Are you a ‘cutting edge’ dentist?  

By Robin Goodman
Group Editor

D r. Martha Cortes, current president of the American Academy of Cosmetic Dentistry New York Chapter, took some time to talk about lasers with Dental Tribune.

What is the state of lasers in dentistry today?

Dental lasers are state-of-the-art technologies. Every dentist should own one and use it as an integral part of his or her practice, especially as they are much more affordable than they were 15 years ago when I got my first laser; I had the Diopulse by Excel Quantronix, which has two separate lasers in one unit: a holmium and neodymium laser. I still have this unit in my office and use it as a backup laser to my newer ones. Lasers can be used by themselves or as an adjunct tool as they are versatile and precise. A simple diode laser can be used to disinfect tooth structure, in crown lengthening, frenectomy, biopsies, periodontal disease and gingival sculpting, etc. There are lasers like the Periolase MVP-7, which are specifically built around a patented soft-tissue technique for periodontal diseases — laser assisted new attachment procedure [LANAP]. There are hard-tissue (modifies lasers) as well as soft-tissue (modifies lasers) and there are lasers available today that combine both a soft and hard tissue laser in one unit. It all depends on the practice one has, or the one that you want to develop. Bottom line is that you cannot consider yourself a dentist on the cutting edge if you do not have and use a laser as part of your daily regimen regardless of what type of dentistry you practice.

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How about lasers and soft tissue such as gum and pulp?

I have developed a direct pulp capping technique involving a laser and the immediate placement of a porcelain restoration [CEREC], which has a great success rate as the laser can reach places that antisepsics and antimicrobials cannot reach because of their shallow penetration into bacterial colonies [biofilms]. Lasers can be used on the delicate tissue of the pulp without causing necrosis by using the correct settings and the right lasers.

Nd:YAG and diodes are great for sculpting the gingival tissue in crown lengthening, smile makeovers and gingivectomy. Both can be used in treating gum disease, although the diode is not as ideal as the Nd:YAG laser, as it is hotter, can cut deeper and has a potential greater zone of thermal damage in the wrong hands; it should not be used on pockets deeper than 4 mm. The Nd:YAG can

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History of orofacial myofunctional therapy (OMT)

OMT is an area of specialization

See COMPLETE CARE, Page 2

Are your patients mile嚼ers?

By Joy L. Moeller, RDH, BS, COM

I. Problems that can be addressed

Do your patient complain of chronic headaches? 
Do your patient have an open-mouth rest posture? 
Have your patient’s teeth moved after orthodontic treatment? 
Does your patient exhibit an open bite?

Do your patient complain of temporal mandibular joint dysfunction (TMD) or neck pain?
Is the patient’s tongue always “in the way” when you are drilling, scaling or examining the teeth?
Does your patient exhibit a scalloped tongue from pressing against the teeth?
Have you noticed oral habits such as thumb or finger sucking, nail biting, liplicking or hair twirling or chewing?
Does your patient lapse when saying the “s” sounds?
Do you see the tongue come forward against the teeth when swallowing?
Is your patient a mouth breather contributing to anterior gingivitis or open-mouth rest posture?
Does your patient grind or clench his/her teeth?
Does your patient have chronic stomachaches, burping, drooling, hiccup or acid reflux?
Does your patient have a forward head posture?
Does your patient have a short lingual frenum or a tight labial frenum?
When you check for oral cancer on the sides of the tongue, have you found lesions from tongue thrusting causing chronic irritation?
These are all signs and symptoms of an orofacial muscle asymmetry that can be addressed by an orofacial myofunctional therapist.

The critical missing element to complete care: where dentistry and orofacial myofunctional therapy meet (Part 1 of 2)
interdisciplinary approach to patient wellness includes but is not limited to:

- orthodontics
- general dentistry
- speech-language pathology
- dental hygiene
- periodontics
- oral surgery
- ear, nose and throat specialty
- cranial osteopathy
- allergy
- pediatric dentistry
- pediatrics
- physical therapy
- chiropRACTics
- gastroenterology
- plastic surgery

Failure to help many patients

Through 50 years of practicing orofacial myofunctional therapy, some questions patients or their parents asked include:

- Why didn’t someone tell me about this earlier?
- I knew I had a tongue thrust, I didn’t know there was a special person to help me.
- Why didn’t someone tell me my habit of tongue thrusting, thumb sucking or nail biting could be easily eliminated in therapy?
- I have tried multiple splints, functional appliances, medications and occlusal adjustments for my TMJ problem. I was even referred to a psychologist for counseling because they told me it was stress related. Why didn’t someone recognize my facial muscle dysfunction and refer me for orofacial muscle therapy?
- This is the third time this year my orthognathic surgical result has relapsed. Why hasn’t anyone referred me to an orofacial myofunctional therapist?
- My child was traumatized by a cranial osteopathy and refer me for orofacial muscle therapy.
- I recognize my facial muscle dysfunction.

