



Hello from all of us at Neo-Health Services.

This edition of the Orofacial Myology News brings you a thoughtful mix of topics that I think you'll enjoy. Our contributors have gathered insights from their work, their observations, and the conversations that keep our field moving forward. Each piece offers something to reflect on, something to tuck away, or something that may feel surprisingly familiar.

Inside, you'll find a look at women's airway and OSA; a new graduate's early steps in connecting with dental professionals; an intriguing peek at tongue-controlled technology; a clear, timely Q&A on our role in frenectomy referrals; an important call to action regarding ASHA's 2027 standards; and a gentle reminder from Becky about rhythm—ours and our clients'.

We hope this issue gives you a moment to pause, smile, and feel connected to the work we all care so deeply about.

Airway, Articulation, and Alignment: The Cross-Disciplinary Crisis No One Is Talking About

Dental and speech professionals are facing a shared challenge that rarely gets named: airway, articulation, and alignment are deeply interconnected, yet our clinical systems treat them as separate issues. The result is a growing population of patients with undesirable oral-motor patterns, orthodontic relapse, and undiagnosed airway dysfunction.

Airway is the foundation. When nasal breathing is compromised, the tongue drops, the palate narrows, and compensatory patterns emerge. These changes affect craniofacial growth, occlusion, and speech clarity – long before they show up as clinical problems.

Articulation becomes the early warning sign. SLPs often see the first red flags: low tongue posture, jaw instability, and difficulty achieving precise placement. These aren't just speech issues—they're functional indicators of a system under strain.

Alignment cannot hold without functional stability. Orthodontic relapses are frequently rooted in muscle patterns, not mechanics. Alignment simply cannot remain stable without correcting tongue posture, swallowing, and oral rest habits.

The real issue is the cross-disciplinary disconnect. Each profession sees only part of the picture, and patients bounce between providers without a unified plan.

A Call to Action: Breaking the Silence

This crisis persists because our training programs remain siloed, and interdisciplinary collaboration is still the exception rather than the norm. But the opportunity is enormous. By embracing airway-centered, function-driven, collaborative care, we can achieve the following:

- Improve long-term orthodontic stability
- Enhance articulation outcomes
- Reduce chronic oral habits
- Support healthier craniofacial development
- Identify airway issues earlier
- Provide truly comprehensive care

The crisis is real—but so is the solution. It begins with awareness, continues with collaboration, and succeeds when we commit to treating the whole system, not just the visible symptoms.



Women, Airway, and OSA; What Orofacial Myologists Should Know

By Karen Wuertz, DDS QOM-D

Obstructive Sleep Apnea (OSA) has historically been viewed as a condition that primarily affects men. Emerging research now confirms that symptoms and anatomical characteristics differ greatly between men and women. This helps explain why women are frequently under-identified and underdiagnosed.

One reason women are less frequently diagnosed is because their symptoms and complaints often overlap with other conditions. Thus, healthcare providers may attribute them to stress, mental health disorders or hormonal changes rather than a sleep disorder. Because men with OSA typically report the “classic” symptoms to physicians, they are more likely to receive prompt medical evaluation and testing.

Men vs Women in Obstructive Sleep Apnea

A Myofunctional Therapy Perspective

MEN – Classic OSA Phenotype

- 🔊 Loud habitual snoring
- 🛖 Witnessed apneas
- 😴 Excessive daytime sleepiness
- 📊 Higher AHI severity
- 🫁 Greater airway collapsibility
- 📏 Larger neck circumference

WOMEN – Often Atypical OSA

- 😞 Fatigue rather than sleepiness
- 🌙 Insomnia symptoms
- 💡 Mood disturbance/anxiety
- 🤕 Morning headaches
- 🌙 REM sleep dominant OSA
- 🚫 Often underdiagnosed

Clinical Insight: Women frequently present with insomnia, fatigue, and REM-dominant OSA rather than classic sleepiness—important for dental and myofunctional screening.

For orofacial myologists, these differences highlight the importance of airway screening during evaluation. Common signs below may also contribute to compromised airway function and increased risk for sleep-disordered breathing. Identifying these patterns can support early referral and interdisciplinary care with sleep physicians, dentists, and other healthcare providers.

