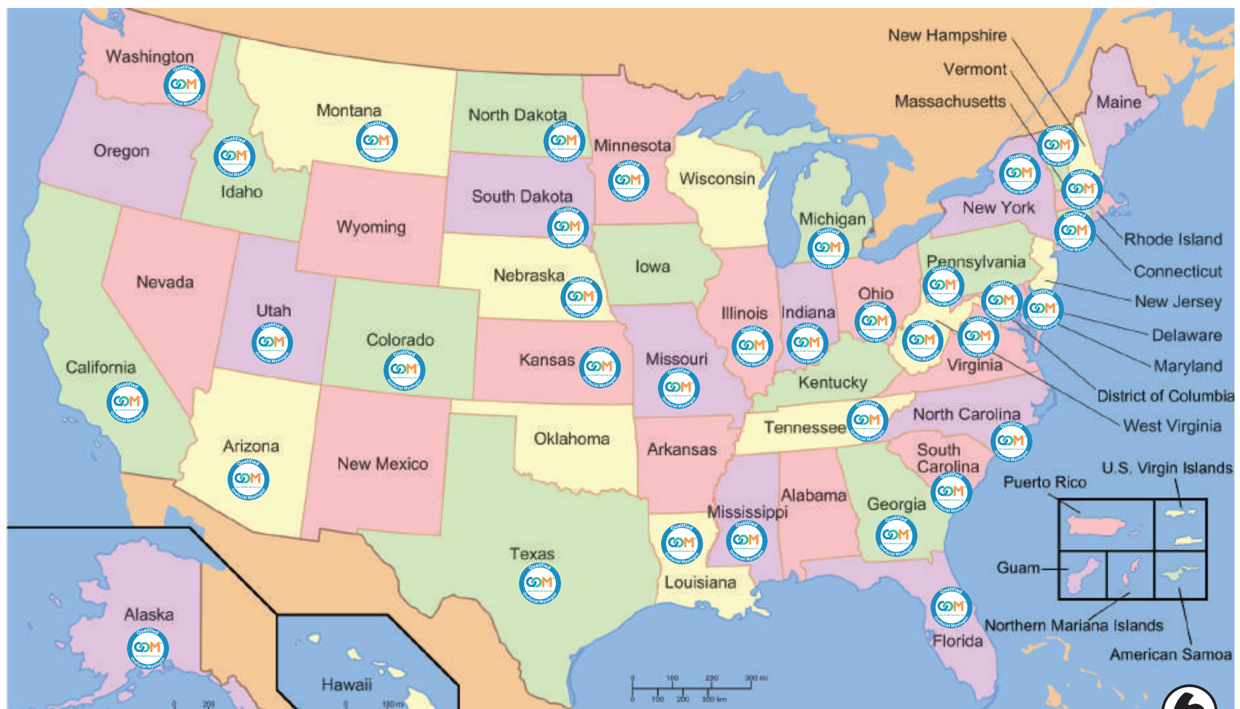
I saw a former classmate I had not seen for many years and only now realized that she is a mouth breather! I'm not sure if I noticed before or not, but if so, I just assumed that's how she was. I never knew all of these things were correctable.

As a child, I remember sleeping at my grandparents' house and asked why they slept in separate bedrooms. That's when I heard about snoring. We had not heard the term sleep apnea or OSA at that time.

Fast forward forty years, I found myself in a similar situation:

My husband began to snore loudly, disrupting my sleep. We didn't want to end up like my grandparents sleeping in separate bedrooms. He went for a sleep study, now uses a CPAP, and now we sleep "soundlessly" together!!!

QOMs across the USA



Myo Business Minute

Christina Bridges, RDH, QOM, LMBT

With the closing of the tax season for 2022, it is time to start planning for 2023. Understanding tax deductions is essential for improving how much of your total gross income you get to keep. This can seem daunting for many of us who are not accustomed to running a business and feel less than savvy on the current tax code.

Why are deductions important? Simple! They deduct from the amount of taxes you will owe to the IRS from your business income.

Gross Income - Deductions = Lower Taxable Income

Your taxable income will be the final amount used to figure your tax liability. In essence you want your taxable income to be as low as possible so that you will owe as little tax as possible.

