

Orofacial Myofunctional Disorders and Otolaryngologists

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The Consequences of OMDs

The consequence of a freeway space open beyond the normal range for 6 or more hours per day due to airway interferences or allergies can result in changes to the dentition that can take three basic forms: (1) when the tongue assumes a forward, interdental rest posture with mandible hinged open, posterior teeth can over-erupt while anterior teeth are inhibited from further eruption because of the interposed

The Role of the Orofacial Myologist

In addition to the goal of establishing a normal vertical rest dimension between the jaws and teeth, the therapy procedures of the orofacial myologist will also focus on establishing and stabilizing a nasal pattern of breathing following successful resolution of airway interferences by the otolaryngologist. A lips-together rest posture can be achieved if and when a nasal pattern of breathing is established.

Therapy procedures will include exercises to reposition the tongue tip at rest and during swallowing, usually at the area over the incisive foramen that orofacial myologists refer to as “the spot”. Tongue thrusting will be addressed during both speech and swallowing when there is an accompanying open freeway space.

The procedures of orofacial myofunctional therapy have been shown to be successful with regard to establishing nasal breathing, normalizing the freeway space, repositioning the tongue, and achieving a lips-together rest posture [8-19].

Summary

Otolaryngologists can provide important evaluation and treatment services for patients with Orofacial Myofunctional Disorders (OMDs) since the primary causes of OMDs are unresolved airway interferences including allergies. While tongue thrusting has been historically over-emphasized and incorrectly linked as a primary cause of some dental malocclusions, the importance of the dental freeway space, a mandibular open rest posture, and adaptive repositioning of the tongue, have been identified as the primary links with some malocclusions such as anterior open bite, posterior crossbites, and Class II malocclusions with maxillary incisor protrusion.

Knowledge of the characteristics of patients with OMDs, and the differences between oral rest posture abnormalities and functional activities such as tongue thrusting and the primary causes of OMDs of airway interferences, should help to facilitate and improve interdisciplinary communications between otolaryngologists and orofacial myologists.

References

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