

“What is Tongue Thrust?”

During the act of swallowing and during rest posture the tongue can contribute to a disturbance of the relationship of the teeth (malocclusion). The habit of thrusting or resting the tongue against (or between) the teeth is commonly referred to as “tongue thrust”.

Why Be Concerned About “Tongue Thrust?”

With a person who has a tongue thrust, the muscles of the tongue, lips and cheeks do not work in harmony with the dental structures. This abnormal function (or disharmony of the musculature) can bring about a negative influence on the basic dental architecture, thereby contributing to the malalignment of teeth (malocclusion).

Bringing harmony to the function of the muscles can:

- (1) Guide the teeth into a more desirable relationship during the growth and development years.
- (2) Assist the orthodontist in his/her attempt to align teeth and jaws properly.
- (3) Assist in stabilizing the teeth during and/or after orthodontic treatment and/or surgery.
- (4) Enhance overall appearance. Resting with the lips together has a positive cosmetic effect.

What Causes “Tongue Thrust?”

- (1) Thumb and finger sucking habits
- (1) Habitual mouth breathing
- (2) Open-lips rest posture problems
- (3) Neurological problems
- (4) Structural problems
- (5) Developmental problems
- (6) Any combination of the above

If a person experiences any of the above, it does not necessarily mean s/he is going to become a tongue thruster. It only increases the probability.

I Am Already Going To An Orthodontist! Can't S/he Straighten The Teeth?

Yes, your orthodontist is an artisan when it comes to moving teeth! However, if the teeth are properly aligned within a hostile muscle environment, the stability of the final result is threatened. The muscles can slowly reject the new position of the teeth, thereby contributing to undesirable tooth movement.

Why Be Concerned About The Malalignment Of Teeth?

- (1) Malocclusion may affect the mental health of a patient by having a negative impact on appearance.
- (2) Malocclusion may have an undesirable impact on the dental health of a patient:
 - If the teeth do not meet properly, the patient may become more susceptible to “gum disease” (periodontal disease).
 - If malocclusion exists, the patient may be unable to bite and chew food efficiently.
 - Malocclusion is thought to contribute to “jaw joint” problems (TMJ problems) and facial pain
 - Malocclusion is thought to contribute to excessive grinding of the teeth (bruxing).

But The Patient Is In Braces! Why Wasn't I Told Sooner?

As indicted earlier, structural problems can contribute to tongue thrust. Sometimes the orthodontist must alter those structural problems before therapy can be of assistance.

The patient's tongue has been accustomed to being carried in a mouth where the teeth and/or jaws are malaligned. Sometimes the tongue thrust problem is not noticed until the teeth are more favorably aligned. The teeth have been moved by the braces into a new position which the muscle function begins to oppose. The tongue thrust condition then becomes noticeable.

What Can Be Done To Correct These Muscles Problems?

If the muscles of the tongue, cheek and lips appear to be contributing to a dental malocclusion there may be reason for concern. Consult a myofunctional therapist as soon as the problem is brought to your attention. The myofunctional therapist has been trained in the identification, diagnosis and treatment of tongue thrust and its related problems. She is familiar with a variety of therapeutic procedures involved in the correction of these problems. The design of the treatment is:

- (1) To develop an awareness of the appropriate musculature
- (2) To tone the appropriate musculature
- (3) To develop normal neuromusculature functions
- (4) To establish a routine on which to construct a habit pattern
- (5) To assist in making the new neuromuscular patterns habitual.

At What Age Should Therapy Begin?

Age is definitely a factor to consider! Early identification and treatment is best of the following reasons:

- (1) By correcting the muscle function during the growth and development years, more normal dental growth is encouraged.

(2) The abnormal habits are not as engrained as they later may become.

Therapy can also prove beneficial to adolescents and adults:

- (1) Proper muscle function assists the orthodontist in bringing the teeth into a more desirable relationship.
- (2) Proper muscle function contributes to the stability of the teeth.



Before



After



Before



After

What Factors Influence The Chances Of Therapy Success?

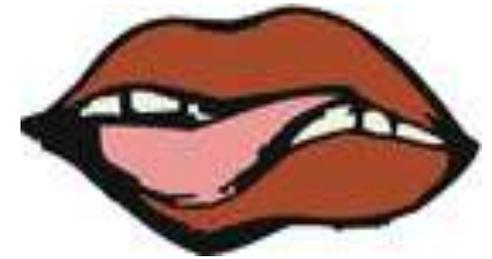
- (1) The motivation of the patient (The myofunctional therapist can assist in the motivational process).
- (2) The age and maturity of the patient.
- (3) The severity of the problem(s).
- (4) The control and coordination of the appropriate musculature.
- (5) The control of other ongoing pernicious habits (thumbs and finger sucking habits, mouth breathing etc).
- (6) The skeletal structure of the patient (including the relationship of the upper and lower jaws).
- (7) The attention span of the patient.
- (8) The attitude of the patient.
- (9) The attitude of the parents (with children and adolescents).

Is The Therapy Difficult?

Changing habits is difficult as it takes commitment, discipline and effort. The therapy programs are specifically tailored to meet the need of each patient. Every effort is made to make the therapy as gentle and positive as possible.

Our therapy program begins by re-training the tongue to assume the correct resting and swallowing position on the roof of the mouth as well as establishing a nasal-breathing pattern. Just as importantly, we teach the facial muscles to support this corrected position. This is accomplished by an exercise program designed to take about 5 minutes 3 times per day.

TONGUE THRUST



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