

## ORAL MYOFUNCTIONAL DISORDERS

### TONGUE THRUST | DEVIATE SWALLOW | REVERSE SWALLOW

Your dentist or orthodontist may have told you that you, or your child has a tongue thrust problem. This is an oral myofunctional disorder. Like most people, you have probably never heard of this kind of problem before and are unsure of what it means. Very likely, you may not have even been aware of having this kind of problem and were actually seeing help for some other oral or dental problem.

“Tongue thrust” is actually an over simplification of the problem. The actual “tongue thrust” is not the big problem. It is the interplay of the muscles of the tongue, lips, cheeks, mandible (bottom jaw), soft palate and upper throat for simple oral postures and movements. The thrusting forces do not move the teeth, the muscle postures and movements are the environment in which the teeth and oral bony structure live and grow.

The resting posture of the tongue, the mandible, and the lips is the important factor in normal oral and dental growth and condition. When the tongue rest habitually between the teeth, the environment for normal tooth growth has been altered. Or if the lower lip is often interposed between the upper and lower teeth, or if the lips are habitually open, the environment for the teeth has been dramatically altered. If the tongue rests against the upper front teeth or against the lower front teeth, the oral environment has been changed. Variations from the normal oral resting posture of the tongue, lips and mandible with tend to reflect the altered environment.

Excessive non-nutritive or non-speech oral behaviors, such as clenching, bruxing (grinding the teeth), long term digit sucking, and nail biting, can also affect the condition of the teeth and health and functioning of the mouth. When any oral behavior is excessive in intensity, duration, and frequency, the postures and/or collision forces can have serious impact on normal appearance, health, and functioning of the mouth.

Upper airway infections and obstruction (enlarged tonsils and adenoids) are frequently identified as the causes of oral myofunctional disorders, especially when these problem cause the mouth to rest open most of the time. Reduced oral tone or poor orofacial muscle postures appear to impact negatively on the growing mouth and facial structures. Sometimes poor speech articulation patterns may indicate neurological or physical problems; the speech behaviors can also adversely impact the oral and dental growth and development. It is often difficult to determine why an oral myofunctional disorder exists. The oral dysfunction can be the result of stimuli which are no longer readily apparent.

Regardless of the causation, once inappropriate oral behavioral patterns established, they tend to continue until some external stimulus, therapy, or treatment alters enough of the patterns so that new behaviors can be learned. Sometimes changes of the oral environment by the orthodontist may bring about improved oral functioning. In other cases a patient might be referred for oral myofunctional therapy. These are cases when there are indications that dental treatment or orthodontic treatment alone may not bring about the desired changes in oral behaviors. Adverse oral behaviors can also interfere with dental and/or orthodontic treatments and the patient’s oral stability and condition.

Oral Myofunctional Therapy is a structured, individualized therapy for establishing and/or restoring normal oral functioning. It is a form of orofacial orthopedics. It seeks to inhibit incorrect muscle movements and behaviors and to develop normal easy functions of oral resting posture, oral stage swallowing and speech articulation. Therapy may include any or all of the following:

- ✓ Elimination of damaging oral habits (digit sucking, nail biting, etc.).
- ✓ Reduction of unnecessary tension or pressure in the muscles of the face and mouth.
- ✓ Strengthening of muscles that do not adequately support normal functioning.
- ✓ Development of normal resting postures of the tongue, jaw, lips, and facial muscles.
- ✓ Establishment of normal biting, chewing, and swallowing patterns.

The length and timing of therapy varies according to the severity and nature of the oral myofunctional disorder. In most cases therapy is a short term process with the active stage lasting about 2-3 months. Follow up visits will likely be needed with a decreasing frequency of appointments for about 6-12 months.

This is a therapy that fits well with my desire to have patients [Look Well, Eat Well, and Speak Well](#).