From the Editor

Response to 1977 Position Statement by the American Association of Orthodontics

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Forum

The following statement was published by the A.A.O. in May of 1977. While it is discouraging to learn that the A.A.O. has adopted the position statement issued by another committee, it is hoped that the members of the I.A.O.M. will take this statement as a challenge and either document their claims with hard data or begin to collect research data which is gathered scientifically and which will contribute to the storehouse of knowledge so desperately needed in the field of oral myology and oral myofunctional therapy. Ed.

Statement adopted by the American Association of Orthodontists House of Delegates, May, 1977

The American Association of Orthodontists endorses the Policy Statement Relative to Myo-Functional Techniques developed by the Joint Committee on Dentistry and Speech Pathology and adopted by the American Speech and Hearing Association in May, 1975:

Review of data from studies published to date has convinced the Committee that neither the validity of the diagnostic label tongue thrust, nor the contention that myo-functional therapy produces significant consistent changes in oral form or function has been documented adequately. There is insufficient scientific evidence to permit differentiation between normal and abnormal or deviant patterns of deglutition, particularly as such patterns might relate to occlusion and speech. There is unsatisfactory evidence to support the belief that any patterns of movements defined as tongue thrust by any criteria suggested to date should be considered abnormal, detrimental or representative of a syndrome. The few suitably controlled studies that have incorporated valid and reliable diagnostic criteria and appropriate quantitative assessment of therapy have demonstrated no effects on patterns of deglutition or oral structure. This research is needed to establish the validity of tongue thrust as a clinical entity.

In view of the above considerations and despite our recognition that some dentists call upon speech pathologists to provide myo-functional therapy, at this time, there is no acceptable evidence to support claims of significant, stable, long term changes in the functional patterns of deglutition and significant, consistent alterations in oral form. Consequently, the Committee urges increased research efforts, but cannot recommend that speech pathologists engage in clinical management procedures with the intent of altering functional patterns of deglutition.