Orofacial Myology News

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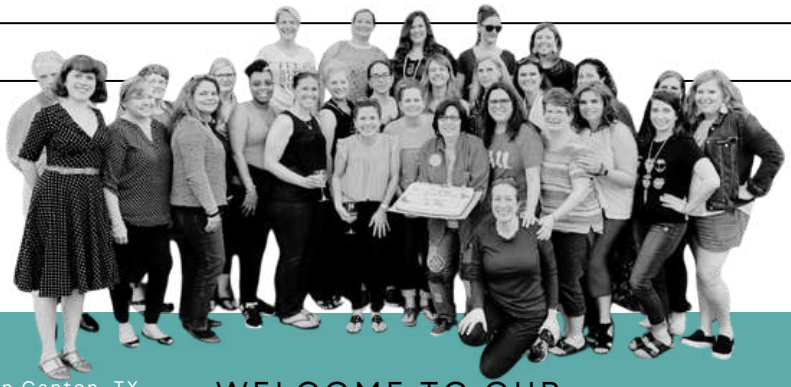

2019 Symposium in Canton, TX.

WELCOME TO OUR

Special 25 Year Anniversary Edition

Because this is a historic 25th anniversary year for us at Neo-Health Services, Inc., (NHS) we wanted to share a special edition of the Orofacial Myology News with you. We cannot begin to thank the many team members, volunteers, and wonderful course participants for all they have done to contribute to our success, as well as the advancement of orofacial myology throughout the world. We wish we could highlight all of you who have a special place in our hearts.

In line with our principle of respecting those pioneers who led us to where we are today, we would like to begin by honoring the pioneers that paved the way for the foundation of orofacial myology.

1907, Edward Angle's beginnings truly set the stage for the inception of what would become orofacial myology, known initially as myofunctional therapy. It wasn't until 11 years later that an orthodontist, Alfred Rogers, developed some basic exercises to "balance" the facial muscles to "enhance the likelihood that the muscles would better act as orthodontic appliances". It was in the 1940s when a dentist, R. E. Rix, delved deep enough to note that lisps, without exception, were accompanied by abnormal swallowing. Not until the 1960s did it catch the attention of speech therapists when a panel presented this information at the National Convention of ASHA (American Speech-Language- Hearing Association). In the early 1970s, Bill Zickefoose, a speech therapist, created brochures and began educating speech therapists about the benefits of orofacial myology. At this same time, an RDH instructor by the name of Marjorie (Marge) Snow, was able to implement a course into the dental hygiene program in Kalamazoo, Michigan, that remains intact at this writing.

In 1988, the text, *Fundamentals of Orofacial Myology*, was published, providing the world with a textbook on this specialty area. It was authored by two speech language pathologists, Richard Barrett and Marvin Hanson. By this time, an orthodontist (also SLP), Robert M. Mason, had moved from being a conscientious skeptic to a tremendous asset to the "cause". In 2003, he and Marvin Hanson would co-author a second text, *Orofacial Myology: International Perspectives*. Additionally, in the 1990s and beyond, Mason contributed much to ASHA's acknowledgement of the benefits of orofacial myology and how it was pertinent to the clients seen by speech therapists.

Now that we have glimpsed at the history of orofacial myology, let's examine our own 25 defining moments from 2000 to today.

In this newsletter you will find:

New articles, Q&A, QOM Gems, 2026 Course Dates. Keep Reading!

25 Defining Moments of Neo-Health Services, Inc.

1. Creation of Neo-Health Services, Inc.

Neo-Health Services, Inc. was founded to meet the increasing demand for comprehensive training in the evaluation and treatment of orofacial myology disorders, following years of workshops and convention presentations across North America.

2. The Myo Manual was born

In 2003, 15 years of handwritten notes culminated in the creation of *The Myo Manual: From Basics to Habituation*, one of the only myo programs of its kind. It was used in an early program at the Holtzman Therapy Center and was affectionately known as Holtzman's Bible by staff and colleagues.

SEE THE NEW EDITION

3. First NHS full 28 hour training course

Prompted by some local SLPs, the first three day in-person course was presented in 2006 in Florida; the origins of the training course for which we are known!

4. New measuring tool - Myo Lip Meter

Fishing scales were previously used in myo offices to measure the lips, until NHS created the Myo Lip Meter for the specific purpose of measuring lip resistance, compression and "strength". This finally introduced an objective tool to myo therapy, essential for orofacial myologists' assessments and practice.

SEE THE MYO LIP METER

5. First Edition of *Orofacial Myology News*

It became an immediate hit with therapists and dentists. We learned they were printing it out and placing it in their waiting areas.

READ PAST EDITIONS

6. The Myo Manual translated into 3 languages

Since 2014 the Myo Manual has been translated into Spanish, French and Mandarin.

Looking Ahead: Neo-Health's Wish List

- Recognition of Orofacial Myology as a distinct clinical entity
- Insurance coverage for myo services
- Continued global expansion of NHS tools, training, and materials

Thank you for being part of this journey. Whether you're a graduate, a pioneer, or a new reader – your passion and dedication continue to shape the future of Orofacial Myology.

With gratitude, The Neo-Health Services Team.

