



Sometimes it's hard to know where to begin my editorial column! This edition of the O.M. News is jam packed with articles that will interest every reader. And we had to leave a lot out, believe it or not! From our awesome experience at AGD in Connecticut's fabulous Mohegan Sun Resort to ASHA Connect's always bubbling exhibit hall, we have been having a blast!!!

As you enjoy reading the various sections herein, we hope you'll also get a feel for the likable personalities of all of the contributors....Dr. Karen Wuertz, whose enthusiasm and desire to share is limitless; Dr. Mason, whose life has been devoted to offering a wealth of information to provide us with a solid foundation; Becky Ellsworth, who has given years of sacrificing her time to help create processes that assure course attendees exit as qualified therapists; Karen Masters, whose interest in promoting communication and sharing among our graduates is always on the top of her todo list; and our many Myo Grads such as Zohara Nguyen and so many others I could name if space allowed, who are always front and center, offering to assist us with just about any endeavors; and those very charming and appreciative grads such as Dr. Ryan Robinson, whose goals and accomplishments never stop "wowing" us with their creativity and passion.

Enjoy this issue and remember that we make ourselves available, so don't be shy!!!

Sandra

Passionately Curious—A weakness or an asset?

It depends who you ask. Growing up, I was "that" child in school, the one that frustrated all the teachers by incessantly asking WHY! Not only would I not accept their pat answers, I wanted to know the reason *why* things were the way they were and the *justification* for it.

In 2013, after caring for my patients for over 20 years in my general dentistry practice, that passionate curiosity still remained. I began advanced training in TMD & Dental Sleep Medicine to answer many of my remaining "Why" questions. As I dug deeper into these areas, I discovered that oral restrictions could be contributing to feeding, speech, and swallowing difficulties and most importantly issues with airway. As my journey continued into laser science and frenectomies, I began to pull all the information together and apply it to patient care. I found that many of my patients improved post frenectomy—significantly! But for some, the challenge remained to figure out why they weren't getting better.

As I continued on my learning quest, it appeared that everyone had an opinion about Tongue Ties & Lip Ties— to treat or not to treat, scissors vs laser, do it now or wait—there were and continue to be many unanswered questions AND no shortage of people out there with conflicting views.

I felt like I was really missing something...something very important. The problem was, I didn't know what that "something" was!

The next year I came across a local course in the field of Orofacial Myology. Honestly, up to that point, I had never heard of Orofacial Myology, so I googled it only to discover that it was a complete discipline all to its own. As the class progressed, I experienced that "aha moment" I had been seeking. That course tied everything together for me. At last I understood how specific conditions and behaviors can have a significant negative impact on oral rest postures and orofacial functions. For my patients to improve, I knew I had to treat the SOURCE of the problem rather than just the symptoms.

So what is the definition of normal? Could abnormality be defined as a significant deviation from commonly accepted clinical presentations? Or Normalcy be defined as the absence of illness and the presence of a state of a functional well-being?

I've come to understand that there's not an easy answer, but we've got to keep searching. I still hold to the standard to do no intentional harm to my patients-- but to do that, I must continue to not only seek more information, but to share what I have learned in my dental practice to give my learners the tools to find out their own answer.

Karen M. Wuertz, DDS, PA
Diplomate, American Board of Craniofacial Dental Sleep Medicine
Fellow, American Academy of Craniofacial Pain

Frenectomies and Beyond

In this 2 day participation workshop, Dr. Karen Wuertz and other professionals present the diagnosis, treatment, healing and aftercare for ankyloglossia and oral restrictions, and an introduction to laser science.

The hands-on participation sessions are divided into two days and provide learners with the sensible steps to follow for those who have previously taken an Introductory Orofacial Myology Course.

