

# Treating Oral Myofunctional Disorders and Oral Restrictions

Preparing for your Myofunctional journey





# Oral Myofunctional Disorders (OMDs)

## *Habits with potential consequences*

**When oral posture (how mouth and face muscles sit at rest) and/or oral habits (how the mouth and face muscles move) are unfavourable, the muscle forces can lead to problems.**

These unfavourable habits, called Oral Myofunctional Disorders (OMDs) may contribute to jaw/dental changes or problems breathing, chewing or swallowing.

Poor oral postures or habits can arise from a range of factors including dietary sensitivities, allergies, unfavourable oral habits (e.g. tongue thrust) or from structural issues.

In the presence of a restrictive tongue frenum, the tongue will not comfortably rest in its physiologic high position along the length of the palate. Nor will it have a full range of motion for optimum functioning.

To help manage key functions such as eating and speech in the presence of a tongue restriction, muscles of the mouth, face and neck often compensate every day, thus forming abnormal maladaptive habits.

Just as bad habits take time to establish, they take time to change. Hence along with a functional laser release of the tongue restriction, OMDs arising from tongue ties are addressed through a program delivered by a dental professional or speech therapist with training/experience in Orofacial Myofunctional Therapy.

With effort and commitment from patients, we work together to undergo mindful and targeted re-training to establish new favourable habits. This is called, Orofacial Myofunctional Therapy (OMT) (see below section).

OMT is integral to effective surgical release of a restrictive frenum (such as tongue, lip or buccal ties) so better habits can be cultivated from the new range of movement.



# Orofacial Myofunctional Therapy (OMT)

**Orofacial Myofunctional Therapy (OMT) is a broad term for the treatment of Oral Myofunctional Disorders. Under the direction of an oral myofunctional therapist, poor habits are corrected and the patient co-creates better health through daily oral, pharyngeal, facial and postural exercises.**

OMT aims to correct resting tongue posture, improve muscle function, enhance muscle tone in the mouth, pharynx and around the face, and establish correct swallowing techniques and nasal breathing. OMT can correct issues such as a tongue thrust, mouth breathing and snoring.

While OMT is therapist directed, it is entirely patient centred, and its success depends on daily patient compliance. The number of professional sessions required to improve oral habits may vary but to maintain improved function, the exercises should ideally be continued indefinitely.

In frenectomy cases, the program allows preparation of oral tissue before the surgery and more effective rehabilitation after surgery. Even the most meticulous and thorough surgical release will have better outcomes when it is supported by an OMT program as patients adapt to full function more quickly after surgery.

### THE ENHANCE OMT PROGRAM

Our practice focuses on functional dentistry, so our experience with functional releases of restrictive frena has afforded us great experience in knowing when the time is right for surgery. The Enhance OMT program is a customised program where specific exercises, stretches and movements are provided for the specific needs of each patient (to be carried out daily at home). Various tools and aids may be used as part of the program including Myomunchee, Lip Trainer, stomadhesive or myo-spots and various devices that help balance, tone or strengthen the muscles of the mouth, throat and face. Discussions and recommendations regarding diet, gut health measures and airway are covered as relevant. We provide an 8 week program as a package toward correcting dysfunction. Some patients require longer to achieve myofunctional goals and so if additional sessions (with associated fees) are required, you will be advised.



## Frenectomy or Frenuloplasty

### Functional release with Waterlase

Where a restricted frenum inhibits normal function of the mouth, a functional surgical release can assist in gaining or restoring better function. With better ability to lift the tongue and move the facial muscles in the correct way (without restriction), improvements can be made toward better general function including airway health, eating, speech and posture.

Our experience has shown that a laser release - particularly with Waterlase - provides an optimum healing pathway. Research also shows that laser release minimises tissue inflammation and post-operative pain. We have chosen Waterlase as our tool of choice as it is very gentle on the tissue and cools as it treats resulting in an optimum healing progression.

**Functional Frenuloplasty of the tongue** - A frenectomy is the removal of the mucosa and is usually sufficient for the younger population. For adults, the release of a tongue frenal restriction requires removal of the tight underlying connective tissue (fascia) and potentially a few fibers of tight or shortened muscles of the tongue. This is better termed as a functional frenuloplasty.

**A Vestibuloplasty (upper lip)** is the removal of a wider area of the mucosa (skin) and underlying fascia when releasing an upper lip area. It is utilised where an upper lip frenectomy needs to be broader to achieve the functional outcomes desired such as a more effective lip seal.

Following any surgery, the natural progression of wound healing results in closure of the wound - usually resulting in the frenum becoming tighter than prior to surgery. For surgery of the tongue frenum, the use of dissolvable sutures (stitches) ensures healing will occur in a controlled, predictable way.

