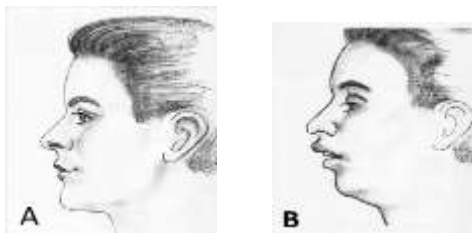


Why be concerned about opened-mouth posture?

Perhaps you have noticed that you, or your child, have a tendency to keep your mouth open most of the time? Most people simply disregard this as a habit, and do not think much about it. In fact, why should they? If no one has ever mentioned this is a concern, then it must not be a problem, right?

Sadly, most people do not know that an opened-mouth posture can have serious, permanent consequences: it can affect the dental development and orofacial growth of children which can negatively impact dental health and occlusion (how the teeth close together) for both children and adults.

In children, research has shown that an opened-mouth posture can result in an increased length of the face known as “Long Face Syndrome”, droopy eyes with dark circles, flattened nasal area, short upper lip, a droopy lower lip and a retruded chin.



(A) Normal face (B) Physiological changes created by opened-mouth posture

As the jaw hinges open, the tongue, which usually rests on the roof of the mouth, drops to the floor of the mouth and protrudes forward to allow better breathing. This incorrect tongue positioning causes light continuous pressure on selected teeth, contributing to dental misalignment such as an open-bite (opening between the upper and lower teeth when the teeth are closed).

In teenagers or adults, an opened-mouth posture can cause an orthodontic relapse (teeth moving back after braces are removed). Research demonstrates that the lips are the teeth’s natural retainer. Therefore, it is very likely that someone with incorrect lip and mouth posture will see teeth shifting after the removal of orthodontic appliances if a lips-together posture is not taught and habituated.

It is also associated with the development of a tongue thrust swallowing pattern with people being characterized as “sloppy” eaters; keeping the mouth open when chewing.

An opened-mouth posture also affects the head and neck posture. Indeed, people with an opened-mouth posture tend to hold their head in a forward position, but tilted posteriorly, in order to increase airway space. Many adults complain of head and neck pain which is caused by this postural change.

What are the concerns about lips-apart resting postures and mouth breathing?

Any allergist or ENT would tell you that the nose is our natural filter. Nasal breathing can lessen allergies, asthma, and periodontal disease caused by dry oral mucosa.

- The nasal passages provide a natural filtering system for airborne polluted particles. The hair and mucous in the nose trap these particles to prevent them from entering the lungs. Mouth breathing by-passes this valuable filtering system.
- The nose warms the air so it can be easily accepted in the lungs. Mouth breathing by-passes this built-in heat exchanger.
- Mouth breathing provides a natural humidifier by moistening the air before it goes into the lungs. Mouth breathing by-passes this natural humidifier and dries the tissues of the mouth.

Why is my mouth opened in the first place?

Very often, an opened-mouth posture is the result of an upper airway restriction caused by allergies, enlarged tonsils or adenoids, which can limit your ability to breathe comfortably through your nose. It can also be caused by the restriction of a short labial

frenum (little “cord” that anchors the lips to the gums), which can physically keep the lips parted. An opened-mouth posture can also be linked to oral habits, such as thumb sucking, licking of the lips and nail biting, as well as malocclusions, genetic influences and bottle feeding. Overtime, an opened-mouth posture can become a habit.



Who can help me remediate my opened-mouth posture?

A multi-disciplinary team is needed for the treatment of opened-mouth posture. Usually, an orofacial myologist will evaluate and make referrals when appropriate, to an allergist, ENT, or other professionals to insure that oral breathing is not caused by enlarged adenoids or tonsils, deviated nasal septum, or allergies. Once the adult or child can consistently breathe through their nose, toning exercises to keep the lips closed at rest and teaching of the correct resting place of the tongue and lips are designed and implemented by the orofacial myologist. This individualized treatment plan is developed to meet your specific needs.

When should I seek treatment?

The earlier the better. At any age, it is important to correct an opened mouth lips-apart resting posture. Opened-mouth posture has a negative cosmetic effect on the face, but it is also associated with the appearance of a low IQ and poor self-esteem. In adults, it is related to periodontal disease, and some suggest that it may also be linked to sleep apnea.

How successful is therapy?

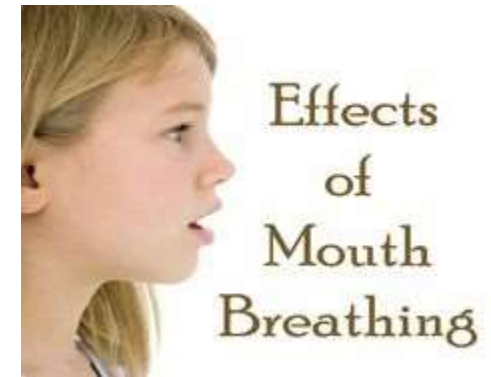
The prognosis for success in therapy depends greatly on motivation, and in children, on parental support and commitment. Achieving a closed-lip posture can be easier said than done, and the resting tongue position and swallow function must also be addressed. In motivated individuals, the success rate for habituation is excellent, and noticeable improvement is generally noted within a few weeks.

For more information about reset postures, contact:

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OPENED-MOUTH POSTURE



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