FROM MUSH TO MUNCH
A Retrospective on Early Tongue Tie Treatment: Select Case Histories of Orofacial Myofunctional Patients
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The often devastating ramifications of untreated or under-treated ankyloglossia may persist over the entire lifetime of an individual. Misinformation or lack of information surrounding this controversial issue of how or even why one should treat ankyloglossia for decades. In addition, little was understood about frenectomy, a concept that still persists today in our society. Thankfully, awareness of tongue tie and the benefits of a non-aggressive and comprehensive treatment approach are now being introduced within the parental and professional communities.

How far have we come in two decades? Parents were often given many reasons why they should not address ankyloglossia or deep treatment, but the reasons why early recognition and intervention were imperative. Parents often learned of these concerns coincidentally. Seeking non-nutritive sucking elimination or tongue thrust therapy for a child with an Orofacial Myologist was one of several “paths to enlightenment.” Parents soon discovered the cause of their child’s challenged oral muscle activity was most likely due to a combination of factors including the tongue tie they unfortunately possessed, and the detrimental compensatory muscle activities that coexisted as a result of this little understood tissue abnormality. Despite often vehement protest, a handful of referring sources were open to “new comprehensive treatment strategies,” available to be called open if one was willing to risk potential scrutinizing.

Ankyloglossia is noted as one of the main contributing factors in Orofacial Myofunctional Disorders. Early intervention and team approach appear to be the key to minimizing facial growth abnormalities, and establishing a harmonious facial muscular environment for life. Without this comprehensive treatment, these functional issues can continue to impact overall health, create jaw, facial, or airway growth concerns, and compromise oral health and overall health of the child. The ramifications of unattended tongue tie may ultimately impact a child socially, functionally, and linguistically. Of course, early detection by specialized specialists, neonatal nurses, and pediatricians is a primary preventive step going forward.

Every child deserves the chance at an optimum quality of life. With early intervention and comprehensive treatment, a diet of “MUSH” can magically turn into “MUNCH.”

11/9 - 5 YOF. Narrow vaulted hard palate/crossbite. Elevates post. tongue/slight tip lift 2 mm. Lateral, to commissures. Pops if at 1.5 cm. max. open. Activity patterns naturally to this range. Severe mentalis, head, torso compensation. Chronic lip splitting at rest/drooling/poor saliva gathers. Swallow/rest in floor. Severe concomitant jaw thrust. Bulbs forward. Mastication jaw head, cervical, torso compensation. Self-cleaning severely challenged. Heart shaped appearance. Speech slow/moist. Utilizes jaw, paci habit/PB bottle awakenings for hunger. Hx. recurrent otitis media. Could not nurse. Mom stopped after few days. Uses sippy cup at home. Vegetarian “forever” / eats no meat, veggies/eats a few heavily cooked veggies/only fruit is acceptable. MD states malnourished. Food must be mashed, pureed, or ground with no peel, fiber, or texture. 8/10, following several sessions of OMT eating out up meats, raw veggies, large variety of fruit. MD states significant growth/gained several pounds. Maxilla appears out of crossbite. Total tx: 18 sessions including pacifier remediation and immediate referral for frenectomy pre-OMT.

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18 YOM. 8 mos. 12 active sessions of OMT/2 recalls. Recent lingual frenectomy. Limited lingual mobility. Hx. big, jaw discomfort. Poor food behavior, bolus, saliva, swallow pattern, rest issues. Sloppy speech. Low tone facial appearance. Note changes in head, cervical, and overall facial muscle tonus post OMT. Note changes in eyes and mid face. Despite older age, improvement was marked and profound in this older client.

Note peg of chair is aligned in both photos. Not only has palatal growth been positively effected, but so has overall growth and stature.