In areas where sutures are not placed, wound management stretches are required to ensure that the edges of the release site don't adhere together in

an unfavourable manner (thus shortening the frenum again - also known as 'reattachment'). This will be demonstrated as necessary.

#### CLEARANCE FOR FRENECTOMY

##### Ensuring best surgical outcomes

For patients who receive myofunctional therapy from providers outside of Enhance, we need to make an assessment as to whether our patient is ready for surgery.

We ask that our patient attends a 'Clearance for frenectomy' appointment with one of our therapists to ensure the movement and capacity of the oral tissue is at the right point for surgery. We will perform certain tests and check for muscle competencies, provide specific recommendations or exercises where necessary and provide you with additional information related to the surgery.

We determine a suitable time for your surgical release based on that visit. This appointment is an ideal time to ask further questions that may have arisen since your consultation about your pathway or surgery. For patients receiving the OMT program at Enhance, **this visit is included in the Enhance OMT package.**

For patients who are travelling from remote or interstate areas, this appointment may be offered remotely via video conferencing. The associated fees are in our "Fees section" on page 7.



## Waterlase Laser

### Gentler Tissue Surgery

For over 2 decades, laser surgical tools have been shown to provide superior healing on surgically treated areas. Lasers have antibacterial, antiviral and antifungal properties on the surgical area. This means the likelihood of infection is virtually nil.

Our preferred method for soft tissue surgery is laser and our tool of choice at Enhance Dentistry is the Waterlase (Erbium,Chromium: YSGG laser). This laser acts to ablate (gradually remove) the tissue layer by layer by application of light and heat in the presence of air and water. This means it does not overheat the tissue to high temperatures (hence avoids burning) like some lasers do.

We use other lasers such as diode predominantly for photobiomodulation (PBM). PBM assists with pain management, healing, treating cold sores and ulcers, TMJ pain or treatment of gum disease.

Our investment in the best equipment and tools such as Waterlase is an indication of our commitment to providing optimum patient care.





## Nitrous Oxide

### Happy Gas

For our anxious patients, we offer the option of conscious sedation through provision of nitrous oxide (commonly known as 'Happy Gas').

Nitrous oxide enables our patient to be completely relaxed (while watching their video) and allows a safe and functional surgical procedure to be completed.

Nitrous oxide is a sedative gas that is administered through a small nosepiece which usually stays on for the whole procedure enabling the patient to remain awake through the procedure. The nitrous oxide can be used to reduce anxiety and promotes a calm and relaxed state of mind, enabling the surgeon to complete a thorough surgery including placing sutures.

There are additional fees for nitrous oxide. (Check the Fees section on page 7). Health funds provide rebates so please contact your health fund directly for information on your specific rebate.



## Manual Therapy (Body work)

### The mouth-body connection

**The tongue does not function in isolation from the rest of the body. Linked with the mouth, there are closely associated muscles, bones and nerves that require appropriate attention for optimum functioning of the mouth. A team approach allows all the associated structures to work in concert.**

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Just as myofunctional therapy focuses on oral and facial muscles, a manual therapist (aka body worker) focuses on correction of the neck and back issues to contribute to improving tongue posture and function. Some professionals (such as chiropractors) work to balance the central nervous system resulting in better overall concentration, breathing and sleep.

We suggest seeing a manual therapy practitioner with significant experience with oral ties so that the practitioner investigates and addresses issues with the musculoskeletal system and the nervous system.

We have noted that patients who have had several sessions of manual therapy AHEAD of surgery find the surgery easier (with less chance of gagging) and the healing process is reported as being more tolerable.

The healing process is reported by the patient as being more tolerable compared to those who have not had manual therapy or only limited sessions. This may be due to the positive impact of manual therapy on calming the central nervous system.

You will note our experienced collaborative professionals (found on the Enhance Dentistry website) work inside and around the mouth, the TMJ (the temporomandibular joint aka jaw joint), the face, under the mandible, the upper chest, as well as the neck and back. It is worth traveling a little more to find an experienced tongue tie savvy body work practitioner.

Please refer to our Supportive Health Professionals List on our website to choose a provider who will treat the associated anatomical areas affected by oral restrictions.

[www.enhancedentistry.com.au/tongue-tie-clinic/supportive-therapies](http://www.enhancedentistry.com.au/tongue-tie-clinic/supportive-therapies)

For more information about benefits of manual therapy visit our website.