25 Defining Moments of Neo-Health Services, Inc.

7. Qualification in Orofacial Myology (QOM) credential introduced

Months in the making, the QOM process was the NHS 28 hour training course allowing the participants to receive the QOM upon completion of the process. Hundreds of therapists worldwide have earned the credential, exhibiting QOM proudly on their websites.

8. The Myo Manual Treatment Program added to Dental Hygiene Program

In 2019 the Kalamazoo Valley Community College Dental Hygiene program included the NHS training course to dental hygiene students with Becky Ellsworth (RDH) and Kim Grubka (RDH) instructing. This was an exciting step as the first college to incorporate the Myo Manual Treatment Program into their curriculum.

9. The development of oral habit elimination programs for children

With Greta Vigil now on board, she used her talents to partner with Sandra to develop our successful oral habit elimination programs: *Unplugging the Thumb; Bye Pacifier*, *I'm Big Now;* and *Growing the Nails*.

SEE OUR ORAL HABIT PROGRAMS

10. Dr. Robert Mason joins as dental advisor and instructor

In 2012 we had the good fortune of having Dr. Robert Mason join our NHS team. He guided us to integrate research-backed insights, challenging outdated beliefs and myths about the causes of orofacial myology issues.

11. Creation of the Quick Tongue Tie assessment tool

The Quick Tongue Tie Assessment Tool (QTT) is one of our most popular tools. It has been used around the world and has even been featured in published research articles about ankyloglossia. It serves as a multifunctional tool for ankyloglossia screening and orofacial measurements.

READ MORE ABOUT THE QTT

12. Orofacial Myology short courses became available online

Sandra developed short online courses for Motivations Inc. and Northern Speech Services (NSS). These courses are offered to SLPs, dental professionals and allied health professionals as an affordable introduction to orofacial myology.

MOTIVATIONS COURSE

NSS COURSE

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Wound Care Management and Myofunctional Therapy Protocols

Karen Wuertz, DDS, QOM

Orofacial myologists are often called upon by dentists to provide pre-and post-op frenectomy exercise protocols and are assumed to be knowledgeable on what to expect, how long to continue, etc. Because it is difficult to put into a short narrative all my own practice approaches, let us consider some suggestions to help therapists better communicate with referring doctors.

First in importance is to understand and be able to explain how Wound Care Management (WCM) differs from Myofunctional therapy (Myo). These two programs tend to be erroneously "lumped" together into the same category. Many surgery providers lack knowledge on how to manage wounds after surgery and are under the impression that WCM and Myo are one and the same. Unfortunately, they might automatically refer patients requiring wound care directly to orofacial myologists, some of whom are not equipped to handle wound care.

When a surgeon completes a release and then just sends them out, it puts SLPs, RDHs and other Myo providers in a difficult position because all the anatomy has been removed without an opportunity to observe what it was like prior to the procedure. This indicates the importance of partnering with surgeons and educating them that this process is not just about the surgery. If a relationship can be developed where the therapist is able to shadow the doctor, the therapist will be in a better position to explain the necessity of referring the patient for Myo assessment prior to the release to establish baselines.

Also of utmost importance is to understand the distinct differences between working with infants versus older children and adults. With patients that can follow instructions, for example, the Pre-Test of Proficiency is given prior to surgery to establish a baseline of function and mobility. With infants, of course, this is not possible.

Infants: All my infants met with a lactation consultant prior to any surgery to establish the baseline feeding transfer, evaluate the latch and to determine if there were any other feeding difficulties that might be the reason for baby not doing well at the breast; ie: mom's anatomy, lack of milk production, etc.

My protocol for infants involved two types of "active wound care exercises":
1) inside the mouth, 2) outside the mouth. These are not very involved and they don't take a lot of time. Partners and family members were very happy to help with the outside exercises.

They focus on the following: tongue mobility, lateralization, moving tongue in and out of the mouth, suctioning, finger lifts under the tongue, and separation of the lip from the wound site using a pinch and lift technique (non-painful). Parents usually needed to do the tongue lifts and lip separation. Outside also included buccinator stretches and gentle masseter massages.

My post op appointment was 1 week after the release so that I could evaluate wound healing. The babies also were referred back to the lactation consultant to be seen approximately 5-7 days after the release so that the baby could get back to the breast. I made certain to work very closely with my lactation consultants to be sure they understood the goals of active wound care.

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Wound Care Management and Myofunctional Therapy Protocols (cont.)

Children: 9 months – 3+ years: Although surgery can be done at most any age, it's the after surgery care that can be difficult in this age range. Each child needs to be assessed individually and the timing of surgery can be a tough decision. Usually, 4 years and up is the standard, but the youngest I worked with doing Myo was 3+ years old. Each child is different in their ability to comprehend, follow instructions, and then do the exercises independently with supervision.

25 Defining Moments of Neo-Health Services, Inc.

13. Myo Masters Facebook Group created

For many years it has served as a platform for NHS course graduates to ask myo-related questions, engage in lively discussions, share clinical gems, share therapy resources and to network with fellow grads around the world.

14. Contribution to the ASHA Portal

Sandra and Dr. Bob Mason were honored to be final reviewers for the American Speech-Language- Hearing Association's "Orofacial Myofunctional Therapy" portal.

