



Greetings to all of you, and welcome to our Summer Edition of the Orofacial Myology News. It has been quite a summer for us, indeed! We have updated our website (you can consider it YOUR website as well!) to a more user-friendly format. You will be able to find articles, Q&As, videos to help guide your therapy, along with tools/materials to assist you with assessment and treatment. You will also find a list of Qualified Orofacial Myologists and those who trained with us over the many years we have been offering our course.

Most of our NHS team members have taken at least a wee bit of well-deserved vacation time and yet still managed to keep up with all of their projects, so I am sending my own personal kudos to our NHS team! We had our bi-annual team gathering via ZOOM with treats, games, prizes, and company updates and talked about possibilities of meeting up in person in the near future.

Have you heard the term “differential diagnosis”? Its importance is discussed in the front-page article, Jumping to Conclusions, with hopes that you will be encouraged to think twice or thrice perhaps...when assessing and diagnosing your clients.

Zohara’s article regarding the lingual-palatal seal (LPS) answers questions many of us have had, related to when LPS might be compromised. The included images serve to help us remember certain critical aspects of this important Orofacial Myology related activity.

Becky reviews the important decisions that should be taken into consideration when deciding if and when to provide Orofacial Myology treatment in conjunction with expanders, braces, and Invisalign. We receive questions about this all the time, and Becky wanted to provide a short article where we can direct people to find the answers.

Christina Bridges’ column is near and dear to my heart. It contains information about the need to create a “niche” for oneself when establishing an orofacial myology practice. I am happy she is sharing this with our readers as many are asking how to stand out from others and how to attract attention from the public and referral sources.

As always, the many other short articles and sections with fun facts will be something you can enjoy, as well.

Thank you for your readership and feel free to share this edition with others!

Sincerely,
Sandra R. Holtzman

Jumping to Conclusions

As orofacial myologists, we are aware that various assessment findings can point in more than one direction. Let’s select three examples and discuss them below. During assessment:

1. We find that Client A has a scalloped tongue, and we are aware that this is a symptom frequently paired with sleeping disorders, i.e., OSA.
2. We assess Client B’s mentalis and find it to be “bunched and overdeveloped.” We have heard that the overuse of the mentalis during a strained swallow often results in overdevelopment of the mentalis, causing a bunching or bundling of that muscle.
3. We note that Client C has a substantial open bite. We are alerted to probe deeper into possible oral habit relationships as it is common knowledge that there is often a current or former oral habit that creates an open bite.

These are but a few examples of typical assessment findings that we see on a daily basis. The importance of our conclusions cannot be understated because our assessment drives the individualized treatment plan we create for each client. This is where the importance of a **differential diagnosis** comes into play. While universities once spent hours on this matter in years past, the addition of so many class subjects into the graduate programs seems to have resulted in a minimizing of this important topic.

What, exactly, is *differential diagnosis*? It is using a process to differentiate two or more conditions that have overlapping symptoms.

Using Client A, above, most of us probably know that scalloping is not limited to patients with OSA. It might be the result of clenching habits in the presence of a narrow palate or mandibular arch. It can be present in the rare instances of true macroglossia found in certain syndromes that are accompanied with macroglossia (acromegaly, for example).

Client B might have created a “bunched” mentalis totally unrelated to his swallow pattern. He might have been self-conscious about an open mouth posture and worked relentlessly for years trying to keep his lips closed at rest. Because of a substantial Class II overjet, he struggled diligently to “over stretch” the lower lip to meet the upper lip. He may have been overusing his mentalis to achieve this extended reach.

For Client C, it is important to avoid limiting our focus on oral habits alone. There may be no connection to a former or current oral habit. Is there a skeletal component, something genetic perhaps, that contributes to the open bite? Or perhaps Client C is an older patient whose open bite only recently presented. An interesting article giving details related to this particular phenomena is found at: Broberg, K., Lindskog-Stokland, B., & Meijersjö, C. (2017). Anterior bite opening in adulthood. *The open dentistry journal*, 11, 628.

