Tongue Tie and Other Tethered Oral Tissues

What Do We Know and Where Do We Go?

Presented by

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Video Observations

Mini Oral Motor Exam

(Uh-oh---Did she say Oral Motor???)

Jaw: _____

Lips:_____

Tongue:_____

Teeth:_____

Face: _____

ORAL MOTOR

This has become a truly BAD word in our field!

DEMONSTRATION

I need TWO volunteers

1. Raise your arm
2. Raise your leg

   How were you able to move those body parts?

   What allows you to MOVE?

3. Purse your lips

   How did you do that?

   What muscle did you use?

4. Stick your tongue out. Lift your tongue up.

   What muscles did you use to make those movements?

It is simple logic that MUSCLES MATTER including those used for speech! Why are we supposed to IGNORE THEM?

QUICK SURVEY

Everyone sit and rest.

Mouth closed.....

WHERE is your tongue resting?

Palate?

Floor of mouth?

On teeth....upper or lower?

Let your back teeth separate a few millimeters. Where is your tongue now?

How many out there had braces?

Hmmm.....

Resting posture of the tongue is **IMPORTANT**, but often overlooked!

This is what we (mistakenly) call Tongue Thrust! That is the MOVEMENT, but not the PROBLEM!

DR. JOHN FLUTTER

NEGATIVE IMPACT OF MOUTH BREATHING IN CHILDREN

HTTPS://BIT.LY/2CJCGAO

Healthy children have:

- ..their lips together at rest
- ...their tongue resting in the roof of the mouth
- ...they breathe through the nose
- ...and have no muscle movement on the subconscious swallow

What does this have to do with tongue tie?

Look at #2 in the list above.....

MOUTH BREATHING

How many of you have kids on your caseload who are breathing through their mouth?

Are YOU breathing through your mouth?

What about your OWN kids?

THE FACE TELLS ALL!

Mouth breathing has become such a problem that in 2017 a policy was written by the

American Dental Association (ADA)

Addressing dentistry's role in sleep-related breathing disorders (SRBD) in terms of screening and the use of oral appliances

TONGUE TIE AND OTHER TETHERED ORAL TISSUES

- How many people believe they currently have or have had a patient/child with tongue tie?
- What did you do/What happened?
- How many believe (or wondered if) tongue tie CAN cause speech difficulty in SOME people?
- Has anyone ever wondered why we, as a field, ignore tongue tie considering the tongue is a MAJOR articulator AND the beginning of the digestive system responsible for swallowing?
- What about feeding? WHY are there so many children that do not know how to eat???? This was not a common issue when I graduated 20+ years ago, but feeding is THE disorder today. What has changed? Why did children suddenly become unable to eat all different textures, have failure to thrive, or be considered "picky eaters"? Many people will say it is because of tongue tie and that may be part of it, but it isn't the WHOLE picture.

What may be another reason?

VIDEO 2

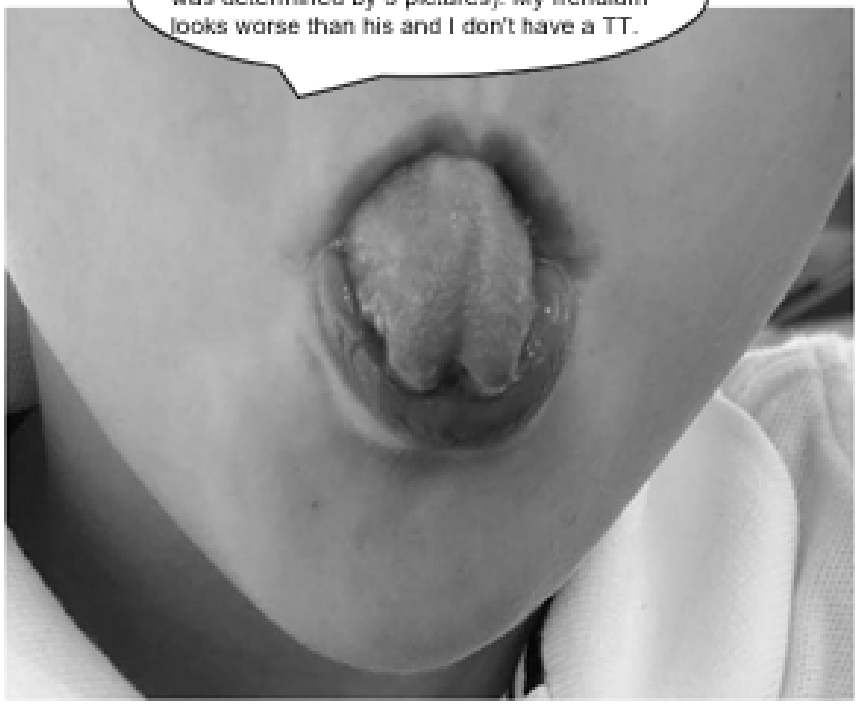
- How many of you are here because you are SICK of hearing "You should check for tongue tie!" and think it very well may be a fad????

No Problem?

He is showing adequate protrusion.

His tongue actually protrudes too far and if he gets it clipped it may protrude further.

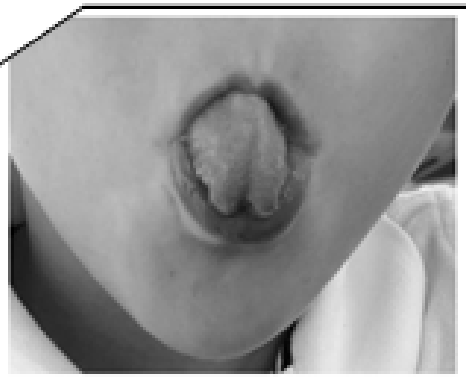
There is no functional restriction here (which was determined by 3 pictures). My frenulum looks worse than his and I don't have a TT.



What's the split in the tongue called? REPLY: It's a notch. The child didn't even stick his entire tongue out. He appears not to know how to do it. A bit of groping is evident (which was determined from 3 PICTURES). as such the extent of his protrusion is debatable because the tongue is stuck out quite awkwardly

When asked how the person identified groping from a PICTURE....REPLY: When we ask a typically developing child or adult to stick out the tongue they do so in such a way that clearly separates their tongue from their upper jaw. This child is unable to do so. He cannot clear his tongue from his jaw. His maxilla and mandible are both supporting his tongue so he is not disassociating his tongue from his jaw and THUS NOT COMPLETELY STICKING IT OUT. (Same person that said he was sticking it out too far and then that he didn't know how to stick it out)

Especially if he has ASD (not diagnosed) he will present with FINE AND GROSS MOTOR CLUMSINESS as subset of kids with ASD do Hence the inability to separate tongue from jaw clearly. I am referring to BASIC ORAL CLUMSINESS vs. speech production. Kids with similar profiles don't know what to do with their tongues and position it precisely for correct sound production.



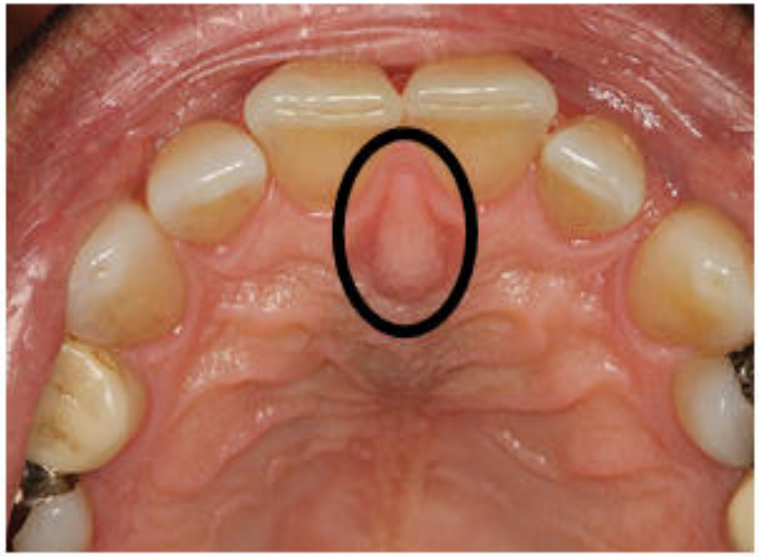
Mom reports pain or tiredness when trying to elevate. REPLY: You don't need much elevation for any of these sounds s, z, t, d, l. Try it yourself and see how easily you can produce them clearly while barely opening your mouth. I bet you he is OVERCOMPENSATING and OVEREXTENDING which is why it hurts to elevate.

Demonstration Activity

This activity is one of the FIRST exercises a client must MASTER to move forward with myofunctional therapy.

Use your cellphone camera to look at your tongue

1. OPEN your mouth wide, but to a comfortable level.
2. Elevate the TIP of your TONGUE to the alveolar ridge at the INCISIVE PAPILLA.



Tongue is not touching teeth

Demonstration Activity

3. Hold there for 60 seconds….With little movement and maintaining mouth opening.

Typical Observations

1. Movement
2. Tongue shaking (fatigue)
3. Mouth closing
4. Difficulty elevating with mouth open

Was that harder than you expected it to be?

DEMONSTRATION ACTIVITY

Walk five steps up and five steps back.

Run five steps up and five back.

Lift your left leg up. Lift your right leg up.

Put your hands straight out in front of you. Lift one of your knees and try to touch your hands.

Let's Change the MOBILITY

Walk five steps up and five steps back.

Run five steps up and five back.

