Commentary

President's Message: Optimism for oral myology

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President's Message

I'd like to make this informal, as though I were talking to each of you individually. I want to convey a sincere feeling of optimism about the present state and future of oral myology.

I arrived in Salt Lake City 13 years ago, and before long had been invited to speak to a number of orthodontic study groups. I was impressed with enthusiasm of the local orthodontists for their profession, and with their eagerness to give their patients the very best, most effective treatment possible. Some of them had been sending their patients to speech pathologists for tongue thrust correction for some time, but the two therapists had discontinued their practices, one to move out of state, and another to work in special education. The orthodontists were, I'm sure, sizing me up. They wanted to know if I was worthy of their patients.

These dentists had not been referring their patients to therapists because some professional association advised them to, nor some "joint committee." They had instead been aware of relapses in their patients, had read in the literature, and had heard at conventions, that tongue habits might have something to do with those relapses. One of them, LeGrand Curtis, had even done his master's thesis on tongue thrust, I believe in 1957. Now, years later, these same orthodontists, and most of the younger, newer ones who have come to this area, continue to refer patients with oral myofunctional disorders for therapy.

My private practice is thriving. I receive many more referrals than I can take care of personally. Local dentists are very aware of the Joint Committee statement, but apparently their experience with therapy over the years has been favorable enough that they are not willing to treat their patients with oral habit disorders until those habits have been corrected. I have talked with several other oral myologists around the country in the past several months, and their experiences have been similar to mine. There are exceptions, of course, and we, as an association, are concerned about those areas and cities where skepticism and negative experiences with poorly trained clinicians have led the dentists to refrain from referring patients for therapy. Generally, though, I have a strong impression that we have weathered the storm.

We need research. We need to continue our efforts to upgrade training and to place the training in college and university settings. We need to present a solid, unified front as practitioners, and free ourselves from the shackles of divisiveness. There are some good signs that these needs are slowly but surely being fulfilled.

There is a growing spirit of cooperation among the three organizations in the profession that I am acquainted with -- the International Association of Oral Myology, and the Academy of Oro-Facial Muscle Imbalance. We are looking forward to the attendance of members of the other two organizations at our June meeting near St. Louis.

Letters to the editor in the Journal of Speech and Hearing Disorders and in several dental journals are evidence of the continuing interest in our field. Books on oral myofunctional disorders are selling well and have been, or are being, revised. Speakers from our Association are being invited and re-invited to speak at various departments of dentistry and departments of dental hygiene in the U.S. and Canada. I continue to receive letters from college and university departments asking for our suggestions for course content.

Our Journal reaches a great many readers. It is the only journal of its kind in the world, that I know of. Once again I encourage you to write--mini-articles, letters to the editor, descriptions of procedures and motivational techniques that are working well for you. I was extremely happy that our present editor agreed to remain in his position until our June, 1977 meeting. We are fortunate to have as our new editor Dr. James Wood, who brings to the Journal a wealth of experience in writing, research, therapy, and teaching.

The Program Committee for the June meeting has done an excellent job of putting together a varied collection of topics in papers, panels, and short courses. This will be a meeting you will be proud to have your colleagues attend--dentists, speech pathologists, dental hygienists in addition to oral myologists. It is exciting to be a part of this pioneering organization. I am certain that the years will see our profession grow and progress, in numbers and in knowledge.

Lately, as I travel, I seem to find behind every bush another enthusiastic, capable person doing things in oral myology that I had been unaware of. Dr. Merv Falk, at Wayne State University in Detroit, has completed a controlled study recently which demonstrates the effectiveness of an approach he has been using in the treatment of myofunctional disorders. This procedure borrows principles from the Rood approach to music therapy for cerebral-palsied patients. An article describing the procedure is found in this present issue. The article on the research will appear in a later issue.

Considering the obstacles that have been thrown in our path, our progress has been outstanding. I believe that if we maintain our high ideals and goals, the next decade will be one of remarkable accomplishments for the field of oral myology I hope to see you in June!