Screening Clues Orofacial Myologists Should Look For

- Low tongue posture or tongue scalloping
- Narrow maxillary arch or high palatal vault
- Mouth breathing or lip incompetence
- Forward head posture/ airway compensation
- Reports of fatigue, insomnia or morning headaches
- History of snoring or bruxism

The consequence of underdiagnosed OSA in women can be significant. If left untreated, it increases the risk of hypertension, diabetes, cardiovascular disease, cognitive impairment and a reduced quality of life.

Improved awareness and recognition of these differences is a crucial step towards women receiving a timely diagnosis and appropriate treatment.

A New Myo Grad's Experience Reaching Out to Dental Professionals

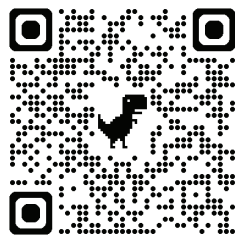
Alivia Bauman, M.A., CCC-SLP, QOM Candidate

Prior to completing the Orofacial Myology Course in November of 2025, colleagues and I discussed and debated, "What is missing?" from our treatment. Although we frequently saw success with our patients that came for a variety of disorders, all of us had at least one client, often several, who was not progressing. We had tried traditional approaches, and noted our clients seemed to have underlying deficits we could not pinpoint. Upon completion of the course, I have felt much more equipped to handle these cases, including patients with lisps, chronic mouth breathing, oral habits, and more. My coworkers and I began to network with local dentists to help spread awareness that this type of therapy is available, and how it can fill the missing "gap". After many phone calls, emails and in-person meetings, most of the responses were the same. They frequently saw these patients in their practice and were pleased to find this therapy was available. One dentist even discussed they had begun taking courses in the realm of orofacial myology, and their next step was finding an orofacial myologist to refer to! Each dentist was relieved that we offered another option for habit elimination. They often commented they did not like to use habit appliances, and were unsure what to tell parents to help them with oral habits. Nearly all of the dentists responded that this therapy applied to their patients, addressed underlying causes, and answered the question, "What is missing?"



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Short Courses Accessible to All Professionals



Tongue Tie 101: What Is Our Role?

**Orofacial Myology/Tongue Thrust:
An Introduction With Assessment Applications**

**R: Techniques And Interventions To Correct /r/
— Seven Steps, From Basics To Habituation—**



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



Webinar Information



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!



Exciting News!

We're proud to announce that Becky Ellsworth, RDH, BS, QOM will be a featured presenter at the 2026 Jamaica Dental Association (JDA) Convention, taking place at the Princess Grand Hotel, Negril May 20–23, 2026

Under the convention theme "Timeless Smiles: Trends, Techniques, and Transformations," Becky will deliver a CE-accredited lecture on Myofunctional Relapse, highlighting the critical role of orofacial myofunctional therapy in preventing orthodontic relapse and enhancing long-term cosmetic outcomes.

With over 300 dental professionals expected to attend, this presentation will offer valuable insights into interdisciplinary collaboration and evidence-based strategies for sustained patient success.

We're honored to contribute to JDA's scientific program and look forward to meaningful collaboration on this exciting international platform.

NCSHLA Annual Convention April 16 - 17, 2026

After a quiet few years, the dynamic duo Sandra and Becky are officially back on the road—and they're heading to North Carolina. Join them at the 2026 NCSHLA Annual Convention, where they'll be shining a spotlight on orofacial myology disorders and sharing their expertise with attendees from across the state.

Save the date and stop by our table for the rare opportunity to pick their minds, ask questions, and reconnect with two of the most respected voices in the field.

Location: The Conference Center at GTCC
7908 Leabourne Road Colfax, NC 27235

BACK ON THE ROAD

The Myo Masters group continues to thrive year-round, offering an active, supportive space for ongoing professional development among clinicians who have completed Neo-Health Services' 28-hour orofacial myology training. Open exclusively to graduates of Orofacial Myology: From Basics to Habituation, the group meets regularly for exercise reviews, technique refinement, case discussions, and collaborative treatment planning. It remains a place to stay connected, strengthen clinical skills, and contribute to a growing network of dedicated professionals. Members can also enjoy a collection of iconic images that highlight the group's journey. Stay tuned for announcements about the next meeting.