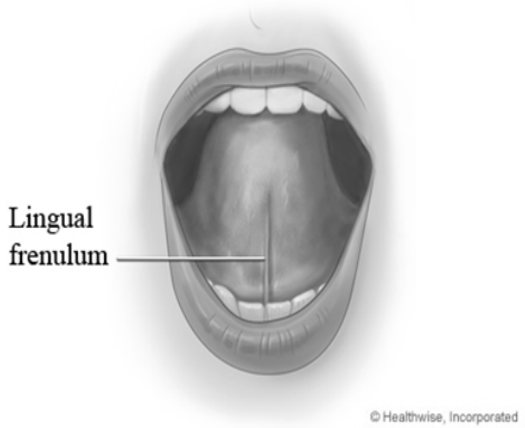
Lift your left leg up. Lift your right leg up.

Put your hands straight out in front of you. Lift one of your knees and try to touch your hands.

What Change Occurred?	Possible TONGUE Correlation
Can't walk as fast	Errors at word level and beyond
Can't run as fast	Imprecise articulation/errors. Mumbling referrals anyone?
Decreased range of UP motion	Speech errors /l/, /r/!
	Palatals? Velars? Lateral?
	Resonance Issues ~ Try it!
	Tongue can't rest on palate (normal resting posture),
	Swallowing is inefficient and significantly altered.
	Feeding issues arise ~ Nursing and Texture
	Tongue thrust can develop
	Inability to clean teeth ~ Decay!
Decreased range of LATERAL motion	Speech errors ~ Varies
	Chewing affected
	Inability to clean teeth

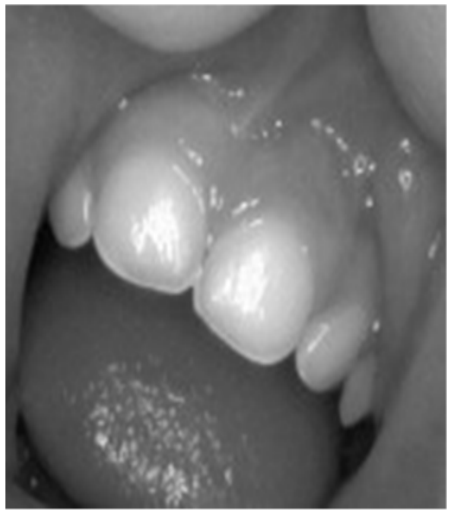
Tongue -Tie Symptoms & Pictures

Let's look at pictures of NORMAL!
These are not easy to find!



Function must be assessed!

This is actually a picture of a corrected lip tie, but it is a good picture of a typical labial frenulum.



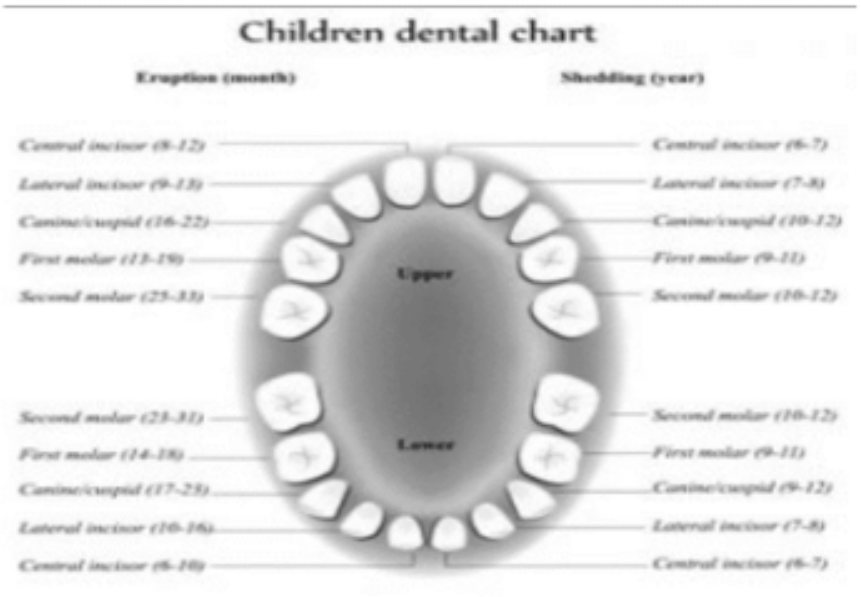
However, a frenulum that is attached lower down, is not necessarily restricted.

Tongue -Tie Symptoms

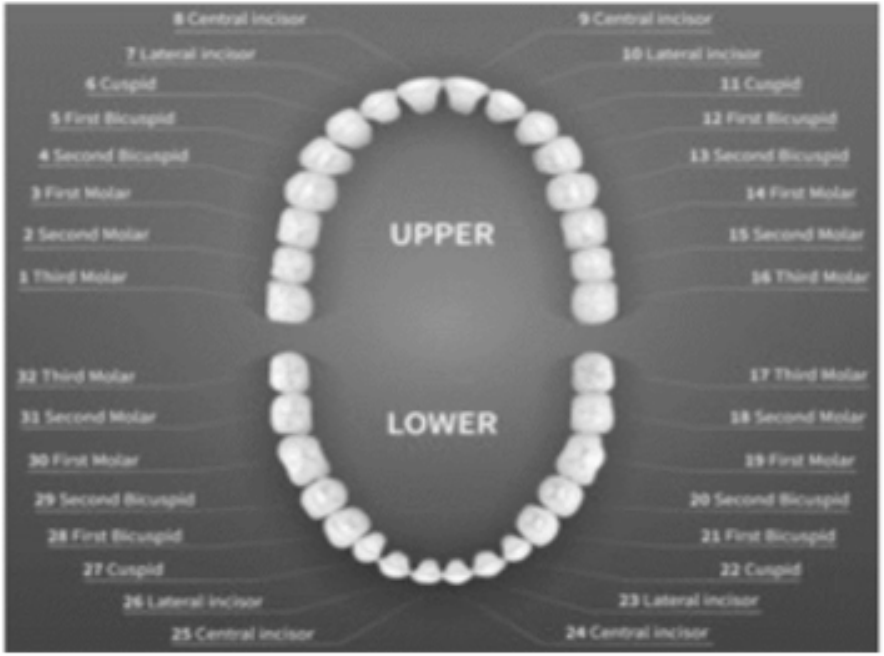
(Not all children will have these and some are caused by other factors)

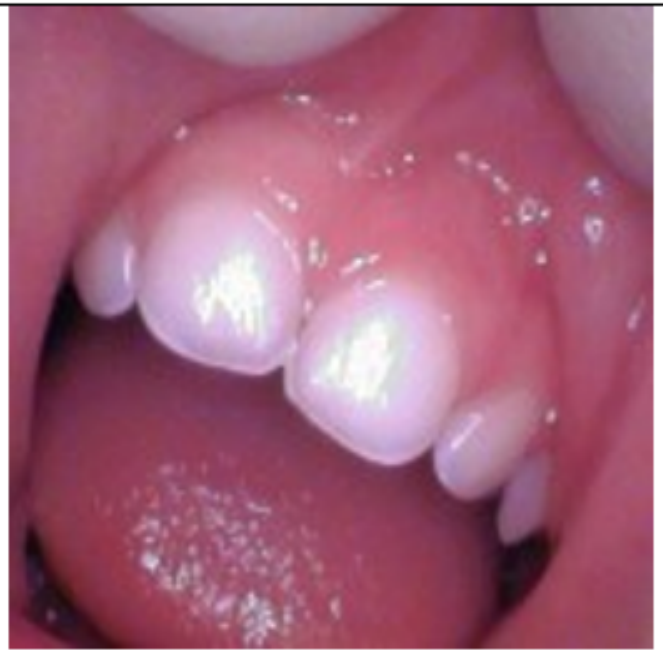
Infants

Colic/excessive crying
Reflux/Spitting Up
Gassiness/fussiness
Gagging/Choking
Nursing abnormally often
Seems unsatisfied after nursing
Falling asleep quickly while nursing
Refusal to take bottle or pacifier
Slow weight gain/weight loss—Failure to Thrive
Dehydration
Shallow latch/poor latch
"Clicking" sound while eating (breast or bottle)
Heart shape of tongue tip or dent in middle of tongue
Palate issues (very raised, narrow "bubble palate", affected gums (rainbow shaped)
Pain for mothers during nursing
Breast feeding issues (not limited to thrush, clogged ducts, mastitis, bleeding or cracked nipples, vasospasms, tell-tale "lipstick shape" after nursing)
Over-supply/under/supply (from babe not emptying breast complete



What is the difference between the CHILD and ADULT dental charts?





What is wrong here?

What is going to happen to this child in the future?

It is possible to tell as early as 2 years of age who is going to have trouble with their teeth!