15. Virtual Course - Making lemonade out of lemons

In 2020, COVID catapulted our course into the modern era of realtime, online instruction. This was a well-received and convenient way for therapists to complete training from anywhere in the world. This also led to NHS creating teletherapy tools/products for therapists.

16. MyoEval Kits and MYOwn Tool Kits released

In our commitment to make therapy easier, more convenient and time efficient for orofacial myologists, we created individual tool kits for both evaluation and treatment. They became popular for teletherapy practices as well.

SEE OUR MYOEVAL KIT
SEE OUR MYOWN TOOL KIT

17. Advanced Course with Dr. Bob Mason

In 2016 we hosted a stimulating advanced course, "Improving the Clinical Acumen of Orofacial Myofunctional Clinicians....Filling in the Gaps." where attendees not only absorbed Dr Mason's wisdom, but they were thrilled to pick his brain!

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Using Principles of Motor Learning to Optimize Myo Treatment

Zohara Nguyen CCC-SLP, QOM

Imagine this: a music teacher hands you a school recorder and gives a quick tutorial on a few notes before inviting you to join in practice. You might revive your long-forgotten "school recorder" motor plans, or you might struggle to form new ones—fumbling over finger holes, blowing unevenly into the mouthpiece, and concentrating intensely as you scramble to match the rhythm of the song. Without individualized feedback on timing, note accuracy, or breath control— and with no structured practice to anchor these skills—chaos ensues. The result is a cacophony of squeaks and shrieks, a sonic testament to what happens when motor learning principles are ignored. Had those principles been applied, your efforts might have transformed into something surprisingly harmonious.

The same occurs in orofacial myology when motor learning principles are not incorporated into treatment. Because these principles support the acquisition, retention, and application of movement skills, they are essential to effective therapy. Myo treatment typically involves establishing new oral habits such as nasal breathing, maintaining tongue-to-palate rest posture, keeping the teeth apart at rest, using efficient tongue movements during mastication, and preparing a bolus of food for effective swallowing. Integrating motor learning principles ensures these skills are not only performed in-session but retained and transferred into everyday life.

Some of the specific practice conditions, feedback types and language used to optimize motor learning include the following:

Pre-Practice is Key

When myo clients are introduced to new motor skills, "Pre-Practice" should be considered. Pre-Practice sets up the client for what they will be putting into practice during the myo session, which could include specific lingual or labial differentiation and shaping skills. This phase of treatment gauges the client's motivation to learn, their comprehension of the target movements (see References of Correctness below), and their stimulability for the target movements. The "why" should be explained to also increase motivation.

Providing "References of Correctness"

The client simply cannot detect errors in their performance if they do not understand the motor task expected of them. The clinician provides "references of correctness" when introducing new skills to facilitate the client's understanding of the task, the mechanics of the task and the correct target movements. Modeling (using one's own face or an external model), cueing (verbal or tactile cuing), and detailed feedback about how to do the movements are given in this stage. The client replicates the movements from the "references of correctness" until correct productions are made, then they should begin the "practice" phase of that skill.

Myo Example: "We are going to work on a skill called "Lingual Differentiation" where our tongue tip moves smoothly from corner to corner while our jaw stays still. We do this so our tongue can learn to move on its own without using the jaw. It looks like this (shows a reference of correctness). Can you see how the jaw stays still while the tongue moves from side-to-side? Now, you try." *The clinician touches the commissures with a coffee stir stick to teach the client the target for the tongue tip. The client watches in the mirror, opening widely, attempting to move the tongue tip to the commissures using lateral lingual-mandibular differentiation.*

Knowledge of Performance for Skill Acquisition

For novel myo movements, Knowledge of Performance (KP) should be the initial feedback condition of choice. KP provides detailed guidance on how to adjust movements so they more closely approximate the correct target, with the goal of "tuning" the client's internal error-detection mechanism. In addition, clients receive specific feedback when target movements are produced accurately, enabling them to replicate and reinforce those correct productions.

Myo Example: "That time your tongue tip went too far beyond the corner. (Clinician touches the commissure with the stir stick again.) Let's try again and this time just barely touch the corner with your tongue tip."

Reduce Cognitive Load

Asking the client to do two or more tasks concurrently, while in the learning phase, can backfire, making all tasks suffer.

Myo Example: orofacial myologists might notice that their client engages extraneous facial muscles while learning a new lingual skill, so they instruct their

client to concurrently control the extraneous facial movements and perform the lingual skill. Despite the orofacial myologist's best intentions, this additional demand on focus can result in inaccurate productions of the lingual task due to cognitive overload.

Constant Practice First, Then Variable Practice

"Practice makes perfect", but it depends on what kind of practice and at what stage of skill acquisition. Of course, a lot of repetitions of the same target movement (constant practice) should occur initially in practice to initiate and reinforce a new motor plan. Then overtime, the skill should be practiced under different conditions. Variable practice could include a different environment to the clinic and/or the usual room at home where practice takes place, or the types of stimuli used during the skill.

Myo Example: Variable practice of oral rest postures could involve different activities to practice the skill, such as quiet reading time in your bedroom for 30 minutes one day, doing a puzzle for 30 minutes at Grandma's place the next.

