Habit elimination therapy

My program for habit elimination treatment is three to five visits. I work with thumb and finger sucking, nail biting, hair chewing, tongue and lip sucking and/or chewing, and many other oral habits with a 95 percent success rate.

Rosemarie A. Van Norman, an expert in the field of thumb sucking, has determined:

- 60 percent of malocclusion is caused by prolonged digit sucking;
- 10 percent of 6-11 year olds suck their digits;
- 85 percent of digit suckers exhibit an open bite;
- many times, open bites lead to TMD due to lateral movements of the jaw in order to chew food;
- 49.9 percent of orthognathic surgery patients with open bite relapse;
- 50 percent of digit suckers experience atypical root resorption;
- 40 percent of digit suckers have learning and behavior problems in school.

Infants are born with only a sucking skill, which enables them to survive. Usually, at 9 months to 5.5 years, the child starts drinking from a cup and eating more solid foods and transitions from sucking to sucking, which is supposed to be wrong for them. As a dental hygienist, I have learned that the value of behavior modification and positive reinforcement. The patient feels so proud to have ceased the habit once and for all. The success of this program will empower patients to control many choices in their lives. The young child program has many different therapy exercises including:

- introducing the proper chewing and swallowing patterns;
- development of proper head and neck posture;
- habituation of the new patterns.

The program that I follow uses behavior modification and positive reinforcement. The patient feels so proud to have ceased the habit once and for all. The success of this program will empower patients to control many choices in their lives. The young child program has many different therapy exercises including:

- encouraging nasal breathing;
- developing a lip seal;
- implementing a palatal tongue rest posture;
- encouraging bilateral chewing;
- working on proper sleep posture as well as eating posture;
- introducing the “bite, sip, and swallow back” motion;
- keeping hands and objects away from the face.

Orofacial Myofunctional Therapy

This is my standard program for those ages 7 to 97. It consists of a yearlong program of therapy exercises for creating proper patterning of the tongue and facial muscles and includes:

a) noxious habit elimination;

b) many different therapy exercises to stretch, tone and develop proper neuromuscular proprioception of the facial muscles;

c) introducing the proper chewing and swallowing patterns;

d) development of proper head and neck posture;

e) habituation of the new patterns.

The first eight weeks of treatment is the intensive period, followed by habituation of the new pattern.

Special needs patients

These patients need an individual program based on their physical limitations, pain factors and ability to cooperate. The treatment plan always needs to be individualized for the best result possible. The goals would be the same as the other programs, but the methods are customized to meet the needs of the patients. The patients really appreciate this help that no other specialty has been able to provide. Some patients with special needs afflicted with incorrect muscle patterns would present:

- TMD
- Autism
- Cerebral palsy
- Down syndrome
- Attention deficit disorder
- Bells’ palsy
- Orthognathic surgery
- Trauma-induced muscle abnormalities
- Sturge Weber syndrome

Cosmetic muscle toning for facial fitness

With age, orofacial posture changes. There are about 40 facial muscles that work in group function. This allows for facial expression. If the patient presents with chronic non-nutritive facial muscle habits patterns, inadequate orofacial postural patterns, orofacial muscle function patterns or orofacial muscle integration patterns, then the overall cosmetic appearance will be compromised in spite of cosmetic surgery or orthodontics.

Plastic surgery patients are tired of having their face cut, burned, injected, creamed and acid etched only to have gravity pull the muscles down again. The more effective way to achieve desired results would be to develop tone and fitness in the facial muscles by changing muscle patterns, habits and postures by a trained orofacial myofunctional therapist and work with the surgeon and orthodontist both before and after surgery. A personal trainer will tell you that you have to stretch, lift weights and do cardio three to four times a week in order to be fit. Why not exercise your face as well? I feel that this type of treatment will be the way of the future for orofacial myofunctional therapists.

In Brazil, plastic surgeons would not think of doing surgery without having a trained orofacial myofunctional therapist to work with them. The field of cosmetic orthodontics is growing. It is only natural that cosmetic orofacial myofunctional therapy will follow.

Orofacial myofunctional courses and certification

For speech and language pathologists, dental hygienists, physical therapists, registered nurses, and other allied health care professionals...
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 IAOM 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.

There are currently four or five post-graduate courses available to help you become an orofacial myofunctional therapist. Certification is available through the International Association of Orofacial Myology.

After taking an approved IAOM course and becoming a member of the IAOM, one can apply to take a written exam and an on-site practical evaluation. The courses are usually five intensive days with a recommendation to follow up with an internship and other courses of study in the field. For more information, check out the IAOM Web site, www.IAOM.com.

Practicing OMT guides patients toward making major life enhancing changes that affect their entire body. After 50 years of practicing and teaching courses in OMT, I view the profession of OMT as a specialty of its own, working parallel with orthodontic treatment, and one that is the critical missing element to complete care.

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.

Joy Moeller will teach a seven-day IAOM-approved course on orofacial myofunctional therapy (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.

Contact info

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 IAOM 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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Figs. 3a, b: This 61-year-old female exhibits low muscle tone, digestive disorders, short lingual frenum and anterior tongue thrust. After two months of therapy, patient feels better and her friends are commenting on how much younger she looks. She is now ready to pursue orthodontic and restorative treatment.

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