TONGUE -TIE SYMPTOMS

(Not all will have these and some are caused by other factors)

Children/Adults

Sleep apnea Snoring
Teeth gapping
Teeth movement/turning/crowding
Premature tooth decay due to not being able to clean teeth
Pain while brushing teeth
Speech issues: lisp, /r/ and /l/, phonological delays, avoiding talking, behind in speech
Imprecise articulation due to slow movement of tongue
Speaking out of side of mouth
Resonance issues similar to deaf speech
Impacted self-esteem
Food & texture aversions
Holding food in mouth instead of chewing
Affected smile Jaw issues TMJ
Grinding of jaw
Facial tension: Which can lead to body tension, especially in neck, shoulders and back
Throat/Neck pain during talking/eating/chewing Migraines

TONGUE -TIE PICTURES

The following pictures are from the source below

http://www.drghaheri.com/blog/2014/3/22/rethinking-tongue-tie-anatomy-anterior-vs-posterior-is- irrelevant

Based on Dr. Elizabeth "Betty" Coryllos Classification System

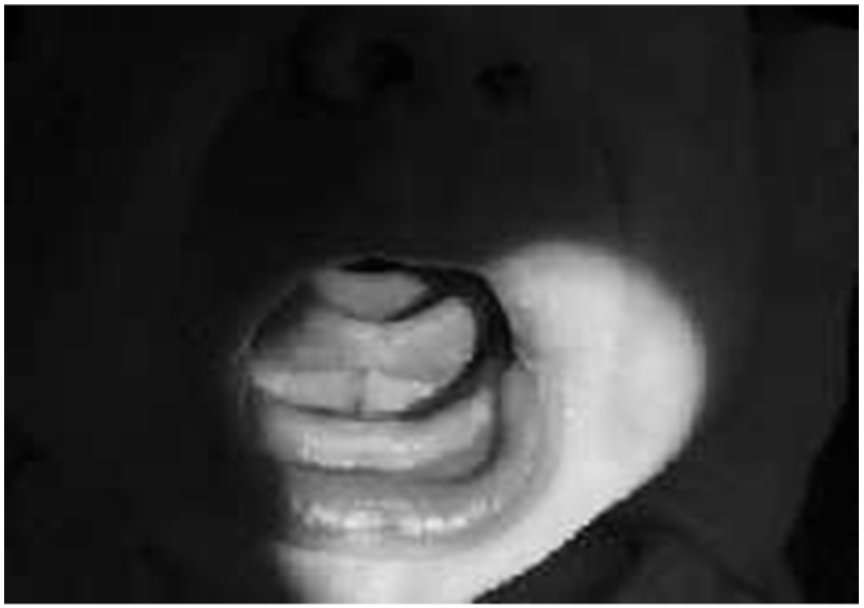
Class 1 Tongue Tie

This is the classic heart-shaped tongue that most doctors feel is the only real tongue tie. The tie inserts into the tip of the tongue.

TONGUE -TIE PICTURES

Class 2 Tongue Tie

Considered to be an anterior tie, this tie inserts just behind the tip of the tongue.
We don't see a heart-shaped tongue, but the tie is still clearly seen.

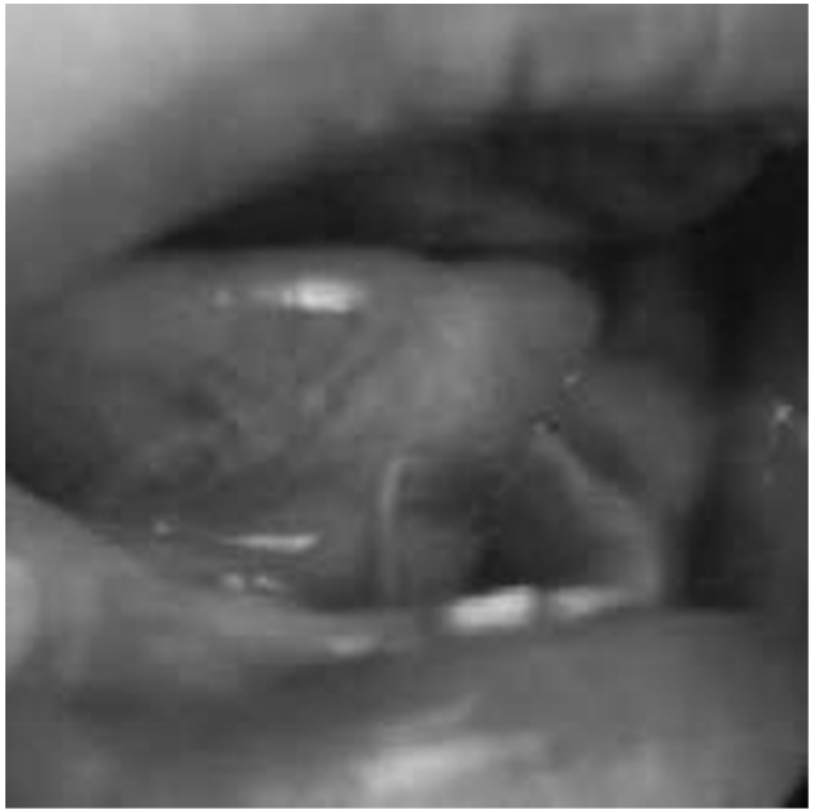


TONGUE -TIE PICTURES

The following pictures are from the source below
http://www.drghaheri.com/blog/2014/3/22/rethinking-tongue-tie-anatomy-anterior-vs-posterior-is- irrelevant

Class 3 Tongue Tie

Classified as a Posterior TT
The distinction between this and a class 4 TT is that the class 3 still has a thin membrane present.



TONGUE -TIE PICTURES

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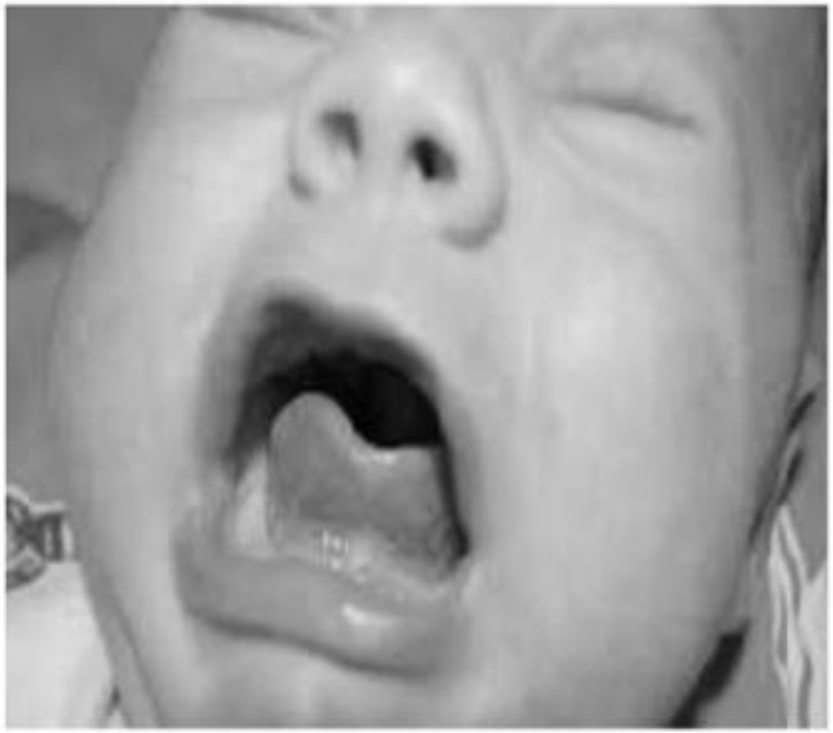
Class 4 Tongue Tie

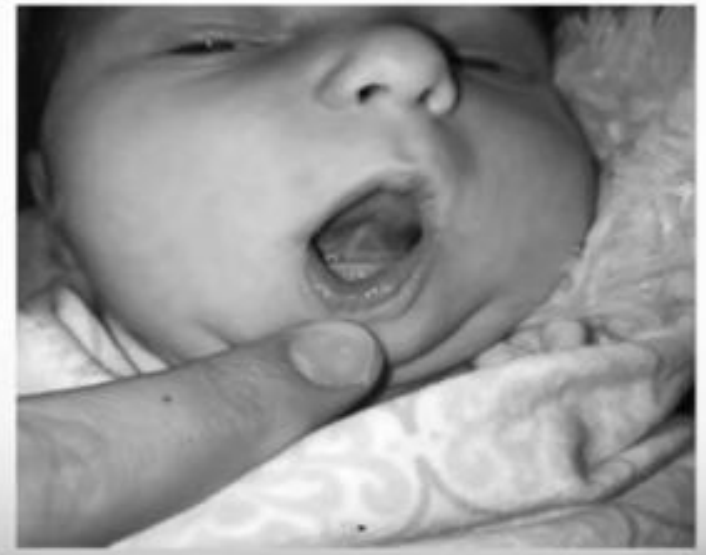
No thin membrane is present, so this type of tie is the most commonly missed.
The front and sides elevate, but the mid-tongue cannot.



THIS IS WHAT WE WANT TO SEE

Evaluation, Diagnosis, and Treatment of Tongue, Lip, & Buccal Ties, Dr. Soroush Zaghi, ENT of the Breathe Institute in LA
2018 AAPMD conference in Las Vegas, NV.

