Orofacial Myology News

Founded 2000 | Orlando, FL February 2024 | Published Quarterly

Hello All,

Our Winter Edition of the Orofacial Myology News has arrived! Please enjoy it and read it at your leisure. You'll see an article about Brainstorming that can apply to your clients and most certainly to those with whom you work. Doing it freely can lead to unexpected benefits in your practice, your relationships and more. On page two, the often-cited challenge we face, deciphering what is function vs what is form, is presented by Zohara. Her unique way of painting the picture and putting you "right inside the article" never fails to delight our readers. You'll find two featured Q&A next. Before reading the answer portion, think about how you would reply. Challenge yourself a bit and see if you find your answer similar or surprisingly different and yet still very well thought out! Rachel Miller is a QOM grad to be proud of…and we are! She is our highlighted QOM "Gem" this edition. She gives her insight into her journey to this point along with advice for others considering becoming Qualified. In this edition, Becky's page is related to the long-awaited *Extinguished*, her protocol for teens and adults with oral habits, that is now available. She answers interview questions that take you through the process of its creation.

All of us are guilty of not being able to "turn off" our Myo Eyes, it's true. We gathered some photos out in the advertising world to share with you. Enjoy finding all the myo issues and be sure to continue using your own Myo Eyes everywhere and every day!

The Qualification process to obtain a QOM is not easy. In spite of that, we have the honor of presenting those who "bit the bullet" last year and can hold their heads up proudly. These special NHS grads and their smiles greet you on a page we have dedicated to them. We are truly proud of each of them and look forward to their continued success!

The Incredible Power of Brainstorming

I have found myself using the term, "brainstorming" more and more over the years. When I first started our company, I was using brainstorming often but did not realize I was doing so, nor did I realize the value it could serve. Only in retrospect did I find that brainstorming was the key to our success. One definition is "a group problem-solving method that involves the spontaneous contribution of creative ideas and solutions." They go on further to state that "This technique requires intensive, freewheeling discussion in which every member of the group is encouraged to think aloud and suggest as many ideas as possible based on their diverse knowledge."

In today's world we are often met with recipe solutions to problems. Even in many physician's offices we find we are talking more to the computer in front of assistants than with the physician. Based on this information and our medical history, they prescribe accordingly. The back-and-forth questions between doctor and patient, the discussion of behaviors that make each patient unique…are not part of the equation much of the time.

As conscientious therapists, we should allow for the free flow of conversation with our clients along with our excellent treatment exercises and activities. But what about…within our own practices, offices, other professional settings? Is there the opportunity to brainstorm with our team members? If so, is it frequent enough and is everyone free to express whatever comes to mind?

In Neo-Health, we catch ourselves doing it almost on a daily basis. We are quite comfortable as our team is scrutinizing, chuckling about, or "yahoo-ing" our ideas! Recently a couple of us thought back about our best additions to the company products and services. Some of our best ideas had come from our own graduates being able to brainstorm with us as well. They told us what they needed and freely offered all types of ways we could manifest their wish lists. Then our team brainstormed and came up with successful solutions. The many new forms we've added to the treatment program all came from such brainstorming sessions; many of the therapy and evaluation tools and kits; the QOM itself! So, you see, BS (oops, that stands for "**B**rainstorming **S**essions") might be a key element that you can incorporate to enhance whatever you are doing. Do it as often as possible and discover the incredible power of BS!

Form vs Function: What Follows What in Myo?

By Zohara Nguyen CCC-SLP, CPSP, QOM

Imagine you are gifted a pair of shoes from a family member for your birthday. You realize it is one size smaller than your usual sizing. In your eagerness to make it work and not ruin your family's present, you jam your foot in. Your toes curl under themselves, but your heel slips in. Success! Now the challenge is walking. You take the shoes "for a spin" and find that distributing the weight on the outer edges of the shoes is the most comfortable method for you to walk. You're suddenly walking pigeon-toed, but you *are* walking, right?

This seemingly silly analogy demonstrates some of the struggles that our clients face by the time they see us. They are using compensations (i.e. the modified "pigeon-toed" walking) to function, but the *Function* is much less effective than it could be if the *Form* were correct in the first place. Here, the Form, or the structure of the shoe, elicits the recruitment of compensations. The human body has a wonderful adaptation mechanism to do what it is willed to do.

Function Follows Form

As in the above analogy, when the Form is not a good fit, suboptimal Function follows. We see this with narrow dental arches. When the tongue cannot fit inside the palate it sits low in the mouth, or even splays outwards beyond the dental arches (when it is meant to brace inside of the dental arch). "Sloppy" speech, preparation of a bolus, and initiation of the swallow may ensue.