This curriculum is intended for dentists, lactation consultants, speech pathologists, and other allied health care providers. Register at cairways.net/register/



TREATMENT OPTIONS FOR JAW GROWTH VARIATIONS

An Update to the Article Treatment Options for Jaw Growth Variations by Dr. Robert Mason, previously published in our website:

An Editorial by Robert M. Mason, DMD, PhD

PROBLEMS OF OVERGROWTH OF A JAW: It is well known among orthodontists that where there is a growth process involving overgrowth of a jaw, the rule is that growth should be allowed to proceed and then treat the situation after growth has ceased. The reason for this is that growth cannot be effectively stopped or otherwise modified to the extent that jaw growth can be overpowered; that is, "Mother Nature" is smarter than any of us in dentistry.

What can be accomplished with an overgrowth of a jaw, however, is orthodontic "remodeling" of some of the parts which are expressing overgrowth. An example is a Class III "growing" mandible. Functional appliances, such as the Frankel or Bionator, can influence the shape of the growing mandible by remodeling, which may give the appearance of manipulating growth, while instead, long-term studies show that such jaw shape changes are only temporary. Over time, the overgrowth pattern returns. Hence, the orthodontic caveat: it is best to let a mandible grow to its full extent and then treat it either by a combination of jaw surgery and orthodontics, or orthodontics alone which may amount to "camouflaging" the problem.

What happens dentally in the example of overgrowth of the mandible is that in an attempt for the body to try to maintain dental contacts, the lower incisors tip lingually and the upper incisors tip labially (facially) in an attempt to maintain anterior dental contact relationships as lower jaw growth continues. If the treatment decision is to try to correct the problem with orthodontics alone, Class III elastics would be used along with orthodontic fixed appliances to maintain the lingual tipping and maxillary flaring of incisors. If, however, the treatment decision is made to combine orthodontic treatment with jaw surgery to "set back" (retract) the mandible, the orthodontic set-up maneuvers prior to surgery involve moving the lower incisors labially and the upper incisors distally so that they are then aligned appropriately over the arch to which they are attached.

The orthodontic process of "decompensating the dentition" simply means that the teeth are being aligned in an ideal position in each arch. In doing so, an uninformed observer may wonder whether the orthodontist knows what he/she is doing since the malocclusion becomes even more evident – until surgery is performed with the intended result of the teeth then fitting normally in occlusion.

From the discussion above, it should be obvious that where there is a skeletal malocclusion such as overgrowth of the mandible, surgery to correct the overgrowth is the ideal treatment plan whereas a non-surgery orthodontic approach is termed a "practical" or "compromised" plan. Such plans are often selected by patients who do not agree to a surgical plan. In such instances, the opportunities for relapse are greater and the opportunities for the tongue to develop into a myofunctional problem are heightened. This is why it is important for orofacial myologists to find out as much as possible about the orthodontic treatment plan and to be informed as to whether there is a skeletal malocclusion problem that will be treated with surgery, or not.

Other skeletal malocclusions that may or may not be treated with a combination of orthodontics and surgery include: 1) vertical maxillary excess (overgrowth downward of the upper jaw), in which a patient exhibits too much gingival tissue; 2) mandibular retrusion (a small mandible); 3) maxillary retrusion (a small maxilla); or 4) an excessively large maxilla (maxillary hypertrophy). In each of these conditions, a treatment decision will be made as to whether to combine orthodontics with surgery (the ideal plan), or whether to perform a "practical" or "compromised" orthodontic treatment to achieve an improvement but not an ideal result. Again, it is the "compromised" treatment plans that are more often accompanied by an orofacial myofunctional disorder (OMD), but also, skeletal malocclusions often involve OMDs that may or may not spontaneously resolve and disappear following surgery. In each instance, a thorough knowledge of the presenting problem and treatment decisions are important for the orofacial myologist to know.

Additionally, for problems of growth excess, the orthodontic caveat to allow mandibular jaw growth to progress without interference is based upon knowledge that mandibular growth cannot effectively be stopped with chin caps, headgear, or removable appliances. In fairness, it should be noted that many Japanese and other orthodontic providers believe in chin caps as being effective. Most USA orthodontists dispute this view.

