

## From the Editor

### Editor's Corner: Looking Closer at Orofacial Myology

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## EDITOR'S CORNER

This year my challenge to IAOM members is to take a step back and look at orofacial myology and orofacial myofunctional protocols as if you were an outsider looking in for the first time. What do you see? In this era of evidence based practice, we need to look at ourselves in a different way. Although clinical expertise in orofacial myology has been demonstrated time and time again when we reflect on successes achieved with our clients, we must ask ourselves some difficult questions: are we able to define specifically the practices that we use; are treatment protocols based on client characteristics; and have clinical procedures been empirically tested? Are we on the leading edge of scientific treatment, or are we on a precarious ledge of accepted theory and practice? Although we have accumulated many qualitative observations which define moments in time, how many of those moments have we compiled through quantitative analysis? Why have we have relied on individuals from other fields, such as dentistry, to do the research?

We need not only to identify areas which need research; we also need to conduct rigorous studies. This issue of the IJOM should help those interested in pursuing this cause. For example, the dynamic interrelationships between the horizontal and vertical planes of space in the orofacial structures represent a diagnostic challenge for the orofacial myologist. In this issue, Dr. Mason eloquently presents background information and describes a straight-forward assessment technique for determining the vertical dimension of the freeway space. He indicates the usefulness of this measure in documenting therapeutic success. Dr. O'Day and colleagues in describing assessment of tongue strength, identify difficulties in the use of repeated measures with soft tissue mechanisms. In addition, Dr. Korbmacher and associates remind us that we must not simply isolate orofacial myofunctional symptoms, but highlight them against a backdrop gestalt of the interactions of the body as a whole. Dr. Marchesan in her article on assessing the lingual frenum emphasizes that even though quantification is important, there is also an important role for qualitative assessment.

In summary, the power of a rationale for orofacial myofunctional treatment should not lie in a history of long-standing biases, but in the strength of observations at a level of specificity characterized by thorough description, well controlled, data-supported experimentation, and repeatability of research results. Qualitative and quantitative measures should be used in a complementary manner to formulate appropriate therapeutic recommendations and to develop treatment procedures that maximally benefit the clients we serve.

Patricia M. Taylor  
Editor-in-Chief