Going to the Greater New York Dental Meeting?
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Hygiene Tribune:
 gingival health
As dentists, we can directly affect the esthetics of the teeth and gingiva. However, we can also indirectly affect the lips and face by how we care: where dentistry and orofacial myofunctional therapy meet (Part 1 of 2)
and has a potential greater zone of thermal damage in the wrong hands; it should not be used on pockets deeper than 4 mm. The Nd:YAG can be used to pocket depths above 12 mm. Those interested in the Nd:YAG for gum disease should really look at the PeriLase MVP-7 by Millennium Dental Technologies as the laser is sold with instruction/training in the laser and LANAP technique.

For lasers and hard tissue such as teeth and bone

Erbium lasers are great for disinfection of teeth and for osseous surgery as they are specifically made for disinfecting and cutting hard tissue. They are also ideal for preparing class I and class V restorations in soft tissue. They are also ideal for preparation of the bone bed when using dental implants. A erbium laser is also used for tissue ablation in dentistry. Erbium lasers are great for disinfection of teeth and for osseous surgery as they are specifically made for disinfecting and cutting hard tissue. They are also ideal for preparing class I and class V restorations in soft tissue. They are also ideal for preparation of the bone bed when using dental implants. A erbium laser is also used for tissue ablation in dentistry.

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Barrett, William Zirker, and Galen Peachey founded the International Association of Orofacial Myology (IAOM). Currently the IAOM is the main professional organization in the world promoting and developing orofacial myofunctional therapy.

The team approach

Today the field is expanding to include many professions. Through a team approach, the patient can experience the best of all worlds and achieve remarkable results. The interdisciplinary approach to patient wellness includes but is not limited to:

- orthodontics
- general dentistry
- speech-language pathology
- dental hygiene
- periodontics
- oral surgery
- ear, nose and throat specialty
- cranial osteopathy
- allergy
- pediatric dentistry
- pediatrics
- physical therapy
- chiropractics
- gastroenterology
- plastic surgery

Failure to help many patients

Through 50 years of practicing orofacial myofunctional therapy, some questions patients or their parents asked me include:

- Why didn’t someone tell me about this earlier?
- I knew I had a tongue thrust, I didn’t know there was a special person to help me.
- Why didn’t someone tell me my habit of tongue thrusting, thumb sucking or nail biting could be easily eliminated in therapy?
- I have tried multiple splints, functional appliances, medications and occlusal adjustments for my TMD problem. I was even referred to a psychologist for counseling because they told me it was stress related. Why didn’t someone recognize my facial muscle dysfunction and refer me for orofacial muscle therapy sooner?
- This is the third time my orthognathic surgical result has relapsed. Why hasn’t anyone referred me to an orofacial myofunctional therapist?
- My child was traumatized by wearing a “rake” in his mouth to stop his tongue thrust. His speech has slowed down. Why wasn’t I referred to an orofacial myofunctional therapist immediately following surgery to prevent re-attachment?

I told a patient to see a therapist immediately following surgery to prevent re-attachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit-related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- faster normalization of the facial muscles and neuro-muscular faciliation post orthognathic surgery.

See Complete care, Page 4

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75% of US adults experience some degree of dental fear1,2,3

31% of baby boomers never go to the dentist (or only go in an emergency)4

15% of the population declines necessary dental treatment, because they fear oral injections5


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How can orofacial myofunctional therapy help the general dentist?

Orofacial myologists can assist the dentist in many aspects of his or her practice to:

- Re-educate muscle patterns that promote a stable orthodontic result.
- Reduce the time spent in fixed appliances.
- Normalize the inter-dental arch vertical rest posture dimension, the freeway space, also called the oral volume.
- Identify and eliminate orofacial noxious habits that interfere with stable occlusal results.
- Teach nasal breathing and remodel the airway through nasal cleansing and behavior modification.
- Reinforce compliance with wearing rubber bands, functional appliances and retainers.
- Develop a healthy muscle matrix and eliminate habits that contribute to TMD.
- Correct head and neck posture problems.
- Stabilize the periodontal condition by reducing tongue thrusting pressures and mouth breathing habits.