Our ability to make a differential diagnosis requires us to be able to “rule out” conditions and narrow down to a single condition whenever possible. That makes it imperative for us to refrain from quickly jumping to a conclusion and hurriedly moving forward based on that conclusion....

Expending that extra effort and due diligence reaps benefits to our clients and to our reputation as professionals.



What is Lingual-Palatal Suction and When is it Compromised?

We all recognize the importance of lingual-palatal suction (LPS) for our clients, but have you considered all of the necessary maneuvers to achieve this? Have you considered how it relates to the physics of a suction cup? Take a tiny sip of water and trap it to your palate while holding your lips and mouth open. If you can do this without spillage, you are demonstrating LPS, one of our most important goals in treatment.

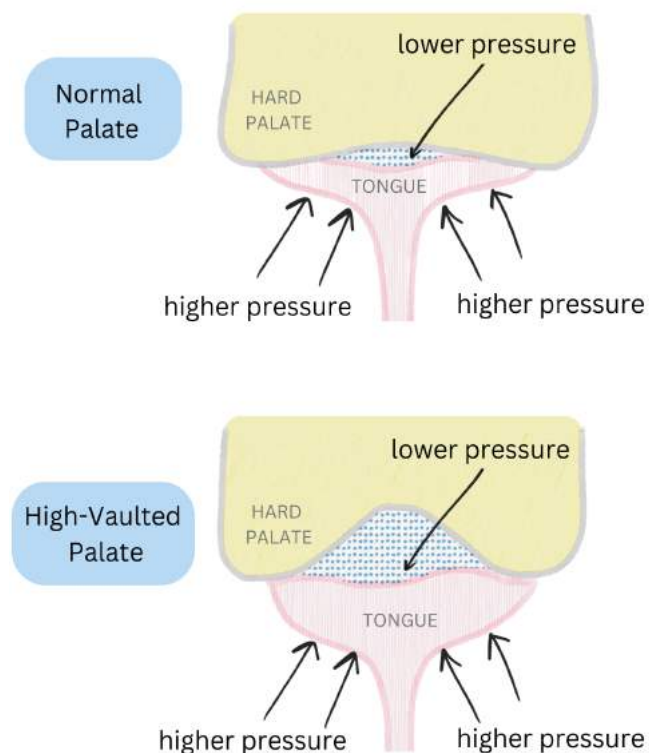
What is the physics of lingual-palatal suction?

As the tongue is pressed flat against the palate and air is forced out, negative pressure (suction) occurs as a result of low pressure air in the chamber between the dorsum of the tongue and the palate. For suction to occur, the atmospheric air pressure outside of the chamber (the rest of the mouth) is higher than the air pressure inside of the chamber. Since atmospheric pressure tries to equalize by moving high pressure towards areas of lower pressure, the underside of the tongue pushes towards the palate, allowing it to maintain lingual suction once some air is squeezed out. Of course a seal around the chamber reinforces the LPS. Not only do the borders of the tongue have to seal to the palate, but the posterior of the tongue contacts the soft palate to create a posterior seal. Saliva also contributes to lingual suction, since it creates a tighter seal around these borders (it's a known fact that suction cups work even better when you wet them)!

Altering lingual-palatal suction and the physics of "tongue clicks".

Did you know that we can alter LPS at will? We can do this by creating a light lingual suction (the underside of the tongue looks soft), or we can initiate a forceful lingual suction (creating dark caves under our tongue). By lifting the posterior of the tongue towards the palate, we reduce the lingual-palatal pressure and enhance the suction created. When we break this suction by pulling the tongue away from the palate, there is a sudden change in air pressure as the air equalizes. The sudden change in pressure from low to higher atmospheric pressure creates a pressure wave which is interpreted as a "click" or a "giddy-up" sound.

Lingual-Palatal Suction & Hard Palate Shape



by Zohara Nguyen, CCC-SLP, CPSP, QOM

DID YOU KNOW?