Reduce, Delay, Simplify Feedback

As the client advances from a novice in myo skills, KP should be reduced over time and delayed feedback will be given (a few seconds after the movement) to allow the client to evaluate their own internal movements, thus enhancing motor skill learning. When the client has demonstrated that they have established the target movements, Knowledge of Results (KR) in the form of "less-specific" feedback is given to simply indicate if the repeated movements are correct or not. Delayed KR should also be implemented to encourage the client's own error-detection and self-critique of their performance.

Myo Example: Delayed Feedback
*Knowledge of Performance: *Waits 3 seconds before giving feedback* "Great, you did not extend your tongue past the commissure that time".*

*Knowledge of Results: *Waits 3 seconds* "That was correct!"*

Retention Testing

At the beginning of a myo session, a "retention and transfer test", under the guise of an "exercise review" should be conducted to check the client's acquisition and retention of the skill. This is completed without any additional coaching from the clinician before or during the test.

Myo Example: As well as the exercise reviews at the beginning of every session, Proficiency Exams in the Myo Manual Treatment Program are administered at strategic points in the myo program. The client's performance of a myo skill by the end of the previous session might have been adequate, but it's recognized in motor learning literature that "performance during practice is a poor predictor for retention and transfer". For this reason not only should clients practice diligently outside of the session, but testing at the beginning of each myo session is warranted to check the effectiveness of treatment.

Enhance Performance with External Attentional Focus

The type of attentional focus should be considered beyond the initial phase of learning foundational skills in myo. In the motor learning literature, External Attentional Focus usually refers to an extension from one's body as the focus of the motor task, such as a tennis racquet or soccer ball. A balance of attentional focus should be used: Depending on the skill type, initially use Internal Attentional Focus (focusing on specific body movements) with novel skills, then transfer to Focusing on the outcome of the task away from the body (External Attentional Focus). The latter is more effective for motor learning since it results in the "development of more automatically executed motor routines".

How can External Attentional Focus be applied to myo if we are not swinging or kicking sports equipment and instead are using our mouths? It has been documented that ballet dancers often use visualization as their external foci (since they generally only use their body and not sports equipment during motor skill performance). They used wording such as "stretching (their limbs) like a star in all-directions" to elicit visualization and hence, to achieve the automatic motor routine, rather than prompting every singular bodily movement.

Myo Example: Symbolic language and visualization can be used as External Attention Focus in myo practice, such as with the concepts of "make a bowl" (with the tongue), make the tongue "flat like a board", "do horse clicks" (LPS), suck like a lollipop etc.

Maas, E., Robin, D. A., Hula, S. N. A., Freedman, S. E., Wulf, G., Ballard, K. J., & Schmidt, R. A. (2008). Principles of motor learning in treatment of motor speech disorders.

Freedman, S. E., Maas, E., Caligiuri, M. P., Wulf, G., & Robin, D. A. (2007). Internal versus external: Oral-motor performance as a function of attentional focus. Journal of Speech, Language, and Hearing Research, 50(1), 131-136.

Guss-West, C., & Wulf, G. (2016). Attentional focus in classical ballet: A survey of professional dancers. Journal of Dance Medicine & Science, 20, 23–29.

Singh, H., & Wulf, G. (2022). Mind over body: Creating an external focus for sport skills. European Journal of Sport Science, 22(4), 610-616.

Welcoming Jenifer Midili; M.A., CCC-SLP, PC, QOM
A Leader in Feeding & Orofacial Myology

Neo-Health Services is pleased to announce that Jenifer Midili has joined our growing team as a course instructor.

With over 25 years of experience, Jenifer is the Founder/Director of Children's Speech and Language Services, Inc. in Falls Church, VA, where she leads comprehensive feeding and orofacial myology programs.

We were first introduced to Jenifer when she took our Orofacial Myology Training course in 2016. She earned her QOM in 2019.

Jenifer's career spans hospitals, private practice, and school settings, including roles at INOVA Fairfax, Walter Reed, and the National Rehabilitation Hospital. Her early experience as an elementary school teacher deepened her understanding of the IEP (Individualized Education Program) process and her commitment to family centered advocacy.

She also serves on the advisory board for The Gateway School in Mumbai, India. Jenifer takes pride in fostering strong, collaborative relationships with clients and their families. Outside the clinic, she enjoys life with her husband, daughter, and therapy dog, Sage.

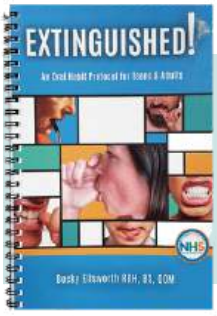
25 Defining Moments of Neo-Health Services, Inc.

18. From students to instructors

Becky Ellsworth (RDH), Karen Wuertz (DDS), Zohara Nguyen (SLP) and Jenifer Midili (SLP) were all former course attendees whose enthusiasm, expertise and presentation skills made them an undeniable fit as our instructors.

21. NHS Symposiums - Virginia, Illinois, Texas.

Our symposiums over the years reunited past acquaintances and developed new friendships through stimulating presentations, hands-on practice, round table discussions and night time get togethers.



19. *Extinguished!* released

Due to the demand for oral habit programs for older populations, Becky Ellsworth spearheaded the creation of *Extinguished!*, a protocol for oral habit elimination for teens and adults.

