

# OROFACIAL MYOFUNCTIONAL THERAPY



Orofacial Myofunctional Therapy is physical therapy for lips, tongue and cheeks to improve breathing, chewing, swallowing, speaking, and facial muscle posture.

This results in improved breathing, reduced pain and better overall health.



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# WHAT IS A HEALTHY MOUTH?



## The Four Goals of Orofacial Myofunctional Therapy

### Nasal Breathing

Breathing through our noses is the way we are meant to function. Our nose filters, warms and moisturizes the air before it enters our lungs.

In addition, our paranasal sinuses add nitric oxide to the air we inhale. Nitric oxide is a vasodilator, which means it helps to widen blood vessels, which helps improve oxygen circulation in our bodies. When we take in air through our mouths, we miss out on all these benefits.

### Lip Seal

The simple act of breathing with a closed mouth reduces the risk of tooth decay and gum disease and promotes better sleep quality. It is also important for healthier chewing and swallowing.

**As you can see, these four goals are all related and connected to each other. Achieving them can enhance your quality of life with improved tooth position and jaw development, as well as healthier breathing, eating and sleeping.**

### Tongue Posture

The tongue is meant to occupy the entire roof of the mouth. It is the natural expander and retainer for the palate. Good tongue posture enables correct growth of the teeth and jaws. When the tongue sits in the floor of the mouth it can obstruct the airway and cause many breathing problems including sleep apnea.

### Swallowing Pattern

A tongue thrust happens when the tongue pushes forward during swallowing. This leads to swallowing small amounts of air during eating and drinking, which can cause acid reflux, stomach pain, gas and bloating. A tongue thrust can also cause teeth that were previously straight to move in undesirable ways.

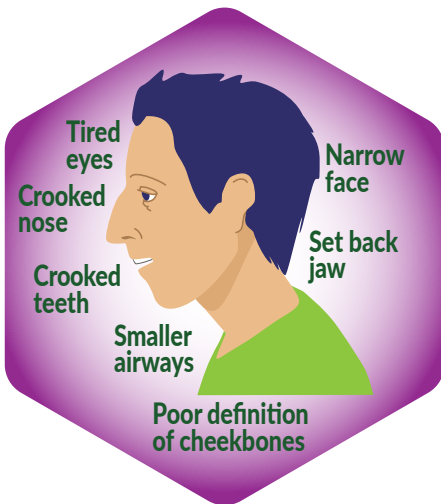
**Working with an Orofacial Myofunctional Therapist can help you reach these goals!**



## Mouth Breathing and your Health

It is perfectly natural to breathe through your mouth at certain times, such as when lifting a heavy load, but breathing through the mouth most of the time is an unhealthy habit. Mouth breathing can develop for many different reasons: enlarged tonsils and adenoids, allergies or food sensitivities, rhinitis, sinusitis, bronchitis, chronic nasal congestion, respiratory infections, thumb or finger sucking habits, nasal polyps, enlarged turbinates, nose fractures, a deviated septum, or simply a long-time habit.

### *Chronic Mouth Breather Profile*



### **Facial Growth and Development**

Breathing through the mouth can actually change one's appearance and facial structure, especially in growing children.

The effects of mouth breathing include long, narrow faces, less defined cheek bones, narrow palates, small lower jaws, and "weak" chins, gummy smiles and crooked teeth.

Mouth breathing can cause posture changes as well. In order to open the airway, the head rests in a forward position and the shoulders slump.

A mouth breathing habit makes it difficult to eat, because a full mouth will force you to choose between breathing and chewing. This causes chewing food with lips apart, leading to faster, noisier chewing and swallowing of air. This increases the chances of choking and digestive problems such as gas, upset stomach and acid reflux. Mouth breathers may prefer softer foods, use liquid to assist feeding, have poor appetite, poor taste and smell of food and have swallowing difficulty.

### **Sleep**

When sleeping with your mouth open, you may drool, snore, have restless sleep, headaches, morning sleepiness or sleep apnea. Decreased oxygen levels in the blood can affect growth, learning ability, attention span, concentration and patience, and has been connected with ADD and ADHD symptoms.

### **What Can Be Done to Treat Mouth Breathing?**

The first step to improve nasal breathing is to determine what is causing nasal congestion. In many cases, an otolaryngologist (an Ear-Nose-Throat specialist or ENT) will be consulted for an evaluation and to treat the restriction. Once the restriction is removed, Orofacial Myofunctional Therapy can help retrain muscles and change habits to make nasal breathing your new normal.



## Tongue-Ties

### What Is A Tongue-Tie?

A tongue-tie is also known as a restricted lingual frenum or tethered oral tissue. The frenum is the band of tissue under the tongue - we all have one. It connects the tongue to the floor of the mouth. In some people the frenum is too tight or too short, and it can actually restrict the movement of the tongue, as well as prevent it from resting in the correct place.

In the past, a tongue-tie was thought only to affect babies during breastfeeding. But modern medicine and dentistry are finding that the problems associated with a tongue-tie can affect children and adults of all ages.

### Why Does It Matter?

Your tongue should fill up the entire roof of your mouth, providing an internal support structure for the upper jaw. If your tongue is in the right place, your teeth will grow in straighter and your face will develop properly. A tongue-

tie keeps your tongue in the floor of your mouth. People who are tongue-tied often mouth breathe, so they may experience a variety of issues. Chronic jaw pain, facial pain, headaches, and clenching and grinding, along with dental and orthodontic issues are common in people with tongue-ties. Studies show that children who are tongue-tied are more likely to develop sleep apnea and airway issues, and possibly have speech issues.