If we could be in outer space without helmets, we would not be able to perform LPS because there is no atmospheric pressure for suction to occur.

Which oral issues can affect lingual suction?

There are a few variations in palatal presentations that should be considered in myo because they can influence lingual suction skills. Hence, clients with these presentations should be maximized, with a likelihood of treatment modifications.

- **A high vaulted hard palate** - Lingual suction might be weaker since the vault of the palate makes it physically difficult to force air out to an appropriately low pressure for adequate suction. You might notice that individuals with high palatal vaults often move their tongue tip into the vault or jam the middle of their tongue up into the vault. This reduces the air pressure in the chamber to achieve a stronger lingual suction.
- **Narrow dental and palatal arches** - For those with narrow dental and palatal arches, issues might arise when attempting to create LPS, due to the lack of space. This can result in overflow onto the occlusal surfaces of the teeth. Overflow forms gaps in the seal and opportunities for air to escape.
- **Repaired cleft palate** - Lingual suction might not be successful due to a lack of complete posterior tongue contact with a repaired soft palate. As stated above, difficulties might also occur with a narrow, V-shaped palate post-repair or if there is a tiny fistula post-repair.
- **Palatal torus** - Depending on the size of the torus, it might occupy too much palatal space. Some tori are so large that they could interfere with the "flat" suction of the tongue to the palate and its ability to be maintained.

From the above examples, we realize there are many components and considerations to be taken into account when planning treatment for individuals with differences in their palatal structures. Understanding the physics helps us to deeply understand the tasks that clients are being asked to do in treatment, and the modifications needed for long-term progress to "stick".

Featured Q&A

The Neo-Health Services team has spent many hours answering numerous questions from our course “grads”, patients and professionals. We have made these questions available and posted them to our website along with the answers to help others who reach out for similar advice. They can all be found at [Orofacial Myology Q&A](#).

Below are two examples:

Clients incorporate outside muscles when first learning some of the exercises

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?

A: While ultimately we don't want to have the extraneous or straining movements occurring, we often have to ignore this additional activity with some early exercises, allowing them to focus on the exercise's main goals. For example, neck strain or shoulder tensing might accompany an early basic exercise. Once they have established that they are able to perform the exercise reasonably well, that is the time to call attention to the unnecessary movements and eliminate them since they will have had the basic early skills under their belt by then.

How long is an Orofacial Myology evaluation?

Q: How long should we allow for an evaluation?

A: I allow 90 minutes. We are frequently finished in less time, usually around 60 minutes, but I would rather have that extra time in case something comes up such as the following examples:

1. There are complications I was unable to determine, even from my extensive phone discussion prior to the appointment. I might have to administer different types of assessments that were unexpected.
2. A negative oral habit is discovered that was unknown prior to the actual appointment. This requires extra time to address properly.
3. The patient or adult has several questions that need to be answered before they are comfortable setting up their first appointment.
4. Scheduling is compromised because of prior appointments during the day and I am running a little bit late and do not want it to interfere with providing an adequate and thorough evaluation and oral exam.

Unplugging The Thumb

Correct the problem in an unstressed way



Therapist Refill Pack

Already have Unplugging the Thumb? The Therapist Refill Pack is now available to those who already own the UTT kit. It includes all of the personal items you need for each *additional* client. Take advantage of this great savings...Order the Therapist Refill Pack for each future client, rather than having to purchase the entire UTT kit again.

[Click here to order.](#)

Note to NHS Grads: This item is still available on the Myo Grads private page with the grad's special discount.

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!

Information sur les Troubles Orofaciaux Miofonctionnels (TOM)

pour les Professionnels
et les Parents

par Robert M. Mason, DMD, PhD

Many thanks to our outstanding recent grad, Emna Dkhil, from Tunisia who translated our brochure, *Information about Orofacial Myology Disorders*, into French. It was created to introduce important concepts to professionals and parents. It is available by download to our all of course graduates along with the Spanish and English versions. Additionally, Emna is coordinating with another notable Neo-Health graduate, Dr. Sabi Sika Boni Guessou, an orthodontist from Benin, who is in the process of translating the Myo Manual into French. At some future time, they hope to also provide us with an Arabic version of the Myo Manual.