Complete
Lingual Palatal Suction

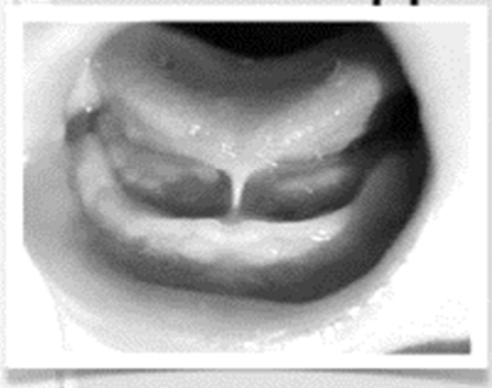


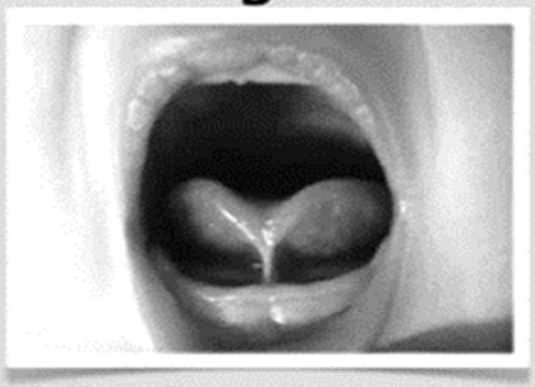
5 days old infant with naturally optimal tongue position

TONGUE -TIE PICTURES

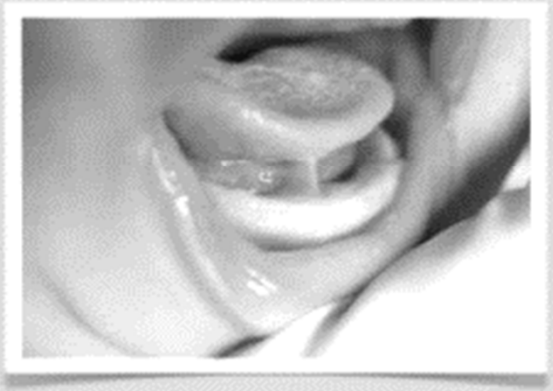
Dr. Kotlow, DDS

*Kotlow Diagnostic criteria (one) for clinically apparent tongue-ties in infants

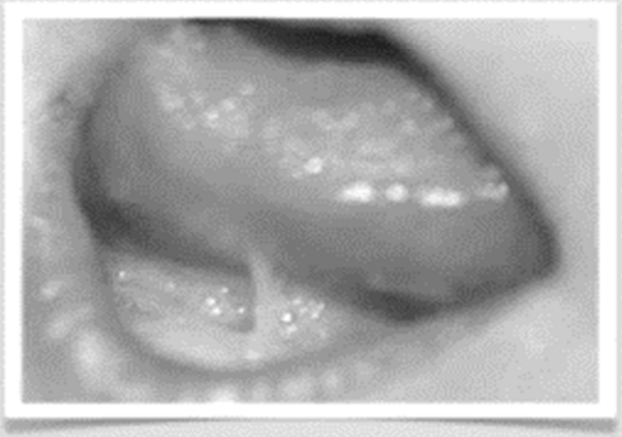




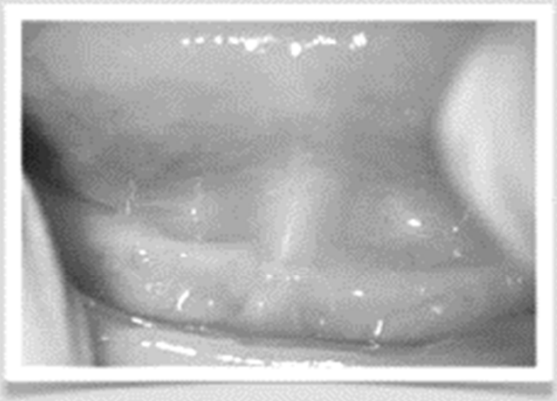
**Type I(*4LK) -total tip involvement



Type -II (*3LK) Midline-area under tongue (creating a hump or cupping of the tongue)



Type III (*2LK) Distal to the midline.The tongue:may appear normal



Type IV (*ILK) Posterior area which may not be obvious and only palpable, Some are submucosally located

**Lactation consultants diagnostic criteria

Lawrence Kotlow DDS 2011

Another Classification System

Fundació Hospital de Nens de Barcelona

Ferrés-Amat, Elvira, et al. "Multidisciplinary management of ankyloglossia in childhood. Treatment of 101 cases. A protocol." Medicina oral, patologia oral y cirugia bucal 21.1 (2016): e39.

I almost missed a #5 in the past because the tissue was so thin and the line barely visible until it split at the gum line!
Recently found one in a 2 year old child!

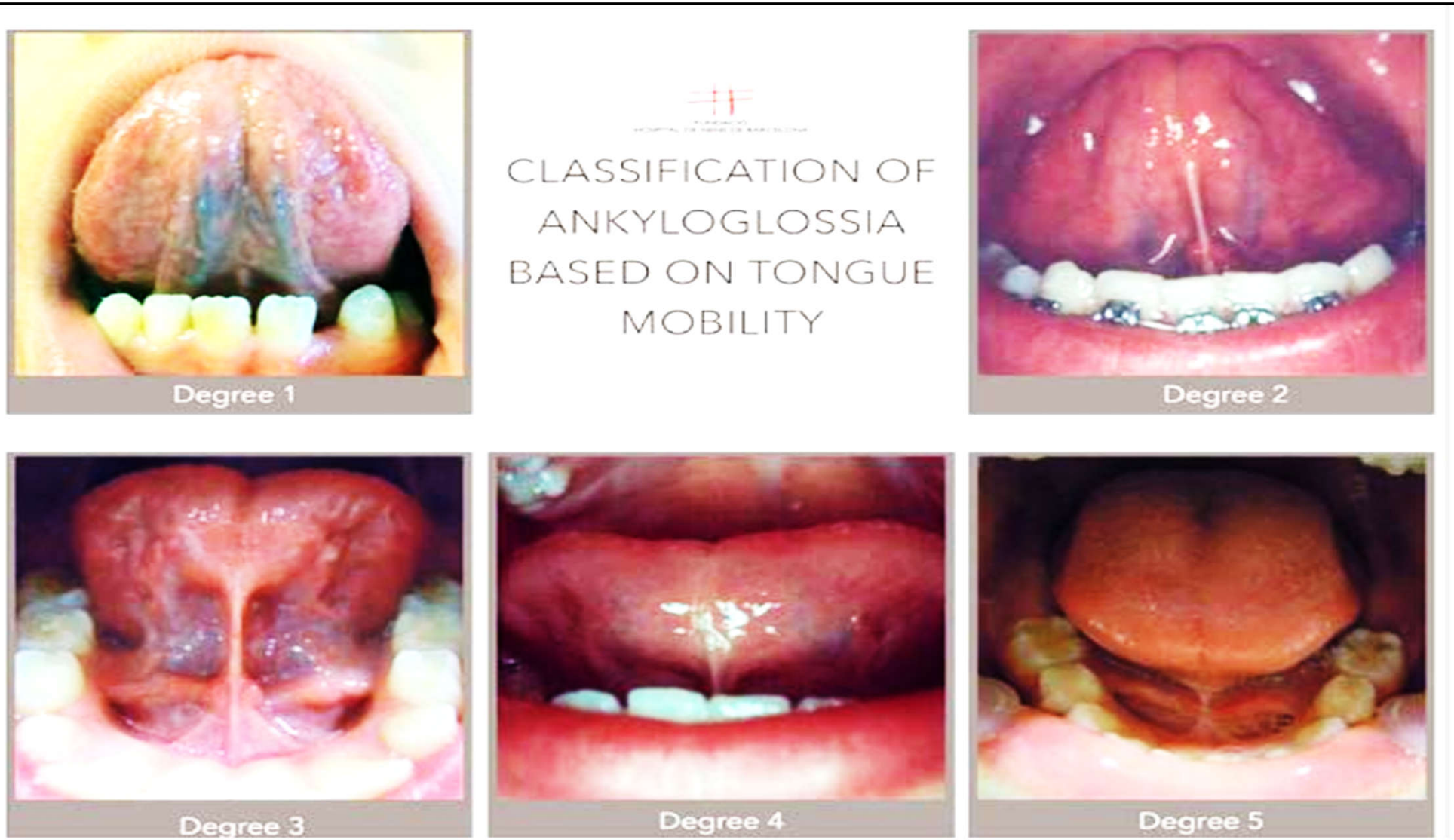
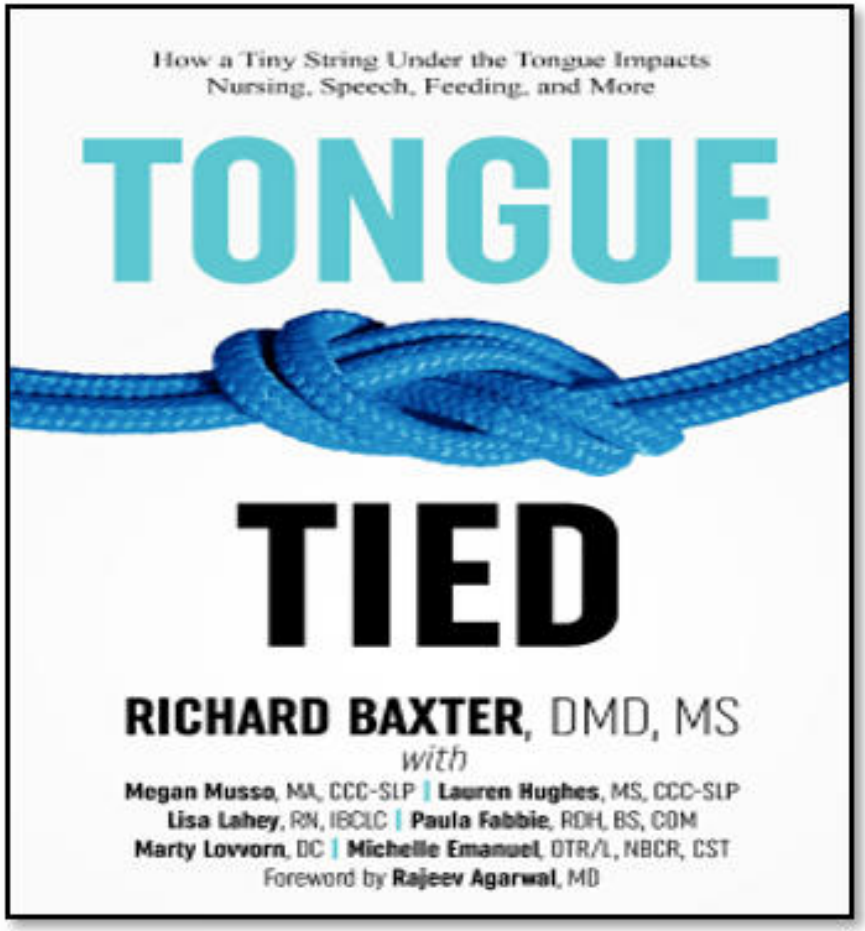


Fig. 1. Degrees of Ankyloglossia. Classification.