20. Word-of-mouth bringing course participants

Through the years class sizes have increased, mainly through word-of-mouth due to our grads wanting to impart their new found knowledge of myo to their fellow colleagues and friends. We are humbled that our grads continue to send their new hires to undergo our training, ensuring a consistency of myo services across their practices.

22. Australian timezone courses

We were delighted to host our training course to accommodate Australian timezones, especially to therapists in Australia who provide outreach services to rural communities.

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A Look at Readers' Top Featured Q&A from the Past Decade

Q&A: Does the Tongue Shape the Palate?

Question from a clinician: "Dr. Mason - I have heard many clinicians say that the tongue shapes the hard palate. It seems logical to me that the tongue plays an important role in the development and shape of the hard palate and maxillary dental arch. Is this true? Am I wrong? Will you please verify this? Thank you."

Dr. Mason's reply: Let's begin here: when I ask a person to push the back of the tongue up against the back of the hard palate and keep it there, most reply that they cannot contact the palate with the posterior part of the tongue. This actually can't easily be done, and in most individuals cannot be accomplished at all. For those who can do so, considerable effort is involved; effort that cannot be sustained for a long time and that is not compatible with a habit pattern. Most habit patterns are associated with tongue activity that results in pleasure and not requiring full effort. I mention this to dispel the perception of many that the tongue can influence and "mold" the shape of the hard palate.

Contrary to opinions still held by many clinicians, the tongue does not play a significant role in the development and shape of the hard palate and the maxillary dental arch. Then how does the shape of the hard palate develop? The answer is that the shape of the maxilla and hard palate is controlled by growth events that occur above the hard palate rather than events that may occur involving the tongue below the hard palate in the oral cavity.

To appreciate this, clinicians will need to change their perspective of facial growth and accept that what is taking place in facial growth occurs above the hard palate rather than what they see happening in the oral cavity. The details: the growth of the hard palate involves regional growth starting at the basicranium, which serves as the overall template from which the hard palate develops. The regional growth influences that determine the final form of the hard palate that are taking place above the hard palate include such factors as: the route of the optic nerves, a large factor in the rotational growth of the hard palate and the maxillary dental arch; the development of the interorbital distance which influences the width dimensions and the shape of the hard palate; and the course and spread of the olfactory nerves, which is a major factor in determining hard palatal location and the extent of maxillary protrusion. Other peripheral contributions to maxillary shape are from the buccal and labial musculature, which are obvious biomechanical influencing factors; and whether the facial skeleton and dentition is Class I, II, or III, each of which has a differential effect on palatal growth and form. In all, hard palatal development, its shape and form, progresses from the basicranium downward, with the tongue and mandible dropping down and out of the way during the various growth and development actions above the hard palate that influence its shape and position as well as the maxillary dental arch (Enlow and Hans, 1996).

A few words need to be said here about thumb and finger sucking habits and their influence on hard palatal arch form. A thumb or fingers habit can distort the palate short term but such habits are not responsible for the overall and eventual development and shape of the hard palate. Once the finger/thumb habit is removed, the palate fairly quickly returns to its previous form. (Enlow and Hans, 1996). As is well known among clinicians: with a sucking habit, negative pressure is exerted against the maxillary posterior dentition by the muscles of the cheeks, and the maxillary dental arch not only can narrow, but can also elongate vertically, exaggerating the perception of narrowing of the palate. After the habit is removed, the contour of the hard palatal vault and whatever narrowing and vertical lengthening of the posterior segments that may have developed will usually self-correct, and in short order. There is a difference, however, in the effect of a sucking habit as compared with anything the tongue does that has been claimed to influence the shape of the hard palate.

The tongue can't be implicated as an important factor influencing the shape of the hard palate. The explanation here for how the hard palate develops, including its shape, is based on the studies by Donald Enlow and discussed in the classic text by Enlow and Hans, titled: *Essentials of Facial Growth*, published by W. B. Sanders (Philadelphia), 1996. I attribute the information provided above to Enlow and Hans. Any skeptics of what is said here are encouraged to purchase a new or used copy of this classic text. Since the text is available in paperback form, it should be within the budget of most clinicians. Another source for greater detail than provided here can be found in an article that I published in the International *Journal of Orofacial Myology*, Volume 37, November, 2011, pages 27-38, titled: "Myths that Persist about Orofacial Myology". You can find this article on our website Orofacialmyology.com by clicking on Myo Resources, then Myo Articles and Papers.

Thank you for this question, and I hope that you are now convinced that the tongue is not responsible for the eventual shape of the hard palate.

Robert M Mason, DMD, PhD.

James Onijala (RDH)

What did you learn while doing the QOM process?
The body is a fascinating system, and its amazing how one wrong thing can throw everything out of order. But, it is also amazing how the body has the ability to heal and change naturally and with external intervention such as Oral Myofunctional therapy. I also learned that hard doesn't mean impossible and just because something seems hard doesn't mean you shouldn't do it.

How has attaining the QOM helped you professionally or helped your practice?
It has helped in solidifying that I do know what I am doing. When you first begin practicing, even though you have been through training, there is often times an initial lack of confidence. You begin questioning if you actually know what you are doing. But, now that I have obtained my QOM I can have complete confidence in my ability to help someone through the OMT process.

