

Clinical Perspective

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TIMING IN MYOFUNCTIONAL TRAINING

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What is Timing?

Timing is Einstein,
Timing is Science,
Timing is Relativity.

It is bringing scientific correlation into the game. Timing is composing a schedule, deliberately organizing a sequence or series. Timing is the slight difference between a voluntary muscle action and a myofunctional exercise, between having an individual make such an action or taking it under therapy. (Let me call our partner in therapy "individual" as each patient is and should be treated as an individual, whether it be a boy, girl, man or woman.) Last, but not least for each individual exercise, timing means efficiency in Orofacial Myofunctional Therapy. It would not make much sense considering every possible relationship between every possible step in our therapy procedure as essential as each might be, because it is just elementary. For example, the importance of a thorough diagnosis preceding the planning of the therapy follow up. Nevertheless timing is precise, so: no precise diagnosis, no use for timing in therapy.

By this you can begin to see that the threads of timing are being woven through all levels, fixing the outer frame as well as shaping the smallest details of the design. It should be worth while to have an example lead us through this surely quite complex texture. The latest workshop of the German Arbeitskreis für Myofunktionelle Therapie (a professional organization similar to the I.A.O.M.) in Innsbruck this March dealt with the phenomenon of The Open Mouth posture, so this may serve as our example. First session and first contact between me and the individual I will now play the role of one of our esteemed colleagues from the bench of the Non Myofunctionalists: "Shut your mouth and everything will turn out well." Individual shuts mouth thinking, everything is going well. End of session, end of therapy. Next question: Which way did the individual shut its mouth? Which way? Are there different ways? Does the individual bite the incisors edge to edge or the molars with maximal strength, press the lips or the tongue laterally or against the front, high or low or bite on it or

on the mucosa of the cheeks or press the cheeks against the dental arches. For the individual its way is the normal way. Consequence: Timing.

The first step is instruction (the underlying texture) Declaring this to be the first step I show you my strong belief in you knowing the elementaries talked about: Precise diagnosis precedes precise therapy. If I would try to list and explain each coordinated or possible follow-up from our first contact with the individual it would be impossible. What I intend to do is show that the effect of our exercises can be widely altered by when you put them on the plan, where you put them, and how.

This is not just timing as setting a time, but offers so many different possibilities. That is why I feel I should at least mention the range of possible or essential planning even if it is, as I called it, elementary. That is, too, why I like to compare the whole to a texture, a woven fabric design which the Scotch would call a tartan. Every facet is essential: the material, how you put it on the frame and how it goes together, how tight to tie the knots and which kind of knots to tie. It is just the same with our exercises, the timing and the complete therapy plan.

All that is to show is the different modalities of application for our exercises and the resulting different effects. Treatment starts with thorough diagnosis. From my collection of over 150 myofunctional exercises which I have gathered through the years and recently published (Thiele, 1996), I have chosen about 20 exercises which I call the Diagnostic Exercises. They show for each muscle group in our field whether or not its actions are sufficient. As each muscle is tested, the results are written on the Diagnostic Form. The therapist then has quite useful information about localization, kind, and degree of the problem faced and can begin to plan a therapy program which will address the individual needs of the patient.

Instruction	Sensibilisation	Mobilization	Coordination
Motivation	Orientation	Eutonisation	Habituation

Figure 1.

The Underlying Texture of the Tartan Theory

Through the diagnosis we found out why the mouth was held open, leading us to the proper timing for the therapy plan. Next we told the individual what was wrong and how it actually should be, educating the patient and family to the consequences.

INSTRUCTION

Educating the patient and the family as to what the individual is doing right and wrong. Through our timing they are now representing Instructional Exercises. That leads us directly to the second step.

MOTIVATION

Making the individual understand the necessity to change things, to change their own behavior and to do that by active collaboration, keeping to the line all the time.

SENSIBILISATION

Now there is already the outer shape of the pattern in our texture. How does the individual know about its open mouth if it has lost the ability of organic feeling for example of the correct touch of upper and lower lip or Incisal Papilla and tongue tip. It is now time to sequence the different categories of exercises into the sessions. In this stage we put those exercises on the schedule that are helpful in correcting the sensibility of the part of the organism we are aiming at. Mostly we will first work on the superficial sensibility, of the cover, skin or mucosa. When we get to exercises dealing with the deep sensibility, we are already going to take the next step.