PROBLEMS OF GROWTH DEFICIENCY: Problems of deficient jaw growth are yet another matter. Where a maxilla or mandible lags in growth in the horizontal dimension, early treatment may be indicated. With retrusive, small maxillae, whether the result of a repaired cleft palate or simple hypoplastic growth, early intervention is often successful with a reverse (also called a Delaire) headgear. Such headgear uses the forehead and chin as anchors for a facemask that has hooks attached to a vertical bar extending from forehead to chin. Elastics running from the bar to molar or canine tubes attached to orthodontic bands or brackets provide a means of advancing the maxillary dental arch, and often, the maxilla itself. Such orthopedic therapy is effective between ages 6 and 10 years, but is not likely to succeed after age 10...

Please continue reading this article at: orofacialmyology.com/robert-mason/



Find more articles by Dr. Mason at:
orofacialmyology.com/robert-mason/

► Treatment Options For Jaw Growth Variations

Treating Lip Incompetence

Claims of Improving Muscle "TONE" Should be Avoided

Myo Video Series is forthcoming

Orofacial myology is a specialty area that is continuously evolving. A combination of clinical and research based information feeds the specialty area on an increasing basis, sometimes at an overwhelming pace. A Myo Video Series is forthcoming to solidify the basic knowledge of orofacial myologists and those in related fields. The introductory video that is being offered first is titled, Lip Incompetence: How it Relates to Orofacial Myology Treatment and Orthodontics.

In this first video of the series, Dr. Robert Mason gives us insights from a summary of studies to help us understand the importance of lip growth according to age, how it relates to prevention of relapse in certain instances, whether we can lengthen and strengthen the lips, the value of lip exercises and more. Largely cited and polemicized, Dr. Mason continues being the main source of knowledge for those interested in acquiring and respecting the historical background and science behind orofacial myology.

We are making this collection available with the hope that you will gain insight into how and why certain orofacial myological concepts remained constant and why others did not hold up to scrutiny and slowly disappeared. Be on the lookout as this series will be available very soon!

Grads Corner



Hello to my MyoFriends,

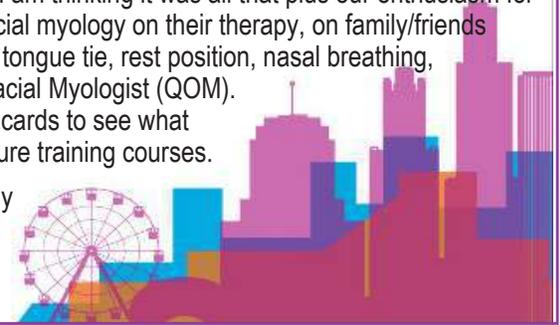
I am sitting here on Long Beach Island, NJ. It is one of my favorite places in the world! (yes, it's at the JERSEY SHORE) The sun is out, the ocean is pretty and I am thinking about my recent trip to Chicago for ASHA Connect. ASHA Connect is a yearly opportunity for Neo Health to exhibit and educate. It's also a time for Speech Pathologists to attend classes, meet up with friends and earn those CEU's.

by Karen Masters
MS, CCC/SLP, COM



After flight cancellations and delays, Zohara Nuygen, one of my favorite Myo pals, and I were able to set up our exhibit. One of the goals of an exhibit is to draw people in so we can talk to them about Orofacial Myology and the benefits of pursuing training in this specialty area. So, armed with lip-shaped chocolates and "scratch off tickets" (think lottery tickets) we set up shop. Many smart, articulate SLP's made a bee-line for our table. Was it the chocolate, the scratch cards or Zohara's colorful and unique dress? I am thinking it was all that plus our enthusiasm for teaching as many people as we can about the impact of orofacial myology on their therapy, on family/friends and on themselves. We had MANY MANY people learn about tongue tie, rest position, nasal breathing, habit elimination and the benefit of becoming a Qualified Orofacial Myologist (QOM). Zohara and I worked our magic and people eagerly scratched cards to see what they won! We will certainly see some of these "winners" at future training courses.

