

Are you breathing through your nose with your lips together right now? Where is your tongue as you read this? Bite together, smile and swallow with your lips apart. Can you swallow without using your lips?

Orofacial Myofunctional Therapy (OMT) – the “myo” part being the Greek prefix meaning muscle – teaches people how to breath, chew and swallow correctly and treats oral habits which cause negative pressures on the head, face and dentition. OMT is often referred to as “tongue thrust therapy” but it’s better described as “rest posture therapy.” If your tongue isn’t resting comfortably on the roof of your mouth at rest, and is instead resting between top and bottom teeth, resting within the lower jaw, thrusting forward or thrusting to the side you might be a candidate for OMT. Gentle, light forces of the tongue at rest can change occlusion. Orthodontics can move the teeth, but if orofacial muscle habits are not corrected, the teeth will be moved back after the appliances are removed, therefore ortho relapse occurs.

OMT is provided by only a handful of clinicians and Joy L. Moeller of Pacific Palisades, California, is one of them. Joy practiced dental hygiene for many years and incorporated OMT into her patient care. Now she focuses her clinical time exclusively on OMT in an effort to help people overcome problems caused by their orofacial muscles. Some of the tongue problems interfere with breathing, causing obstructive sleep

# Is Your Tongue Killing You?

*An Interview with Joy L. Moeller, RDH, BS, COM (Certified Orofacial Myologist)*

by Trisha E. O’Hehir, RDH, BS, Editorial Director, *Hygienetown*



apnea, a life threatening condition. Joy will be involved with a myofunctional therapy research program at UCLA's Sleep Medicine department beginning this month.

OMT isn't new; it's been around since the early 1900s when Dr. Edward H. Angle, the "father of orthodontics" published an article in *Dental Cosmos* describing the influence facial muscles have on dental occlusion. Based on his research findings, he concluded that mouth breathing was the primary cause of malocclusion. In 1918, orthodontist Dr. Alfred P. Rogers suggested corrective exercises to develop tone and proper function of orofacial muscles and thereby influence proper occlusion. This was essentially the birth of OMT. In the 1970s and 80s there were two organizations representing therapists providing OMT, with political feuds between the people and their philosophies. Today, there is one organization, the International Association of Orofacial Myology. This organization is located in the United States and provides the certification process for OMT therapists.

In June 2009, I completed a comprehensive orofacial myofunctional therapy course in Los Angeles presented by Barbara Greene, Joy Moeller and Licia Coceani Paskay, all currently providing OMT in their respective practices. The field is fascinating and one that offers hope to many people suffering with breathing, chewing and swallowing problems that range from unsightly to life threatening. It's my pleasure to share some of the insights I've gotten from Joy Moeller.



*Case photos of an ortho relapse case that Joy treated with myofunctional therapy and it corrected in five weeks. Both the orthodontist and the patient were thrilled.*

**Joy, how did you get interested in OMT? Was this something you learned in your dental hygiene education?**

**Moeller:** My own life experiences directed my path to OMT. When I was two years old, I fell and broke my two front teeth. They couldn't be saved, so from age two to age six, I wore a flipper until my permanent teeth erupted. This attempt to preserve my smile was the first in a line of dominos that began to fall. The removable partial restricted the growth of my maxilla, leaving me with a narrow arch. My dairy intolerance led to blocked nasal passages and mouth breathing, and my habitual side sleeping resulted in a cross bite. By age seven, my teeth were a mess and my dentist extracted a lower permanent canine in an attempt to correct the cross bite. By age 12 my mouth breathing had led to gingivitis, which the dentist treated with an electrosurge gingivectomy, without anesthesia. It's a wonder I ever found my way to dental hygiene after all that.

**How did you find dental hygiene?**

**Moeller:** I graduated from college with a degree in education and began teaching first grade. I was also married with two young children at the time and when more dental problems surfaced in the form of four dry sockets after extraction of my wisdom teeth, I decided to pursue a career in dental hygiene, figuring, "If you can't lick them, join them." I graduated from Prairie State College and later taught at Indiana University.

**Was that the end of your dental problems?**

**Moeller:** For a while. My dental problems were overshadowed by my son's problems with TMD, severe headaches and ADHD. From the time he was a baby, he cried

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and fussed and by age seven, he had severe headaches and malocclusion. I tried everything for him, but nothing worked. The dentist I was working with looked at him and told me he wasn't swallowing right and sent me to a myofunctional therapist. It was through that experience that I learned about cranial osteopathy, myofunctional therapy and bite appliances. This combination of therapies changed my son's life and sent me down the path of myofunctional therapy. I took the training and brought it back to the holistic dental practice where I was working. Wanting to learn more, and living in California, I interned with Barbara Greene who had a successful myofunctional therapy practice in Hollywood.

