Myofunctional Therapy
Made Understandable

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Learning Objectives
- What is myofunctional therapy?
- What are the goals of therapy?
- What are OMDs?
- 6 areas for screening
- How to refer to an OMT

Warning
You won’t learn it all here today.
Don’t Stress!

Here’s how I’d like to proceed through this lecture...
Who I was

Carmen M. Woodland

My sweet granddaughter was passed back and forth amongst doctors and therapists for years trying to figure out her speech, breathing, Lyme, clearing, and feeding issues. I spent an uncountable amount of time in the hospital because this problem was a significant tongue-tie. Bingo. I pivoted because I wanted to make a difference.

Who I am now...

SDB Private Eye
Airway Sleuth
Wellness Warrior
Tongue-Tie Guru

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.

What gets overlooked in the dental office?

- Root cause of snoring
- Root cause of red, swollen gums
- Root cause of decay & perio problems
- Toxic chemicals
- Misaligned craniofacial growth (crowding & cross bite etc)
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

What is Myofunctional Therapy?

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

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

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

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
What do dentists think we do?

- Habit correction
- Fix tongue thrusts
- Fix open bites
- Help with speech
- "Whatever they can't fix"

Goals of Myofunctional Therapy?
- Correct Tongue Posture
- Correct Mouth Posture
- Nasal Breathing
- Swallow Normalized

What are Orofacial Myofunctional Disorders (OMD)?

Abnormal movement patterns of the face & mouth.
Anything that affects the 4 goals of myofunctional therapy.

What happens when OMD's are present?

Altered craniofacial growth
- High, narrow palate
- Small, retruded mandible
- Alterations to swallowing pattern
- Incorrect oral rest posture

Screen for OMD's

How you can

Airway Awareness
- Sleep-Disordered Breathing
What You Need to Know

Airway trumps everything.

Having an eye for an airway concern can be lifesaving & can mean a huge improvement in health for your patients.

- Snoring
- Mouth breathing
- Gasping

Are all sleep-disordered breathing.

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

Snoring
Gaping @ night
Cessation of breathing (apneas)
Shallow breathing (hypopneas)
Sleeping in strange positions

Wakes easily or often
Wakes tired and unrefreshed
Tooth grinding or clenching
Open mouth sleeping
Daytime fatigue / drowsiness

Wakes sleeping
Frequent urination
Night terrors
Night sweats
Wakes with a headache

Large neck circumference
30+ BMI
Enlarged tonsils
Retractlitas
Acid reflux, GERD

HBP (50% of all OSA have it)
Stroke
Diabetes
Chronic pain
Anxiety
Tongue-ties are not a fad, and need to be assessed, diagnosed, & fixed.

It’s impossible to achieve correct craniofacial development when the tongue is tied down.
Identification of a tongue-tie is not black and white. This is why “laws” might be a bad idea.

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

We evaluate all the signs and symptoms of the “myofunctional impairment” snapshot.
Failure to thrive
Sleep at breast all the time
Speech issues
Picky / texture issues
Poor sleep

Poor tongue function
Snoring
Rapid eating / super slow
Open mouth rest posture
Digestive issues

Choking
Tongue thrust
Upper body tension
TMD
Posture issues

Comprehensive Assessment

Not just sticking the tongue out or the ability to lick an ice cream cone

• 90+ minutes with client
• Review medical history
• Study photos/videos
• Functional assessment
• Written comp. report
Treating Tongue-Tie’s

- “Good” provider
- Pre/post therapy
- Method not important
- Healing most important
- Why age matters

What You Can Do

- Lift & look
- Learn enough to be dangerous
- Have conversations
- Explain why treatment is necessary
- Refer to an experienced DMT

Meet “Andrew”
Is it ok to let this slip by just because you or your boss aren’t up to speed?

Incorrect Rest Posture
Tongue Thrust

What You Need to Know

Tongue thrust is a fancy way of saying “atypical swallow”.

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

- Tongue tip up
- Tongue not pushing on teeth
- Mouth closed
- Lips sealed
- Nasal breathing
Explain facial development
Dig deeper, why is it a threat occurring
Lips = nature's braces
Tongue = nature's expander
Ortho relapse

Incorrect Breathing
Mouth Breathing

What You Need to Know

Mouth breathing is one of the unhealthiest habits!

As soon as the mouth opens, it starts a sympathetic response = chronic fight or flight.
Nasal breathing is HOW we are supposed to breathe.

Benefits of nasal breathing

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

What You Can Do

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

Misguided Craniofacial Growth

There are 22 bones in the face (8 cranium, 14 face).
Do you know which 2 are the most important?
Maxilla & Mandible! Responsible for the form of the face, the ability to chew, & the structures of the airway.

(From "The Dental Diet"

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.

(From "The Dental Diet"

What You Need to Know

EARLY intervention is key

- Orthotropic or “Face Forward”
- Affects airway development

You’re not treating the skeleton if you wait until a child is older. At that point you’re just straightening the teeth.

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.

(From "The Dental Diet"

(From "The Dental Diet"
What You Can Do

Watch for crowding
Shift the paradigm
Tie this back to airway
Research who you can refer to
Frank talk with your boss

Remember that all sleep-disordered breathing conditions are craniofacial problems!

Toxic Oral Habits

Anything that is affecting correct oral rest posture or causing atypical, unnatural movement patterns.

What You Need to Know
- Thumb sucking
- Finger sucking
- Pacifier
- Nail biting
- Chewing on clothing

Anything that prevents correct oral
posture
Affects craniofacial development
Causes a tongue thrust
Traps the mandible
Child must want to stop habit

What You Can Do

Discuss it! Discuss it!
Refer to OMT
Start the paradigm shift
Give ideas to help alleviate
Find the child's currency

Referring To an OMT

What You Need to Know
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!

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

Let’s Practice Conversations & How to Start

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

Looking at medical histories
Expanded my oral cancer screening
Dropping “bread crumbs”
Asking about sleep and snoring
Looked at things differently
What kind of information can you find on a medical history / dental record?

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

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

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

Dropping "Breadcrumbs"

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

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

“Put on Your Investigation Hat

WHY is the patient grinding?

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

What are those crooked teeth telling you?
Are there permanent teeth extractions? Why?

Transitioning Into a Myo Focused RDH

- Taking new training
- Notes into the chart
- Spread your message
- Practice, practice
- Don’t stop

What is myofunctional therapy?

How can I learn more?
www.myofunctionaltherapy4u.com

What does it cost?
Does insurance cover it?

My tongue-tie hasn’t hurt me yet?

Aren’t I too old?

Interested In Learning More

Welcome to the Myofunctional Therapy Training Academy!

Enrollment Opens On November 16th

www.myofunctionalthetrytrainingacademy.com