Deductions are commonly referred to as "write-offs". They are the things you have to purchase or the money you have to spend to make your business happen on a day to day basis. Below is a list of common business expenses that could qualify as a "write-off":

Office rent	Therapy supplies	Office decor/furniture
Office supplies	Internet service (home & office)	Fees for online services
Phone service	Continuing Education T	ravel/meals/hotels
Computers	Credit card processing fees	Tax prep or Accounting fees
Computer software	License renewal fees	Legal services or fees

An often overlooked deduction that can significantly reduce your tax liability is mileage. For every mile you travel as a result of doing business the IRS will allow you 65.5 cents. For example if you traveled 2500 miles for the year 2023, that would add up to $1,637.50. That amount could then be deducted from income and thus lessen taxes owed. Pretty significant! There are rules for figuring this mileage that are worth taking note of. This mileage can not be your daily commute to the office and back home. However, it can be any travel otherwise for the business once you arrive at the office. You would only count the mileage to those places, not the mileage back home at the end of the day. For example, you could count the mileage traveling to offices to drop off business cards. You could also include mileage to continuing education venues. Even a simple trip to the store or post office for your business would count. It really adds up!

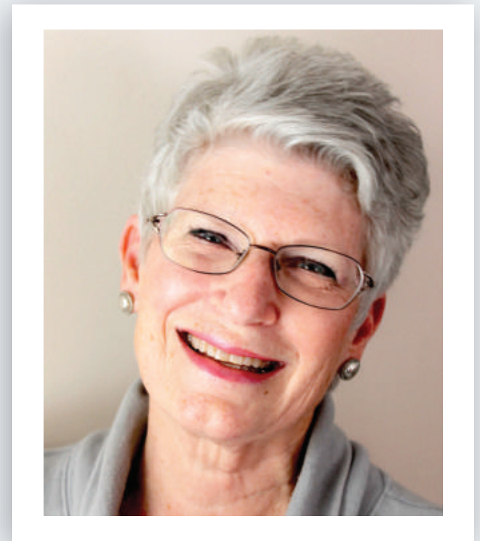
Keeping up with mileage may seem a like a hassle. However, there are numerous mileage tracker apps that can be downloaded to your cell phone to greatly simplify keeping up with this.

Remember, lowering your taxable income equals more money in your pocket! Who doesn't want that? I encourage you to take advantage of the tax benefits afforded to you as a small business. Keep track of your deductions and increase your bottom line!

*Always seek the counsel of a tax professional for your specific tax situation and business structure.

Outside of the "mouthbox"

A Google Search Full of Surprises



Becky Ellsworth
RDH, BS, QOM

As an Orofacial Myologist, knowing that oral habits are one of the main barriers to starting therapy, I decided to do an informal search concerning them. Using Google, I first typed in Oral Habits. The results were a whopping 117,000,000 articles! The second search, I checked out Oral Habits Research Studies which yielded fewer choices to peruse at 72,600,000. Finally, I typed in Tongue Thrust Habit and got a mere 861,000. I will explain my reason for looking at Tongue Thrust Habit articles in a bit….

My thoughts behind this casual search was to see what habits were being studied, the general age of the population, the global locations where the studies were conducted and which professionals assessed the studies. I scanned many different sites to ascertain the answers to these questions. Not surprisingly, the most common occurring habits included thumb sucking, nail biting, cheek biting, bruxism, mouth breathing and tongue thrusting. Depending on the study, the populations tended to be school children between the ages of 5 and 17, and of the studies I reviewed, all were completed outside of the United States. The professionals doing the studies were either Orthodontists or Oral Surgeons.

Two questions came to my mind as I spent my time searching and reading:
Where were studies on adults? Why was tongue thrust viewed as a habit? The area of adult habits is one that is obviously not well covered. This might make sense as it is much easier to conduct a large study in a school setting with hundreds of captive children than to try to find a large group of compliant adults all in one place! That being said, I realized that practicing Orofacial Myologists would be the best place to look for professionals since they can conduct their own studies with their adult patients. Even if the numbers would be fewer than younger age groups, it would be interesting and helpful to reveal which habits are prevalent among adults. Bruxism? Nail biting? Cheek or lip biting? Thumb sucking? Others? By keeping records of the clients' ages, habits, any physical issues caused by it and therapy outcomes, it is much needed information that therapists would welcome and want to share!