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drawn. After the rake was removed, the tongue thrust returned. Why wasn’t I given the option of seeing a therapist who specialized in treating this disorder with exercises?

My child wore a palatal expander for a high narrow palate. After the expander was removed, the palate collapsed because the tongue was resting down. Why wasn’t I referred to an orofacial myofunctional therapist immediately following surgery to prevent re-attachment?

I was told I was tongue-tied and needed a lingual frenectomy. After surgery, my tongue reattached and scar tissue formed and was worse than before we started! Why wasn’t I referred to an orofacial myofunctional therapist immediately following surgery to prevent re-attachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit-related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- faster normalization of the facial muscles and neuro-muscular facilitation post orthognathic surgery.

How can orofacial myofunctional therapy help the general dentist?

Orofacial myologists can assist the dentist in many aspects of his or her practice to:

- Re-educate muscle patterns that promote a stable orthodontic result.
- Reduce the time spent in fixed appliances.
- Normalize the inter-dental arch vertical rest posture dimension, the freeway space, also called the oral volume.
- Identify and eliminate orofacial noxious habits that interfere with stable occlusal results.
- Teach nasal breathing and remodel the airway through nasal cleansing and behavior modification.
- Reinforce compliance with wearing rubber bands, functional appliances and retainers.
- Develop a healthy muscle matrix and eliminate habits that contribute to TMD.
- Correct head and neck posture problems.
- Stabilize the periodontal condition by reducing tongue thrusting pressures and mouth breathing habits.

Because most of our patients are in need of orthodontic treatment or treatment by a functional dentist, if the patient was referred by a source outside of dentistry, we are certainly a great potential referral source for dentists.

The best time for the dentist to refer the patient to an orofacial myofunctional therapist is before inter-
Contact info

Joy Moeller, BS, RDH, COM, is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in the exclusive practice of OMT in Pacific Palisades, Calif., who is a professor at USC School of Dentistry: “Orofacial myofunctional therapy must be part of the treatment plan from the beginning. This way the patient understands from day one that the muscle adaptation is important for long-term stability. Especially important would be the orthognathic patient. The patient must learn to use the new space in an ergonomic manner, in both a functional patterning and habit elimination awareness.”

Dr. William Hang, an orthodontist practicing in Westlake Village, Calif., believes that OMT problems are one cause of poor facial development. He says: “Stability will continue to be an elusive, unachievable goal with poor facial balance frequently being the norm of the post orthodontic result. Myofunctional therapy must become the first line of defense in the quest for proper facial development rather than the rescue squad when the orthodontic result is going up in flames. When orthodontists embrace myofunctional therapy, they stop treating symptoms and begin to focus on treating the cause of poor facial development [altered oral rest posture].”

Dr. Jerry Zimring, a practicing orthodontist for 44 years in Los Angeles, believes that attaining proper occlusion is a state of balance between the teeth, the muscles and the bones. He states, “Both my daughter and my grandson were treated with myofunctional therapy with excellent results that would not have been possible without this valuable treatment. I feel strongly that myofunctional therapy should be part of every orthodontic practice.”

Dr. Richard L. Jacobson, a Diplomat of the American Board of Orthodontics who has been in the exclusive practice of orthodontics in Pacific Palisades, Calif., for the past 28 years, stated: “We know that form follows function and function can follow form. Therefore, it is vital to identify those patients that need myofunctional therapy. In these patients myofunctional therapy by a specialist is essential. Treatment is effective and orthodontic stability is enhanced.”

The author would like to thank Karen Macedonio, a Certified Life Coach (and patient), Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM for their assistance with writing this article. A complete list of references is available from the publisher.

To find a therapist near you, go to www.iaom.com and look at the directory.

Study OMT!

Joy Moeller will teach a five-day IAO-approved course on orofacial myofunctional therapy Oct. 19–25 and a seven-day course (which includes two days of internship) on Feb. 11–17 and June 24–30, 2009 in Los Angeles with Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM. For more information contact Greene at bgreene@tonguethrust.com or call (805) 985-6779.

Complete care

Joy Moeller, BS, RDH, COM, is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in the exclusive private practice of OMT in Pacific Palisades and Beverly Hills, Calif. She is currently an elected member of the Board of Directors of the IAO and is the hygiene liaison. Joy is also a former associate professor at Indiana University School of Dentistry and an on-going guest lecturer at USC and UCLA to ortho, perio and pedo dental residents, and at Cerritos College to hygiene students.

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