*"I tell patients that OMT is a type of treatment which retrains the muscles of the head and neck to function in a symmetrical pattern."*

– Joy L. Moeller, RDH, BS, COM



Once my son was taken care of and his problems were solved, I turned to my own dental problems. In 1984, orthognathic surgery was recommended to correct my traumatic occlusion and I learned first hand the benefits of doing orofacial exercises to restore proper function after surgery.

### **Where has your career taken you since becoming a certified oral myologist (COM)?**

**Moeller:** In addition to integrating OMT into the dental office, I've worked in a variety of other settings including hospitals, chiropractic and ENT practices. I've studied and taught with therapists and orthodontists all over the world. Now I have my own practice and work with a wide variety of referring doctors and therapists.

### **I enjoyed my internship in your practice and was amazed at the changes you have accomplished with OMT. How do you explain your work to patients.**

**Moeller:** I tell patients and in the case of children, also their parents that OMT is a type of treatment which retrains the muscles of the head and neck to function in a symmetrical pattern. First, oral habits such as thumb sucking, nail biting or mouth breathing are eliminated. Then proper rest posture of the tongue is established and the correct swallow is introduced with various exercises. Teaching someone to eat and drink differently can also help with digestive problems because incorrect swallowing and swallowing air, causes problems. The last part of the therapy deals with head and neck posture exercises and making the new swallow a habit that will last their whole life.

### **What do you suggest clinicians look for in their patients to identify problems early and refer them for OMT?**

**Moeller:** First and foremost is breathing. Are they breathing through their mouths? Mouth breathing doesn't deliver as much oxygen to the brain as nasal breathing. A quick look in the mouth will also give you an idea of how big the airway is. Are the tonsils filling the throat? Is the tongue bigger than the mouth? That's where we start, making sure the upper airway is open for air. Obstructive sleep apnea is a serious problem that OMT can in some cases impact through nasal cleansing, behavior modification and exercises with the back of the tongue, soft palate and pharyngeal muscles.

Thumb sucking is another problem that is easily treated by OMT. According to Rosemarie A. Van Norman, an expert in the field of thumb sucking, 60 percent of malocclusion is caused by prolonged digit sucking, 85 percent of digit suckers have an open bite and that 10 percent of six- to 11-year-olds still suck their digits. With three to five visits with a myofunctional therapist, 95 percent of digit sucking habits can be eliminated.

After breathing and digit sucking habits, hygienists should look at the lips and tongue. Mouth breathers have their mouth open all the time to breathe and in some cases, the tongue is down and forward. This leads to lack of muscle tone, chewing with the mouth open, improper swallowing and problems with the soft palate that can, in some cases, lead to obstructive sleep apnea.

Other tongue problems hygienists might notice include ankyloglossia or "tongue tie" which is easy to spot and with new laser technology, dentists and oral surgeons find it much easier to treat than just a few years ago. Anterior lip frenums are also important to check. After the frenums are treated, it is important to follow up with tongue exercises so that the tongue does not scar down.

Anterior open bite, forward rest position, and anterior tongue thrust often go together. Uni or bi-lateral open bites, lateral tongue rest position and lateral tongue thrust often go together as well. The forward position of the tongue opens the bite, changes the eruption dynamics and can lead to malocclusion. In children, the forward tongue position can inhibit eruption of anterior teeth and accelerate eruption of posterior teeth. The forward tongue position expands the freeway space, so the teeth are farther apart at rest than is desirable. An anterior/lateral open bite and anterior/lateral tongue rest position suggest airway problems and perhaps a retained sucking pattern.

### **If hygienists want to learn more about OMT to bring into their current practice or to pursue a new career path, how would they get started?**

**Moeller:** The first place to start is the IAOM ([www.iaom.com](http://www.iaom.com)), which is having its annual meeting October 16-18, 2009, in San Diego, California. For those wanting to become certified in OMT, comprehensive courses are offered several times each year by several teams of instructors. Dental hygienists and speech therapists are the professionals most often providing OMT. Hygienists are in a perfect position, having dental knowledge and a focus on prevention, which provides an ideal foundation for OMT.

**OMT provides an exciting career option for hygienists, so be prepared for many more students in the near future. Thank you, Joy for sharing your enthusiasm and passion for OMT. To learn more about OMT, and ask Joy questions, please visit the message boards and join the discussions. ■**

