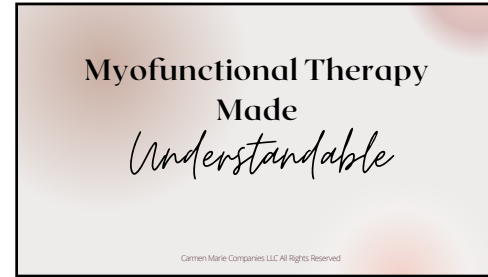
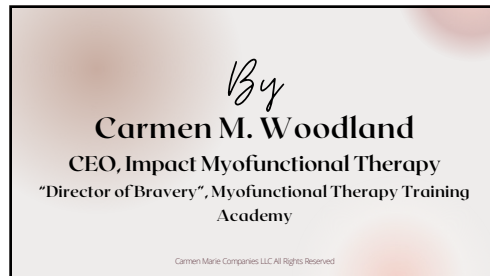




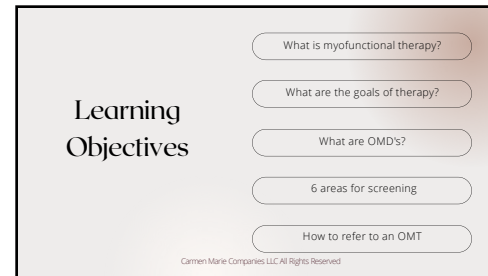
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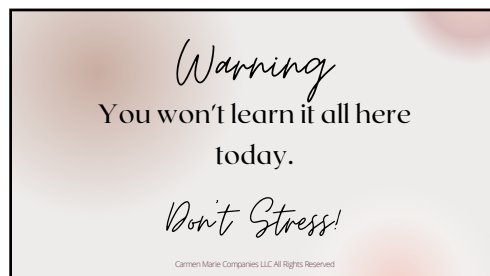
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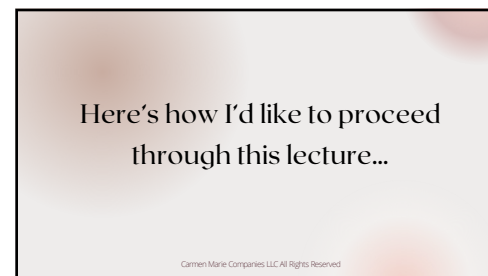
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6



Carmen M. Woodland
Who I was

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7

Why I Pivoted
Meet Linzee



My sweet granddaughter was passed back and forth amongst doctors and therapists for years trying to figure out her speech, breathing, sleep, chewing, and swallowing issues. It wasn't until I completed more training that I knew her problem was a significant tongue-tie. Bingo.

I pivoted because I wanted to make a difference.

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Who I am now...

SDB Private Eye Airway Sleuth

Wellness Warrior Tongue-Tie Guru



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That's why I'm here speaking
to you today...so
You
can make a difference, and so
someone doesn't slip through
the cracks.


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What gets overlooked in the
dental office?

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Root cause of snoring

Root cause of red, swollen gums

Root cause of decay & perio problems

Toxic oral habits

Misguided craniofacial growth (crowding & cross-bite etc)

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RDH:
"Agent of Change"

- Expected to do continuing education
- See patients the most
- Build new relationships
- Educate during the appointment
- Can push for change in the office

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What is
Myofunctional Therapy?

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"Myofunctional therapy is like physical therapy for the mouth and face muscles. It focuses on the muscles of the mouth, face, and throat."

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"By strengthening weak muscles, learning proper function, and making behavior modifications, improvements can be made to breathing, speaking, chewing, and swallowing."

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Neuromuscular exercises are used to retrain the orofacial muscles (lips, tongue, face) & teach them how to function and rest properly.

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Why is it necessary?

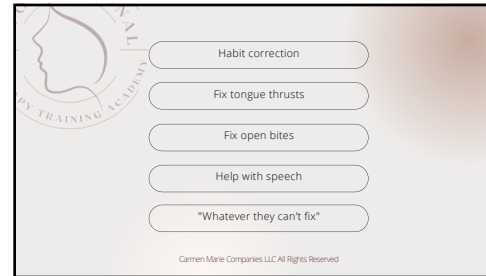
- Muscle function isn't correct
- Need to rebuild neuromuscular connections
- Incorrect breathing habits
- Incorrect oral rest posture
- Improves success of frenectomy