Zohara and I enjoyed the Riverwalk, the heat and some yummy food in Chicago. Did you know there is a Nutella café?? Looking forward to see old friends and new in future classes and pop-up study groups.



society6

Do you want to know what is trendy in the orofacial myology world? These art and fashion intersected designs created by our Zohara Nguyen will make your friends open their mouths wider than your patients! Myo art prints, canvas prints, and cushions available as office decor can be also purchased at the following link: society6.com/zoharanguyen or by clicking here:

[Click Here to Purchase](#)



This year magnificent Mohegan Sun Resort in Connecticut opened its doors to receive hundreds of Dentists at the AGD convention 2019. Neo-Health Services was there enlightening dental professionals about the benefits of having a Qualified Orofacial Myologist as part of their team. The renowned Karen Wuertz was part of our networking experience and helped us to better explain to her colleagues why orofacial myology is known as the missing link.



Featured Graduate: Ryan P. Robinson, DDS

Owner, Chief Medical Director
Diplomate, American Board of Craniofacial Dental Sleep Medicine
Diplomate, Orofacial Myology - QOM-D



Orofacial Myology - The Missing Link in my Airway Centered Dental Practice

When I decided to take the Orofacial Myology residency program, I was looking forward to bringing a new service into my office that would meet the demands of my current patient base. My office at the time was in a transition. We were evolving from a comprehensive general dentist office to an airway centered health and wellness dental practice. The staff and I had spent a few years continuing our education in the TMJ and Sleep fields.

We were screening our patients for problems such as Sleep Apnea, TMD and Headaches and they were being referred to me for treatment. I was learning so much and I felt more powerful than ever to be able to help my patients with their overall health in addition to their dental health. I was on a personal path to becoming the first board certified sleep dentist in Delaware, which I obtained in 2018! I was learning more each day, with each patient and each opportunity that presented. I centered my treatment options on the management of the patient's symptoms through orthotics and oral appliances, the only tools I had in my toolbox. I was successful but there were some patients that I wished I could have helped more. Unlike dentistry, medicine is not black and white. There are gray areas. The goals are different. My goal was to help each patient reach the maximum medical improvement that was unique to them. Being able to get a husband and wife back in bed together through the management of their snoring was a WIN! Being able to prevent an employee from having to go into a dark room at work to lie down for hours at a time in order to manage their headache, was a WIN! I was winning and winning a lot. My patients' treatment outcomes were getting better and better and patients were starting to refer friends and family to me. I had gotten the attention of the medical community through my work and now Cardiologists, Pulmonologists, PCP's and ENT's were also referring to me. It reached a point where it wasn't possible for me to continue to mix dentistry and my pain and sleep services together. I started carving out time during the week that was dedicated to these patients. I started with one half day a week then went to a full day.

Fast forward to today and I am treating pain and sleep patients almost full time with a half day of dentistry on the side. I am anxiously awaiting the grand opening of my specialty practice called *The Pain and Sleep Therapy Center of Delaware Valley*, a stand-alone practice dedicated to treating patients in a non-dental setting, built specifically for our specialty pain and sleep services.

I also am proud to announce I am waiting for acknowledgement of my third board certification which would make me the only triple board certified pain and sleep dentist within hundreds of miles. I feel like I have finally made it! I would feel remiss without giving credit to the many people who have influenced my success. My mentors are all leaders in the airway world and through their education and guidance, I have been able to reach my goals! Again, this has been no easy feat, and I feel as though there were critical turning points along my path to the place I have reached today.

