The missing element to complete care

Part 3

By Joy L. Moeller, BS, RDH, COM
(Certified Orofacial Myologist)

(In Part 2, we discussed how orofacial myologists can assist the orthodontist, and we delve into detail about a habit elimination therapy. Here is a look at four other types of therapy.)

The Mini-Myo program for the young child

Many times, young children can benefit from doing exercises to develop positive growth factors and eliminate negative growth pressures. The young child program has to be fun and fast in order to achieve success. Because the bones are soft, the changes can be remarkably fast. I use a variety of rewards and behavior modification techniques. Parental support at home is essential. The young child program lasts about three to six months and can make a major life enhancing change.

Goals of the Mini-Myo program are:

• encourage nasal breathing,
• develop a lip seal,
• implement a palatal tongue rest posture,
• encourage bi-lateral chewing,
• work on proper sleep posture as well as eating posture,
• introduce the “bite, sip and swallow back” motion,
• keep hands and objects away from the face.

Orofacial myofunctional therapy

This is my standard program for children 7 through 97. It consists of a year-long program of therapy exercises of the facial muscles and includes:

• noxious habit elimination,
• many different therapy exercises to stretch, tone, and develop proper neuromuscular proprioception of the facial muscles,
• introduction of the proper chewing and swallowing patterns,
• development of proper head and neck posture,
• habitation of the new patterns.

Orofacial myofunctional therapy is the intensive period, followed by habitation of the new pattern.

Special-needs patients and TMD

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,
• Bell’s palsy,
• orthognathic surgery,
• trauma-induced muscle abnormalities,
• Sturge Weber syndrome.

Cosmetic muscle toning for facial fitness

With age, orofacial posture can change. Some patients with special needs afflicted with incorrect muscle patterns or TMD may not be able 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 both the surgeon and orthodontist 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 this type of treatment will be the way of the future for orofacial myofunctional therapists.

Study OMT

Joy Moeller will teach an IOMT-approved, five-day course on orofacial myofunctional therapy Oct. 19–25, in Philadelphia with Barbara J. Greene, COM, and Licia Coccaani-Paskay, MS, CCC-SLP, COM. Moeller also will teach a seven-day course Feb. 11–17, 2009, and June 24–30, 2009, in Los Angeles. The course includes two days of internship.

For more information, contact Greene at bgreene@tongue thrust.com or call (805) 452-4302.

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