What does it mean to you to be a QOM?
Oral Myofunctional Therapy has been something I have wanted to do for many years in my career, but time, along with other things never permitted me to move forward in my pursuit. But, now I have something to show for, through all the waiting and patience. I have done it and it is something that nobody can take away from me!

What qualities do you think a QOM needs?
You need to be compassionate and understanding. Many patients will be surprised by all the areas they are deficient in, and it takes some time for people to process. So, you being compassionate and understanding will help them come to terms and lead to successful treatment. You also have to be able to adapt to all unexpected circumstances.

What qualities do you think a QOM needs?
A strong QOM is clinically curious, detail-oriented, and functionally focused. They demonstrate discipline and consistency in their therapy approach, using evidence-based tools to guide assessment and track outcomes. A QOM is also an educator—both to their clients and to collaborating professionals—and takes pride in translating complex orofacial concepts into manageable, functional goals for families. Above all, a QOM is patient-centered, committed to empowering clients through compassionate, individualized care that supports lifelong improvements in breathing, swallowing, speech, and posture.

What advice do you have for your peers who are doing/want to do the QOM process?
My advice to peers considering or currently working through the QOM process is to embrace the depth and structure of the program. The process requires commitment, but the clinical clarity and confidence it builds are invaluable. Take your time to understand the “why” behind each exercise and use the proficiency testing not just to track your clients’ progress, but also to reflect on your own clinical growth. Be open to learning from your clients—they will teach you where to dig deeper and adjust your approach to "meet them where they are at". Prioritize interdisciplinary collaboration and stay consistent with data-driven documentation to track progress to assess if the approach needs to pivot or not as it is not a cook book and every client is different.

Olivia Lallouz (SLP)

As an SLP who treats both pediatric and adult populations, becoming a QOM has been one of the most impactful steps in my professional development. This credential has equipped me with the tools and structure to provide functionally driven therapy for a wide range of clients—from children with tongue thrusts and speech sound disorders to adults with neurodegenerative conditions like ALS.

In my work with individuals with ALS, the QOM training has helped me recognize early signs of orofacial weakness, develop measurable goals targeting efficiency, bolus control, and secretion management, and promote quality of life through meaningful oral intake for as long as possible. On the pediatric side, the Myo Manual has been instrumental in guiding children and their families through structured, phased intervention that supports long-term habit change for improved quality of life.

What sets the QOM process apart is its commitment to both precision and practicality. The program bridges research and real-world application, allowing clinicians like myself to deliver personalized, outcomes-based care while empowering patients and caregivers every step of the way.

The Evolution of Orofacial Myology in KVCC Dental Hygiene Program

Becky Ellsworth, BS, QOM

In the early 90's, I met a tiny but dynamic woman who would change my career path forever… Her name was Marjorie Snow, or Marge as we called her. She was a force with which to be reckoned – sharp as a tack with a quick dry wit. Through her tenacity and passion for an area of study that was not much thought about (or if it was, it was dismissed), she was able to establish a myo course in the Dental Hygiene curriculum at Kalamazoo Valley Community College (KVCC). This was back in 1976 when the College was established. The course was called Preventative and Interceptive Orthodontics, or as we know it today, Orofacial Myology.

She created a manual to follow including 12 lessons and a lot of exercises from which to choose. An evaluation was administered on people from the community and therapy often followed. I was fascinated by what she did and the changes I saw in those patients who came to the clinic for therapy! I became her student and took her course, doing myo evals and therapy. It truly changed my life's work from then on. After Marge retired, another Orofacial Myologist, Trudy Wilder, took over the didactic part of the course while I handled the in-person portion. After two years, Trudy left so I took over the whole thing…and I added and modified the course a bit but after I met Sandra Holtzman and become an instructor with her, things really changed! I was able to completely redo the course at KVCC using the first Myo Manual. Subsequently, Kim Grubka, a full time KVCC instructor became enthralled with Myo too and she and I began to team teach the course, with me being the lead instructor.

Now, Kim is the lead instructor and I am her side-kick. The most wonderful thing is we were able to bring in the newest 3rd Edition Myo Manual to the class this Fall! What a ride it has been to be able to share this amazing field of study with the DHY students! Anyone involved with Myo knows its power and draw. Here's to many, many more years of sharing and growing in this life-changing, eye opening, mind blowing experience!

25 Defining Moments of Neo-Health Services Inc.

23. Third Edition of The Myo Manual now available

This much anticipated edition includes updated forms and exams, prompts for therapists and detailed exercise illustrations, all in a convenient carry case.

24. 'Refine & Shine' Course

We offered a course for past graduates to refine their skills and deep dive into their clinical problem-solving skills, using clinical cases.

25. Myo Masters Meetings

Zoom opened up our community for the formation of our Myo Masters meetings. Our meetings have included online myo evaluations with clients, exercise reviews, small group work, clinical case studies and has fostered new connections among graduates.

INTERNATIONAL TONGUE-TIE CONGRESS
January 15th -17th, 2026
Olma Messen St. Gallen, Switzerland

The global stage for tongue-tie & orofacial health

From January 15th to 17th, 2026, medical, therapeutic, and advisory professionals from around the world will gather in St. Gallen to attend lectures by internationally renowned experts, participate in interactive workshops, and engage in lively discussions. In addition to the official program, there will be numerous networking opportunities and the option to enjoy leisure activities in the St. Gallen area.

