

Commentary

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President's Perspective Commemorating the 25th Anniversary of the IAOM

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Twenty-five years ago a small but dedicated group of speech pathologists, with open minds and a research orientation, banded together to form the nucleus of what is now the International Association of Orofacial Myology. Speech pathologists had been singled out by Dr. Walter Straub, a California orthodontist, as the professionals who were best suited to work at "training tongues". Prior to this time a few members of the dental and orthodontic communities of the United States and Europe were becoming aware that some malocclusions were the result of functional behaviors as opposed to genetic dental factors. They needed some one to work with these patients whom they described as "deviate swallows", one of the many descriptors which characterized this embryonic stage of orofacial myology. The small group of dedicated individuals who endorsed this hypothesis, along with a scattered few from the dental hygiene profession across the country (of which I was one), became the pioneers whose job it was to prove that the concept was valid. This was no small task as the resistance and, in some cases, ridicule was pervasive.

As the number of "true believers" and consequently members of the IAOM grew, the focus of the organization during the last twenty-five years has been on establishing educational guidelines and expanding the body of knowledge while at the same time promoting research to persuade the non-believers. To the credit of the original founders, the emphasis has always been on making orofacial myology a full-fledged health care specialty as opposed to a profit-making scheme. There has been an unwavering goal as the organization moved through its infancy and adolescence to have a master's level college curriculum available for people wishing to become the orofacial myologists. Because of the diverse backgrounds of the people coming to orofacial myology from different allied health professions, this curriculum would have to make available supplements to the individual's original education that would be needed for clinical practice i.e. dentistry for speech pathologists and speech pathology for dental hygienists. The IAOM has addressed the need for regulated educational opportunities and standardized, college level credentialing. These goals have evolved over the past years until there are now appropriate professional requirements, which meet the standards of other health care professionals, as well as the minimum requirements of the insurance industries. Incorporating these standards into college curriculum is still a dream but certainly much closer than it was twenty-five years ago.

This special issue will celebrate the gains of the last twenty-five years in laying the foundation for the future. In order to build on that foundation, there are several

important goals that, in my opinion, we still need to address. Three of the issues that seem to be paramount are:

- There are still skeptics out there, especially in the allied medical professions that need to be informed of the value of our services in treating the "whole" patient. As medicine moves toward a holistic view, it seems plausible that for example, allergists, ENTs, and pediatricians will be cognizant of the effects of mouth breathing on the development of the orofacial complex.
- We need to sustain our recently begun focus on insurance coverage so that more people can take advantage of orofacial myofunctional therapy, and incidentally, so those therapists can actually earn a living at what they do.
- The third and most important goal, again in my opinion, is that all orofacial myologists, all members of the health care team, and the general public need to be aware that this is a public health issue. They also need to be aware that there is a preventive or interceptive treatment available to improve the public's health. This then becomes an issue for which we, orofacial myologists, are morally and ethically charged. The charge is to make the treatment available to everyone whether by education of the public as to the problem and its etiology, or by making the treatment available for those who need it. It is our job to spread the word, and train enough therapists to handle the potential demand.

As we approach the twenty-first century, I am confident that the strong foundation, which was built in the last twenty-five years, will serve to sustain us as we move toward a fully recognized health care profession. We have a Strategic Plan in operation, we are about to enter the computer age with an IAOM web site, and we have a separate but allied research component dedicated to establishing a data base for future therapy technology. Finally, our most important asset is the IAOM membership whose dedication, spirit of cooperation, and missionary zeal have taken us through our formative stages and have us poised to enter adulthood with the knowledge that what we do makes a difference.