[www.enhancedentistry.com.au/the-benefits-of-craniofacial-and-craniosacral-therapy-in-treating-tongue-tie](http://www.enhancedentistry.com.au/the-benefits-of-craniofacial-and-craniosacral-therapy-in-treating-tongue-tie)



## EATING before and after surgery

Ensure you have had a nourishing meal around 2 hours ahead of their procedure.

Immediately following surgery, food requiring chewing is not recommended until the anaesthetic has worn off. During the numb stage, it is recommended to drink cool drinks or nourishing smoothies as it may be difficult to eat something while numb. Hot food is not recommended so you do not bite/chew on your lip or tongue while you are numb.

For the days immediately following the procedure, watch that you stay hydrated and nourished regularly. You can also eat whatever you can manage. In the early days, it is likely that foods that are easier to eat and are softer in texture will be favoured (e.g. avocado, yoghurt, banana, eggs, smoothies, soup). It is generally best to avoid highly acidic foods as these may sting the wound.

You may find it soothing to suck on frozen fruit or fruit popsicles if you are in pain. You may wish to pre-freeze some bite size fruit pieces or buy some frozen berries for comfort in the days after the procedure.



## Pain Relief

If you wish to take pain-relief measures, you have the following options:

- » You may choose **over the counter medications** such as paracetamol (Panadol), however, please refrain from using ibuprofen (Nurofen or Advil) or aspirin for the first 24 hours after surgery as it may encourage bleeding.
- » If you prefer to use **complementary therapies** for pain prevention and relief, please see the 'Supportive Health Professionals' list on our website. Many of our patients report favourable results using homeopathic drops from these professionals. If obtaining the drops for frenectomy only, you may simply call them and arrange for pick-up or posting the drops. Please advise them of any medical history as needed.
- » **Low Level Laser therapy (LLLT or Photobiomodulation)** is available for pain relief at Enhance. The fee is included for patients undertaking Orofacial Myofunctional Therapy at Enhance. It can also be used for treating facial muscle ache, surgery pain, TMJ pain and for treatment of ulcers or cold sores. Separate additional sessions for LLLT can be booked to address any of these issues.



## What will happen during your treatment appointment?

- » Numbing gel is applied to each frenum being released. This is followed by administration of local anaesthetic (usually via the very comfortable Wand delivery system)
- » The laser (Waterlase) procedure follows and where indicated suturing (stitches) is performed.
- » The procedure itself usually takes 30 minutes. The surgical appointment will take up to 60 minutes.

For more information, ask us or visit:  
[www.enhancedentistry.com.au/services/low-level-laser-therapy](http://www.enhancedentistry.com.au/services/low-level-laser-therapy)



## Diet

Our diet can influence our airway and general health. We may have discussed eliminating certain foods to minimise mucous formation or inflammation in the digestive and respiratory system. The foods commonly thought to influence mucus formation and sleep/digestion/airway are sugar, dairy and gluten.

We have noted that COMPLETE elimination of these 3 groups allows to observe the positive health impacts after 3 weeks. Following this time one group may be re-introduced and the results noted.

At times use of dietary supplements can assist with sleep, digestion and wellbeing.

If you choose to follow our recommendations, please do your research regarding food substitution for a balanced diet or seek the input of your chosen health professional with a focus in this area (dietician, naturopath, nutritionist, some GPs).

We recommend reading 'The Plant Paradox' by Steven Gundry for insights about inflammation and our diet.



## Probiotics

Probiotics are live micro-organisms that influence our health by improving or restoring the gut flora. Our body is host to a range of helpful and harmful bacteria. Probiotics are often called "good" or "helpful" bacteria because they help keep your gut healthy.

While there are probiotics in foods like yoghurt and other fermented food, probiotics are also available in more concentrated doses in capsules. Furthermore, dairy may not be an ideal source for many individuals whose system becomes mucogenic (makes mucous) after dairy consumption.

Research that has linked gut health with improved healing, digestion, hormones, some skin conditions and many other facets of health.

If we have discussed probiotics with you (as an adjunct to a discussion about diet), we encourage you to become an informed co-creator of health!