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18



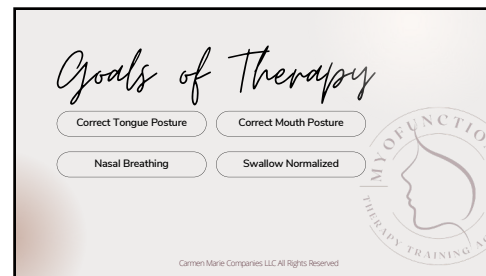
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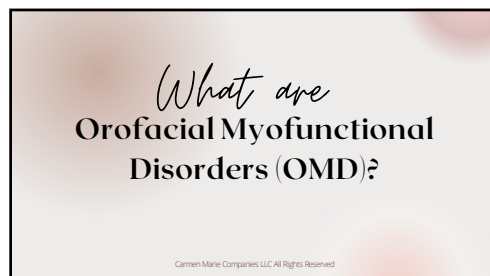
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Anything that affects the 4 goals of myofunctional therapy.

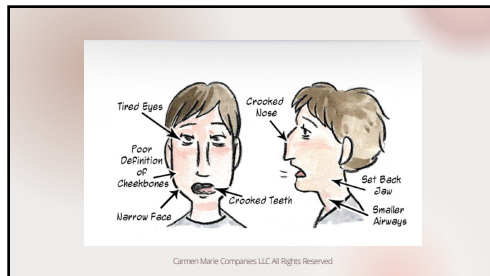
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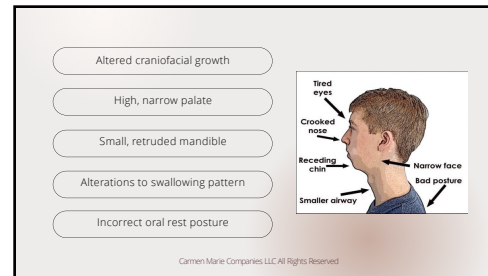
What happens when OMD's are present?

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How you can Screen for OMD's

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Airway Awareness
Sleep-Disordered Breathing

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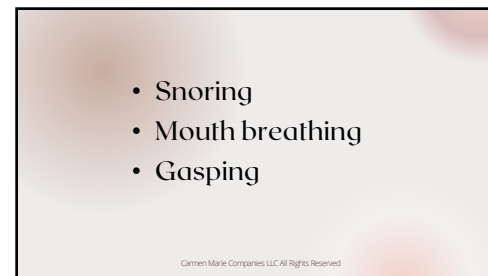
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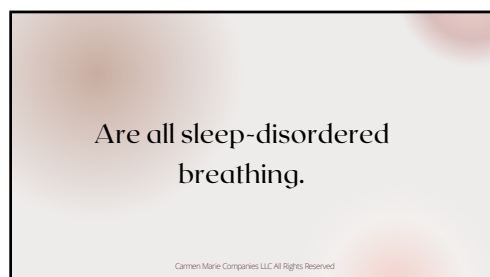
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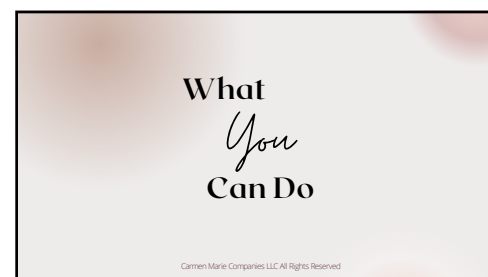
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36

- Be an airway private eye
 - Review medical history
 - Ask questions
 - Look (jaw, space, body)
 - Know common symptoms
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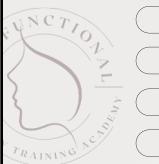
37