Now for a few words about tongue thrusting, mentioned above, and which I said I would explain. Many of the researchers' comments centered around the conclusion that "tongue thrust" is related to the development of open bites. This lead me to my last Google article search on Tongue Thrusting. As an Orofacial Myology course trainer, my Myo Eyes bulged as I continued to find more and more misinformation concerning tongue thrusting in article after article. Granted, there are some articles with the current facts about this issue, but I want to share with you the current "state of the art" information about this subject. As you have probably already read in the front page article, you know that many simply do not understand when and how to use the term "tongue thrust. As SRH shared, it is not an oral habit, but rather a *symptom*, and not the *cause* of the issue. This thinking goes back to the beginning of when "myofunctional therapy" became a "thing", along with the idea that we swallow 2,000 times a day and the thrust puts pounds of pressure against the teeth, thus causing an open bite… all of which is incorrect. This is what I was taught in my first Myo class in the 80's, and it has been debunked since that time. Unfortunately, I read those exact early claims in many current articles, all by dentists and orthodontists. I am certainly not disparaging those who have blazed trails before us, but it is time to change the thinking and update the information we impart.

With limited space, I will save yet another finding for the next edition, when I will talk about the last piece: the many references to the use of oral habit appliances such as cribs and Tongue Tamers among others and the claims that go along with them.

I hope this article has opened up some discussions about keeping track of adult oral habit clients for everyone's benefit by cataloging your findings to publish, and in case you have been using some of the "old" information concerning tongue thrusting, you now have new insights to share :)

Till next time.
Becky

Sleep Disordered Breathing and Obstructive Sleep Apnea

Leigh Anne D'Avanzo RDH, QOM

Do these words sound familiar to you related to your patients? Or maybe your patients are telling you they are not feeling rested after sleeping a full night's sleep? Possibly your patients are telling you they wake up 3 to 4 times in the night to use the bathroom or better yet, they snore and their partner sleeps in the other room! This is a real problem that is not spoken about and typically often "made fun of" because of how loud one can snore, or how embarrassing this subject can be.

According to the American Dental Association's 2017 statement, "Dentists *can* and *do* play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of sleep related breathing disorders."

American Dental Association has also mentioned that sleep apnea, left untreated, can result in several health problems including

- High blood pressure
- Stroke
- Heart failure, irregular heartbeat, and heart attack
- Diabetes
- Depression
- Worsening of ADHA

As orofacial myology professionals, what are we supposed to do, and how can we help our patients with these symptoms? As we know, educating our patients is always top priority and we can do this by knowing what to look for in the orofacial region, such as venous pooling, elongated uvula, and tooth wear from bruxing to name a few that point to possible sleep related breathing disorders.
Our profession has aligned us to help those with these problems by maximizing the movements and shaping of the tongue, lips, and other orofacial muscles.

According to a study published from Stanford University in 2015 "Current literature demonstrates that Myofunctional Therapy exercises decrease apnea hypopnea index by approximately 50% in adults and 62% in children. Lowest oxygen saturations, snoring, and sleepiness outcomes improve in adults. Myofunctional Therapy could serve as an adjunct to other obstructive sleep apnea treatments."

According to another study performed on children in 2020 by Science Direct in the Sleep Medicine Article, "despite heterogeneity in exercises, myofunctional therapy decreased AHI by 43% in children, and increased mean oxygen saturations in children with mild to moderate Obstructive Sleep Apnea (OSA) and can serve as an adjunct Obstructive Sleep Apnea (OSA) treatment."

Ask your patients hard questions such as, do you snore, do you continually wake up at night while sleeping, are you a mouth breather? These simple but hard questions can open doors to share these exciting studies with your patients to let them know there are more ways to help them with this silent disorder.

Citations:

Sci-Hub | Myofunctional Therapy to Treat Obstructive Sleep Apnea:
A Systematic Review and Meta-analysis. Sleep, 38(5), 669–675 | 10.5665/sleep.4652

Myofunctional Therapy to Treat Obstructive Sleep Apnea: A Systematic Review and Meta-analysis | SLEEP | Oxford Academic (oup.com)

Sleep Apnea and Snoring | MouthHealthy - Oral Health Information from the ADA

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

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

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- *"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.

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