

Case Report

Case study

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Case study

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Joe S., white male, age 12 years and 3 months.

Orthodontic diagnostic work-up: dentist

Class I Dental and anterior open bite and a Class III skeletal pattern, spaced upper and lower incisor teeth. Prior extraction of lower second primary molar teeth. Thumb sucker. *Goals of Treatment:* Refer to therapist for an evaluation of tongue thrust pattern. Correct the anterior open bite and attempt to eliminate as many spaces as possible between the upper incisor teeth. *Appliances:* Upper and lower 2 by 4 bands with elastics upper to lower incisors.

Therapy diagnostic work-up: therapist

Patient found to have strong anterior, interdental thrust, affecting the central and lateral incisors. Appears to assume an open mouth posture intermittently with tongue resting between teeth. Patient has a rather full face with large, flaccid lips. Has very poor buccal control, i.e., very noisy eater. The mentalis is contracted at rest, very active facial grimace during swallow. Muscular ability appears to be average for age. Patient was in speech therapy in first grade, problem areas; S & Z, appears to be corrected. Patient is a very active thumb sucker.

Consultation:

Mother of patient informed of findings of Dr. and Therapist. It was suggested that patient have therapy prior to proposed orthodontics as he appeared to be an excellent candidate for therapy at this time. Mother, in the process of divorce, stated that she was not financially able to initiate any treatment at this point. Her older daughter was undergoing extensive orthodontic treatment and there were no available funds to begin treatment for the second child. Therapist expressed concern for the Thumb Habit and Mother related patient's feelings about the problem. He was very adamant on trying "on his own", to correct the problem. The Mother had promised full co-operation and assistance to help him in any way she could Mother was to report back on progress of habit cessation and to initiate treatment when funds were available. Mother reported within 3 weeks, habit appears to be corrected, but will continue to check periodically for next few months.

Progress:

Dr. referred patient back to therapist for re-evaluation, dental pattern remains unchanged, thumb habit eliminated for over a year. Actual time lapse between evaluations,

22 months. Mother reports patient can begin therapy now, but feels this is a last "ditch" effort as she does not feel she can ever afford any orthodontic treatment for the patient. She feels patient will be extremely cooperative and conscientious, and patient understands this may be the only help available to him.

Personal history:

Patient is middle child, first male. Appears to be very gregarious with adults but few friends, when asked to bring friend during later therapy sessions, he brought younger brother. His favorite hobby is cooking, which he does quite often for the family. Is slightly overweight, but appears in good health and seems to be quite well adjusted. Mother appears to rely on patient for emotional support. Mother works, but she and patient appear to spend a good deal of time together. Appears to covet sister's boyfriend for male companionship, seems to look up to him and mentions him quite often during sessions. Father is never mentioned by Mother or patient. Patient appears to have very little or no activities outside the home, but certainly seems happy and contented with the situation. The educational level of parents is higher than average, as was the income prior to the divorce. Patient appears to be very eager to begin therapy program.

Therapy program: Areas covered and results:

Lip Exercises: Highly motivated, patient concentrates on closed mouth posture. Mother very cooperative in observing, results gratifying to all.

Positioning Exercises: Trap position extremely weak, patient is trying too hard, gets discouraged easily during this phase of treatment. Muscles seem very slow to respond to conditioning. However, after several sessions and weeks of practice, muscles begin to respond to patient's diligence. Still appears to be thrusting slightly.

Eating Exercises: Patient really enjoys this part of therapy and the awareness of the muscle patterns and reasons behind the exercises prescribed for him are becoming more evident to him. With the apparent new awareness, comes rapid muscular improvement. Buccal control improvement is noticed at home during meals.

Sleep Therapy: Patient appears also excited about trying this section of therapy and it proved very successful. Mother reported no apparent problems at home, patient has closed mouth posture, no facial grimace, swallows correctly at night as in daytime as far as can be determined. Patient put on retention program for 2 weeks, but will be checked periodically for remainder of the year. Time lapse during active phase of treatment: 4 months.

Conclusions:

Patient checked for remaining portion of year with no apparent relapse. The patient was obviously highly motivated from the start, however he became very frustrated when he couldn't do things right the very first time. He continually berated himself for his lack of ability. The therapist had to constantly advise patience and administer praise. The patient seemed to feel himself in a "life or death" type situation, and at times it was difficult to ease the burden of responsibility for him. Much time had to be spent to put the patient in a relaxed mood in order to make the therapy session meaningful for him.

The Dr. re-evaluated his case in 6 months, his report states: the open bite has closed considerably and that the dental pattern now indicates no orthodontic procedures to follow therapy.

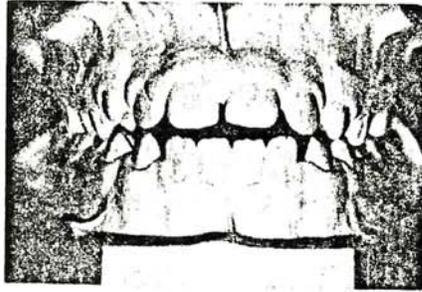
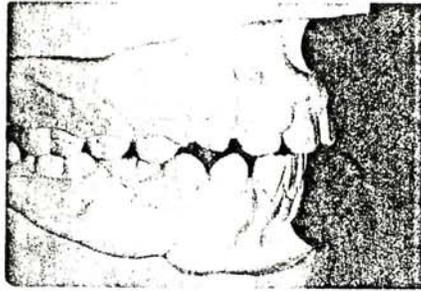
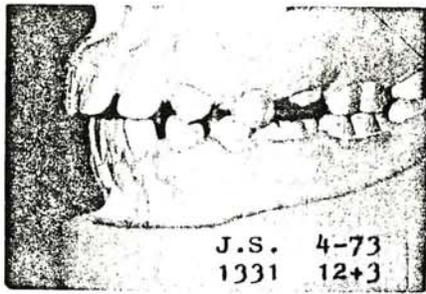


Fig. 1. Pre-treatment

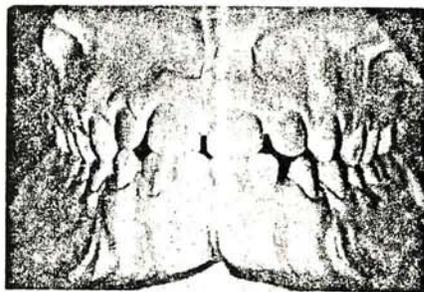
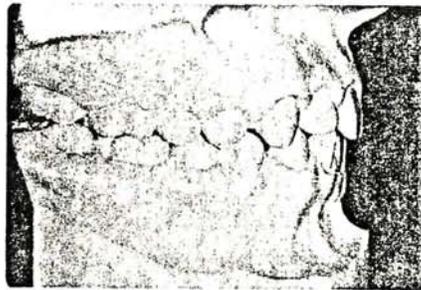
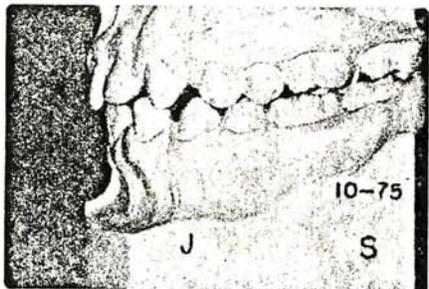


Fig. 2. Post-treatment