Great reference book if you are interested in learning more about Tongue Ties!

The next few slides highlight some of the information from this resource.

WHY ARE SOME TONGUES TIED?

APOPTOSIS

Apoptosis or programmed cell death, is supposed to occur around the 12th week in utero. When this process is interrupted, a tongue-tie results from a failure of the tissue under the tongue to completely resorb during development. [1,2]

The frenum is formed when the tongue moves backward from the jawbone, and it holds the tongue in the correct position. It is then supposed to disappear. [2]

A fault in this process can leave a frenulum that is that is connected too high on the gum and under the surface of the tongue. [3]

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1. Hong SJ, Cha BG, Kim YS, Lee SK, Chi JG. Tongue Growth during Prenatal Development in Korean Fetuses and Embryos. J Pathol Transl Med 2015;49(6):497–510. 3. Pompéia LE, Ilinsky RS, Ortolani CLF, Faltin K Júnior. Ankyloglossia

2. Pompéia LE, Ilinsky RS, Ortolani CLF, Faltin K Júnior. Ankyloglossia and its influence on growth and development of the stomatognathic system. Rev Paul Pediatr 2017;35(2):216–21. 4. Obladen M. Much ado about nothing: two millennia of controversy on tongue-tie. Neonatology

3. Baxter, D. M. (2018). Tongue-Tied: How a Tiny String Under the Tongue Impacts Nursing, Speech, Feeding, and More. Alabama Tongue-Tie Center Inc.

Why are Some Tongues Tied?

Another variation occurs when the frenulum has mostly disappeared, but the tissue is tighter or less elastic than it should be. This more restrictive tissue can lead to problems similar to those of the classic tongue-tie. [3]

Webbed fingers are another example of failed apoptosis. [3]

What Do We Do About It?

1. A full functional assessment should be completed before any surgical correction.
2. The team should include a lactation consultant if the patient is a baby and a massage therapist/body worker. An SLP skilled in feeding and/or myofunctional therapy is recommended for both babies and older children and adults.
3. Many defer to the ENT regarding ties, but most do not know how to correct them. The pediatric dentist has emerged as the leader in this area. However, EXPERIENCE is what counts.

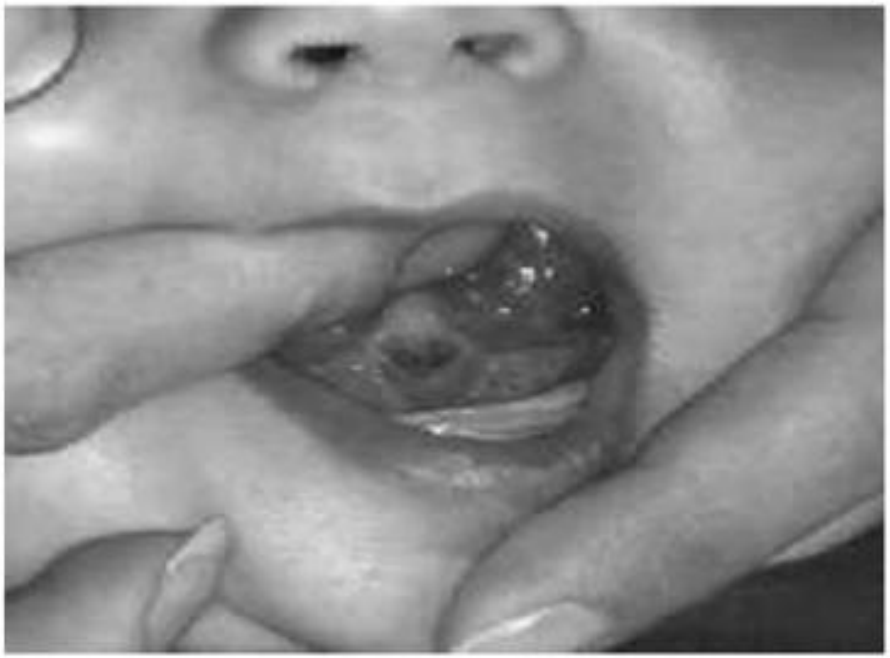
Tongue -Tie Pictures

The following pictures are from the source below

http://www.drghaheri.com/blog/2014/3/22/rethinking-tongue-tie-anatomy-anterior-vs-posterior-is-irrelevant

Posterior TT Correction

A classic diamond-shaped wound seen in an appropriate posterior tie release.



TERMINOLOGY

Frenum/Frenulum
Small fold of tissue that secures or restricts the motion of a mobile organ in the body.

Frenectomy
Surgical removal from the body (of the frenum).

Frenotomy
To make an incision or cut (into the frenum).

Frenulectomy
Surgical removal from the body (of the frenulum).

Frenuloplasty
Surgical alteration of a frenulum when its presence restricts range of motion between interconnected tissues.

TETHERED ORAL TISSUES

Why did tongue tie surgery fall out of favor with doctors?

- Tongue ties were commonly treated well back into the 1600s falling out of favor in the 1800s due to some questionable surgeries being performed at that time (not related to tongue tie).
- So like humans do, we over-reacted and tongue tie surgery began to be less common.
- Enter the 1900s and formula was the "new" way to feed your baby with companies like Nestle giving hospitals formula.
- If a mother wanted to nurse, **but could not**, the baby was simply given formula and TA-DAH they could eat!
- At this point, the desire to treat ties for breastfeeding success diminished and physicians learn almost nothing about the mouth in relationship to feeding in medical school today.

Baxter, D. M. (2018). Tongue-Tied: How a Tiny String Under the Tongue Impacts Nursing, Speech, Feeding, and More. Alabama Tongue-Tie Center Inc.

TETHERED ORAL TISSUES

Other than breastfeeding, **tongue and lip ties can affect**

1. Speech
2. Dental hygiene
3. Orofacial development which can lead to narrowed airways and sleep apnea.
4. Digestion
5. Dental development: Braces anyone?

- These short or tight frenums, or frenulums, which also may include the cheek attachments–restrictions now referred to as Tethered Oral Tissues (TOTS)– should be examined at birth.

- They are BIRTH DEFECTS that require treatment!

- If a child were born with webbed fingers or toes, no one would think twice about having surgery to correct it, yet releasing the tongue, a MAJOR articulator, and the beginning of the digestive system, most doctors look the other way. WHY?

- We still circumcise little boys, just a few days old, and research proves it is not necessary , yet we will NOT touch the tongue! Old myths do not die easily.

TETHERED ORAL TISSUES

Is tongue tie a fad?

No, it's an old problem that is finally starting to get the attention that it deserves.

Are tongues and lips being released WITHOUT proper functional evaluations?

ABSOLUTELY!

Is tongue tie genetic? YES!

Types of Tongue Tie

There are TWO types of Tongue-Tie and a classification system that is not always followed (pictures and types are listed in this handout)

Anterior ~ Easy to identify

Posterior ~ Harder to identify—FUNCTION is the key!

TETHERED ORAL TISSUES

Is the prevelance of tongue tie increasing?

It may be increasing in our genetic expression due to environmental influences (i.e., diet, modified foods, environment). We are also identifying it and treating it instead of ignoring it. [3]

Additionally, **folic acid** (synthetic Folate – B vitamin), which is recommended pre-conception and is now added into flour and maize (food fortification) in over 80 countries. This oversupply in the bloodstream may be implicated in the disruption of apoptosis due to the inability to change it into Folate. [3-4]

MTHFR

Methylenetetrahydrofolate reductase is an enzyme that has been implicated in ties, but it is not what causes them:

> *A person with reduced MTHFR activity has difficulty changing folic acid into the form the body needs, folate, and this extra folic acid can prevent the body from using folate, potentially creating a deficiency by having so much of the inactive form of folic acid floating around the bloodstream. So a better way to supplement (instead of folic acid) may be the active form (folate, L-5-methylfolate, or L-5-MTHF), which does not require an extra step to be activated.*

Think about this.....

Thirty years ago, your only autism reference might have been from the movie Rainman. What is your reference now? The vast number of kids you work with? Your family member? Your own child? Things change.

Ten years ago we were told not to mention the "s" word because it would make kids worse. We told parents not to mention it either and to ignore the signs and symptoms. Now, we are told it's okay to say "STUTTERING" and that saying the 's' word doesn't make kids worse. Things changed again!

TETHERED ORAL TISSUES

GENETICS

Since there is likely some genetic predisposition towards ankyloglossia and a gene is passed from generation to generation, and that gene is potentially passed in a dominant fashion, more and more babies will be affected by that gene with each new generation and with increasing population size. [1]

What does the tongue need to do?