- 
- Snoring
 - Gasping @ night
 - Cessation of breathing (apneas)
 - Shallow breathing (hypopneas)
 - Sleeping in strange positions
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- Wakes easily or often
 - Wakes tired and unrefreshed
 - Tooth grinding or clenching
 - Open mouth sleeping
 - Daytime fatigue / drowsiness
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- 
- Restless sleeping
 - Frequent urination
 - Night terrors
 - Night sweats
 - Wakes with a headache
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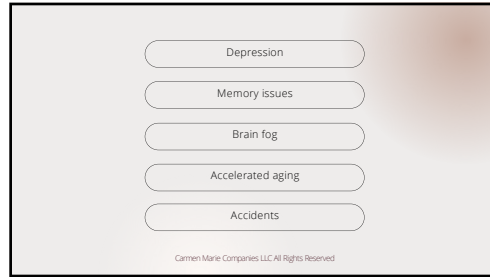
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- Large neck circumference
 - 30+ BMI
 - Enlarged tonsils
 - Retrognathia
 - Acid reflux, GERD
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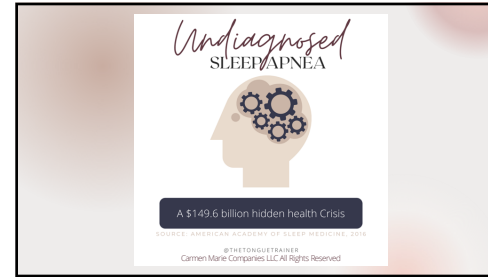
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- 
- HBP (50% of all OSA have it)
 - Stroke
 - Diabetes
 - Chronic pain
 - Anxiety
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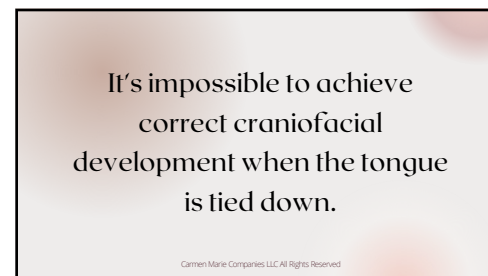
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48



- Not black & white
- Not about appearance
- Needs comprehensive assessment
- How they're fixed
- Appropriate ages

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Identification of a tongue-tie is not black and white. This is why "laws" might be a bad idea.

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Not about appearance, but more about how the oral function is affected.

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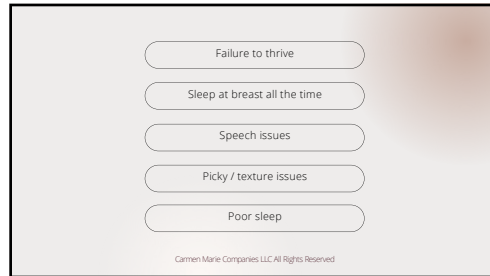
We evaluate all the signs and symptoms of the "myofunctional impairment" snapshot.

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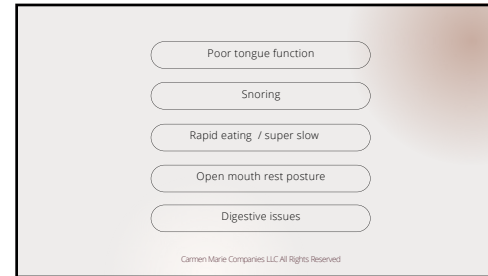
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- Poor latch
 - Colicky
 - Gassy
 - Spit up
 - Messy eating
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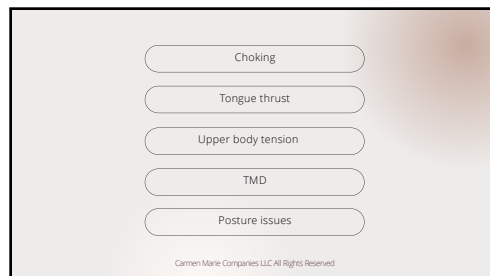
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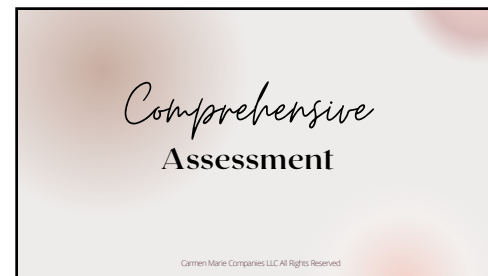
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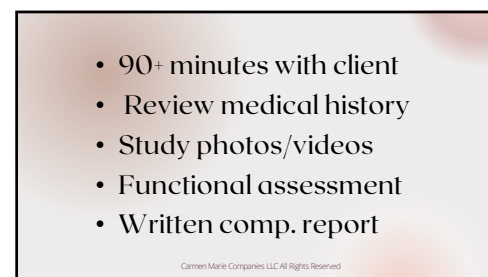
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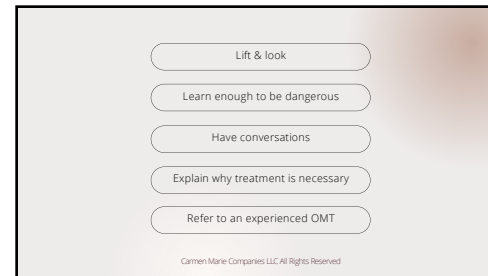
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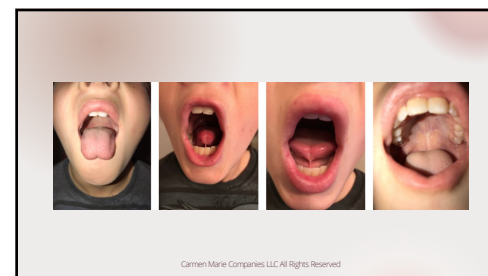
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66

Is it ok to let this slip by just because you or your boss aren't up to speed?

