



# **MOST COMMON MYO QUESTIONS PARENTS WITH KIDS IN THERAPY ASK THEIR THERAPISTS**

A compilation of the most common and frequently asked questions about Myo that parents of children in therapy often ask their therapists, along with the answers to these questions.

# FAQ

## Release Questions



### Why can't the ENT just release the tie when my child goes for his/her tonsils and adenoids surgery?

While financially this can make sense due to insurance, one 'procedure' rather than two separate procedures/providers, etc., evidence does not point to this being effective to improve function. Generally, the tools that an ENT would use (scissors) do not allow for a full release due to blood in their visual field. However it is dependent on each ENT's training and skills, as well as tools available and should be carefully considered.



### Why do I need therapy before and after lip/tongue tie release?

Just like we don't jump into knee surgery without pre-hab and rehab, we cannot immediately release a tongue or lip tie without preparations. The tongue is a muscle that requires preoperative preparations in order to get the most effective release. A lip or tongue tie is often accompanied by tension, oral dysfunction, and habits that need to be corrected to optimize your health. Preoperative therapy helps to change your dysfunctional muscle patterns and habits as well as prepare you with exercises that will aid in the healing process, so that after the release, your body is better able to heal and eliminate the oral dysfunction. Therapy after release allows continued progress towards your goals. After a release, the body can still hold the same positioning and patterns that were present before release, but we don't want this! Following release and the new found freedom of the lip and tongue, new oral motor patterns and habits need to be established to establish functional improvements. These functional improvements are the reason you are doing the release in the first place!



### What does "optimal timing of release" mean?

"Optimal timing of release" means that your body is ready for the release. Tongue ties impact our bodies from head to toe, therefore we need to focus on the whole person/body to make sure that beyond preresult exercises, the body is in a place that the release will be the most effective. For example, if your body is holding an excessive amount of tension, it may impact how deep the release provider is able to go with your tongue tie release therefore limiting your results. Consulting with your team of providers will give you a better understanding of what optimal timing for release will mean for you.



### I don't want to proceed with the release, what are my options?

Proceeding or not proceeding with a release is your choice, however, if there is a restriction impacting nasal breathing or oral function, there is a possibility that your progress will be limited. There are changes that can be made without a release, however it may not get you to your optimal function and the results could be temporary/short term.

# FAQ

## Referral Provider Questions

Q

**Why isn't all of the information common knowledge for all doctors? (ENT, Pediatrician, etc)?**

While it would be nice if we all had the same knowledge, all doctors, dentists, and therapists have varying specialties and training. Myofunctional trained professionals should also hold a license as an SLP, OT, PT, DDS, or RDH and have specialized training & knowledge that occurs post-graduate program.

Q

**Why have we been to so many specialists and not gotten the same answer?**

It is frustrating to get different answers from different professionals. Each professional does their best to assess the presented symptoms with the training and knowledge that they have at the time of their appointment. However, not all professionals look for root causes and therefore can come to a different conclusion based on symptoms described rather than looking at function and structure and how those may lead to your symptoms. An orofacial myofunctional evaluation by a trained & skilled professional will strive to get to the root of the symptoms and determine how to best remediate the dysfunction from the cause, rather than treating symptoms.

Q

**Why can't I just see the ENT I usually go to or my local orthodontist who accepts my insurance?**

General ENTs, orthodontists, and dentists are wonderful, however they may not have the training needed to fully treat your current needs. Not all providers have the specialty training needed in order to appropriately and effectively treat lip/tongue ties or address airway concerns. The providers we refer to are ones we have worked with on many cases and have aligning training and treatment values. This allows us to have the most optimal care plan to improve your overall quality of life and help reach your goals.

Q

**How are the referral providers you are recommending different?**

The providers we refer to have specialized training in oral development, airway, and understand how our scopes of practice overlap and build on each other, allowing them to be qualified to address the structural concerns impacting the overall function of the oral space/myofunctional disorder. Our general ENT and orthodontic providers are not always qualified to support us in these specific areas due to the need for additional advanced training outside of standard graduate and medical school programs.

# FAQ

## Referral Provider Questions

Q

**Will I still need orthodontics?**

While myofunctional therapists are focused on soft tissue and do not move bones, the oral space is shaped and maintained by the tongue, therefore it is critical to complete myofunctional therapy before or during orthodontic care. Myofunctional therapy can support and improve the oral space, however it does not always eliminate the need for additional orthodontic treatment. Typically, myofunctional therapy will improve the lasting outcomes of orthodontics.

Q

**Do we do Myofunctional therapy while in an expander or retainer?**

This is determined on a case by case basis depending on if there is enough room to continue with treatment or not. Basic lingual and labial skills, articulation, and jaw stability can be targeted while going through expansion. Generally we want to be working before the expander is removed to ensure that the changes made with the expander will maintain once the expander is removed.