When the teeth are in poor occlusion, we also see how the body adapts to the Form with changes to Function. For example, with end-to-end occlusion the "scissor" action during biting is affected. As a response to this malocclusion the tongue might sit on top of the lower central incisors and wedge under the food to assist with the biting process. An alternative is jaw shifting to haphazardly "cut" the food with teeth that are actually aligned in a "crushing-action" position. Additionally, you will likely witness the client bite food using the side of the mouth if the central incisors are not aligned correctly (the premolars become "promoted" to the role of "biting," though their role is to crush food). These are functional oral compensations secondary to issues with structure/form; here Function follows Form.

Even enlarged tonsils can alter function, sometimes by coercing the tongue and/or the head to move and sit in a forward position to "get out of the way" and to open the airway. This is why orofacial myologists are excellent at observing these behavioral compensations and noticing them as "tip offs" to underlying, often structure-related, issues. In myo we need to understand how Form can initiate a self-perpetuating cycle that leads to responsive changes to Function (that can eventually affect Form again).

Form Follows Function

Form isn't always the culprit that begins the chain-reaction for poor oral function; functional issues are often responsible for disturbances in form/structure too. We can look at low tongue rest with open mouth breathing, which can disrupt the growth and development of the oral structures, possibly leading to the following: open bites/crowded teeth and other malocclusions, steep jaw development, long facial growth, deficiency in midface growth, high palatal vault, narrow dental arches, etc. Then these issues can cycle back to influencing Function, such as distortions to speech sounds, poor mastication, poor bolus collection and swallowing efficiency, poor oral hygiene. The body's structures are more malleable than we realize, and bone and teeth *can and will* move in response to changes in Function - just look at how noxious oral habits can deform the palate and move teeth!

Conflict vs Harmony?

The above examples might indicate to you that the Form and Function of myo clients are in a constant flux of disorder, where both conflict with one another. Another perspective would be to observe this interplay as less like "conflict" and more as "harmony". The "push and pull" dynamic between Form and Function reminds us that the systems of the body are always trying to be harmonious to reach homeostasis. After all, survival is the end goal. This should be done using the least effort possible (since this conserves energy). That is why simply asking someone to shut their mouth when they mouth breathe is ineffective - it is likely they

Continue reading in next page

are mouth breathing as a means to survival, and there are likely underlying Form and Function issues that have triggered this adaptation.

Where do we begin?

Orofacial myologists are skilled detectives in understanding cause-effect relationships with oral structure and function. They identify the interplay between Form and Function in each client's presentation and then plan treatment accordingly to the sequence of interventions that will most likely lead to treatment success. In some people Form takes precedence; in others, Function does. This is why we talk about eliminating barriers before beginning Orofacial Myology treatment since there can be such a flow-on effect when either Form or Function is disrupted. *True* function without compensations is the ideal goal, so the first approach taken should best target the main culprit of their myo dysfunction. Interdisciplinary discussions with professional providers involved in the case is advised. It often helps us to gain clarity with where to begin in less clear-cut situations, such as a client presenting with co-occurring enlarged adenoids, ankyloglossia, and an oral habit.

Form and Function can and do follow each other in myo, often moving muscle and bone as adaptation responses to maintain homeostasis. Whether Form or Function is addressed first is up to your clinical decision-making on a case-by-case basis. Just one piece of advice: in the end the client should still be breathing and should not suddenly be walking pigeon-toed!

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:

How do I tell current patients we are instituting something new?

Q: I just completed the orofacial myology training course. How do I tell my patients and parents that we are now instituting something new and different from what we have been doing in articulation treatment up to this point? I don't want them to be upset with me.

A: This has come up often in our class. Here is what I would say and how I would handle that situation:

"I wanted to look deeper into a very specialized area to enhance (child's name)'s therapy experience and to make it far more likely that he will succeed and be able to habituate his new sounds. I enrolled in a very intensive course to be able to do this and will explain the details and benefits of each exercise as we continue to move forward."

You can change the words a bit to suit your clients; however, it is important that you instill optimism and confidence in them regarding this new important therapy method you now possess.

How do I handle pressure from a parent that insists I begin treatment when the child has a barrier?

Q: I am an RDH who sees clients in my dentist's practice. I recently performed an assessment on an 8 year old girl who stills sucks her thumb at night time, not during the day. Her parents have had her in speech therapy for a lisp but report that there has been no progress whatsoever in speech. During my evaluation, she showed many signs of an incorrect rest posture, open lips, and she has an 4 mm open bite.