One of those was my introduction to Sandra Holtzman and the Orofacial Myology field of study. As I stated before, despite all of the WINS, I sometimes felt like I could do more. I sometimes felt like there was a piece of the puzzle missing. That was until I attended my first ever myofunctional therapy presentation at a local state dental organization. This new therapy to me, which I learned had actually been around for decades, intrigued me! Was this the missing link I had been searching for? This therapy consumed my thoughts and I found myself retrospectively looking back, thinking of all the patients that could have had better outcomes if I had known about this. Me being me, I had to learn more!! I was hungry to become an expert in this field. I was newly inspired and motivated to bring this service to my practice. I then decided to sign up for the Neo-Health Services residency program. I drove to Philadelphia. I attended the course. A room full of dentists, SLP's and hygienists. I had never been a part of something that felt so right, so multidisciplinary. What other course brings together SLP's and dentists? My life was changed. I honestly felt like my eyes were open, more so than ever.

Orofacial Myology was the last piece of the puzzle. It helped explain the origin and the root cause of the problems that I was seeing in my patients. I came home after the course and got started on my own two kids that same weekend. Since then, I have implemented Myo into just about all of my treatment plans. Having been incorporating orofacial myofunctional treatment for over a year, I can honestly say the tools in my toolbox have gotten a major upgrade and my patients are receiving better treatment outcomes than before. Since my training with Sandra and Becky, I have had my entire staff attend an entry level myo course to expand their knowledge in this field and I referred 2 of my hygienists and 1 of the other doctors in my practice to go through the OM residency with Sandra and Becky! I am also proud to announce that I have developed a fully functioning Myofunctional Therapy program inside of my dental practice and another inside my pain and sleep specialty practice which features 2 Neo-Health trained OMT's! The only 2 OMT's that are practicing in our state!!!! I cannot be happier with my decision to learn about Orofacial Myology, and my team and I are looking forward to continuing the growth of our Myo program to further enhance the treatment of kids and adults. Thanks again to Sandra and Becky for everything! I will forever be grateful for my time with them and for everything that they taught me.



painandsleepcenter.com

**PAIN AND SLEEP
Therapy Center**

by Becky Ellsworth
AAS, RDH, BS, COM, QOM.

Outside of the “mouthbox” You Can Lead A Horse to Water.....



You know that old saying, “You can lead a horse to water, but you can’t make him drink?” There are times we take on a patient afraid that they might be too big a challenge, and then we hope for the best. We use all our skills, positive reinforcements, encouragement, maybe even dangle a carrot or two, and, lo and behold, they are a therapy success!!!

Then, on occasion, a client comes along that makes choices that do not lead to their success. No matter what is tried, therapy stalls... What a frustrating feeling for us as well as the parent if a young person is involved. I recently had this happen and it was sad to have to report to the referring party that “due to non-compliance, therapy will be ending.”

She was a fourteen year old sent by her orthodontist, who said he had noticed a “tongue thrust swallow”. She had had full braces placed a few months before our evaluation, and although she seemed fairly nonchalant, she did express interest in correcting her tongue rest posture. We met weekly for about six weeks and she was making some progress, but it was slow and she was not where she should have been for the time spent. I spoke to her father about the slow progress and he was totally understanding and stated that she was difficult to motivate to do pretty much anything! That made me feel a bit better since I had tried all the tricks in my book, but to no true avail. She was a sweet girl but her lack of concern about this made the cessation of treatment the only sensible decision unless and until she truly owned it.

Thankfully, this doesn’t happen often but it is a downer when it does.... she definitely had some improvement from our efforts so I am hoping she can maintain what she did learn.

You might ask, “Why did you start working with someone about whom you already had a concern?” I feel it is only fair to spell that out to them at the initial appointment and let them make the decision. I can only do what I can do and pray that the “aha” moment will come. Most times that moment does come; other times it’s a “You can lead a horse to water” moment...

