Clinical Perspective

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The Nature Of Orofacial Myology As A Profession

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The recent organizational changes within the International Academy of Myology, with the associated infusion of new members, signals an era of new growth. The successful development of any professional group involves the careful selection and implementation of philosophies, goals and operational procedures. A young Academy, such as I.A.O.M., needs to develop and refine a clear set of aspirations that serve to motivate its membership to contribute toward a common positive goal. Such activity should stimulate personal growth while also developing a character to the Academy.

Abraham Lincoln distinguished between character and reputation, contending that character is like a tree, and reputation is its shadow. What we see is its reputation, but the real thing is the tree. As I.A.O.M. begins the 1980's as an Academy, it seems fitting to examine the nature of orofacial myofunctional therapy as an aspiring profession. It is hoped that such a self-evaluation of progress will aid in furthering the development of a unique character for I.A.O.M., as well as a solid and progressive reputation.

THE NATURE OF A PROFESSION

The three time honored professions that have served as a model for comparison are Medicine, Dentistry, and Law. The organization and stated purposes of these groups have been analyzed by various writers in the study of a framework of two educators who are desirous of improving the professional quality of education.

In keeping with the analyses of Lieberman¹, and Stinnett², the essential characteristics of a profession can be summarized as follows:

1. A profession provides a *unique, definite, and essential social service*. No other profession provides this

service. The profession has definable limits.

2. A profession has a *unique body of knowledge*. The profession emphasizes intellectual techniques in performing its service, as opposed to primarily physical procedures. Physical techniques may, however, be required in the performance of those services.

3. A *long period of specialized training* is required to perform the services. The four year program of basic medical training, followed by a residency experience, is an example. The training should be, however, primarily intellectual.

4. There should be a *broad range of autonomy* for the individual practitioners and for the profession as a whole. Members should be allowed to exercise their own judgement and make their own decisions. Within the scope of this professional autonomy there should be an *acceptance of broad personal responsibility* for judgements made and acts performed. Professionals should be aware of the consequences of their decisions.

5. There should be an *emphasis upon the service to be rendered*, rather than upon the resultant economic gain.

6. A profession is a self-governing organization. A comprehensive organization of practitioners should be formed, with the wherewithal to govern themselves and enforce standards.

7. There should be a tried and tested code of ethics. Any ambiguity in the statements should have been clarified by applications to concrete cases.

8. A profession requires continuous in-service growth.

Is Orofacial Myology a Profession?

Measuring ourselves by the yardsticks of Lieberman and Stinnett, we make the following observations:

1. *Uniqueness of service*. Although those who treat orofacial habits come from various professions, the special training they have received subsequent to training in those professions prepares them to perform a service reached by no other profession. There are some reservations, however. Some dentists recognize the importance of habits and treat them with appliances designed to regulate the amount and location of muscular action against the teeth. Some speech pathologists, without attempting to correct a total orofacial habit disorder, establish correct lingual resting postures as a first step in the correction of a lisp. Generally, however, orofacial habits in their total scope are treated only by orofacial myologists.

Lieberman stated that professions have definable limits. This is, and should definitely continue to be, a characteristic of orofacial myology. As is the case in related professions, the limits continue to expand as knowledge increases, but the disorders treated remain within the category of oral and facial habit disorders. For example, many orofacial myologists are working with biofeedback in the treatment of temporomandibular joint dysfunctions. Some are applying principles of kinesiology in their work. Practitioners seem to be unified, however, in their refusal to infringe upon the work of professionals in other fields. An important guiding principle is to always detect, evaluate, and, whenever possible, eliminate out non-habit etiologic factors before myofunctional procedures are instituted.

2. *A unique body of knowledge.* At this point in our growth, orofacial myology is not able to claim a specialized vocabulary or information base that would distinguish it from other professions. The special language of the lawyer is an example of unique knowledge that characterizes that profession, and permits its members to communicate uniquely among one another.

In our opinion, I.A.O.M. will grow commensurate with, in part, the clarification of terminology and constructs employed by its members. Such clarifications should serve to enhance the character and reputation of I.A.O.M., while also focusing attention to a direction of professional growth that is acceptable in the scientific community.