Emna Dkhil, SLP



with Julie Paulson (SLP)



What did you learn during the QOM process?

Some of the key things that I learned are the importance of appropriate tongue rest posture, the negative impact of poor oral habits, and how to adapt a program to clients' specific needs.

What does it mean to you to be a QOM?

It means a higher standard of care for my clients and a higher level of understanding in the field of Orofacial Myology.

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

I am able to provide better treatment and bring a higher level of expertise and credibility to my practice.

What qualities do you think a QOM needs?

Problem solving, commitment, and adaptability.

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

Do it! You will learn a lot and it will help you to market yourself!

When I started this training, I knew relatively little about Orofacial Myology. The training was very in depth and not only taught the science, but the exact way to remedy OM issues. I was able to begin seeing an entirely new population of clientele, and I even began to notice OM concerns in some of my other clients. Through the process of obtaining my QOM, I was encouraged to adapt, improve, and self reflect on the treatment I was providing. I would recommend it to anyone who is trying to improve their practice!

Our Newest Product: MYO EvalKit

Save time prepping for your myo evaluation by grabbing a MYO EvalKit! Each kit is individually sealed and contains all the tools needed for a thorough assessment.

Includes:

Evaluation Form
Pen/Exam Light
Oral Inspection Mirror
Patient's Mirror
Quick Tongue Tie Assessment (QTT)
Testing Button
Cheek Retractors (choice of S,M,L)
Tongue Depressor
Pair of Exam Gloves
Sanitizing Prep Pads



[Click here to order.](#)



NHS Mid Year Meeting

NHS is known for offering a family environment for both our grads and our team.

Every six months, our entire team comes together to discuss our achievements over the previous months, to talk about our newest adventures and ideas, and to enjoy one another's company even if it is over ZOOM. We always make sure some type of delicious treat arrives prior to the meeting to help us enjoy our time together that much more!

Our recent meeting in July was no exception. We met our newest team members, Jana Charles and LeighAnne D'Avanzo. Jana joins our shipping department and LeighAnne will support our training team. While munching on our snacks, we reminisced about the past, updated one another about our present projects and shared plans for the future of our company. Sandra created several interesting games and challenges related to our progress and all team members ended up winning several prizes.

We are so thankful for our team's endless dedication, collaboration and camaraderie. It is why NHS continues to be the headquarters for orofacial myofunctional training, therapy tools and information for speech pathologists and dental professionals.



Outside of the “mouthbox”

“Can we do Myo Treatment while people are in expansion, in braces, or in Invisalign?”

This common and relevant question has three different parts to it. I’ll touch upon each one generally (while there are exceptions to every rule, this information covers *usual* situations related to expansion, braces and Invisalign).

Expansion: The main reason for expansion is that the palate is too narrow for the tongue to fit within the palatal arch. This information should be examined during a full Orofacial Myological evaluation. If the tongue is overlapping moderately to excessively and the arch is more V-shaped, it will be necessary to expand before starting therapy. On the other hand, if the tongue can fit with slight overlap during suction, and you believe that within a few additional sessions the tongue will fit adequately, then therapy can begin. Usually, the client will be in expansion for about 6 months creating changes in the oral structures. This can compromise the quality of Myo treatment. There may be exceptions on occasion. For example, if the client has an open lips rest posture, but has a patent airway (nose breather) and no labial frenum restrictions, you may assign some appropriate lip exercises. In short, the answer is *not to do treatment during expansion* (with the rare exception of certain lip exercises when necessary). Wait!

