

# Early Training has Lifetime Benefits

by Judith Dember-Paige RDH, BS, Certified Orofacial Myologist

Orofacial Myofunctional Therapy has been around for more than 100 years. It has recently begun to gain prominence in the dental and medical communities as another way of addressing mild to moderate sleep apnea and TMD muscle disorders.



Orofacial Myofunctional Therapy (OMT) is a series of exercises targeting the muscles of the face, lips, tongue and pharyngeal airway. These exercises neurologically strengthen and reeducate the muscles allowing for better chewing, breathing, and swallowing function.

Every therapy program, whether for a child or adult, is tailored to meet the needs of the individual based on the impact poor muscle function or posture is having on their physiology or observable symptoms. Recognizing and diagnosing an orofacial myofunctional disorder (OMD) in your practice is something a trained dental professional, dentist or hygienist, can do. We used to believe habits such as mouth breathing, snoring, tongue thrust, and tooth grinding were of little importance, but research is showing they may be signs of a serious health problem.

Although it's best to prevent poor oral habits, early recognition helps keep existing problems from getting worse. Eliminating and retraining poor functioning oral habits is often a difficult task. It's worth the effort, however, because it improves quality of life every day forward.

Swallowing is a reflex that begins in utero; we take it for granted, thinking that no one needs to be trained to swallow. Before bot-

tles were invented, if a baby could not breast feed, it would die. Functional swallowing and breathing are primitive functions that are learned as an infant though the mechanics of breastfeeding. Breast feeding is hard work for a baby! This effort strengthens and tones the orofacial muscle complex like nothing else. Strength is required to draw the milk from the breast to get nourishment. Restrictions such as tongue/lip tie, poor feeding posture, or nasal airflow limitations can make it difficult for a baby to be able to feed adequately. Sometimes the work is so exhausting the baby falls asleep while feeding – this is not normal, or cute!

These days not every baby is able to be breast fed, but if at all possible, it is the best way to learn how to swallow and breathe properly for life. Breast feeding teaches the facial muscles function and synchronicity for swallowing and breathing that assists in the formation of a well-formed mature airway. The rhythmic motion of suck, swallow, breathe, teaches the tongue that the palate is home for the tongue. The tongue powerfully flattens the nipple against the hard palate and then moves away, creating a vacuum to draw milk. This action helps lead to the formation of a flat palate. Since the palate is the floor of the nasal cavity, a flat palate increases



Parents must encourage their children to keep their mouths closed at rest

Photos courtesy of Judith Dember-Paige



Close an anterior open bite in 10 months with Orofacial Myofunctional Therapy

the size of the nasal area, making breathing space more open and less congested, leading to fewer allergies and asthmatic conditions.

As a child grows, it is important that their tongue sits on the palate at rest; not on the floor of the mouth and not on the teeth. Their lips should be together. As the swallow continues to mature, the presence of the tongue on the palate advances the growth of the mid-face while also continuing to flatten and broaden the palate, creating arch length for the future erupting teeth and healthy nasal airways.


Sleep related breathing disorders are no longer recognized as strictly an adult disease – they can be seen in children as early as infancy. Developing early chewing in babies as young as 6 months – lips together, proper function of the tongue during swallowing and nasal breathing – is key to developing a well-structured face and airway. Myofunctional therapy is the one profession that can help recognize and train those good habits. It is one of the leading therapies that may protect you and your child against sleep apnea.

Growing children who learned to swallow from a bottle generally have a weaker swallow when compared to a child who was breast fed. The bottle, as well as pacifiers and sippy cups, neurologically trains the tongue to remain low. Consequently, their facial structure may not be as well developed. Myofunctional therapy encourages good facial growth promoted by good habits. If poor habits have resulted in craniofacial dystrophy (poor structure related to growth), orthodontic expanders along with the myofunctional therapy is a great way to open the palate for better breathing and improved tongue resting posture. Other improvements often seen include head posture and speech.

As an orofacial myofunctional therapist, my mission in working with children is to make sure they are chewing and swallow-

ing properly, breathing through their nose with lips closed and their tongue is lightly suctioned up into the palate. Addressing their dysfunction with a therapy program while they are young may benefit them for a lifetime.

My goal for adults is different; they are already fully formed. It is just as important for an adult to chew, breathe and swallow properly because muscles functioning out of sync can cause pain and dysfunction. It may also benefit persons with mild to moderate sleep apnea to tone the oropharyngeal muscles, (pharynx walls, soft palate and tongue) with a myofunctional therapy program helping to create an airway that is more open. If an adult (or child) is diagnosed with tethered oral tissues and those are released, myofunctional therapy before and after surgery is critical for success.

Get to know the myofunctional therapists in your community. Once you begin partnering with them on your treatment plans, you'll be amazed how much better your patient outcomes will be. 



Low tongue resting, tongue thrust and active lisping while speaking



Poor swallowing, swallowing with facial muscles, makes early wrinkles



**Judith Dember-Paige** has practiced dental hygiene for 35 years. In 2009, she received her certificate to practice Orofacial Myofunctional Therapy, and went on to become Certified in 2015 with the IAOM (International Association of Orofacial Myology). She has her own practice in Briarcliff Manor, Westchester, NY and sees children and adult private patients with orofacial myofunctional disorders. Currently, she is retired from dental hygiene, but keeps her license current. Judith practices myofunctional therapy with a team approach. She also lectures to dental groups and parental groups about orofacial myofunctional therapy. In 2005-2008, she created a Children's Dental Health Curriculum, Smile Wide Look Inside, that includes a text book with a teachers guide; also available in Spanish.