

Orofacial Myofunctional Disorders

Orofacial Myofunctional Disorders (OMD) involve:

- Abnormal tongue placement or lip movement for swallowing
- Abnormal lip and tongue resting posture
- Articulation differences or distortions
- Oral/digit habits
- Structural abnormalities

Characteristics of OMD:

Tongue thrusting on swallow: The tongue thrusts against or between the teeth before and during the act of swallowing. Tongue thrust occurs during liquid, solid, and saliva swallows. Eating may be characterized as being messy, too slow/fast, open lip with excessive lip movement during chewing. Tongue thrusts may be classified as Anterior, Bi-lateral, or Unilateral. Tongue thrusting is actually the normal swallowing pattern for infants and young children.

Open lip resting posture: The resting posture of the jaw is lower with the tongue lying on the bottom of the mouth, often flaccid or anterior and between the teeth. This may be due to nasal airway blockage caused by nasal polyps, enlarged adenoids/tonsils, allergies, a deviated septum, snoring/sleep apnea, or it just may be due to a long-term habit of open-mouth posturing.

Speech Differences: Placement of the tongue against the anterior teeth or between the teeth rather than behind the teeth on the alveolar ridge. This may or may not affect acoustic component of the sound (misarticulations). The phonemes involved include /t, d, n, l, s, ch, sh, dg and z/.

Oral Habits: Lip biting/licking, extended thumb/finger/pacifier sucking, fingernail/object biting, and/or excessive gum chewing results in reduced lip strength and function as well as a low forward resting position of the tongue. The impact of these habits on the oral structures depends on the age of onset, the duration of the habit over time, and the intensity of the habit but can lead to open mouth posture at rest with a low forward resting position of the tongue.

Dental Differences: Malocclusions, open bite, over jet, etc. Mouth breathing/tongue placement may be related to the development of dental and skeletal structures, but it can also contribute to the malocclusion.

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Treatment

Age of patients: Typical age is 8-16

Timing of treatment: Contributing factors may need to be addressed prior to treatment (upper airway patency, allergies, oral habits, etc.). Additional referrals to other professionals may be necessary. Collaboration with dentist/orthodontist is essential to determine if treatment should be preceding, concurrent, or following orthodontic treatment. Best to see before braces, after palatal expansion.

Speech Language Pathologists are certified by the American Speech-Language-Hearing Association (ASHA) and have a Master's Degree with graduate level coursework including neurology, respiration, phonation, oral motor and articulation, as well as swallowing disorders. ASHA has indicated that OMD is within the scope of practice of Speech Language Pathologists. The Speech Language Pathologist can diagnosis, treat, and identify any contributing factors that may need to be addressed before treatment. Other health professionals are able to treat OMD following training by The International Association of Orofacial Myology (IAOM) but they are not qualified to provide articulation therapy.

Treatment Goals:

Habituating a typical resting posture

Habituating a swallowing function

Habituating an appropriate movement for speech

1) Consideration of Contributing Factors:

- Elimination of oral habits
- Obtain nasal rather than oral breathing
- Completion of remedial medical procedures

2) Cognitive Training:

- Awareness of the orofacial musculature and its functions at rest, during speech, and swallowing

3) Myofunctional Therapy:

- Develop new muscle patterns as a foundation for resting postures and swallowing
- Exercises to differentiate the tip, mid-portion, and posterior region of tongue
- Differentiation and coordination of movement of the lips, jaw, tongue

4) Swallowing Therapy: Teach movements prior to, during, and following swallow using hierarchy.

- Bolus gathering
- Chewing
- Liquid, solid, and saliva swallows

5) Speech Articulation Therapy: Teach appropriate placement of articulators for speech.