

What is Orofacial Myology?

Orofacial Myology (OM) is the study of normal and abnormal use of the muscles of the tongue, lips and the face. Muscles can affect tooth alignment, speech production, chewing and swallowing. Orofacial myologists use **myofunctional therapy**, which are **specialized exercises**, to establish correct functional activities of the tongue, lips, facial muscles and jaw. These exercises eliminate or greatly reduce:

Drooling

Lip Biting

Food Chewing Problems

Facial Muscular Imbalance

Open Lips Resting Posture

Abnormal Tongue Resting Posture

Articulation problems

Temporal Mandibular Joint pain/dysfunction

Tongue Thrust

Many children suck their thumbs or fingers, bite their lips or push their tongues against their teeth when swallowing or speaking, thus creating orofacial myofunctional disorders.

What Causes an Orofacial Myofunctional Disorder?

It is often difficult to point to one particular source as the sole cause of an orofacial myofunctional disorder. In some cases, it is the result of a combination of factors.

Results of Orofacial Myofunctional Therapy

Before Therapy



After Therapy



Myofunctional disorders may result from one or more of the following problems:

Oral habits such as thumb or finger sucking, cheek or nail biting, clenching and grinding of the teeth.

Tongue thrust can lead to tooth movement resulting in crookedness or spacing between teeth, swallowing air and jaw problems

Habitual open mouth (lips apart) resting posture, which may be induced by chronic nasal airway problems such as: enlarged tonsils and adenoids, chronic allergies, asthma, or significant deviation of the nasal septum.

Structural or physiological abnormalities, such as a short lingual frenum (tongue-tied)

Neurological or developmental abnormalities such as Down's syndrome or Cerebral Palsy

Hereditary predisposition to some of the above factors

How Common are OM Disorders?

Research has found an **81%** prevalence of orofacial myofunctional disorder in **children with speech and articulation problems** (Maul et al., 1999) compared to a prevalence of **38%** in the general population (Kellum, 1992)

Is Treatment Necessary?

Orofacial myofunctional clients need to be **evaluated individually**, especially when there are dental, medical, or speech concerns. The decision to treat or not to treat should be made by a health professional additionally trained in Orofacial Myology. If the therapy and the patient's attitude are deemed appropriate, then treatment may be recommended. Therapy will help work towards normal muscle function. In most cases, treatment goals, strategies, and objectives are determined in conjunction with primary care providers in dentistry or medicine in a team approach.

At What Age Should Therapy Begin?

The age of the patient is not as important as his/her **motivation** to succeed. Children, as young as four years old, can benefit from a diagnostic session to determine if they can be helped with giving up thumb-sucking or other habits. Children of seven or eight years of age are often mature enough to receive complete training. *Children, teenagers and adults of all ages are capable of success in treatment.*

Myofunctional Therapy

Myofunctional therapy may be recommended for a variety of functional or cosmetic reasons:

- Correcting or improving resting tongue or lip relationships can be instrumental in aiding the development of normal patterns of tooth eruption and alignment
- If the patient already has orthodontic appliances, correcting the swallowing disorder can help in the retention and stabilize the orthodontic result.
- Parafunctional habits of thumb and finger sucking lip licking, nail biting, etc.
- Stabilization and balancing of the muscle matrix supporting the TMJ
- TMJ dysfunction as it relates to bruxism/clenching, range of motion activities or postural habits of the tongue, lips and/or jaw
- Facial and postural esthetics

The therapy programs are designed to retrain patterns of muscle function of the face, mouth and tongue to improve muscle tone. It establishes the correct functional activities of the tongue, lips and jaw, so that normal growth and development may take place or progress in a stable, normal environment. Therapy can help in the retention of the dental and/or orthodontic treatment, can help enhance one's appearance and can help maintain optimum dental health for a lifetime of benefits.

Is Treatment Effective?

Many recent scientific studies have shown that treatment for orofacial myofunctional disorders can be **80 – 90% effective** in correcting:

- Tongue and lip resting posture
- Chewing and swallowing patterns
- Harmful oral habits

These corrections are retained years after completing therapy (Hahn & Hahn, 1992). It must be noted that successful completion of any myofunctional therapy program is dependent upon patient desire consistency of practice, a positive attitude and self-discipline. The orofacial myologist/myofunctional therapist can help instill these attributes.

Parental involvement and encouragement are important and necessary with children of all ages. Only the dedication and cooperation of the patient can change swallowing and resting posture habits.

Will Insurance Cover Therapy?

Individual Insurance plans vary widely. We are able to provide you with the necessary insurance forms to submit to your medical insurance for your reimbursement. Success is most often found by including a prescription for Myofunctional Therapy from your medical provider.

Success can be yours!

A Patient's Guide to Orofacial Myology



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