ORIENTATION

Our example individual does not know where it holds its tongue or mandible and at the same time does not know where to hold it. So the next phase in timing the schedule and choosing exercises will be to select the correct exercises to make the individual feel where it holds, moves or keeps the part of the mechanism aimed at. This again brings another problem onto stage: Do the tissues allow for a movement in the physiological frame? It may be too much. Most often it is not enough. Therefore timing the schedule means now selecting exercises which are able to produce the desired placement or movement. This is accompanied rather than followed by the necessity to make the movement go with the physiological strength of the working muscles, with the correct tone.

EUTONISATION

Timing requires exercises to either increase or decrease

the working or the holding tone of the targeted muscle. And this is timing, too. We have taken single muscles or groups under control. As our complex aim is the function, our next task in timing-in will be to knit the threads we tied down together, to form a pattern, the functional reflex.

COORDINATION

Guided coordination at first, later on coordination working by itself and controlled by the subconscious in the phase of habituation.

HABITUATION

For our treatment to be ultimately successful, the individual must habituate or make automatic the muscle placements and movements we have taught them through the preceding steps. The therapist must select and assign those exercises which will accomplish this goal. This is what I referred to previously as the form and follow-up of the different knots shaping out the fine structure of the special design. This is the core of our therapy. The perspective comes from sports medicine. The meaning is that an exercise gets its weight from how you practice it and when you practice it.

As an example let us take that open mouth exercise 'M'. The individual is instructed to produce the sound 'M'. That exercise offers us a bouquet, a multitude of possibilities for its application, with and without materials to support the actions, in combination with and without other exercises to gain feeling, orientation, posture, tone, flux, width, ease or rate of movement. Most of our exercises offer these possibilities. It depends on our timing, what effects we gain from them. That is what the word at the beginning meant: Timing is Relativity.

It means that we should know for each exercise:

- *in which phase we might use it
=timing within the general therapy schedule.
- *in which combination we might arrange it
=timing within the actual training session.
- *in which mode we might have it be carried out
=timing within the exercise itself.

Our example exercise "M" is one of those exercises that fits into every category of the treatment program. As a Diagnostic Exercise, "M" will provide us with a lot of information about whether or not and how the lips are closed. Therefore it will trigger our first conclusions about what is going on with the individual and which exercises might be needed in therapy.

For the Instruction phase of treatment, "M" helps us tell the individual what we expect it to do when we ask to

close the lips.

For Motivation, we may instruct the individual to practice the exercise looking in a mirror, to demonstrate how much better the face looks with the lips closed.

For Sensibilisation we may time it in first with helping material, i.e. a small plastic plate of stamp size hung around the neck with a ribbon and held with the lips to learn the touch feeling. (Carried between the lips at any possible time we meet it again in the Habituation phase.) Later on the mere feeling of direct lip contact will be sufficient to train the posture.

For Orientation, the same procedure is practical. Feeling the plate at the correct place, the lips learn where they are to meet and shall later on find this posture without it.

For Mobilization, the same as above. The difference here is that at the beginning the lips may not be able to hold the plate in the mid-line. So it is at first kept near the corner of the mouth, left, then right and eventually being shifted to the middle, and later releasing the holding tone. This is another aspect of timing called "Increasing Standard" that can be adapted from session to session but also in one session from training phase to phase, which means again two different sorts of timing.

For Eutonisation, we have just talked about releasing the holding tone. Hold the plate with minimum effort. With the same procedure but using a different technique we are able to accomplish an increase of tone: "Hold the plate while you pull down the thread slightly."

For Coordination in its most simple way we need to activate more muscle groups as in allowing the mandible to open slightly without the teeth contacting and allowing the chin to move downward while maintaining a relaxed mentalis.

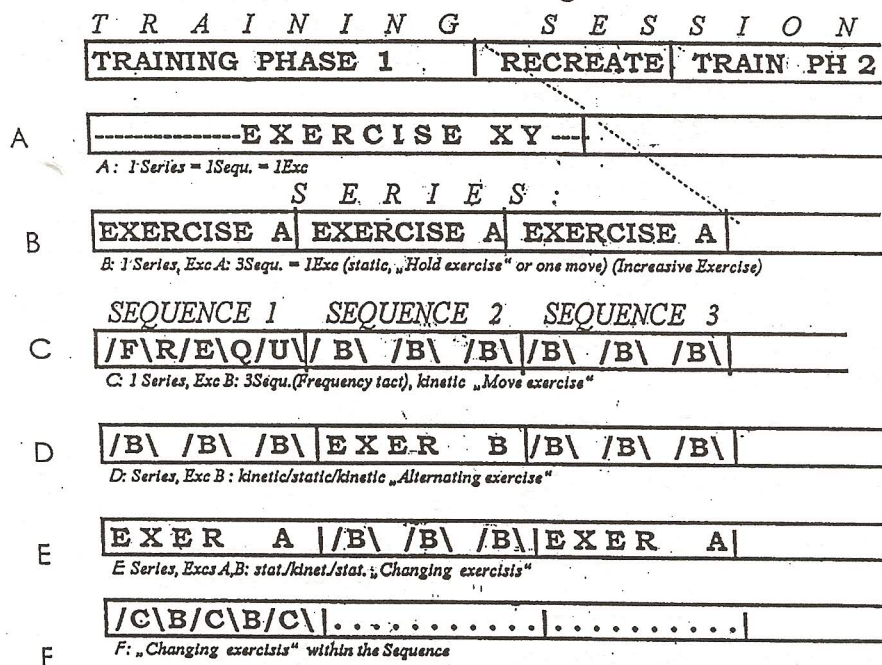
For Habituation, timing would mean working out a special timetable for self-supervision during the day and later on during the night. To demonstrate, how timing changes the inner structure of practicing of an exercise, we look at Figure 2.