The tongue has to be able to do more than protrude! It has to be able to clean your teeth. It has to be able to move FAST to articulate clearly. It has to be free to swallow appropriately. It has to MAINTAIN the upper dental arch!

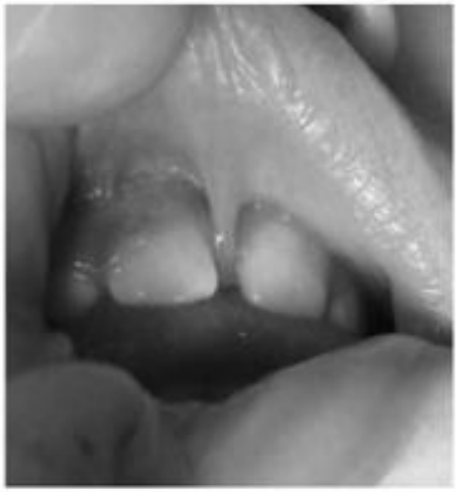
Fact

The tongue is the ONLY muscle in the body attached at one end! It is SUPPOSED to be free to MOVE. Does it make sense for it to be TIED?

References

1. Ghaheri, Bobby Dr. (ENT), Resources and Downloads, www.drghaheri.com
2. Notestine Greg Dr. (DDS), *The Healthy Children Project,* May 10, 2015
3. Baxter, D. M. (2018). Tongue-Tied: How a Tiny String Under the Tongue Impacts Nursing, Speech, Feeding, and More. Alabama Tongue-Tie Center Inc.
4. Amitai, Y., Shental, H., Atkins-Manelis, L., Koren, G., & Zamir, C. S. (2020). Pre-conceptional folic acid supplementation: A possible cause for the increasing rates of ankyloglossia. Medical Hypotheses, 134, 109508.

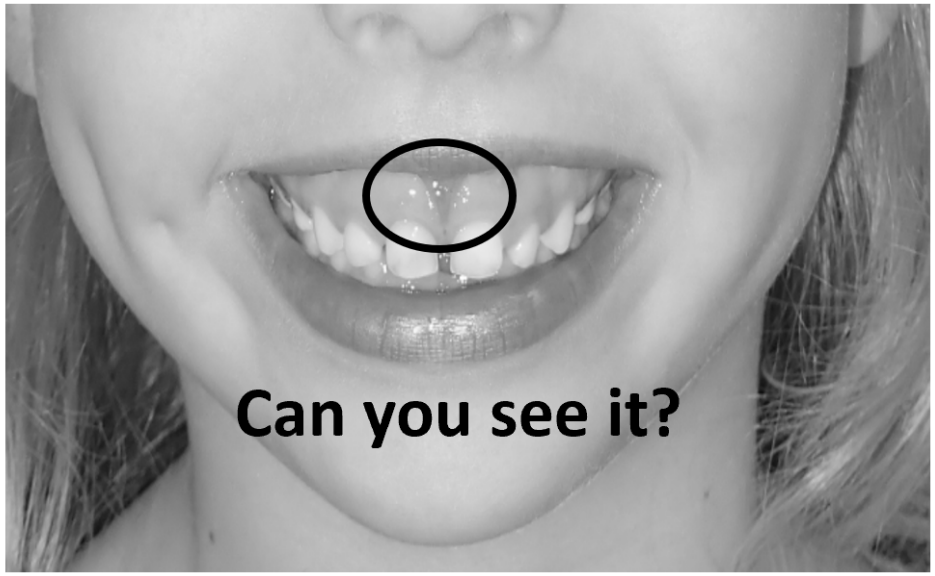
Labial (Lip) Ties



Here is a lip tie that was contributing to diastema ~ teeth separation. Many doctors will tell you it's no big deal and that it will rip on its own.

http://drsocial.org/forums/topic/418/toddlers-upper-skin-stuck-in-his

Labial (Lip) Ties



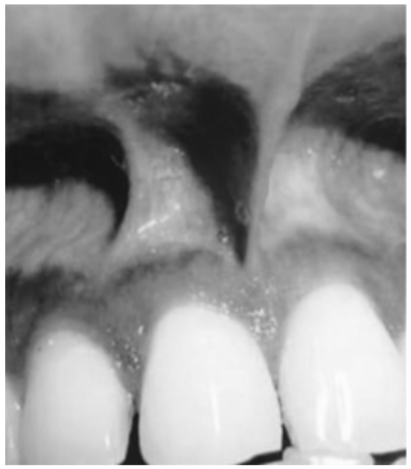
Lip tie was visible IN UTERO from picture taken.

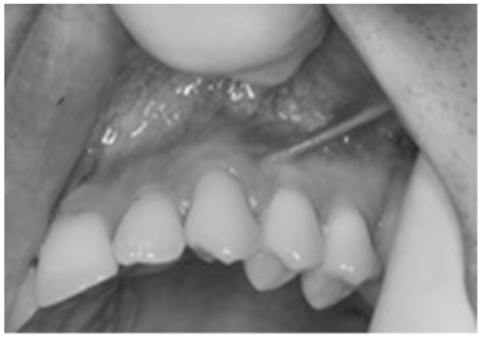
When you see MORE gum line than teeth, this is called MAXILLARY EXCESS.

What do you think is ONE of the possible CAUSES of this growth?

MUSCLES tell bone WHERE to grow!

Buccal (Cheek) Ties





Here is a Buccal tie that was contributing to gingival recession.

Contributed by Kristen Berning
Dentist at Exceptional Dentistry of the Tri- State Region Member of the Ankyloglossia Professional Support Group.
Retrieved from:
http://www.mobimotherhood.org/does-it-hurt-to- have-ties-released-and-other-frequently-asked-questions.html

The Tongue Test or Frenulum Inspection Law of Brazil (2015)
To nurse, talk and live better

BRAZIL. Law No. 13,002

Martinelli RLC, Marchesan IQ, Berretin-Felix G. Linguine Test Primer: to nurse, talk and live better. São José dos Campos, SP: Pulso Editorial, 2014. Available at:
http://www.sbfa.org.br/portal/pdf/testelinguinha_2014_livro.pdf

Dr. Roberta Lopes de Castro Martinelli, PhD.

Since 1988, she has been working as a Speech Therapist with emphasis in Orofacial Motricity, acting in evaluation and therapy, mainly in the following subjects: breathing, suctioning, swallowing, chewing and speaking. Founding Member of the Brazilian Association of Orofacial Motricity Professor at the Expertise Center in Clinical Speech Therapy – CEFAC in Brazil Dr. Martinelli together with Dr. Marchesan, is a lead architect of Brazil's "Frenum Inspection Law"

Dr. Irene Marchesan, PhD.

Dr. Irene Marchesan is director of the prestigious CEFAC Institute in Sao Paulo and President of the Brazilian Speech Language Pathology Society, is one of the foremost leaders of myofunctional therapy in the world.

She is the most published researcher in the field and a visionary for the establishment of myofunctional therapy as a standard of care.
One of the most published authors of articles on frenum inspection, she, along with Roberta Martinelli, is lead architect of Brazil's "Frenum Inspection Law" requiring as of January 2015 that all babies born in that country have their frenulum inspected and, if warranted, to be revised to avoid myofunctional disorders later in life.

They wrote one of the most important articles regarding "stretching" of the frenulum

Histological Characteristics of Altered Human Lingual Frenulum

International Journal of Pediatrics and Child Health, 2014, 2, 5-9 5
E-ISSN: 2311-8687/14

Roberta Lopes de Castro Martinelli1 , Irene Queiroz Marchesan2,*, Reinaldo Jordão Gusmão3 , Antonio de Castro Rodrigues4 and Giédre Berretin-Felix

High concentration of type I collagen was detected in all types of lingual frenulum. Due to the fact that type I collagen is resistant to traction, stretching exercises may not be helpful to elongate the lingual frenulum. Therefore, lingual frenectomy may be considered the appropriate procedure to release the tongue in order to provide better oral functions.

Tongue and Lip Tie Releases
What? Who? Where? How?

WHAT is the term?

Many of you have heard the term REVISION. However, this is not the term to use as the initial surgery is a RELEASE.

A REVISION is what is done if surgery is needed a SECOND time (or more).

WHO is performing these procedures AND pre-post op care?

An oral specialist, typically a DENTIST is the professional releasing ties.

However, other TRAINED professionals can also release them. This includes ENTs and ORAL SURGEONS.

The caveat is to make sure THEY ARE TRAINED and perform releases REGULARLY! There is no point going through this procedure if it is not going to be done correctly!

AHEAD of the procedure, PRE-OP care is needed for both infants and children/adults. This is why working with a TEAM is crucial to success of the procedure.

Tongue and Lip Tie Releases
What? Who? Where? How?

WHO is Performing These Procedures AND Pre-Post OP Care? (continued)

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Members of the team can include: SLPs with feeding experience, SLPs trained in orofacial myology, Lactation consultants, Chiropractors, Massage therapists, etc.

Tongue and Lip Tie Releases
What? Who? Where? How?

WHERE are these procedures taking place?

Many are being done in a dental office. However, many dentists have limitations on age (i.e., no toddlers).

Some dental providers are filing insurance, but many do not, so it may be an out-of-pocket expense.

There are some being completed by ENTs and Oral Surgeons, but most will need to put the child under to do the procedure.

For babies, anesthesia may not a viable option.

Older children are able to have the tongue released by an ENT during surgery to remove the tonsils/adenoids which is the least expensive route and one surgery.

The downside is, in my experience, is that it may not be a complete release.

