What are orofacial myofunctional disorders (OMD)?
With OMD, the tongue moves forward in an exaggerated way during speech and/or swallowing. The tongue may lie too far forward during rest or may protrude between the upper and lower teeth during speech and swallowing and at rest. (asha.org)

How does OMD affect individuals?
OMD may affect:
- Oral/facial muscle development/function
- Dentition and oral health
- Appearance
- Speech

What effect do OMDs have on speech?
Some children produce sounds incorrectly as a result of OMD. OMD most often causes frontal distortions in the production of alveolar and palatal sounds. Sometimes speech may not be affected at all. (asha.org)

What indicators of OMD can Speech Pathologists look for?
- Open mouth posture and/or tongue protrusion at rest
- Frontal speech sound productions, that may not respond to therapy

What treatment is available?
The speech-language pathologist who desires to perform oral myofunctional services must have the required knowledge and skills to provide a high quality of treatment (asha position statement). Orofacial myofunctional intervention is prompted by referral and/or by the results of an orofacial myofunctional assessment. Individuals above the age of 4-years receive treatment and/or consultation services when their ability to communicate and swallow effectively is impaired because of an orofacial myofunctional disorder and when there is a reasonable expectation of benefit to the individual in body structure/function and/or activity/participation (asha.org).

Depending on assessment results, intervention addresses the following:
- The alteration of lingual and labial resting postures
- Muscle retraining exercises
- Modification of handling and swallowing of solids, liquids, and saliva (asha.org)

What causes OMD?
- Upper airway obstruction (enlarged tonsils and/or adenoids) prevents an individual from being able to comfortably breathe through his/her nose. Mouth breathing = lips open, tongue on bottom of mouth. Also, may result in sleep apnea.
- Allergies: resulting in nasal airway obstruction.
- Prolonged pacifier use or digit sucking (past age three).
- Others???
Based on the work of Rosemarie Van Norman, Certified Orofacial Myologist and author of, Helping the Thumbsucking Child

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Why Do Children Begin Sucking?
- Ultrasound imaging has shown infants suck their thumbs and fingers in the womb.
- This is considered to be normal infant behavior.
- Toddlers may begin sucking by imitating the sucking activity of a sibling, playmate or child at daycare.
- Digit sucking affects a child’s mood by decreasing neurotransmission and altering brain chemistry.
- Decreased neurotransmission creates a calmed/relaxed state that is associated with the production of endorphins, which reduce feelings of discomfort and pain.
- Over time, digit sucking becomes an activity that happens unconsciously.

Sucking Triggers
Thumb and digit sucking is often stimulated when a child is:
- Tired
- Bored
- Excited
- Hungry
- Afraid
- Stressed (physical and emotional)

Pacifiers
- Pacifier use does NOT inhibit thumb/finger sucking.
- Many children become “programmed” to suck through overuse of pacifiers.
- When the pacifier is taken away, they begin sucking thumb, fingers, tongue, lip, blanket or other objects.

A Vicious Cycle
Many adults unknowingly reinforce the sucking behavior by trying to eliminate the habit too soon!
- Typically parents begin by using gentle reminders:
  - Band-Aids
  - Charts
  - Prizes
  - Socks on hands
If these methods fail, they become frustrated and they resort to punitive measures:
- Foul-tasting liquid on thumb
- Nagging
- Punishment (denying privileges)
- Shaming
- These punitive measures create anxiety and stress in the child. Cues that stimulate the desire for the relief that digit sucking provides.
Negative Impacts of Thumb/Digit Sucking

1. **Dentition**
   - Open Bite
   - Overjet
   - Posterior Crossbite

   Orthodontic correction may relapse without elimination of sucking habit.

2. **Learning**
   - The Child Who **Does Not** Suck at School:
     - Because of oral fixation, frustration and the effort not to suck.
     - Chews on pencils, clothing, hair and fingernails
     - Now has two oral habits: sucking and chewing
     - May also be disruptive and have difficulty sitting sit

   - The Child Who **Does** Suck at School:
     - Sucking induces a trance-like state
     - Cannot focus
     - Limited writing, class participation, communication and interaction when thumb is in the mouth
     - Peer rejection
3. Emotional
   ♦ Adults and peers negative response to a sucking habit can impact how a child views himself.
   ♦ Abnormal dental and speech development can increase the negative responses and psychological stress.
   ♦ Over time, these children may begin to view themselves as inadequate and flawed.
   ♦ These feelings can be experienced by parents, also.

Treatment
   ♦ Early Treatment Important
     o Strength of emotional dependency of habit increases with time.
     o Dental and speech problems can be prevented/minimized.

THE BEST TIME TO INITIATE TREATMENT IS SOON AFTER CHILD TURNS 5
   ♦ Before permanent teeth
   ♦ Before Kindergarten (at least two to three months)
     o Avoid relapse
     o Avoid development of other oral habits
     o Avoid learning/socialization problems

Positive Behavior Modification
   ♦ Motivational program designed to help children discontinue sucking habits quickly, without coercion, in a fun and positive way.
   ♦ Five to six visits to the therapist
   ♦ Extensive home-program

7-year old: Before treatment

7-year old: 6-months later