When I learned of her oral habit (by the way, I even guessed she had one while they were in the reception area!), I explained how the things we found during the exam were mostly connected to her thumb sucking habit. The parents said they understood and wanted to begin therapy right away with me. I explained that the sucking habit was the first thing that we would tackle as it was a barrier to moving ahead. They said they wanted to wait on the habit and begin the myo therapy right away. The daughter nodded her head in agreement with them. My question is "Do I take them on and begin treatment, trying early on to get her to accept the Unplugging The Thumb *program approach a little later, or do I refuse to see her?" If I refuse, I worry they will go somewhere else.*

A: This is a dilemma only if you feel that refusing to see the client could upset whoever is in charge in your practice. If you have the final word and are independent in making decisions, then the right thing to do would be to tell them that you feel it would be unethical for you to proceed. They should understand that your high standards prevent you from taking their money and their time when your training dictates that you not see them with that barrier. This will likely gain you even more respect and perhaps make them reluctant to go elsewhere, knowing that it could be an unnecessary expenditure of their time and money. Something similar happened to me years ago and the parents brought the child back to me after several sessions elsewhere, stating that my initial evaluation was more beneficial and explanatory than the several sessions somewhere else. You know what the right thing is and will gain the most respect by upholding your high standards.

QOM GEMS

with Rachel Miller (SLP)

What did you learn while doing the QOM process?

I learned the importance of looking at the whole child. I knew it was important to use a whole-child approach but with the QOM process, I learned about new questions to ask. This has helped my clients find the missing piece they have been struggling to find. Some of them had been in speech therapy for years without knowing they had a tongue tie, or always had trouble chewing/drinking and the parents thought that it was behavioral.

What does it mean to you to be a QOM?

I am so happy, excited, and proud to be a QOM. I had taken the course in October 2022 and was able to immediately implement the exercises that I learned with my clients. I am thrilled to continue using the skills in my future as an SLP.

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

I have been able to practice the skills I have learned with almost every single one of my clients. Almost all of my co-workers have taken the course so our practice continues to help more and more clients.

What qualities do you think a QOM needs?

Patience, organization, flexible thinking, confidence, and trustworthiness.

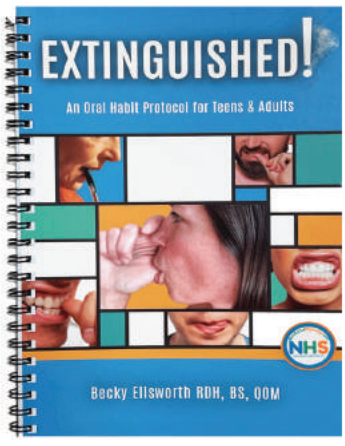
What advice do you have for your peers who are doing/want to do the QOM process?

It is important to stay organized and take detailed notes for your project. Remember to check the Myo Masters Facebook group and the questions/answers section on the OrofacialMyology.com website to help you if you are stuck on an exercise. I 100% recommend taking the course. It has helped me connect the dots for so many of my clients and I know I will be able to utilize these skills until I retire.

I highly recommend becoming a QOM through Neo-Health Services. This is the course that I needed to help connect the dots for so many of clients. The skills I learned in this course are limitless. I have grown as a clinician and feel supported by the staff at Neo-Health Services. These exercises have helped my clients improve their jaw, lips, and tongue strength needed for improved articulation, breathing, chewing, and swallowing.

Current Research Articles of Interest.

- Cordray, H., Mahendran, G. N., Tey, C. S., Nemeth, J., & Raol, N. (2023). The Impact of ankyloglossia beyond breastfeeding: A scoping review of potential symptoms. *American Journal of Speech-Language Pathology, 32(6), 3048-3063.*
- Golovcencu, L., Răschip, L., Mirt, D., Faur, R., Savin, C., Sîrghe, A., ... & Toma, V. (2023). Impact of Mouth Breathing on the Development of the Dento-maxilo-facial Complex in Children and Adolescents. *Romanian Journal of Oral Rehabilitation, 15(4).*
- Luo, S., Min, Y., Meng, Z., & Ji, R. (2023). Acoustic and Perceptual Categorization of Sibilants for Mandarin Children With Ankyloglossia. *American Journal of Speech-Language Pathology, 1-12.*
- Ramos, V. F., Silva, A. F., Degan, V. V., Celeste, L. C., & Picinato-Pirola, M. (2023). Lip and Tongue pressure and the functionality of Orofacial structures in healthy individuals. *Journal of Oral Rehabilitation.*



Our Newest Product: Extinguished!