3. *A long period of training, primarily intellectual.* Stinnet states that there should be "extended professional preparation." Orofacial myologists do have some extended preparation, but their period of training is highly variable. Certainly the training of the oral myologist does not compare with the specialized training in the three classic professions. This characteristic is one of our field's weaker points.

There exists in the United States, and in the world, to our knowledge, no college or university training program which specifically trains orofacial myologists. Interested persons have had to seek private training for their "extended professional preparation." An important charge for the I.A.O.M. in the future will be to strengthen myologists in this area.

4. *Individual and group autonomy.* When the member of the Board of Examiners of the I.A.O.M. observes the aspirant for certification, he or she is favorably impressed when the clinician (1) demonstrates originality, creativity, and individuality in treatment approach and procedures, and (2) demonstrates an ability to work with clients representing a great range of ages and types and severities of problems. Most orofacial myologists pride themselves in their versatility and inventiveness, and in their reluctance to conform to someone else's prescribed program of treatment. Undoubtedly, however, there exist many poorly-trained clinicians who do not possess these traits. It is these people that the I.A.O.M. seeks

to motivate and to assist in improving their skills and broadening and deepening their knowledge.

As an occupational group, orofacial myologists are generally autonomous. Those clinicians who work only under the supervision of a certified myologist are a member of a clinical team which functions independent from supervision of another profession. The supervisor is not qualified to oversee the work of the clinician merely because of the former's training as a dentist; only when he receives the "extended training" as an orofacial myologist does he qualify to supervise another clinician. Orofacial myologists are not, as a group, under the jurisdiction of any other profession. We are cognizant, however, of exceptions to this general condition.

5. *Service-oriented treatment.* We occasionally hear of a few clinicians whose fees seem to indicate that the acquisition of wealth takes precedence in their minds over the provision of service, but this is a value judgment that would be difficult to substantiate, and does not appear to characterize members of the I.A.O.M. Most of our acquaintances, from all we can perceive, are dedicated workers, whose primary concern is the welfare of their patients. We would rate this characteristic as one that may still need some strengthening among certain members of our "profession," as well as among members of most professions.

6. *A self-governing organization.* The newly-formed International Academy of Orofacial Myology is a small, but well-intentioned and effective association. Lieberman includes the adjective, "comprehensive" in his description of an effective organization. The recent merger with the Academy of Oral Facial Muscle Imbalance, along with the establishment of the associate level of certification, represents a significant step toward the goal of reaching more practicing myologists. The constitution and By-Laws of this organization have been well-written. The Academy has the structure and means necessary for governing its members and enforcing its standards. Its track record to date has been admirable. Anyone who has passed its written certification exam has at least passed a considerable amount of information through his mind. Annual conventions and

regional meetings have consistently manifested the desire of I.A.O.M. members to learn more about their own and allied fields. Although the professional organization is in its infancy, to our thinking it deserves a very high rating to date on the development of this characteristic. Nonetheless, however, I.A.O.M. does not represent or control all orofacial myologists in this or any country. Until it does, it cannot qualify as a self-governing organization in the same sense as the A.M.A. affects all physicians in this country.

7. *A Code of Ethics.* Lieberman very strongly asserts that the Code of Ethics should have been in existence long enough to be tried and tested, before the occupational group it represents be deserving of the term "profession." The Code of the I.A.O.M. does not meet that requirement yet. It has been applied on a very limited basis to concrete cases. Nevertheless, the Code of Ethics upon which it is based, that of the American Speech, Language and Hearing Association, does appear to satisfy that requirement.

8. *Continuous in-service growth.* In-service growth is provided to members of the I.A.O.M. in three ways: (1) national and regional conferences provide speakers and courses which expand the theoretical and clinical knowledge of those who attend; (2) the *International Journal of Oral Myology* keeps the readers informed of the innovative clinical approaches and pertinent research and writing in the field; and (3) the organization encourages, and provides means for, individual development leading to certification.

In answer, then, to the question, "Is orofacial myology a profession?" we would say, "It is moving in the right direction." It appears to satisfy some of the characteristics exemplified by Medicine, Dentistry, and Law, while moving in a positive manner toward qualifying in other areas.

