

From the Editor

Editor's Corner: Consistent Use of Terminology

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EDITOR'S CORNER

Orofacial myology, as a specialty area, continues to grow, refine, and redefine the parameters it encompasses. The consistent use of terminology by orofacial myologists is important not only in organizing our own thoughts and communicating with each other, but also in interactions with professionals in other specialty areas or disciplines.

This issue of IJOM provides articles which add clarification to orofacial myofunctional topics of interest. Anna Paula Verrastro presents information on the impact of pacifier habits, while Antonio Ferrante shares information on the properties of nipples in bottle feeding. Jayanti Ray shares thoughts on the possible characteristics of orofacial myofunctional disorders in the elderly population, and Takeshi Kikutani provides a case study in which a palatal augmentation prosthesis was provided for a 48 year old Amyotrophic Lateral Sclerosis patient. Orofacial myologists may find this article of interest for those patients who need to be referred for prosthodontic evaluations. Spanning the age range from infancy to elderly, Licia Coceani Paskay helps us to define our observations and record data through the use of instrumentation. Information provided in all of these articles should help us fine tune our terminology, and techniques.

By consistently using the same terminology, we as orofacial myologists should find it easier to communicate with individuals involved in other specialty areas, and enhance our interdisciplinary team approach to treatment. Communication is critically important when so many professionals from various disciplines are working together, and it is in our best interest and the interest of our patients that we share a common vocabulary.

In a related matter, I would like to share a framework for orofacial myologists to consider. Use of this framework may help us establish some consistency when writing reports, requesting insurance reimbursement, communicating with other orofacial myologists or professionals in other specialty areas, and designing research studies. It organizes OMD by habit patterns, orofacial muscle postures, muscle movements, and muscle movement integration. While the following is not an all inclusive list, it should help provide a foundation for further expansion. Please review the information provided on the following page, and forward any suggestions or comments you may have on revisions to me at kptaylor2@verizon.net.

I hope that you find this issue of IJOM exciting. Please feel free to contact the authors with any questions that you have about their information. And, for those of you who are not aware, Licia Coceani Paskay has developed a DVD with information on measurement and instrumentation that is available on the IAOM website: www.iaom.com. She is donating all the profits from this DVD to the IAOM for the promotion and advancement of orofacial myofunctional therapy. Thank you Licia!!

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Editor-in-Chief