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Incorrect Rest Posture
Tongue Thrust

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What
You
Need to Know

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Tongue thrust is a fancy way of saying "atypical swallow".

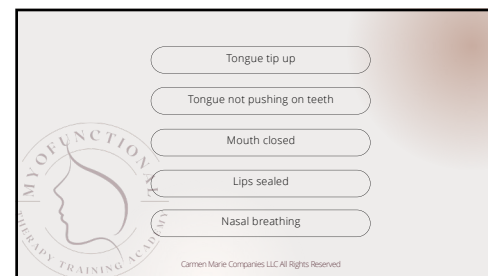
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Tongue thrust is not THE problem, it is a symptom of a bigger problem... oral rest posture.

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A diagram illustrating the components of oral rest posture. It features a circular logo on the left with the text "MYOFUNCTIONAL THERAPY TRAINING ACADEMY" around a profile of a head. To the right of the logo is a vertical list of five symptoms, each enclosed in a rounded rectangular box:

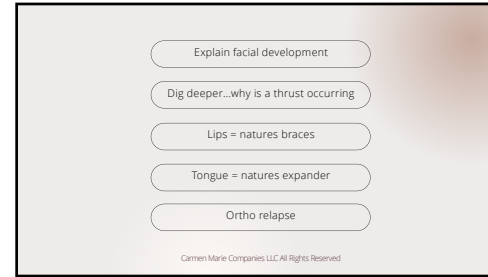
- Tongue tip up
- Tongue not pushing on teeth
- Mouth closed
- Lips sealed
- Nasal breathing

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72



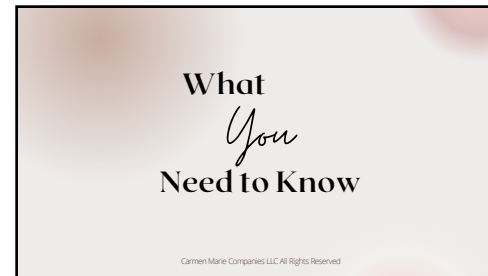
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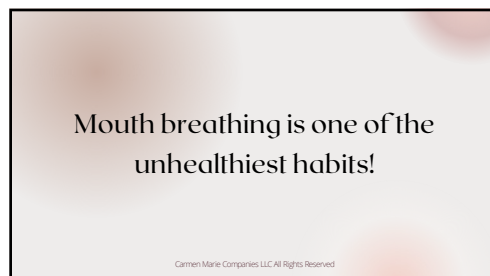
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78

Nasal breathing is HOW we are supposed to breathe.

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Benefits of nasal breathing

- Nitric oxide
- Cleans, humidifies the air
- Less congestion
- Forward facial development
- Good digestion

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What You Can Do

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- Understand why it's important
- Search for the root cause
- Might need to refer: ENT
- Might need to refer: allergist
- Explain "viscous cycle"

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Misguided Craniofacial Growth

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There are 22 bones in the face (8 cranium, 14 face). Do you know which 2 are the most important?

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Maxilla & Mandible!
Responsible for the form of the face, the ability to chew, & the structures of the airway.
(Dr. Steven Lin, The Dental Diet)
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Improper development of the maxilla or mandible leads to crooked teeth.
If the stadium isn't big enough, you can't put in all the seats.
(Dr. Steven Lin, The Dental Diet)
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**What
You
Need to Know**
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EARLY intervention is key
Parents really don't understand this
Conventional braces
Orthotropic or "Face Forward"
Affects airway development
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You're not treating the skeleton if you wait until a child is older.
At that point you're just straightening the teeth.
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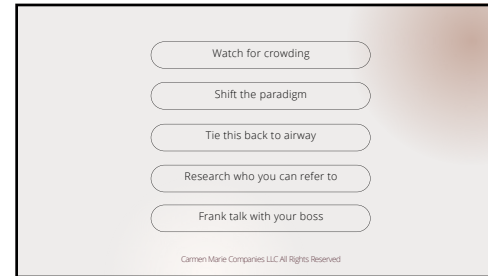
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Not treating early is like seeing blood sugar issues in a child but waiting until they are full blown diabetic to do anything about it.
(Dr. Kevin Boyd)
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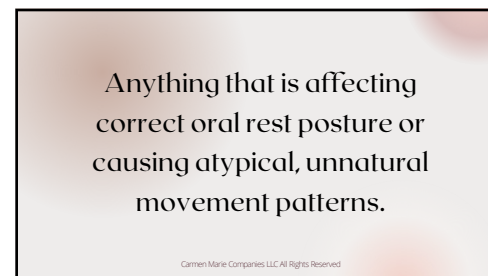
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96