Tongue-Controlled Technology: Could Orofacial Myologists Play a Part?

Imagine a future where your tongue tip, not your finger tip, is in control of your interaction with the digital world: it can make video calls, write essays, paint digital images, check the weather and even doom scroll. It seems like a concept for a sci-fi tv show, but the future of handsfree human-computer interaction is happening now. For years handsfree technology has been opening up a more inclusive world for people with a range of physical disabilities or challenges to interact with the digital world by using voice-command, head and eye tracking and chin or lip-controlled joysticks.



by Zohara Nguyen, CCC-SLP, CPSP, QOM

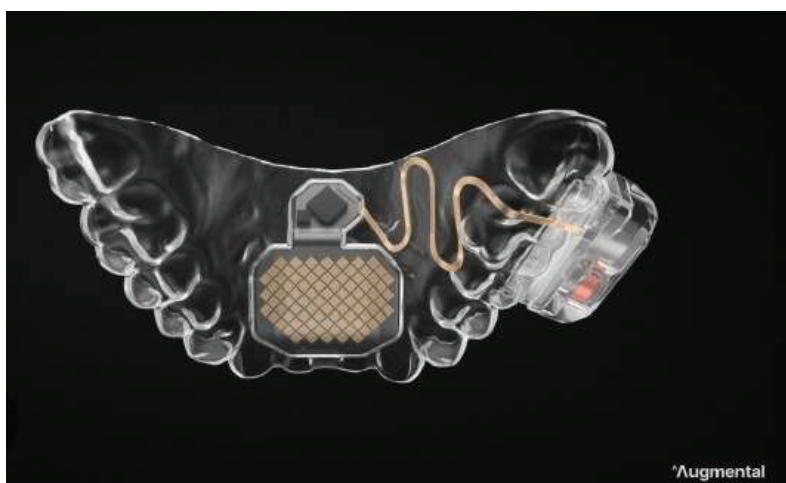
Tongue-Controlled Technology is the Future

Recent innovation of assistive technologies has integrated utilizing tongue-controlled interfaces that connect to smart phones or computers. These tongue-operated technologies, intraoral joysticks or mouth-based touchpads, leverage the tongue's dexterity and its general lack of fatigue (compared to eye tracking technology). Tongue-controlled interfaces are also desirable to users who want to use their handsfree personal devices discreetly without a hefty, conspicuous apparatus. As handsfree assistive technology is becoming more sophisticated, less cumbersome, easier to operate and much smaller. Users who have mobility issues due to significant spinal injury or limited/no use of their hands can gain increased independence and active participation in society using tongue-controlled technology. This is especially true when it connects to their phone or computer. The application of this technology can even be employed when the hands are temporarily occupied, such as when playing a musical instrument or when performing surgery and the user needs to interact with a screen.

An example of one such handsfree, tongue-controlled technology is the MouthPad[^] (by Augmental), a customized, 3-D printed intraoral pressure-sensitive touchpad. It is encased in dental resin and worn as a palatal appliance that resembles a retainer. Precise tongue movements (across horizontal, vertical and lateral planes) control the cursor on this bluetooth connected device. To make a selection (or "click"), the user simply applies lingual pressure on the pad. To perform a "right-click", it is activated with a sipping action. Users can do all the things that people usually do with a mouse pad or touchscreen for all their personal devices – it's just operated by their tongue!

Orofacial Myologists as Tongue-Controlled Technology Consultants

Because the user is required to perform precise lingual and oral skills, tongue-controlled technology presents opportunities for Orofacial Myologists as consultants in this exciting and innovative space. Since Orofacial Myologists are intimately familiar with the mouth and understand the mechanics of lingual movements, they are



well-equipped to offer a unique professional perspective. Their role could be integral to identify and address usability issues with the technology as a result of: poor lingual-mandibular differentiation, limited lingual range of motion, poor lingual control and shaping, reduced suctioning ability, and any structural barriers including ankyloglossia. Myo therapy would address the user's oral control and coordination to improve their usability of the intraoral technology. Tongue-controlled technology is quickly becoming the future and will probably be widely used before we even expect – Orofacial Myologists better be ready when that time comes!