Because most of our patients are in need of orthodontic treatment or treatment by a functional dentist, if the patient was referred by a source in need of orthodontic treatment or intervention by appliance therapy. It is always best to do the least invasive treatment first and eliminate habits that are interfering with treatment. This will ensure that the muscles are working with the forces of the appliances. Also, another good time to refer would be before the braces come off, depending on the patient's facial structure and motivation. We can work together to help the motivated patient achieve amazing results.

To elaborate on the importance of the working relationship between OMTs and the dental community, I have reached out to some of my esteemed colleagues for commentary.

According to Dr. John Kishibay, an orthodontist from Santa Monica, Calif., who is a professor at USC School of Dentistry, “Orofacial myofunctional therapy must be part of the treatment plan from the beginning. This way the patient understands from day one that the muscle adaptation is important for long-term stability. Especially important would be the orthognathic patient. The patient must learn to use the new space in an ergonomic manner, in both a functional patterning and habit elimination awareness.”

Dr. William Hang, an orthodontist practicing in Westlake Village, Calif., believes that OMT problems are one cause of poor facial development. He says: “Stability will continue to be an elusive, unachievable goal with poor facial balance frequently being the norm of the post orthodontic result. Myofunctional therapy must become the first line of defense in the quest for proper facial development rather than the rescue squad when the orthodontic result is going up in flames. When orthodontists embrace myofunctional therapy, they stop treating symptoms and begin to focus on treating the cause of poor facial development [altered oral rest posture].”

Dr. Jerry Zimring, a practicing orthodontist for 44 years in Los Angeles, believes that retaining proper occlusion is a state of balance between the teeth, the muscles and the bones. He states, “Both my daughter and my grandson were treated with myofunctional therapy with excellent results that would not have been possible without this valuable treatment. I feel strongly that myofunctional therapy should be part of every orthodontic practice.”

Dr. Richard L. Jacobson, a Diplomate of the American Board of Orthodontics who has been in the exclusive practice of orthodontics in Pacific Palisades, Calif., for the past 28 years, stated: “We know that form follows function and function can follow form. Therefore, it is vital to identify those patients that need myofunctional therapy. In these patients myofunctional therapy by a specialist is essential. Treatment is effective and orthodontic stability is enhanced.”

The author would like to thank Karen Macedonio, a Certified Life Coach (and patient), Barbara J. Greene, COM, and Licia Coccauni-Paskay, MS, CCC-SLP, COM for their assistance with writing this article. A complete list of references is available from the publisher.

To find a therapist near you, go to www.iaom.com and look at the directory.

Contact info

Joy Moeller, BS, RDH, COM, is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in the exclusive private practice of OMT in Pacific Palisades and Beverly Hills, Calif. She is currently an elected member of the Board of Directors of the IAOM and is the hygiene liaison. Joy is also a former associate professor at Indiana University School of Dentistry and an on-going guest lecturer at USC and UCLA to ortho, perio and pedo dental residents, and at Cerriros College to hygiene students.

51340 Albright St., #505
Pacific Palisades, Calif. 90272
Tel.: (310) 454-4044
Fax: (310) 454-0581
E-mail: joyleamoeller@aol.com
Web site: www.myofunctional-therapy.com

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51340 Albright St., #505
Pacific Palisades, Calif. 90272
Tel.: (310) 454-4044
Fax: (310) 454-0581
E-mail: joyleamoeller@aol.com
Web site: www.myofunctional-therapy.com

Joy Moeller will teach a five-day IAOM-approved course on orofacial myofunctional therapy Oct. 19-25 and a seven-day course (which includes two days of internship) on Feb. 11-17 and June 23-30, 2008 in Los Angeles with Barbara J. Greene, COM, and Licia Coccauni-Paskay, MS, CCC-SLP, COM. For more information contact Greene at bgreen@tonguetrust.com or call (805) 985-6779.