Braces: It’s best to complete Myo therapy prior to placing braces. If therapy is completed prior to braces, it will reduce the wearing time since the tongue, lips and mandible will be in their correct rest postures. Of course, this is dependent upon the form/structures. If a Myo client comes to you with braces already on, and the form of the palate is not an issue, by all means proceed with treatment. If the client’s braces have been removed, absolutely work with the client as the probability of orthodontic relapse is highly likely. This is an excellent reason for an orthodontist to have an Orofacial Myologist as part of their adjunct team!

Invisalign: If your client is wearing Invisalign, it is quite possible to work with them in therapy with some considerations. Do check behind the maxillary arch to see if the tongue can touch the Spot (distal of the incisive papilla). If the Invisalign is slightly covering it, the orthodontist/DDS can shave it down, allowing the client to place the tongue to spot and rest the body of the tongue on the palate. Of course, they might not be able to create the same suction with it in as they can when it is out.

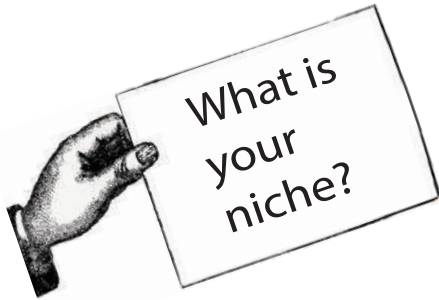
As you can see, there are no simple answers!

Till next time,
Becky



Becky Ellsworth
RDH, BS, QOM





Have you heard of a niche? A niche is a place, employment, status or activity for which a person or thing is best fitted. Would you be surprised if I told you that finding your niche could be the secret to growing your myofunctional therapy practice?

It would seem common sense to treat any and every patient that comes along. Every new practitioner just needs patients right? Butts in the chair = income. So, the more the better....right? Well, maybe not. Sheer numbers of patients can provide a lot of practice putting your education into action. This is ok and likely even needed in the beginning. It can be an extremely valuable experience and teach you a lot about who you love serving. Once you practice for a little while, you will quickly realize that patients and their needs are so varied. For the therapist, it is really hard to be everything to every patient. Often trying to do this can lead to burnout. Finding your niche can be the perfect antidote.

Niching down your practice can offer you the ability to only treat the patients you truly enjoy. One way to niche down is to choose the age group you enjoy the most. Are you a therapist who loves children? Would you rather just deal with adults or teenagers? There is no shame in knowing that your personality does not fit all ages. Another way to "niche down" may be choosing a pathway within myofunctional therapy to treat patients. For example, do you like treating children with ADHD or adults with TMD? There will always be some overlap in the myofunctional world, but choosing a niche can help your practice in so many ways. For one, it will help direct your continuing education. Instead of trying to learn "all the things" you can focus on one area of study. This can often make choosing the next continuing education class easier. Second, you can direct funds to market only to this particular population. This can be a great savings and we all know marketing can get very expensive.

Once you have defined your niche and the patient population you want to serve, you can claim this as your area of specialty. Next, comes the way this can help build your practice. For example, if you chose to just treat kids with ADHD, any parent wanting help for their child would likely choose you instead of a myofunctional therapist who doesn't spend most of their time and energy in this sector. Not only would they choose you, they often will pay a premium price for a therapist that specializes in just what they need. It is a win-win for the patient and the therapist. The parent knows their child is being treated by someone competent in their child's issues. The therapist wins because this is a patient they truly love to treat.

It may seem counter-intuitive to see less patients to build your practice, but it can often do just that. Imagine spending your time treating patients you love and being paid well to do so verses trying to see everyone with a myofunctional issue and running yourself ragged.

Do yourself a favor and spend some time finding your niche!



Christina Bridges,
RDH, QOM, LMBT

Kudos to Christina for having been selected as a speaker at the North Carolina Dental Hygienists Annual Session in Asheville.

Her presentation is titled
*Myofunctional Therapy:
The New Horizon for the RDH.*

What is Your Elevator Pitch?

“What is Orofacial Myology?”