What Steps Might Be Taken To Strengthen Our Status As A Profession?

In general, the answer to this question is to maintain our areas of strength and improve those characteristics which are inconsistent or weak. The characteristics of a profession presented above could serve as a template for directing profes-

sional growth in I.A.O.M. Some specific goals that we see as important and realistic are:

1. Establish more training in orofacial myology in dental and speech pathology college and university curriculums. This might be done in many ways. The I.A.O.M. might formulate separate course outlines for use in survey courses in orofacial myology for dental students and speech pathology trainees, and make them available to training programs in those fields. Efforts might be made to encourage a more positive position statement from the Joint Committee of Dentistry and Speech Pathology-Audiology as presently constituted. Such a statement might include guidelines for the type of research that is needed and a summary of major issues that need to be resolved. This might serve to remove any stigma now associated with the teaching of such courses at the university level. The I.A.O.M. might also publicize to university training programs the availability of lecturers for short courses to acquaint students with the body of knowledge concerning oral habits and their relationship to the dentition and to speech.

2. Organize and carry out scientifically acceptable and controlled research projects which will determine the efficacy of various forms of orofacial myofunctional therapy. The results of these projects should be made known to members of related professions through publications in their journals.

3. Disseminate information to dental and speech pathology specialists concerning the requirements for certification in the I.A.O.M. Certified members should be encouraged to make their patients and referral sources aware of their special qualifications as a certified member of I.A.O.M.

4. Strictly enforce the Code of Ethics of the I.A.O.M. Devise a means of receiving input regarding breaches in compliance with the Code.

5. Formalize the in-service training by adopting an objective system of requirements for continuing education for members of I.A.O.M.

6. Identify and influence more practicing orofacial myologists and more prospective trainees by disseminating information in appropriate professional journals regarding the organization, its journal, its training courses, and its national and regional conferences.

7. Establish the I.A.O.M. as a nationally or internationally recognized and registered organization. To set up standards for our own use is commendable, but a concerted effort should be made to achieve formal recognition at the national/international level as the official, registered certifying agency for orofacial myofunctional therapy. This would appear to be a landmark step in our growth and influence.

OUTLOOK FOR THE FUTURE

Honest men hold differing opinions. Many writers, among them speech pathologists and dentists (including the current authors), have raised doubts or disagreed regarding the validity of selected aspects of orofacial myofunctional therapy. It is hoped that these skeptical comments can provide an impetus to formulate appropriate research questions and answers, with an acceptable data base. Other challenges involve professional organizations which publish statements questioning the efficacy of orofacial myology; insurance companies which refuse to provide coverage for orofacial habit treatment; licensure laws which may over-regulate; and potential referral sources who remain unaware of the possible detri-

mental effects of oral habits. While factors such as these place barriers in our paths, such barriers can also serve to motivate a dedicated membership to develop strategies to alleviate such complications.

We are well on the way to establishing ourselves as a profession, worthy of the respect and cooperation of other professionals. I.A.O.M. has responded positively to the critical appraisals published in the journals of three professional organizations which cast doubt on the validity of orofacial myology. As a product of these comments, in part, our organization has grown considerably. The more competent clinicians have seen their practices flourish, and some less competent, poorly-trained clinicians have abandoned the field. Clinicians are hungrily seeking knowledge, and are demonstrating an unwillingness to be bound by traditional approaches to treatment. New members have been welcomed into the fold, many of whom have different backgrounds and attitudes and experience relating to orofacial myology. It is hoped that the current diversity within the membership of I.A.O.M. will evolve as one of its most positive components.

An atmosphere of respectful discussion of differing viewpoints, with an honest attempt to document the evolving clinical acumen, should yield important dividends in our quest for professional stature. Let our character develop in such a way that our reputation will accurately portray the breadth of our differences and yet the strength of our unity of purpose.

BIBLIOGRAPHY

Lieberman, Philip, *Education as a Profession*. Englewood Cliffs, New Jersey: Prentice Hall, 1956.

Stinnett, T. M., *Professional Problems of Teachers*. 3rd edition. London: MacMillan Co., 1968.