Timing in sports training is most essential. There should be warm-up, working and resting phases. Furthermore it is essential how we structure each working (training) phase, accomodating the limits of the individual.

But in our special case we will have a look at how timing changes our example, the "M". We must use creativity to mold an exercise to make it most effective for the

Figure 2

Organization of a Training Session - Timing -



special case we are confronted with. Under this point of view our exercises really offer a wide scale of possibilities.

(A) If, "M" or any similar (i.e. static) exercise is set for a whole phase of 5, 10, 15 minutes or more it stabilizes posture and tone and carries the action down under the control of the subconscious. For short it is called a "Hold Exercise."

(B) If we want to influence muscle tone or stretch the tissue, we divide the Phase in sequences to form a series. The sequence is shorter, about 1 or 2 minutes. It is interrupted by pauses shorter than a recreation phase, about 1 minute. From sequence to sequence there may be put a little more load or stress on the performing. This can be done in two different modes. In the static mode of a "Hold Exercise" the training posture will be held for the full time of the sequence, usually by slowly counting to a given number. The instruction to the patient might be, "Contact lips, count to 20, and release". In the kinetic mode of the "Move Exercise", the training posture would be reached by a gradual and continual motion or movement to the end of the Sequence, again while counting to a given number. The instruction might be, "Gradually close your lips to "M" while slowly counting to 10." The effect achieved from the "Move Exercise" is quite different from the "Static Exercise" and can additionally be changed by combining both modes, as in Sequence 1 static, Sequence 2 kinetic and so on. This manner of performing works well on mobility of the lips and trains the subconscious mind to move toward as well as hold the correct resting posture of the lips.

(C) Another variation of timing aims at motility, the frequency and ease of the motion. Under this type of timing, the Sequence is divided into rhythmic tacks. Each tack is counted, so it forms a frequency. The movements now are fast: "Reach the posture - back to start - reach the posture - back to start..." repeatedly, while counting to a given number.

(D) Another possibility combines one sequence "Hold Exercise" with the next sequence of "Frequency tack". This is called "Alternating Exercise" and accomplishes both mobility and motility. In the first sequence, the patient would close the lips, release, close the lips, release...twenty times. Pause. Then close the lips and hold for twenty seconds. Pause. Then close, release, close, release, etc. This way of performing two different modes of one exercise can be done with many of our exercises.

(E) If we link together in a series two different exercises

representing the two different modes of static and kinetic this means changing from one exercise and mode to the other in a "Changing Exercise". The combination of these exercises has to be chosen most deliberately. The two exercises will support each other and thus multiply the efficiency of each. In the example in Figure 2, we choose the combination of a "Hold Exercise" with a tacted "Move Exercise." Combinations of two different "Hold" or "Slow motion" are possible too. "Slow motion" tends more to the "Hold Exercises." We may say, that through this sort of practicing we obtain a kind of holding tone in different states of muscle elongation. Examples might be: Broad Grin and hold /change/ 'M' -release /change/ Broad Grin and hold /change/ and so on.

(F) And if we give both exercises a frequency and change between them from tack to tack within the sequence just performed, we gain a special effect on the motility under a high stressing, thus forcing good coordination. Performed as: Count: "M"-Grin-"M"-Grin-to twenty. And to repeat the main possibilities of timing, just take another look at Figure 2. Critical colleagues, who think that our therapy consists mainly of holding a small orthodontic elastic on the tips of the tongue, will have to confess that every single exercise can be "shaped" and "timed" by a skilled therapist to produce the desired result.

REFERENCE

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