The best time for the orthodontist to refer the patient to an orofacial myofunctional therapist is before the braces go on or before the braces come off, depending on the patient’s facial structure and motivation. We can work together to help the motivated patient achieve amazing results.

To elaborate on the importance of the working relationship between OMTs and orthodontists, I have reached out to some of my esteemed colleagues for commentary, which follows below.

According to Dr. John Kishibay, an orthodontist from Santa Monica, Calif., and 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 claims: "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 rest oral 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 Diplomate 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 who need myofunctional therapy. In these patients, myofunctional therapy by a specialist is essential. Treatment is effective and orthodontic stability is enhanced.”
• 60 percent of malocclusion is caused by prolonged digit sucking.
• 10 percent of 6- to 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.
• 59 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 age 9 months to 3.5 years, the child self-weans and starts drinking from a cup and eating more solid foods and transitions from sucking to sucking, which is supposed to be used in only a few situations such as using a straw. However, many times a pacifier is used or the child finds his or her thumb or another object, and the suckling habit is extended and continued.

At this point, the tongue is unable to rest and swallow correctly, leading to an open bite, cross bite or some other type of malocclusion.

The program I follow uses behavior modification and positive reinforcement. The patients feel so proud to have ceased the habit once and for all.

The success of this program will empower the patients to control many choices in their lives that feel good but that they know are wrong for them.

As a dental hygienist, I have learned that the value of pro-active therapy is to minimize or eliminate problems by treating early.

(For a discussion of the Mini-Myo, orofacial myofunctional therapy, special-needs patients and cosmetic muscle toning programs, read Part 3, appearing in the next issue of Ortho Tribune. The reference list is available from the publisher.)

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