Again, training and experience are the KEY to success.

Tongue and Lip Tie Releases
What? Who? Where? How?

HOW are these procedures being completed?

If they are in a dental office, many are being performed by LASER.

However, this does not mean that laser is the best option.

With ANY procedure, there should be PRE-OP prep where the tissues are stretched and POST-OP therapy where exercises are assigned to keep the NEW NORMAL tongue range of motion.

Some providers are using scissors and sutures. *One of the advantages of the use of sutures is that they keep the wound open to the new normal. Exercises usually begin on the 3rd day after surgery.*

IN REALITY, THE TOOL DOESN'T MATTER AS MUCH AS THE TRAINING AND EXPERTISE OF THE PROVIDER USING IT!

WHAT DO WE DO NOW?
LEARN AND EDUCATE OTHERS!

Connect with local providers in YOUR area!

To find them, Google your city and tongue tie

Join the Facebook Groups!

Tongue Tie Babies Support Group

https://www.facebook.com/groups/tonguetiebabies/

Speech Language Pathologists & Tongue Tie
https://www.facebook.com/groups/speechtherapyandtongueti e/

Tongue Tied Adults Support Group

https://www.facebook.com/groups/1494393564165999/ ?fref=nf

Oromyofunctional Study Group

https://www.facebook.com/groups/443131172546099/

Plus so many others!

SOME LEADERS IN THE FIELD

Dr. Soroush Zaghi

ENT at the Breathe Institute in LA. He has many videos of FULL lectures, tongue tie releases, and sleep studies online.

Dr. Bobby Ghaheri

ENT in Portland, Oregon and has an amazing practice where he trains others, performs community outreach to edcuate the professionals and the public, and his website is full of resources: http://www.drghaheri.com/

Dr. Larry Kotlow

Pediatric Dentist and an leading authority on Tongue-Tie and its implications. His classification system is in the pictures above: http://www.kiddsteeth.com/articles/websitettlnbew.pdf

Alison Hazelbaker

Created the Hazelbaker Assessment Tool for Lingual Frenulum Function
(HATLFF): http://www.alisonhazelbaker.com/

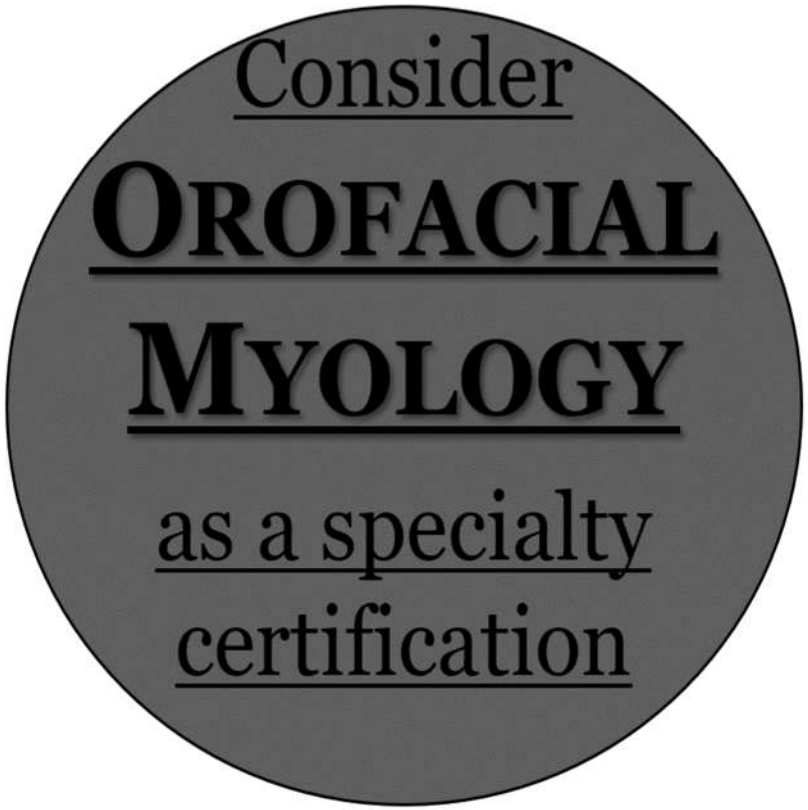
Carmen Fernando

Australian SLP who started the website Tonguetie.net and created the Tongue Tie Assessment Protocol:
www.Tonguetie.net:

Keep Learning!

This information is just the beginning for learning about Tethered Oral Tissues. Please continue your education. If you suspect ties, investigate and get the child the help they need.

You may be the only one that can!



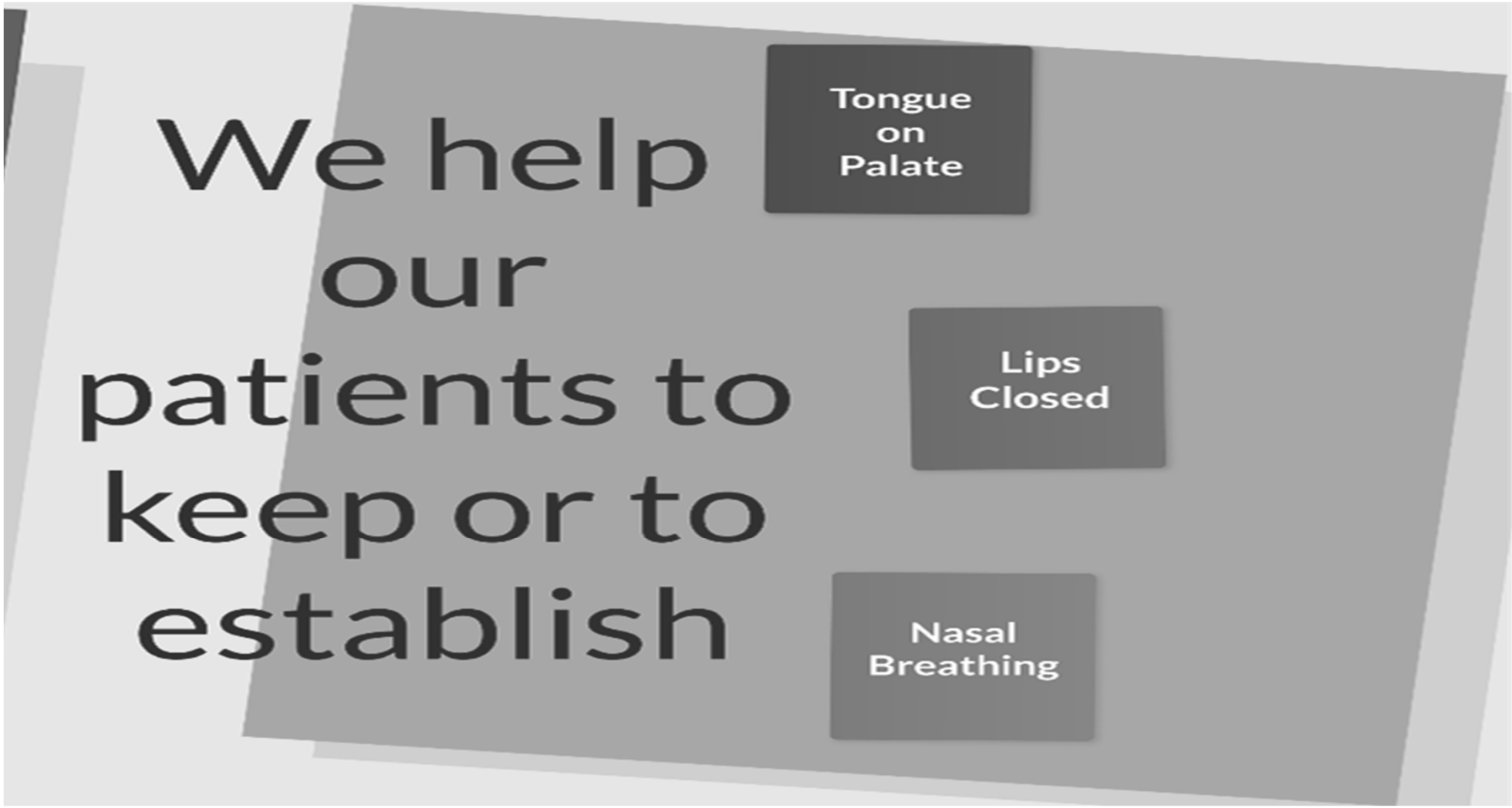
The myofunctional difficulties the children exhibit may be contributing to OR CAUSING the articulation disorders!

Check out the IAOM ~ International Association of Orofacial Myology

www.IAOM.com

for more information about this exciting field!