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.com](http://OrofacialMyology.com)

A Look at Readers' Top Featured Q&A

What is our role when referring a client for frenectomy?

Q: Hi Sandra, I took your course in April, and have been thinking non-stop about the principles I've learned ever since (inside and outside of therapy). I've now referred 2 children who were on my speech therapy caseload to a pediatric dentist due to concerns regarding tongue tie. The dentist is very aware of orofacial myology principles and even used to have an orofacial myologist on staff. My question is this. In cases such as these....am I actually recommending the tongue tie release itself OR am I just calling attention to my concerns and awaiting the dentist's recommendation? In other words, with an ENT for example, I may believe or suspect that the tonsils should come out, and I would make the referral with concern about tonsils and await the physician's recommendation. I would not of course, all-out recommend that the tonsils be removed. Is it different with tongue-tie release and dentists? Do we actually recommend release, or recommend that the dentist consider release. Thanks for helping me with this important nuance. –Regards, LS

Hi LS, Your question is so good that I think I'll put it into our Q & A. Our Myo Masters FB group has a form to send to referrals to fill out for a patient referred to them. Not sure if that will suffice but check it out and you might even want to create something similar so that the person you send your patient to see will have *specific guidelines what to look for and what to send back to you.*

If at some point you develop a close working relationship with a particular professional who does frenectomies, it might be easy to say that you are sending a client for release; however, I rarely was that direct and would not necessarily recommend it. On the other hand, you don't want to put it entirely in the hands of your referral, either. They have to realize that you know a lot, especially about how ankyloglossia prevents success in your treatment program.

In my evaluation report, I put something like the following directly at the beginning of the recommendations section:

If client has a frenectomy, then treatment plan to be implemented as follows: (you can change the wording, but if you place this right at the top of recommendations, then anyone reading it understands that treatment cannot and will not proceed without release.)

If you have performed a good evaluation, with good explanation, then the parent/patient will be excited to start therapy. If you are already familiar with one or more that you are comfortable with, you can point them in that direction. They should be informed enough about the ankyloglossia that they become their own advocates and hopefully select the right professional to do the release. Several of our grads have reported that they are invited to be present during the procedure with referral sources they use regularly.

[Click here to find more Orofacial Myology Case Studies and Blogs](#)



Urge ASHA to reinstate orofacial myology in 2027 standards

The Issue

ASHA's proposed 2027 Certification Standards remove the explicit reference to "structure and function of orofacial myology" that was included in the 2020 standards. This omission is concerning because orofacial myology is essential to identifying and treating orofacial myofunctional disorders (OMDs), which affect breathing, swallowing, speech, and craniofacial development.

The ASHA Practice Portal and CAA standards already affirm the importance of OMD education for speech-language pathologists. Removing this language from certification standards creates confusion, diminishes visibility of this specialty, and risks weakening interdisciplinary care.

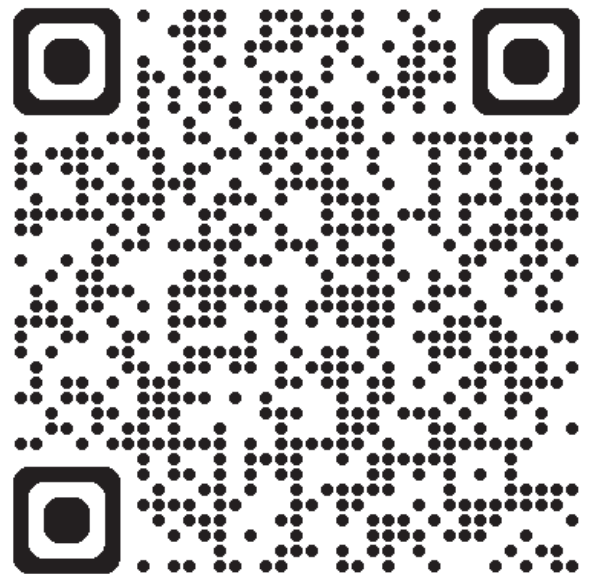
The request is for ASHA to:

Restore the explicit reference to "structure and function of orofacial myology" in 2027 certification standards.

Align certification language with current ASHA Practice guidance on orofacial myofunctional disorders (OMDs).

