Dr. Chris Farrell and Dr. Germán Ramírez-Yáñez from the University of Manitoba in Canada, leading authorities on the role of myofunctional forces for correcting malocclusion, held a two-day conference in Coral Springs, Fla., attended by about 50 orthodontists.

Farrell, founder of Myofunctional Research Company (MRC), lectured on topics such as “The 3 R’s of Traditional Orthodontics: Relapse, Root Resorption, Permanent Retention,” and presented a new theory of malocclusion.

According to Farrell, the main problem in orthodontics is dental stability or, more precisely, the lack of it. For decades, orthodontists have studied dental alignment, for which they have always used fixed devices such as braces and brackets that are cumbersome and require them to be worn for long periods of time. Even after this, relapses are common, as shown by many clinical studies.

On the other hand, Farrell said, it has been shown that muscles are the main structure of the body, including the mouth, and that facial and masticatory muscles are what define the structure of the maxillary.

Farrell explained that myofunctional therapy treats muscle and functional problems, as well as the position of the tongue, and thus improves tooth position.

He said his clinical cases, which he presented at the event, show that a good alignment can be achieved without brackets but by using MRC devices such as Myobrace or T4K, the interceptive series called i-2 and i-3, and the new Bent Wire System. Meanwhile, Ramírez-Yáñez discussed the science underlying myofunctional forces. Ramírez-Yáñez has written a new book called “Early Treatment of Malocclusion: Prevention and Interception in Primary Dentition,” which deals extensively with the subject.

“By improving muscle activity in the mouth, we also improve the position of the jaw, as confirmed by important studies, and stimulate the transverse development of the jaw and the maxillary and dental alignment,” he said.

Early treatment clinics

During the event, Farrell introduced his vision for the early treatment of malocclusion: the Myofunctional Clinics. The concept of these clinics is based on an office management system that includes patient education.

The clinic modules presented by Farrell show an addition to the dental office space of about 900 feet, which would be used to educate parents and children on myofunctional techniques.

This colorful office space would be a relaxed environment designed specifically to make children feel comfortable.

The clinics would be managed by dental assistants and supervised by dentists. Because myofunctional techniques are designed for early treatment of malocclusion in children ages 6 to 11 and even younger, it’s an interesting and effective way to increase the number of orthodontic patients, Farrell said.

The dental assistant management system ensures that dentists can see a large number of other patients without being disturbed by the increase in the number of children and parents who go through the myofunctional education modules.

For more information on myofunctional techniques, please visit www.myoresearch.com or primarydentition.com.