*It can be a challenge to answer this question in a simple and concise manner without going down a “rabbit hole”. To overcome this, the attendees of our **Orofacial Myology: From Basics to Habituation** course create an elevator pitch in small break out groups. The three criteria for the elevator pitches must include: 1) it must be under 30 seconds, (2) it must include simple/layman’s terms, (3) it should entice the listener to ask more questions.*

Here are some engaging and creative elevator pitches from our grads that might inspire you to make your own elevator pitch!



Have you ever noticed that your child always seems tired? They’re a noisy breather. Or like my daughter, consistently seems to have chapped lips? Orofacial myology might be an appropriate form of treatment to consider. Orofacial Myology is a form of physical therapy used to retrain the muscles of your mouth. It helps promote more efficient habits such as breathing, speaking, sleeping, and eating.



Orofacial Myology? So glad you asked! I am an Orofacial Myologist and I can help you improve your quality of life related to breathing, speaking, sleeping, and tongue movement! The MOUTH MATTERS!!! We help you learn how to really use your mouth muscles properly, helping you move your tongue..move it to the left, move it to the right, move it up, and move it down, and move it all around! It's good for your overall health. Here's my card (wink!) Your tongue will thank me later!



Orofacial myology is a form of therapy that is used to support someone experiencing difficulty with sleeping, tongue thrusting, feeding and swallowing difficulties, speech impairment, TMJ and headaches. It's kind of like physical therapy that supports the way your oral and facial muscles work to breathe, sleep and eat. It also helps with dental development and can prevent relapse of any orthodontic interventions.



Orofacial Myology is how we look at, help support, or develop the muscles of the face and the mouth. Did you realize we use those muscles for speaking, eating, alignment of the teeth, and overall well-being like breathing? Have you ever met someone with a tongue tie? Did you know it can be helped with this kind of treatment? Tell your friends!!



Orofacial Myology teaches and trains the lips, cheeks and tongue muscles to function and rest properly, helping people eat, speak, chew and swallow efficiently.

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

Call: 954 461 1114

Email: info@orofacialmyology.info

- *"This has been such a great experience. I'm leaving with notes for 10+ patients for immediate implementation into their plan of care. CAN'T wait to be an official QOM!"*
- *"This course really brought me full circle with pieces I was missing with myo. I can't wait to get back and start treating patients with the knowledge I have gained from Neo-health!"*
- *"The course is very well done in all aspects and now I really learned, unlike my last courses with others. I FINALLY found what I've been hoping for! Instructors explained excellently, ability to practice was amazing."*
- *"I loved the different nuances of each instructor. Specifically: Sandra's emphasis on psychology throughout the process Zohara's intimate knowledge of the material and ability to break down difficult concepts into digestible pieces. Jamesa, Becky and Karen were also an amazing wealth of knowledge. Very happy!"*

[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.

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—**



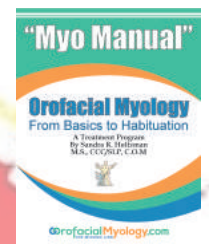
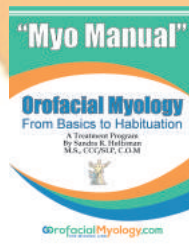
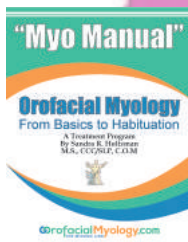
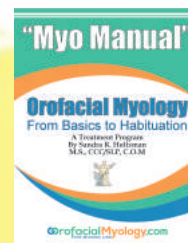
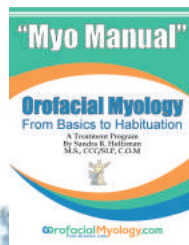
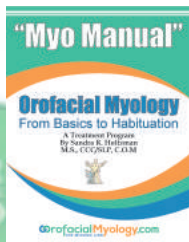
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**Orofacial Myology Concepts You Need to Know:
Eliminating Barriers to Treatment Success**



Webinar Information 

The Myo Manual can be found on 6 Continents



And still need one on Antarctica!!!

