Commentary

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Oral Myofunctional Therapy within the Dental Hygiene Curriculum

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Myofunctional therapy is well within the scope of dental hygiene curriculum.

The most desirable and efficient approach to teaching the subject lies in the effective use of the established dental hygiene schools. At present, over 150 dental hygiene schools could provide the effective and logical setting for this to occur. Some established dental hygiene programs have already recognized the need for including myofunctional therapy into the curriculum.

Any dental hygiene curriculum can be restructured to include instruction in myofunctional therapy. This would result in upgrading the status of dental hygiene and provide a service which can combat the high incidence of orthodontic problems in the population.

Today, the words "comprehensive oral health care" are found in most of the written philosophies of dental hygiene programs. According to a recent article in the FORUM, a publication of the Association for Preventive Dentistry, a comprehensive preventive oral health program should include myofunctional therapy.

A myofunctional therapy program being part of this comprehensive preventive oral health care is an excellent example of how the team approach can be utilized. The orthodontist, the dentist, the speech therapist and the dental hygienist have much to share and much to gain. With such an approach, the very best interdisciplinary rapport can be achieved, offering the very best care for the patient.

The potential range of services of the dental hygienist educated in myofunctional therapy extends to the general practice, and the specialities of orthodontics, pedodontics, prosthodontics, and periodontics.

For example, in the general practice, the dental hygienist's expertise can be invaluable to the general practitioner interested in providing patients with all possible preventive services when indicated.

The pedodontic practice provides an ideal setting for true prevention by early detection and control of oral habits prior to any deformation of the oral-facial complex.

In periodontics, research indicates that tongue thrusting is an important factor contributing to pathologic migration of periodontally involved teeth and can cause trauma to the periodontium. Therefore, the dental hygienist can contribute to the successful treatment of periodontal diseases in patients with tongue thrusting habits by eliminating the habit.

Prosthetic patients with abnormal muscle function experience great difficulty in wearing dentures. The dental hygienist's role in retraining the oral musculature can provide valuable to the success of retaining the prosthesis by establishing a balanced oral-facial muscle complex.

Opportunities for the dental hygienist in myofunctional therapy lie in the development of a structured myofunctional therapy curriculum. Dental hygiene educators should not be overwhelmed by the complexities involved in designing such a curriculum. Combined efforts with the International Association of Oral Myology can achieve uniformity in the teaching of all dental hygienists involved with the therapy of oral-facial muscle imbalance.