- Thumb sucking
 - Finger sucking
 - Pacifier
 - Nail biting
 - Chewing on clothing
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- Anything that prevents correct oral rest posture
 - Affects craniofacial development
 - Causes a tongue thrust
 - Traps the mandible
 - Child must want to stop habit
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**What
You
Can Do**

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- Discuss it! Discuss it!
 - Refer to OMT
 - Start the paradigm shift
 - Give ideas to help alleviate
 - Find the child's currency
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***Referring*
To an OMT**

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**What
You
Need to Know**

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Until you're adequately trained in myofunctional therapy it is most beneficial to refer to an experienced OMT that you trust. Don't take it too far & scare someone!

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What
You
Can Do

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- Know the basics
 - Educate the patient
 - Refer to an OMT
 - Don't try to refer anywhere else first
 - Why it's important to start with OMT
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Let's Practice
Conversations & How to Start

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How I started.
I talked with E.V.E.R.Y.O.N.E.

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- Things I started doing immediately
- Looking at medical histories
 - Expanded my oral cancer screening
 - Dropping "breadcrumbs"
 - Asking about sleep and snoring
 - Looked at things differently
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What kind of information can you find on a medical history / dental record?

109

Medical History



- Acid reflux
- Sleep apnea
- Diabetes
- HBP
- Snoring appliance
- Stroke
- Depression / anxiety
- Obesity

110

Look differently at oral structures during an OCS.
Small airway?
Tongue-tie? Lips ties?

111

"You might have noticed me doing your oral cancer screening a little bit differently..."

112

Dropping
"Breadcrumbs"

113

Asking
More Questions

114

“The reason you might gag during x-rays is...”

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115

“I noticed you keep falling asleep in the chair, how are you sleeping?...”

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Put on Your
Investigation Hat

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WHY is the patient grinding?

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Is a snoring appliance just a band-aid on a bullet wound?

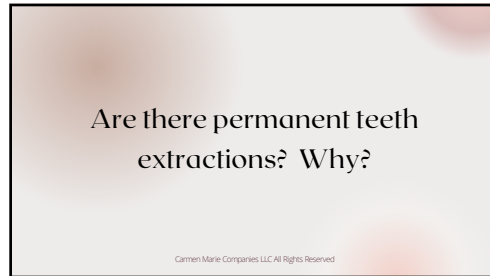
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What are those crooked teeth telling you?

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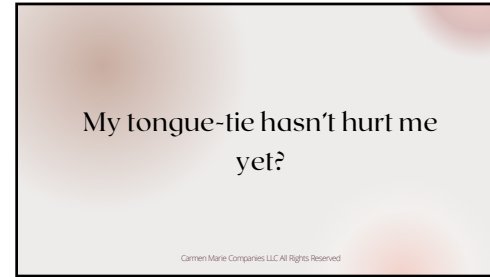
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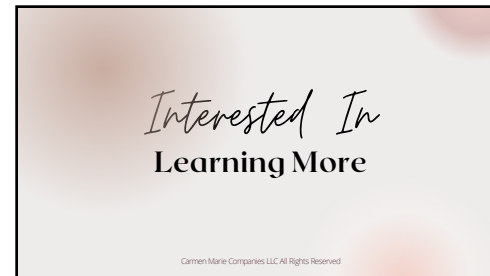
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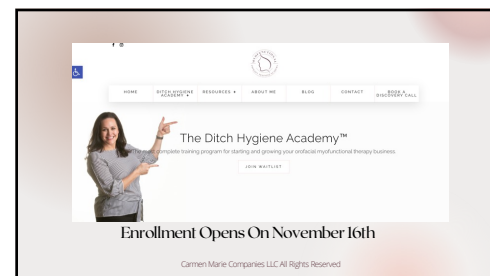
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