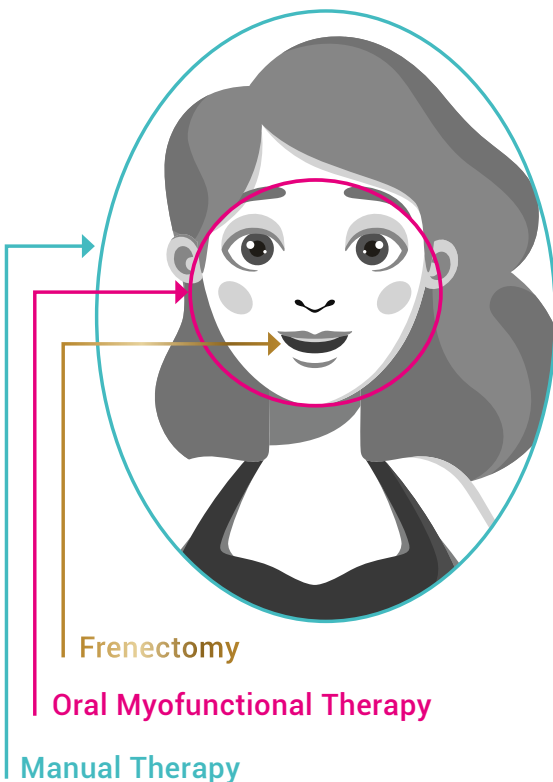
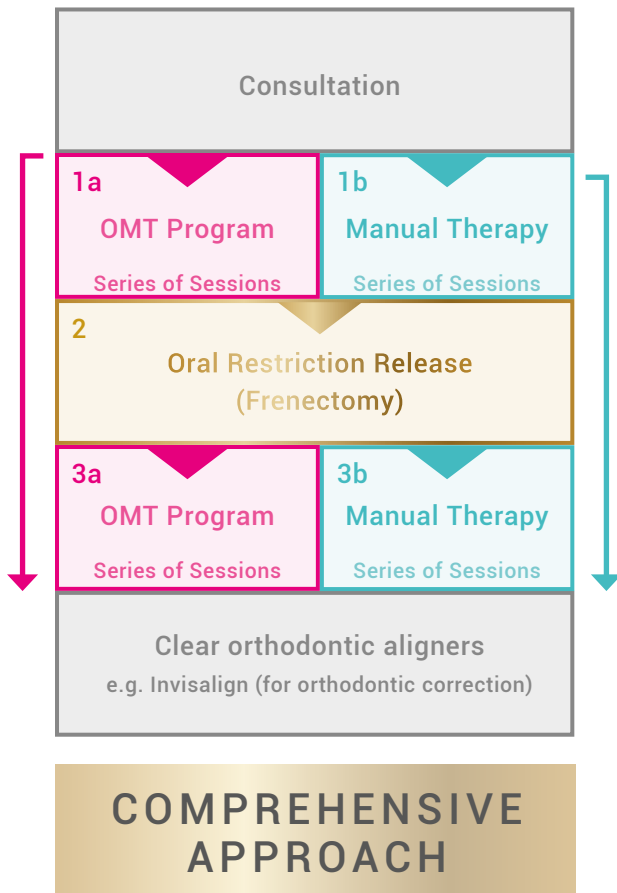
As a start, you can visit this link that has shared the benefits of probiotics along with links to research and meta-analysis of the various reports.

<https://www.healthline.com/nutrition/8-healthbenefits-of-probiotics>



# FreNECTomy related protocols & useful information

After observation of the positive outcomes of a team approach on thousands of patients, we recommend the following:



## 1a. Start Myofunctional Therapy - Prehabilitation phase

Commence your OMT Program to help correct existing dysfunctional muscle habits and to prepare the facial muscles for extended and enhanced movement.

Carry out specific prehabilitation exercises as prescribed by your Myofunctional Therapist daily. Individual variances mean you may require fewer or additional sessions ahead of the surgical release. Your Enhance therapist will advise when you are at a suitable functional stage to proceed with surgery. For those receiving OMT elsewhere, please schedule your clearance for frenectomy visit with Enhance once your therapist advises you are ready to proceed with surgery.

## 1b. Visit Manual Therapy Practitioner (chiropractor or osteopath) once you have started your OMT above (See section on Bodywork on Page 4)

Visiting your Manual Therapist at the same time of commencement of the OMT program to help assist the body to prepare for the oral surgery.

## 2. Laser FreNECTomy of the restricted ties

Takes place several weeks after commencing Oral Myofunctional Therapy, the surgery is scheduled when certain functional muscle competencies have been established.

Wound management stretches are needed on areas that do not have sutures.

## 3a. Oral Myofunctional therapy continues - Rehabilitation phase

Continue the Myofunctional Therapy program for the remaining weeks as required. Continue your daily program as recommended by your therapist.

**If sutures are placed, alternative gentler exercises are provided by Enhance for the first week after surgery.**

Following the completion of your program, your

Oral Myofunctional Therapist will advise if you need additional sessions.

Follow up and refresher sessions are beneficial. You will be advised by the specific needs, the timing and associated fees of future sessions.

## 3b. Continue Manual Therapy (chiro or osteo) following frenectomy

Visiting your manual therapy practitioner within 24-48 hours after release AND continuing regular visits for the weeks following surgery assist with neuromuscular adaptation and general rehabilitation.