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## Commentary

## Guest Editorial: Aspirations for the 1980's

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## "Aspirations For The 1980's"

## by Marvin L. Hanson and Robert M. Mason

One of the principal reasons for founding the International Association of Oral Myology was the aspiration to improve the quality of therapy provided for patients with orofacial myofunctional disorders. As a result of the expected improvement in therapy, it was believed that the image of those who provided the therapy might be enhanced in the eyes of speech pathologists and dental specialists. The founders felt that the primary skepticism of many professionals regarding the legitimacy of such therapy had its origin in a perception of inadequate training and professionalism of many therapists-large numbers of whom had less than a four-year degree. Accordingly, one certification requirement adopted by the organization was the possession of a fouryear degree in a related field.

In June of this year, the International Association of Oral Myology kept its initials but changed its name to the International Academy of Orofacial Myology, as it merged with the Academy of Oral-Facial Muscle Imbalance. With the name change came a revision of the constitution and By-Laws to include provisions for attracting competent clinicians to the Academy, and to provide for a new level of certification for those members who did not hold four-year degrees. Clinicians working under the direct supervision of a dentist or oral myologist who hold active certification, could qualify for associate certification in the I.A.O.M.

This step was viewed as a pragmatic one, since many competent orofacial myologists who do not hold degrees and were previously excluded from membership in the Academy because of a lack of formal training are now included and represented. The organization resolved to upgrade the training of these clinicians by providing courses within the framework of the IAOM. We support the actions of the IAOM with respect to these modifications in the constitution and By-Laws and view the change as an important step forward.

Nevertheless, two questions might justifiably be posed: 1) Are we not, in fact, lowering our standards when we should instead be raising them? and 2) if we want to continue to improve our image in the eyes of our fellow professionals, should we not require at least a four-year degree of all certified members? The formulation of answers to these questions involves considerations common to many professions, including medicine, dentistry, psychology, education, special education, and speech pathology. The considerations relating to the role of incompletely-trained personnel appear to us as a central issue that should be addressed in the evolving dialogue of our Academy.

In medicine, physician's assistants are trained to examine patients and take case histories preliminary to the contact between the physician and patient. In dentistry, assistants learn to do much of the routine preparatory work of the general dentist and the specialist. Teacher's aides are becoming more common in the classroom. Parents of autistic children are being taught to train other parents of autistic children basic principles of effective care and training. Speech pathologists are becoming more aware of the value of providing basic training for parents and for aides. Certification, of course, is not available to aides, but it is available to assistants in some professions. Its availability does not appear to damage the image of the mother profession; instead it improves the service rendered by the professional by assuring consistency of high-level services afforded the patients. In the years ahead, a perspective needs to be firmly established that clearly delineates the role of the oral myologist as per training level.

Our growth as an Academy should, in our view, reflect many aspirations. Foremost among these is a concern for each member's continued growth as an individual and clinician. Future deliberations about professional standards and certification levels should be conducted in such a way that the individual is not sacrificed for the sake of our "image".

The type of growing pains that we are experiencing as an Academy have great importance in our quest for professional stature. Each member has a responsibility to participate in the deliberations of I.A.O.M. and to carefully balance what is best for us as individuals and as an Academy. As answers and policies evolve, such as the issue of the role of incompletely trained personnel cited above, our future course should be charted. Hopefully, with your participation, it will be a worthwhile journey.

In an attempt to stimulate participation and reflection about our direction of growth as an Academy, a companion article about the nature of I.A.O.M. as a profession was prepared for your consideration.