Q

**What is the timeline for palatal expansion?**

This would depend on a few factors including the type of appliance you are using, how compliant you are with the protocol, and how easily your body accepts the changes from the device. Using the device as directed by the orthodontist or dentist as well as completing additional support such as Craniosacral Therapy or Chiropractic care can assist with your body progressing through the device.



## General Myofunctional Therapy Questions



### How long does it take to correct a wrong swallow?

While a definitive timeline would be great, there are several variables that impact the timeline to correct improper swallows and oral rest posture. A trained myofunctional therapist can determine how long it will take to correct incorrect swallow patterns or other presenting deficits. The severity, comorbidities, and diligence with practice are all factors that determine how quickly one is able to progress through remediating a dysfunctional swallow.



### How many sessions will I or my child need? How long does therapy take?

Each person is different, therefore an exact number of sessions cannot be promised as therapy is individualized. While some have a very straightforward case and can learn the skills needed within 12-16 sessions, others may need 6-12 months of weekly or twice weekly intervention if goals extend beyond typical myofunctional therapy goals. A trained myofunctional therapist will be able to better determine a timeline for you/r child on a case by case basis after a detailed evaluation. Diligently completing your home practice multiple times each day will help you progress more easily through your intervention plan as you work to reach your goals and fall within a suggested therapy timeline.



### What is the benefit of exercises such as narrowing and widening your tongue?

There are several natural tongue movements that people generally do without thinking about it, however when you are unable to isolate those movements it may show a dysfunction in specific muscles of the tongue. Breaking down all the movements that are typically integrated into a person's oral motor skills helps us to identify what areas we need to further train and support a person's myofunctional needs.



### Why do we need to move the tongue separately from the jaw?

The tongue moving independently of the jaw is critical for speech, chewing/oral transfers, and appropriate rest posture. If our mouth is depending on the jaw to get to the correct placement of speech sounds and swallowing functions, we are limiting our productions and will be operating from a place of dysfunction and compensations rather than optimal functioning.



## General Myofunctional Therapy Questions



### Why are we working on chewing and swallowing when my concern was speech?

Chewing, swallowing, and speech are very interconnected. Patterns of tongue thrust seen while speaking often are seen during chewing and swallowing. We cannot properly correct speech patterns when there is dysfunction in the swallowing mechanism. When you or your child are able to move the tongue appropriately for chewing, swallowing, and oral rest posture, you are in the perfect position to change speech. If you jump straight to speech without addressing the underlying cause, you are going to be pushing a boulder up a very steep hill, with limited results and possible compensations which will show up as more severe difficulties in the future.



### Can myofunctional therapy close my/my child's open bite?

Bite patterns are structural dysfunctions presented in the bones. These bite patterns are formed from oral habits and poor oral rest posture. Myofunctional therapy works with soft tissue, not bone, therefore a change in bite pattern cannot be guaranteed. There have been cases where clients have noticed a change in their bone structure following changes with oral habits and oral rest posture.



### Is lip taping a good idea?

This depends! Lip taping can be beneficial, however, there are steps that you should take before you lip tape yourself or a child. In general, it is not recommended to do it at night, especially for children, as the airway shifts naturally overnight and passages that were once clear may become congested overnight. Additionally, the tape you use and the placement matter for safety. Using tape that was specifically created for lip taping and being able to open the mouth as needed while the mouth is taped are both critical. Please request further information from your therapist before proceeding with taping.



### Can I avoid Jaw surgery?

There is no guarantee that myofunctional therapy will eliminate the need for jaw surgery. Jaw surgery will depend on the severity of the discrepancy. Oftentimes skeletal jaw issues have accompanying difficulties such as sleep apnea and/or TMJD (Temporomandibular Jaw Dysfunction). Myofunctional therapy has been shown to help these comorbidities in the research. Age is also a consideration in answering this question. Myofunctional therapy can support appropriate growth in a child, especially when in combination with appropriate Orthodontics. If unable to avoid surgery, Myo continues to be beneficial; it can assist with muscle preparation prior to surgery and stability after surgery.



## General Myofunctional Therapy Questions



### Can I get off my CPAP or MAD?

There are multiple factors to consider when assessing and treating sleep apnea and skeletal jaw issues. It will depend on the severity level as well as other factors for your personal case to determine if a device is no longer needed. Current research suggests that myofunctional therapy can reduce AHI and decrease the severity of sleep apnea through addressing airway dilator muscles. Research also supports that Myofunctional therapy can also assist with CPAP compliance. Terminating the use of a CPAP or MAD takes a team approach. There have been patients that have been able to cease use of their CPAP and/or MAD.