Releasing a tongue-tie is now an integral part of achieving optimal oral and dental health. The actual release is performed by a specialist with specific training, because the restricted tissue can take different forms. The treatment is a collaboration between the OMT and the surgeon, because therapy is started prior to the release, and importantly, just like other surgery where rehabilitation is required, continue after the release to maximize the benefits of the release by strengthening and stretching the tongue.





## Thumb and Finger Sucking

Thumb or finger sucking habits are quite normal in infancy and early childhood.

### **Sucking habits become a concern when these symptoms are observed:**

- 1. Intensity:** Is the thumb/finger being sucked forcefully enough that the thumb has developed calluses, or changed shape? Can you see strong contraction of the cheeks during the sucking?
- 2. Frequency:** Does the sucking happen often, including in public or around non-family members?
- 3. Duration:** Does the sucking last for extended periods, for example, all day and all night?



### **Facial Growth and Development**

Many developmental alterations can result from extended sucking habits, including; a dental open bite, a “buck tooth” appearance, a poor lip seal, or a generalized “dull” or sleepy appearance. Since the finger or thumb is in the way of the tongue’s normal “home base”, speech issues are also common. These include lisping or difficulty pronouncing “T”, “D”, “N”, or “L” sounds.

### **How Can an Orofacial Myofunctional Therapist Help?**

Everyone can benefit from positive encouragement when curbing their sucking habit. An OMT is trained to help children (and adults) gain control over such habits in a very positive and non-threatening manner.

Orthodontic appliances may also be used to help stop a habit. If necessary, an appliance may be prescribed by your orthodontist and used in combination with Orofacial Myofunctional Therapy.

Even if the habit has stopped, the muscles do not always return to normal on their own. Because the facial and oral muscles have been used incorrectly for many years, they need to be retrained in order to function naturally.

## Tongue Thrust



The muscles of our mouth and face have a great influence on the movement and position of our teeth. Ideally, a balance of forces exists between the lips and cheeks on the outside, and the tongue on the inside.

Many imbalances affect the growth, comfort, and position of the teeth and jaws. One significant type is called a tongue thrust.

### Tongue Thrust

A tongue thrust occurs when the tongue pushes forward during a swallow. The most problematic aspect of this condition is where the tongue rests in the mouth. If the tip of the tongue rests against or between the front teeth instead of in the roof of the mouth, the entire tongue is positioned low in the mouth.



### Do I Have a Tongue Thrust?

Here are characteristics to look for in order to determine if a tongue thrust is present:

1. Where does your tongue usually rest? What happens to your tongue when you swallow? Mouth breathing is the most common sign.

The mouth is open at rest, and the tongue is often forward or sticking out.

3. Speech Concerns are another indicator. Lipping, difficulty pronouncing "T, D, N, and L" sounds, general problems with articulation, rate of speech, voice quality and clarity are some examples.
4. Sucking habits can cause a tongue thrust to develop. The formation of the mouth and position of the tongue are changed by the thumb or finger during a sucking habit. Even if the habit is stopped, the changes in the function of the tongue, facial musculature, and other structures often remain.

### What Can Be Done to Fix a Tongue Thrust?

For children and adults who struggle with tongue thrusting, stopping the habit is not always easy. This is because the muscles of the face and mouth have been programmed over the course of years.

Orthodontists struggle to fight the strength of the tongue while trying to provide the best orthodontic treatment. Many appliances have been invented to "tame" the tongue, and an appliance is one option available to help you with tongue thrust, sometimes in combination with other methods of treatment.

Orofacial Myofunctional Therapy is another method used for eliminating a tongue thrust. It is an exercise-based treatment that teaches patients how to use their tongue and facial muscles in a healthy way.

# WHAT IS OROFACIAL MYOFUNCTIONAL THERAPY LIKE?

The first visit is a complimentary consultation. Jill will ask questions about your situation and symptoms, and explain how the therapy can benefit you as an individual. She will also answer your questions, and discuss expectations, scheduling and fees.



The next visit will be the first therapy appointment, when you will be given the package of tools that you will be using during the course of treatment. Initial measurements will be recorded and photographs taken. Jill will give you the first set of exercises and demonstrate how and when they are to be done.

Subsequent visits are generally every other week, are done in the office and in some cases can be done remotely using secure video conferencing.

The treatment takes 6 - 9 months on average.

It is important to do the exercises daily. Just like other muscle building, the more you do them, the faster you progress.

Therapy is concluded when you have achieved all four goals of myofunctional therapy.

An OMT is skilled in helping children and adults learn to retrain their facial muscles and eliminate the above conditions and habits.

In addition to mouth breathing, finger and thumb sucking and tongue thrust, other symptoms and conditions that can be treated using Orofacial Myofunctional Therapy are:

- Lip licking
- Nail biting
- Habitual biting or chewing on non-food items, like pens and pencils.
- Snoring and Sleep Apnea
- Digestive issues, including GERD, due to poor chewing and swallowing patterns
- Difficulty sucking and breast feeding
- Headaches
- Neck and TMJ pain

In summary, with Orofacial Myofunctional Therapy you can achieve optimum health by improving your breathing, eating, speaking and sleeping.

## Myofunctional Therapy



Jill Campbell, RDH

Jill is a Registered Dental Hygienist and an Orofacial Myofunctional Therapist at Puyallup Valley Dental Care.

Jill would love to evaluate your situation and offer you suggestions. If you proceed with care, she will work with you, your dentist and other specialists to help you reach your goals.



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