Commentary

Letter: Orthodontic correction or myotherapy: Which should come first?

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Letters

Many practitioners assert that myotherapy should precede orthodontic correction except when the dental arches are so narrow that a correct placement of the tongue is not possible.

As much as this may be true, it is not the entire truth. Abnormal swallowing patterns which cause or contribute to malocclusion appear to primarily affect the functional posture of the mandible. Most deviate swallows have an inadequate vertical dimension and frequently a deviated mandible as well. When patients are taught to swallow with their teeth in habitual occlusion the jaw muscles are trained to maintain the existing mandibular malposture. They may also get excessively stressed. This approach is not optimal.

It is much preferable to establish diagnostically the correct functional relation prior to the initiation of myotherapy and to provide the patient with an orthopedic appliance which guides his jaw into the correct relation every time he swallows.

An abnormal tooth position to be treated by orthodontics can and perhaps should wait for myofunctional correction; a jaw malposture which could be treated via orthognathic therapy, must be handled prior or simultaneously with myotherapy.

Victor Penzer

LET'S TAKE A RATIONAL LOOK AT THE RECURRENT HAAS ARTICLE

R. H. Barrett

Since the first appearance of the article by Haas⁴, the present writer has been filled with an abiding desire to make an appropriate response. It became quickly apparent that this is no easy task. Since this article which claims to be "rational" is in reality, I feel, quite irrational, it becomes difficult to exercise self-control and remain objective, lucid, and reasonably nonaggressive in a line-by-line analysis.

There are several reasons for the present effort: (1) the passage of time seems not to dim the inflammatory influence of this pronouncement, so that further delay would seem futile; (2) copies and reprints continue to be received in my office, heavily punctuated with exclamation points, question marks, underlining and expletives, all requesting some rebuttal but not supplying any; (3) this article typifies some of the recent literature concerning oral myofunctional concepts which are negative in nature, filled with distortions, half-truths, and untruths, yet are eliciting no challenge or refutation from those more knowledgeable in the field. Positive published comment is overdue.

The opening paragraph of the article is as follows:

The fact that any controversy exists in regard to myofunctional therapy is indeed surprising. Consideration of the factors involved—the mechanics of the normal swallow, the mechanics of the deviate swallow, the claims of myofunctional therapy and the evaluation of these claims as sound physiological principles—makes the answer quite clear and facilitates an objective evaluation of myofunctional therapy.

We may heartily agree with almost everything in the statement, the sole reservation being to the all-inclusive referral to "the claims of myofunctional therapy;" Haas appears to be aware of only the extravagant, overly-dramatic, and unrealistic claims of some myofunctional therapists, and since he nowhere specifies that these are oral myotherapists, they may well be dealing with muscles of the pedal extremities.

Following the quoted paragraph, to which we must attribute a connotation quite opposite to that intended by Haas, it is difficult to find any further point of agreement. His lack of knowledge concerning oral anatomy and physiology is quickly apparent, as is his naivete in assuming that "learning to swallow" constitutes the entire field of oral myology. His oversimplified description of the swallowing act is unworthy of professional writing; it is misleading, atypical, and contains an erroneous reference to phonetic placement methodology, plus the added annoyance of a dentist using dental terms improperly. It is a petty matter, but since the incisal papilla does not cut anything, it should not be called the incisive papilla. This minor irritation is aggravated later when "open bite", a term reserved strictly for describing a vertical dimension, is repeatedly misapplied to overjet conditions, a horizontal relationship.