

Oral Myofunctional Disorders



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Orofacial myo-what? What does it mean?

OMDs are Orofacial Myofunctional Disorders—a group of disordered muscle movements. “Orofacial Myofunctional Disorders” doesn’t exactly explain itself as a term; here’s a quick dissection of the terminology. “Orofacial” means having to do with the mouth and face, “myofunctional” means having to do with the action of the muscles as they relate to facial development and tongue function. “Disorder” is used to specify that these tongue and jaw movements do not work as efficiently as possible.

A frequent component of an Orofacial Myofunctional Disorder is an *anterior tongue, open mouth resting position*. To understand this, begin by thinking about normal tongue resting position. When you aren’t speaking, chewing, or swallowing, your tongue lies at rest in your mouth. Right now—as you’re reading this—close your mouth and relax. This will give you a sense of where your tongue “fits” in your mouth. Typically, your tongue rests elevated to your alveolar ridge (the bumps on the gums behind your top teeth).

To experience an anterior tongue resting position, open your mouth and move your tongue forward. The force of the tongue pushes the teeth forward, resulting in misalignment.

Another component of an OMD is *forward tongue thrust*, which occurs when the tongue moves forward against the teeth during swallowing. Remember the typical tongue rest position? During swallowing, the anterior tongue typically does not move from this spot. The middle and posterior (back) of the tongue elevate to the roof of your mouth, squeezing the food back for

swallow initiation. During a tongue thrust swallow, the tongue moves forward against the teeth. The force of the tongue can move the teeth out of alignment, resulting in an open bite, “buck teeth,” crooked teeth, and a variety of misalignments.

What causes OMDs?

The cause of an OMD varies from child to child. Often, OMDs begin as a way to compensate for an anatomical issue such as a too-narrow hard palate, a too-short lingual frenum (underside of tongue) or a dental cross bite (when the mouth is closed, the arch of the upper teeth falls within the arch of the lower teeth).

OMDs can be exaggerated by other factors. Anything that causes the mouth to be open for prolonged periods of time is high risk; when the mouth opens, the tongue moves forward, resulting in an anterior tongue resting position. Enlarged adenoids, congested nasal cavities, and allergies can exacerbate OMD because they result in a blocked nasal passageway. If you can’t breathe through your nose, you compensate by breathing through your mouth; hence, open mouthed resting posture.

How could OMDs affect my child?

Crooked teeth: According to Robert Mason, Ph.D., DMD, OMDs can result in the need for orthodontic treatment. Improper tongue thrust can prevent the front teeth from fully erupting, and cause the back teeth to over-erupt. Researcher Gloria Kellum, Ph.D., CCC-SLP, reports that 66% of children and adults who undergo orthodontic treatment exhibit OMDs. However, if OMDs are

identified and treated in time, the teeth can erupt normally—preventing the need for braces.

Picky Eater: The inefficient patterns of an OMD can result in food refusal. The more difficult the texture of the food, the greater the tongue needs to elevate and propel the food into the throat for swallowing. Children with OMDs may complain that food is too hard to swallow or that it gets stuck in their throat. Adults with OMDs may have difficulty swallowing vitamins and medicine in pill form.

Articulation therapy: OMDs may result in difficulty articulating certain sounds, specifically “s” “z” and “sh.” According to Dr. Kellum, a high percentage of the children receiving speech therapy in the schools have myofunctional differences. She also reports that additional speech sounds such as “l”, “r” “t” and “d” may also be produced with incorrect tongue positioning. Incorrect tongue positioning is a significant aspect of OMDs. Correcting speech articulation is difficult if the correct tongue resting position is not achieved and OMDs are not addressed.

Physical Appearance: Tongue-forward posture and lip incompetence negatively impact physical appearance. “If a child sits with his mouth open and tongue forward, he doesn’t look alert and is perceived as being dull,” Dr. Mason reports.

Can OMDs be fixed? How are they treated?

Early identification of OMD and compliance with treatment recommendations are critical for a successful outcome. Treatment of Orofacial Myofunctional Disorders requires a team approach. Team members may include speech-language

pathologists, orthodontists, pediatric dentists, allergists, otolaryngologists, oral and maxillofacial surgeons. OMDs are a complex issue; input from different medical fields is necessary. The number of specialists involved will vary depending on your child’s specific manifestation, but note: One professional alone cannot successfully treat your child’s OMDs single-handedly, chances are you’ll soon be offered the Brooklyn Bridge—at a great price.

The speech pathology aspect of treating OMDs involves muscle strengthening, awareness, teaching and maintaining tongue control, correct tongue positioning, jaw stabilization, and closed-lip resting posture.

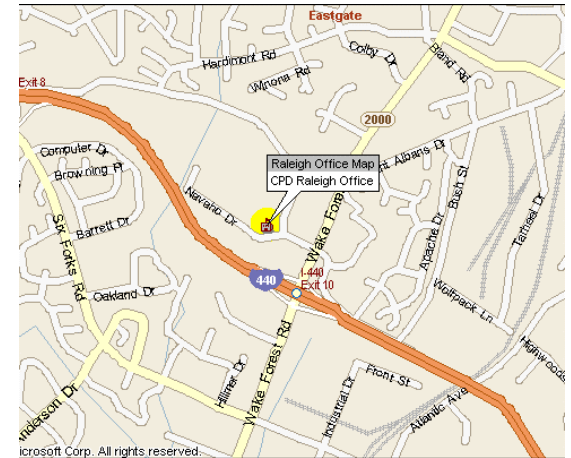
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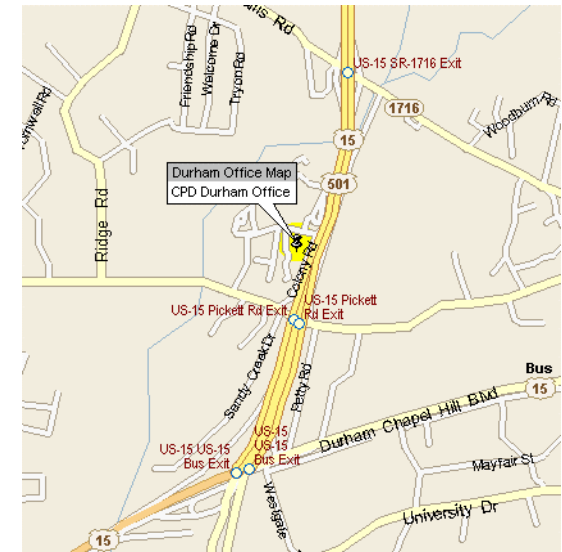
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