That being said, let me tell you about a new evaluation I just completed. She is a 31 year old, coming to me with full braces, sent by her orthodontist. Again, a “tongue thrust swallow” with an anterior open bite was present. The huge difference between the two cases is that she was told at the age of 10, by an orthodontist, that she had a “tongue thrust”. She was once again told this at the age of 15 by a different orthodontist. She reported that she did nothing because she didn’t care at that time. Now, here she is over 15 years later, ready, willing, and able to do anything to fix the problems that she wishes she had taken care of a long time ago!!! She is so excited to correct her issues that she can’t wait till we meet again. This time, “*You can lead a horse to water, and they won’t stop drinking!*”

Just remember, we are there to help everyone we can, but we can’t save everyone. When we have someone fail, we must be sure to think about all the wonderful success stories that have our names written on them, as well.

Till next time.

Becky

Earn Orofacial Myology CEU’s at Home

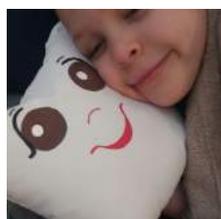
▶ Orofacial Myology/Tongue Thrust:
Introduction With Assessment Applications

▶ R: From Basics to Habituation

▶ Tongue Tie 101: What is our Role?



Speech-Language Pathology Continuing Education and Treatment



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After completing a program of behavior modification, such as elimination of oral habits, experienced therapists understand the benefits of helpful, friendly reminders to keep kids continuing forward successfully. With that in mind, this delightful item was created to be used as a naptime and night time reminder to keep hands, thumb and fingers in a safe place, away from the mouth.



Pocket Pillow has a pocket in the back so the child can hug the pillow and tuck their hand into the comfy pocket as they rest. It is often used as the “reward” in conjunction with the Unplugging the Thumb program kit.

Available at: orofacialmyology.com/shop/pocket-pillow/





Becoming Qualified in Orofacial Myology

If you or members of your staff are dentists, dental hygienists or speech pathologists, then you and they are eligible to become a QOM by attending the premier 28-hour Qualification Training Course, From Basics to Habituation, offered by Neo-Health Services (NHS). Once you have successfully completed the 28-hour training course, you may enter the QOM process by completing a written examination and the required clinical component.

There is NO additional fee required to complete the QOM process; it focuses on the materials you have learned and obtained during class as well as information on orofacialmyology.com, making the process very relevant and sensible. A QOM is recognized as a highly trained individual who is qualified to treat and oversee treatment and is dedicated to high standards of professionalism as well as respect for their own Scopes of Practice and those of their professional associates.

Neo-Health Services has been training Orofacial Myologists since 2001. We can proudly say that we are considered the leaders in our field with more than 1000 graduates helping their patients worldwide through our Myo Manual Treatment Program.

Unlike many other classes and training courses, you are still connected and supported after class. You become part of an exclusive Facebook Group that is always positive and helpful. You also receive a personal code to enter a private section of the orofacialmyology.com website that entitles you, as a "grad," to obtain several free items such as forms, brochures in English and Spanish, and much more.

Visit OrofacialMyology.com for more information. Feel free to contact us at info@orofacialmyology.info with any questions you may have about the 28-hour training course, the QOM process or orofacial myology in general.



Orofacial Myology: From Basics to Habituation

28 hour Hands On Training Course



Sandra R. Holtzman
MS, CCC/SLP COM, QOM

Becky Ellsworth
RDH, BS, COM, QOM

With contributions by **Dr. Robert Mason** DMD, PhD, ASHA Fellow

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THE MISSING LINK

Calling all **TEXAS** SLPs & Dental professionals!

Orofacial Myology: From Basics to Habituation

is coming to your area on **December 5-8** **Save your spot!!!**



Orofacial Myology News is brought to you by Neo-Health Services, Inc. to keep you posted on policy, state of the art treatment methods, conventions, noteworthy therapists, products, and other topics related to Orofacial Myology. This newsletter is meant to provide a connection among all of us who practice or have strong interest in this wonderful specialty area. Since there are only a small number of us worldwide, it is important for us to maintain as strong a link as possible from state to state and from nation to nation, so that we can grow as individuals and as a respected profession.