+41 71 227 37 32
congress@st.gallen-bodensee.ch
Register

CHEERS TO OUR QOMS!

The QOM credential is awarded to those who have successfully completed Neo-Health Services' 28-hour course, *Orofacial Myology: From Basics to Habituation*, passed the comprehensive examination and clinical requirements, and demonstrated a commitment to high standards of professionalism. Each Qualified Orofacial Myologist (QOM) honors not only their own Scope of Practice, but also those of their interdisciplinary colleagues.

The QOM designation also signifies full familiarity with, and active use of the Myo Manual Treatment Program, ensuring consistency, clarity, and quality in care. This credential is offered at no additional cost, as a recognition of dedication. It reflects a shared commitment to integrity, collaboration, and the advancement of orofacial myology.

We celebrate each QOM for their expertise, their heartfelt dedication, and their role in elevating our community.

Sandra Holtzman, *Becky Ellsworth*, Zohara Nguyen, *MacKenzie Coker*, Ame Batchelder, Mari Nieminen, *Helen Turk*, Diane Felton, Karen Wuertz, **Katy Sanborn**, *Kathy Bassett*, Gina Kimmey, **Maria Susana Montoto**, Cheryl Kaplan, Diane Reyna, Carolina Bancora, Jessie Blois, Betsy Sullivan, Joy Leslie, Sharon Collins, *Nichole Scala*, Jennifer Ochoa, Manuel Santana, Renee Peters, *Carmen Polise*, Karen Masters, Alyssa Stiles, Amanda Uccardi, **Nicoletta Stagias-Coulianidis**, Errika Dimitrakis, Jodi Vicchio, Zhen Shi, Brittny Sciarra, **Jenifer Midili**, Janis Whitesock, *Ann Lalezarian*, Taylor Harder, Areti Papadopoulou, Aliki Kartsona, Jamesa Treadwell, *Shirley DelMoro*, Megan Cronin, *Samantha Edmonds*, *Patricia Tracy*, **Lauren Reznick**, Theresa Collurafici, Joanne Kelly-Quilban, Emily Clawson, **Jane Loh**, Gina Clerico, Melissa Palmer, *Bethany Vigilante*, Paula Anderson, Millie Porter, **Kimberly White**, Mandy Roberts, Shirley Morgan, *Mary Beth Hines*, Cynthia Burr, *Angela McLeod*, Megan Keller, **Elizabeth Briggs**, Jenny Wheeler, Lupita Roca, Kristin Good, **Heather Raska Miller**, **Tracy Biggs**, Stephanie Butson, *Stacy Varon*, Elisa Isabella-Valenzi, Michelle Phillips, *Amy Clayman*, Heather Whitney, *Connie Hanson*, Rian Chatterton, Aubrie Hall, Alexis Pandolfo (Viggiano), Susan Krueger, Jaimee Tyson-McOmie, **Julie Blake**, Pamela Hamilton, Shelley Freitas, Brooke McBride, Geneva Kliman, *Hinde Hen*, **Stephanie Thomas**, Courtney Huffman, Lea Allbaugh, Kaitlyn Shrum, Melissa Hickey, *Jessica Glover*, Michelle Saltsman, Kay Lynn Vogt, **Lisa Butler**, *Hannah Gerk*, Alexsa Davila, *Kelley Quolas*, Keli Davila, Dina Ezagui, Shelly Montelibano, Lauren Reinholt, *LeighAnne D'Avanzo*, Danielle Oexman, Reid Magliano, Alyssa Chapman, McKenzie McDaniel, Katelyn Mullins, Alisa Prewitt, *Alyssa Stecker*, Kristi Cardwell, Megan Brazas, Terri Nichols, Jenny Stevens, *Tzipora Sacks*, **June Levitt**, Katie Pell (Egea), Niki Hane, *Dawn Moore*, Sarah Guigneaux, **Jenna Runyan**, Kay Magruder, Ashley Hein, Hallie Bulkin, Tara Maday, Carol Varni, Kristen Donahoe, Victoria Blevins, Esther Greenberg, **LeeAnn Robarge**, McKenzie Melander, *Cherie Janik*, Christina Bridges, Annelise Denning, Megan Whelan, Yin Ling (Moria) Lam, **Lauri Moriah**, Julia Chernova, **Sara MacPherson**; Fiora Zoga, Joann Amoroso, Cody Haney, Jennifer Hall, Sandra Laserson, *Rebecca Iswara*, Cynthia (Cindee) Ness, *Tiffani Dickey*, *Tara Peterson*, Karen Hosea, *Jessica Johnstoneaux*, Rachel Miller, Jade Parker, *Cristie Cassman*, Anita Paryl, Colleen Grove (Brenneman), **Jessica Janocha**, Heather Youngman, Vynga Tran, Caroline Kling, **Jennifer Savitsky**, Frances Frias, Rhonda Novak, Jessica Lavayen, Jessica McIntyre, Allegra Le, **Kaho Shibata** Kracke, Malorie Hebert, Amanda Casile, Jacqueline Bancayan-Tomlin, *Lauren Walden*, Grace LeVasseur, Georgia Petersen, Shannon dePrado, **Faye Arbues**, Kate Chatigny, Angela Richwine, Kaitlan Wilson, Tara Mahaney, *Sophia Nield*, Karen Zaidman, Jessica Moody, Shelby Hill, *Grace Bernales*, Christine Laganella, *Robin Blumberg*, Shreena Bhojani, Kayla Elmore, Jennifer Jensen, Valerie Drollinger, Dana Crook, *Christine Hood*, Kendra Clerkin-Males, *Jennifer Terry*, Amy Herrin, Esther Sochaczewsky, *Stacey Gumbel*, Jolene Dorleus, **Chia-Cheng Lee**, *Julie Paulson*, Kalley Wensman, **Deepthi K.J.**, **Crystal Doerr**, Mikeeta Villanueva, Carrie Jones, Kathy Murphy, Sue Mahanna-Boden, *Emily Catrambone*, *Rivka Podolsky*, **Jacqueline Grosse**, Olivia Baker, *Heather Withall*, Kelly Ludwigsen, Elaina Grant, San Juanita Reed, **Courtney Fagan**, *Rachel Miller*, Kimberly Schifano, *Sarah Crumley*, Kimberly Mecham, **Jennie Reichenback**, Sarah Sweeney, Adi Magid, Melissa Goff, Julianne Freiwald-Gaule, *Sarah Heiman*, **KindeeMoore**, Emna Dkhil, Bre Price, *Markell Barcoulis*, Valerie Heneghan, Azarel (AZ) Molina, *Elyssa Kaden*, Kathryn Tyler Vick, *Laura Friedman*, Virginia Lee, Kyle Isaacs, Rebecca Bulgrin, Sarah Kaplan, Sara Holmes, Madalyn Alexander, *Alexa Studenraucb*, **Yee Ho Wong**, Daniela Quintero, Jennifer Forman (Hochberg), Sara Werner, *Brittany Hageman*, Kristene Power, Jinsol Uh, Nancy Magar, Amie Bostian, **Angela Mahoney**, *Amber Hall*, *Aubrey McAtee (Enderle)*, Jill Vought, James Onijala, Kari Sherburne, *Olivia Lallouz*, Danielle Catena, Alina Goldstein, **Ann O'Connor**, Kathryn Macicek, *Heather Kanago*, *Carley Powers*, *Bianca Coulson*, Jessie Shypkowski, **Ghofrane Kahleoui**, **Anna Reeves**, **Carissa Cardinale**, *Tiernee Midkiff*, Annie (Anne) Han, Christie (Ming Wai) Lam, *Lisa Altman-Strub*, *Jaime Bourgard*, Ingrid Babiner, *Jessica Casper*, *Stephanie Gray*...