Maintain clarity for graduate education programs and clinicians regarding the importance of training in this area.

Reinserting this terminology supports accurate scope of practice and protects decades of progress in recognizing the role of orofacial myology in speech-language pathology.



[**Sign this petition**](#)

How is your Rhythm?

By Becky Ellsworth RDH, BS, QOM

Feeling tired? Run down? Anxious? Stressed out? If you are like a lot of people, this might sound familiar. Many things can be attributed to all of these conditions, but have you ever considered that your nose might be responsible... Or should I say the *lack* of your nose functions? In this busy world in which we live, one very simple thing could make a world of difference – nasal breathing 100% of the time.

Most people believe we breathe evenly out of both nostrils throughout the day, but that is not true. This process, controlled by the autonomic nervous system, is known as the nasal cycle. At any given time, one nostril is more open than the other, allowing for greater airflow. This occurs because of increased blood flow causing the inferior nasal turbinate on that side to swell. This shift continues to switch about every four hours which helps maintain ideal nasal function.

Though largely unnoticed (only about 80% of people are aware of this shift), research is finding a deep connection between the respiratory system, the brain and the nervous system! Current research suggests that the dominant nostril may be associated with activity in the opposite brain hemisphere. When the right nostril is dominant there is increased activity in the left hemisphere, which correlates to language skills, logical thinking and analytical thinking. When the left nostril is dominant, there is increased activity in the right hemisphere which correlates to creativity, spatial awareness and emotional processing.

The importance of nasal cycles is also of interest in displaying shifts in the autonomic nervous system. Right nasal dominance relates to activation of the sympathetic nervous system, which activates our “fight or flight” response. This relates to one’s alertness, increased heart rate and readiness for action. Left nasal dominance relates to the activation of the parasympathetic nervous system which correlates to relaxation, digestion and restorative processes. When the system is functioning properly, this helps maintain the body’s internal balance of action and rest. These findings indicate that the nasal cycle is a powerful reminder that our bodies operate on finely tuned rhythms—even when we’re not consciously aware of them. When this rhythm is disrupted, the delicate coordination between the brain, nervous system, and respiration can be affected.

So how does understanding this natural rhythm influence our work as Orofacial Myologists? When chronic nasal obstruction or mouth breathing interferes with the nasal cycle, the consequences can extend beyond breathing alone. Disruptions may contribute to delayed speech development, behavioral concerns, and other functional challenges. By paying attention to how they breathe, we gain insight into why our clients may feel tired, run down, anxious, or stressed out.

Til next time,
Becky

My reference for this article was from MedBound Times, Why One Nostril Always Feels More Open Than The Other: The Nasal Cycle Explained, Published 27 Sept 2025, medboundtimes.com



This 2026

“Discover Your Potential”

... AND BECOME QUALIFIED

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Email: info@orofacialmyology.com

OUR INSTRUCTORS



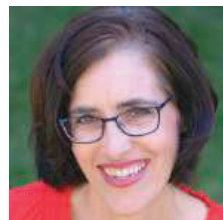
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with contributions from
Karen Wuertz
DDS, QOM

Orofacial Myology: From Basics to Habituation — 28-Hour Foundational Training

Our 28-hour foundational course, Orofacial Myology: From Basics to Habituation, is designed for professionals who want to increase their understanding of this specialty area and for those pursuing Qualification in Orofacial Myology (QOM).

Presented by a team of kind, passionate, and highly trained instructors, this course equips you to become a skilled, confident clinician with expertise in assessment and individualized treatment of orofacial myofunctional disorders. You will be prepared to implement your new skills immediately using the Myo Manual Treatment Program.

A Real-Time, Interactive Learning Experience

This course is delivered through live virtual instruction, offering the engagement and energy of an in-person classroom. Through group discussions, individual and partnered practice during evaluation and treatment training, and lively Q&A sessions, you will feel fully immersed in the learning process.

The QOM Pathway

The QOM process was developed to provide special recognition for Neo-Health Services graduates—distinguishing them as exceptionally well-trained, skilled, and ethical professionals. QOMs are qualified to provide individualized, evidence-based treatment tailored to each client’s unique 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.”



Upcoming Courses



orofacialmyology.com
THE MISSING LINK