Orofacial Myofunctional Disorders

OMD relates to the behaviors and patterns created by improper muscle function and incorrect habits involving the tongue, lips, mouth, face, and jaws. Tongue Thrust refers to the improper placement and function of the tongue between or against the teeth at rest, and before, during and after the act of swallowing.

It only takes 15 gr/cm2 of continuous pressure from the tongue resting between the teeth (Forward Tongue Rest Posture) for hours per day, to inhibit the eruption of anterior teeth.** Therefore, if the tongue consistently rests in a forward direction in conjunction with an open lip posture (Lip Incompetence) a misalignment or malocclusion of teeth may occur. Anterior or bilateral open-bites are the most common indications of these disorders.

Orofacial Myofunctional Disorders may be associated with:

- Late or abnormal eruption of teeth.
- Prolonged wearing time for orthodontic appliances.
- Lower self-esteem due to the negative cosmetic and aesthetic appearance.
- Interference with the long term stability of teeth after orthodontic treatment.
- Increased incidence of chronic sore throats, enlarged tonsils or upper respiratory problems due to habitual mouth-breathing.

Do these Signs and Symptoms look familiar?

- Open-mouth breathing, lips apart? Not due to allergies or nasal congestion?
- Tongue protruding between or against the upper and/or lower front teeth? Tongue Thrust? Low forward tongue posture at rest?
- Misalignment of teeth caused by prolonged sucking habits such as thumbs, fingers, pacifier, lips, nail biting, etc?
- Messy chewing, lip mustache, frequent crumbs, drooling? Constant dry or chapped lips? Habitual open mouth posture?
- Tongue is visually forward during eating, drinking or at rest?
- Tongue is visible during speech? Lisping?*** Due to improper tongue placement.
- Obvious tightening of lips and/or facial tension when swallowing? Facial smirk or grimace?
- Difficult for tongue to reach back teeth when mouth is open? Short lingual frenum? Tongue-tie? (Ankyloglossis)
- Poor digestion due to improper swallowing? Bloating? Burping? Hiccups?

Certified Orofacial Myologist are specifically trained to identify, evaluate and treat these signs and symptoms.

Oral habit awareness, re-education of muscle patterns and behavior modification techniques are therapy tools that will help create a positive environment for life.
The Solution: Orofacial Myofunctional Therapy (OMT)

Therapy is a unique exercise program that re-educates the muscles by modifying the swallowing patterns, tongue and lip postures and eliminating negative oral facial habits. Therapy ranges from six months to a year depending on the severity and nature of the OMD.

Therapy may help to:
♦ Promote normal chewing, and swallowing patterns.
♦ Develop and improve appropriate rest posture of the tongue, lips, jaws and facial muscles.
♦ Eliminate prolonged oral habits such as thumb/finger/pacifier sucking, lip sucking, nail biting, etc.
♦ Retrain patterns of muscle function habitation.
♦ Improve tongue placement, which can assist in speech clarity. ***
♦ Reduce some symptoms of sleep apnea.**

When to Begin Therapy

A properly placed tongue against the palate promotes a healthy more favorable orofacial environment. However, prolonged and vigorous sucking habits of the thumb, fingers, pacifier, or bottle can compromise the normal development of the palate. Habit elimination therapy should begin by age four or five.

Therapy for swallowing patterns, tongue thrust, lip seal, and oral habits depend on the maturity, attention span, and attitude of the patient. Compliance is instrumental in measuring success.

Therapy can easily be initiated before, during or after orthodontic treatment.

Motivation is the key for all ages and knowing this, we make therapy “fun” particularly for the younger patient. Children, teenagers, and even adults have corrected and retrained poor muscle habits with the help of Orofacial Myofunctional Therapy.

Oral Facial Health Care
Heidi F. Widoff, RDH, COM
Certified Orofacial Myologist

A registered dental hygienist for over 25 years, Heidi has been associated with various dental offices throughout the country, specializing in pediatric dentistry to periodontics. Her years of experience include professional practice in New York, Massachusetts, Florida, Arizona, and California. Heidi also spent a year in Aruba, where she was the first American Hygienist to evaluate, treat and educate local patients about oral health care issues.

Heidi formally began her Orofacial Myology studies in Los Angeles, coupled with a long-term intensive internship with Joy Moeller, RDH, COM. She then advanced her studies at the Coulson Institute of Orofacial Myology in Denver, Colorado. Heidi has been practicing since 2006 and is a certified orofacial myologist by the International Association of Orofacial Myology.

Heidi is an active member of the International Association of Orofacial Myology and a long standing member of the American Dental Hygiene Association. As a Past President of the Woodland Hills Kiwanis Club, Heidi continues to participates in Health Fairs and community events, screening and educating children and adults about the importance of Oral Facial Health Care.

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*Seen in conjunction with referring doctors
♦ Am J Respir Crit Care Med Vol 179. pp 962-966, 2009
**Mason, 1988, Profitt, 1986
***Assessments/Screenings for Speech Pathology referral

Therapy for your Mouth…… That is Good for your Face!

Orofacial Myofunctional Therapy

Oral and Facial Habits
Tongue Thrust, Short Upper Lip
Thumb / Finger / Pacifier
TMJD / Bruxism/Clenching*
Sleep Apnea*

Everyday, like a habit, we consciously and unconsciously use the muscles of our face and mouth. Some habits are good; however, some habits over time can negatively effect our facial muscles. Incorrect or poor habits, the reason for these dysfunctions, are learned at a very early age. Unless recognized and changed they will continue throughout life. - So be good to your face - Discover how therapy can make a healthy smile permanent.