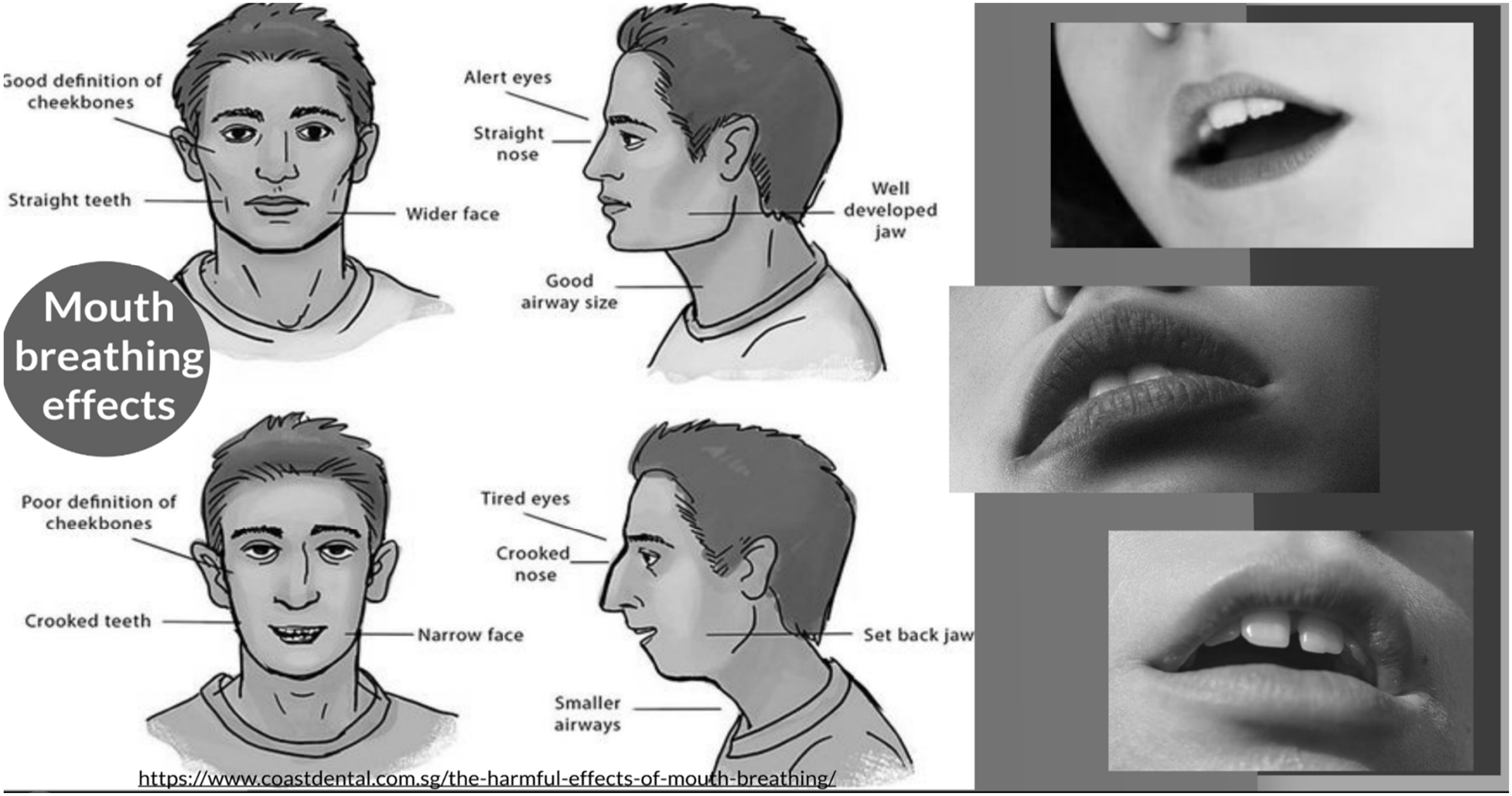
Orofacial Myologists work with orthodontists, dentists, and ENTs to treat Orofacial Myofunctional Disorders or OMDs


We help our patients to keep or to establish
Tongue on Palate
Lips Closed
Nasal Breathing

Abnormal Resting Tongue Posture

My daughter and the BEGINNING of my journey into Orofacial Myology!

You will learn what we should have learned in graduate school regarding resting postures of the lips and tongue, which greatly affect the teeth, and WHY articulation therapy is not able to "fix" many children (think tongue thrust, feeding issues, and overall asymmetrical appearances of the face)



https://www.coastdental.com.sg/the-harmful-effects-of-mouth-breathing/

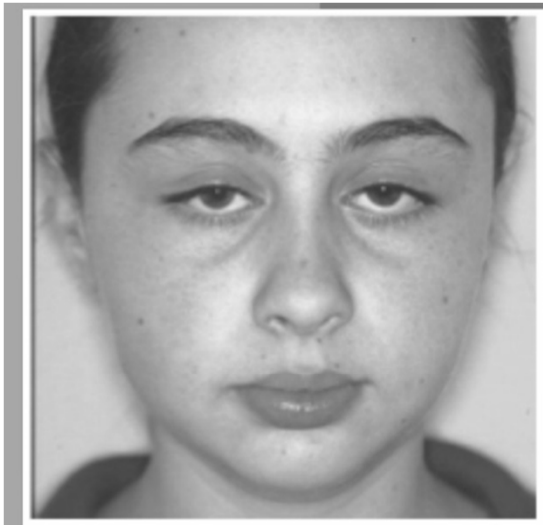


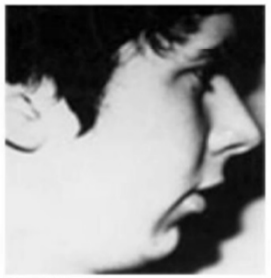
Figure 1A: Patient before

Figure 1B: Patient after

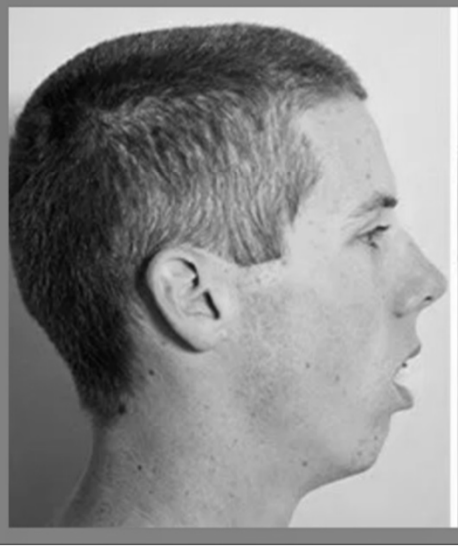
What look would you prefer?

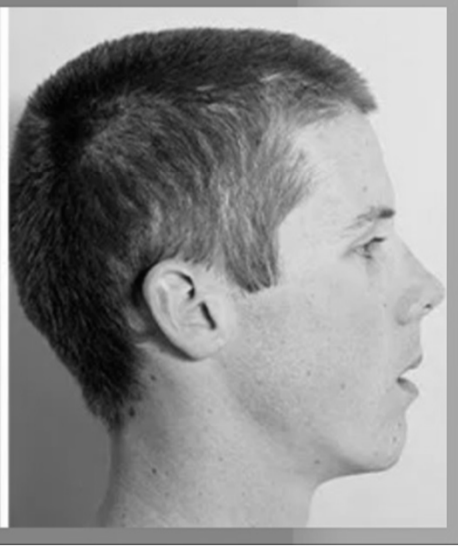
Age 10

Age 17



Age 17





Mouth breathing and sleep apnea can co-occur.
His doctors told him he had MILD Sleep Apnea!

Drug Induced Sleep Endoscopy- Evaluation of snoring and sleep apnea.

Where's ASHA?

Tongue-Tie Position Statement

The ASHA Leader, July 2015, Vol. 20, 4.

I am writing to you because I don't know what else to do. I feel frustrated about the controversial topic of tongue and lip tie. I looked through ASHA's website but only found a statement from 2005. I would like to formally request that ASHA update its positions on tongue and lip tie. Since the publication of Melanie Potock's post on the Leader blog "Just Flip the Lip." I am now including a lip-tie/tongue-tie evaluation in my oral mechanism exams. It seems that I can find a new tongue tie every week. For every one professional (otolaryngologist or pediatrician) who says clip it, there's another one who says don't. It appears that it's crucial to find a provider who knows how to properly assess tongue tie. I'm looking for guidance. I hope to see a more recent position statement from our national organization.

Debra Blatt, Commack, New York

ASHA RESPONSE

The decision to clip the frenulum is a medical decision made by physicians and is not in the scope of practice for speech-language pathologists. The SLP may play an evaluation and treatment role from a speech, feeding or swallowing standpoint, but ultimately the decision—as it is a medical procedure—is up to the physician.

Diagnosis?????

Where's ASHA?

Teaming up to Correct TT (ASHA 2014)

Robyn Merkel-Walsh, MA, CCC-SLP; Anthony Jahn, MD, FACS *The ASHA Leader*, January 2014, Vol. 19, online only.

https://bit.ly/2F90M9L

Flip the Lip by Melanie Potock

https://bit.ly/19cJFRV

The Tongue Was Involved, But What Was the Trouble?

The search for the cause of a preschooler's difficult behavior leads to a surprising discovery.

Nicole Archambault Besson, EdS, MS, CCC-SLP

https://bit.ly/2UtKwWc

The ASHA Leader, September 2015, Vol. 20, online only. doi:10.1044/leader.CP.20092015.np

Great Information!

Facial Meltdown – Birth to Death – and How It Affects Your Overall Health

https://primaldentistry.org/2017/12/facial-meltdown-if-a-form-in-nature-isnt-beautiful-something-is-wrong/

RESEARCH

Have you heard there is none? Not True….Now

Understanding the Lingual Frenulum Literature from 1868 to 2017

Marchesan, Canton, Martinelli Poster at the IAOM Convention 2018

From 1868 to 1991—125 YEARS

38 articles on Tongue tie = less than ½ an article per year.

From 1992 to 2017—25 years

475 averaging 19 articles per year!

If it wasn't an issue people would not be studying it!

One of the main problems is that a LOT of the research is being completed in other countries. For some reason, the US doesn't seem to like that much!

Linda D'Onofrio Research Dropbox

(runs the Oromyofunctional Study Group)

https://bit.ly/38LZXQf