

A close-up photograph of a person's mouth, showing the tongue and lips. A bright red strawberry is placed on the tip of the tongue. The background is a soft, out-of-focus skin tone.

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The Importance of Myofunctional Therapy and the Hygienist's Role

The duties of the Dental Hygienist keep expanding in the dental office. Once called a dental nurse in the 1880's the hygienist was first given the job to scale and polish the teeth that the dentist restored. The hygienist would figuratively “cut the head off the body and just clean teeth.”

In 1999 the U.S. Surgeon General, C. Everett Koop, MD, confirmed that there was a mouth/body connection. Consequently, dental hygiene took a more comprehensive approach treating the patient, by recognizing that the mouth is actually connected to the rest of the body! Presently the RDH golden “hour” includes six screenings provided during the prophylaxis, namely Medical Risk Assessment including Blood Pressure, Oral Cancer screening, Obstructive Sleep Apnea screening, Occlusal screening, Restorative screening and Periodontal screening. Most hygienists are still overwhelmed doing these six screenings mainly because they are over treating their patients with a bloody prophylaxis. However, when the RDH prioritizes what the patient needs, she/he is liberated with TIME to discuss other important issues that affect the patient.



One area that is expanding in our knowledge base is to evaluate Orofacial Myofunctional Disorders (OMD) as part of our screenings. The field of orofacial myology is giving the hygienist an extra revenue stream in production. Practicing as a Myofunctional

Therapist can even spice up the career

veteran's options if a disability has occurred with the RDH hands, neck or back. "Orofacial myology is the study of the normal and abnormal patterns of use of the mouth and face and their relationships with dentition, speech and vegetative functions."¹ Orofacial Myofunctional Therapy (OMT) is used to help to re-pattern the orofacial muscles used in chewing, correct swallowing, promote the proper oral rest posture, and promote nasal breathing. Believe it or not, the things that the RDH is looking for in the other exams "crossover" to the OMD screening.

So what is myofunctional all about? Dr. Alfred Rodgers, DDS, is attributed to starting Orofacial Myofunctional Therapy in Orthodontics in the early 1900's and is considered the "father of myofunctional therapy." He started this work because orthodontists found that their work was being undone by improperly functioning oral muscles. Dr. James Garry (1925-2004) did extensive studies into the effects of upper airway obstruction on orofacial development and understood the Neuromuscular ramifications as well. Many offices are now including Obstructive Sleep Apnea questionnaires such as Epworth, STOP BANG, and BEARS in their offices that will help screen some of the habits that point towards OMD already. "Sleep disorders have been estimated to affect 50-70 million Americans and have been linked to increase risk for hypertension, diabetes, obesity, depression, heart attack and stroke."² Chances are if the patient has OSA, they probably are a mouth breather or have a low lip competence.

Signs and symptoms that the RDH should be looking for during her screening exams that might indicate that an Orofacial Myofunctional Disorder may be present include: pharyngeal obstructions that promote mouth breathing (large tonsils and adenoids), nasal incompetency, improper rest postures of the lips and tongue (low forward tongue posture), predominate mouth breathing, tongue thrusting, lip incompetency, lip or tongue tie, snoring, high OSA scores on Friedman, Tonsil Grading, long face syndrome, difficulty swallowing pills, forward head posture, tongue, finger, or object sucking, bruxism, TMJ disorders, drooling, narrow dental arches, scalloped tongue, open bite, retruded bite, cross bite and excessive overjet. (Phew!) Luckily, these all cross over with the other screenings, but we have to be aware of what the symptoms are linked to!

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When is the proper time to start myofunctional therapy? The time is now! 60-70% of facial growth is complete by age seven. The most successful time to treat any jaw discrepancies is from the ages of 4-6 when the most rapid growth occurs. The first step in a solid myofunctional treatment plan is to first eliminate any non-nutritive oral habits such as thumb sucking or nail biting. Parental support and involvement is key at this age. If a child is already in ortho, myofunctional therapy can still be a benefit to helping finish the case faster, especially if there is an existing issue such as a tongue thrust or low tongue posture. Once the noxious oral habit is eliminated, the therapist can begin myotherapy exercises with the patient. These exercises are targeted to strengthen the tongue, buccinators, and lips, help re-train the proper swallow/chew pattern, promote proper rest position, and encourage nasal breathing. Exercises start out easy and get more difficult as the weeks progress. Typical treatment plans are 12 months in length. If a tongue or lip tie is released, there are certain exercises that should be performed before and after the procedure to ensure success, and then the therapy moves on to the facial muscles.

OMT is not only for children. Adults can benefit from Orofacial Myofunctional Therapy as well, especially if there is an OSA overlap. CPAP can sometimes be titrated back when the patient learns proper tongue placement while sleeping or better lip competency. OSA and sleep disordered breathing causes intermittent hypoxia and oxidative stress which in turn can

affect the TMJ and muscles of mastication. OMT can help address this along with treatment of the sleep apnea. In addition, adult orthodontics is becoming more accepted especially with maxillary remodeling and expansion; myofunctional therapy will encourage the speed and successful outcome of these cases.

The dental patient will benefit from not only the current six screenings that our hygienists and dentists perform, but the inclusion of accessing myofunctional disorders as well. By catching OMD early and providing treatment at the proper time, the adolescent patient will have less risk of future OSA and systemic disease later in life. Accessing our adult patients for OMD, will provide our patients with a higher level of care that ensures dental and overall systemic health.

Sources:

1. Hanson ML, Mason RM. Orofacial Myology International Perspectives. 2003 Springfield 2nd edition, pg. 3: Charles C. Thomas
2. Committee On Sleep Medicine and Research. Sleep Disorders and Sleep Deprivation: an Unmet Public Health Problem. Washington, DC: The National Academies of Sciences, 2006.

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