Extinguished! An Oral Habit Protocol for Teens & Adults, is finally here! It targets and addresses the specific needs of this population, since they require a different approach from that of children.

Learn the four Key Elements to successfully eliminate habits.

Session plans, baseline charts, goal setting, and progress tracking charts are all included to guide the client towards the extinction of the habit. Upon purchase, *Extinguished!* charts and forms are available in digital form to print.

Click to Order

Extinguished!: An Interview with the Author.

Becky Ellsworth shares with us the inspiration for creating *Extinguished!* and answers your questions about the protocol.

How did you first become interested in oral habits?

I first became familiar with the concept when I was working in the Dental Hygiene program at Kalamazoo Valley Community College (KVCC) back in the late 80's. My mentor into Orofacial Myology was Marge Snow, one of the trail blazers in the field. She was paramount in having a course in Orofacial Myology built into the requirements to graduate from the Dental Hygiene program.

Why did you create *Extinguished!*?

As we all know, anyone who works in Orofacial Myology needs to have an Oral Habit Elimination program. There are programs that deal with children but no specific ones that address the older population of teens and adults. *Extinguished!* was created to help this population have a specific plan of action to successfully terminate any noxious oral habits they truly want to quit!

How long have you been using this protocol?

I have been using this program for the last couple of years and the clients with whom I have worked have had great success. The Dental Hygiene students using it have had had great success as well.

Is this for therapists only or can others also use it?

It was written originally for therapists; however, it can be utilized by a truly motivated individual, with certain modifications. It lays out an understandable and sensible way to address and extinguish any oral habit.

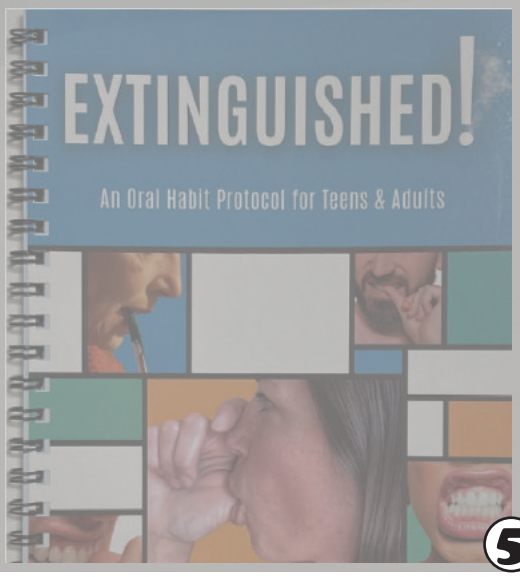
Is there a time frame to the protocol?

The time frame is based on the frequency, intensity and duration of the specific habit. It is also based on the complete "buy in" from the client. More information about this is found in *Extinguished!*

Any special recommendations for the therapist that will use your protocol?

The key element is to take only those clients who are truly ready to stop their habit. Be creative and supportive and work as a team.

Becky Ellsworth
RDH, BS, QOM



A Myo Look at Advertising

Below are images extracted from marketing advertisements.

Which of the following do you think have myo issues?

Which one(s) have or had oral habits?

What is your best guess about who would need orthodontic treatment as the first step?

Would you refer any of them to an ENT?

Can you guess which are likely to have speech issues?

Who might be a messy eater?

What professionals should be seen by these children and in what order?

Congratulations QOMs 2023

Introducing the newest members of our
Neo-Health Family!

We are proud of your accomplishments and the time and effort you invested in becoming a Qualified Orofacial Myologist.

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, QOM
Becky Ellsworth RDH, BS, QOM
Zohara Nguyen CCC-SLP, CPSP, QOM

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

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- *Fantastic. The instructors learned and used everyone's names throughout the 3 days and created a "family" feel. Everyone felt comfortable sharing and asking questions. There was not a single participant question that went unanswered.*
- *I am SO thankful for the knowledge I have gained and the ability to put it into practice. It is wonderful to know that the support of the instructors and Neo Health will continue throughout my career via online resources, virtual meetings, phone calls, etc.*
- *This was my first myo course and I had very little knowledge about assessing and treating people with orofacial myological disorders. After this course, I feel ready to expand my scope and start evaluating and treating people with orofacial myological disorders!*
- *THANK YOU for changing my career and giving me the confidence to support children and families by sharing "the missing link" and in turn, changing their lives.*
- *This course and its instructors were superior to other myo courses I have taken. They are excellent, engaging, knowledgeable presenters.*

Academy of General Dentistry

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.