"Orofacial Myology: From Basics to Habituation" Course

Call: 954 461 1114 **Email: info@orofacialmyology.com**

OUR INSTRUCTORS

Sandra R. Holtzman
MS, CCC-SLP, QOM

Becky Ellsworth
RDH, QOM

Zohara Nguyen
CCC-SLP, CPSP, QOM

Jenifer Midili
M.S, CCC-SLP, QOM

with contributions from
Karen Wuertz
DDS, QOM

Our 28-hour foundational training course, *Orofacial Myology: From Basics to Habituation*, is for those interested in learning about this specialty area and for those seeking Qualification in Orofacial Myology (QOM). It is presented by a team of kind, passionate, and highly trained instructors. Become a skilled, confident clinician with expertise in assessment and individualized treatment for orofacial myofunctional disorders. You will be ready to implement the skills into action immediately using the Myo Manual Treatment Program.

This course is presented by real-time virtual instruction. You will participate in group discussions, individual and partnered opportunities during evaluation and treatment training, and lively Q&A sessions, you will feel as though you are in a live classroom setting!

The QOM process was developed to provide special recognition for Neo-Health Services' graduates to distinguish them as exceptionally well trained, skilled, and ethical professionals who are qualified to provide treatment based on each client's individual needs.

2025 Testimonials

"I truly think this was the BEST course I have taken throughout my entire SLP career. It was comprehensive, had great materials, and the vibes were great all weekend! Truly cannot wait to finish the qualification. I feel sooo much more confident after this course. It put all the puzzle pieces together for me. I cannot thank you all enough."

"You all made me feel so comfortable and supported throughout the entire course! I never felt shy or afraid to ask any question. Also, your words of encouragement really made each day."

"I loved this course! I feel totally prepared to take a client from evaluation through treatment tomorrow! I also know that if I run into a tricky situation, I have a community of professionals to whom I can reach out and problem solve."

"All of the materials are high-quality. The Myo Manual and Course Workbook are comprehensive, sequential, easy to understand, and up-to-date."

"I enjoyed how there were different instructors for each topic. I liked the break out classrooms. It was nice to meet some of the other participants."

"All the instructors were so kind, friendly and very easy to approach. I feel like I am family!! These instructors clearly care about each student. It is like an amazing family."

"I liked the flow of how every section was presented. Breaking it into phases well, going step by step. Everything was very timely and well addressed."

Upcoming Courses

January 16-18 2026

March 20-22 2026

OrofacialMyology.com THE MISSING LINK

25 Years of Memories!