Clinical Perspective

Applications of orofacial myofunctional techniques to speech therapy

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CLINICAL EXCHANGE

Applications of Orofacial Myofunctional Techniques to Speech Therapy

Cynthia F. Landis, MA, CCC

This article is based on a lecture presented at the International Congress of Oral Myofunctional Disorders and Corrective Techniques in Mainz, Germany (June, 1994).

A speech-language pathologist describes how she uses oral myofunctional therapy techniques in the treatment of speech articulation disorders, voice disorders, stuttering and apraxia of speech. Specific exercises are detailed.

With the controversy over the efficacy of oral myofunctional therapy during the 1970's, many speech pathology programs in the United States did not teach courses involving this treatment of the oral-motor mechanism. These speech courses generally focused more on changing overt behaviors via auditory discrimination techniques and less on addressing underlying postures and movement patterns. Fortunately, this has been changing, especially with the American Speech-Language-Hearing Association's recent adoption of the 1991 position statement on "The Role of the Speech-Language Pathologist in Assessment and Management of Oral Myofunctional Disorders."

Oral myofunctional therapy techniques offer the speech pathologist an array of tools which can maximize and shorten the treatment process of several speech disorders. With its focus on orofacial muscle tone and rest posture, this field of study provides an additional set of "lenses" with which to view the speech impaired client. It allows one to individualize treatment based on specific observations of oral functioning and status.

In this article, I will describe how I use oral myofunctional (OMT) therapy techniques to

improve underlying oral-motor dysfunctions in children and adults with disorders of speech articulation, voice, fluency (stuttering), and apraxia. I have found these techniques to be very effective as part of the treatment of these disorders. They are also helpful in the treatment of various dysarthrias; however, this discussion will be limited to the aforementioned disorders. My information comes from my OMT studies with the IAOM; my teachers: Kim Benkert, Robert Grider, Marvin Hanson, Pamela Marshalla, Patricia McLoughlin, Marjorie Snow, Joseph Zimmerman; and from my own therapy experiences.

Speech Articulation Disorders

When I see reduced tone or weakness in the lips and weak labial sounds /p, b, m/, I use the following exercises:

- Zickefoose's lip exerciser or one inch button pulls with lip tension pulling against the button.
- Tongue blade or index card held between the lips. I tape weights, such as coins, to the ends to increase the challenge.
- Lip pops. (See Appendix - Section A)

When there is excessive tension in the lips or mentalis, I use:

- Zickefoose's lip exercises or one inch button pulls allowing the lips to balloon forward.
- Lip stretches.
- Ventriloquist Face Exercise. (See Appendix - Section B)

A child with interdental or lateral sibilant sounds such as /s,z/, often has acoustically normal-sounding lingua-alveolar sounds /t,d,n,l/, but the child produces these sounds incorrectly. The jaw is lowered and the tip of the tongue is against or between the anterior teeth, while the sides of the tongue are spread between or press against the lateral teeth. To improve the /s,z/ sounds, I find it helps to address proper production of the lingua-alveolar sounds first.

To correct dentalization or interdentalization of lingua-alveolar sounds, affricates, and sibilants /t, d, n, l, ch, j, sh, s, z, zh/, I initially work on normalizing oral rest posture. I teach the client how to rest the mouth with the tongue on the *spot*. This *spot* is located posterior to the incisal papilla in the region of the second rugae behind the upper teeth on the hard palate. The lateral margins of the tongue press upward against the lingual sides of the upper molars. The lips are gently closed, and the teeth rest slightly apart. See Figure 1. Then, I select from the following exercises to increase sensory awareness, tone and fine motor coordination:

- Tongue Pushes
- Seal & Stretch
- Tongue Sit-ups
- Tongue Ticks
- Tickling the Spot
- Tongue Bowls
- Tongue Bowl Sequences
- Slurps
- Flat/Pointy Tongue
- Ice Stimulation to tongue tip and lateral margins. (See Appendix - Section C.

In conjunction with these exercises, which I select based on individual need and ability, I assign specific speech sound practice. Once /t,

d, n, l, ch, j, sh, zh,/ are produced correctly, /s, z/ are far easier to stimulate.

Some clients need to develop greater fine motor control of various muscles involved in the movements of the tongue, lips, jaw. They show reduced differentiation of muscles of facial expression from muscles of speech articulation. Difficulty with jaw stabilization can also be an issue underlying inappropriate tongue postures and movement patterns. Some clients display excessive overflow muscle activity in the lips, cheeks, jaws, nares, (e.g. flaring of the nostrils).

To reduce muscular over-involvement, I use jaw stabilization exercises. These involve the use of a straw (i.e. narrow drink-stirring type) placed between the teeth during the previous exercises (e.g. Tongue Ticks, Tongue Sit-ups, Tickling the Spot, lingua-alveolar sound and word practice). Lightly touching the jaw to quiet excessive movement is very effective. The Ventriloquist Face exercise is also useful for resolving the problem. (See Appendix - Sections D and B.)

Voice Disorders

I have found that OMT techniques have been helpful in treating patients with voice disorders, i.e. individuals presenting with vocal nodules, polyps, functional voice disorders, even spastic dysphonia. Frequently, these patients display excessive muscle tension. Vocally impaired patients often report experiences of neck and jaw pain. Palpation of the face and laryngeal areas will often reveal tight masseters, an elevated hyoid, and reduced thyrohyoid space due to increased tension in the musculature. These patients benefit from OMT exercises designed to develop more appropriate tongue resting postures and muscle function. Accordingly, they benefit from developing more accurate and efficient speech articulation.

I demonstrate to patients how improving general body posture and increasing tongue tip elevation and function allows the laryngeal musculature to release downward and function

more appropriately. I encourage the patient to develop a comfortable upright body position whether sitting or standing. In seated positions, it is important to be able to place the feet flat on the floor. A box or step of some sort may need to be placed under the feet of shorter individuals. Some may need to be taught not to tuck their feet behind them; this promotes forward head posture which results in the orofacial and laryngeal musculature having to function in a compensatory, or less easy and efficient, manner. When normal body posture cannot be restored with simple demonstration, a referral for physical therapy may be necessary.

The client may work on a series of tongue tip exercises and work on lingua-alveolar sounds /t, d, n, l, ch, j, sh, s, z, zh/. Vowel sounds may need to be modified, especially if there is excessive tension or humping in the posterior tongue. Have the client rest the tongue tip on the lower anterior teeth and maintain this posture for open vowels like /a, ai/ and words with these vowels. Sometimes clients work on production of a slightly more anterior and breathy-sounding /k/ sound for the same purpose, i.e. to reduce excessive posterior tongue tension. I stroke the middle or blade of the tongue and encourage contact with the hard versus soft palate. This activity can also aid in production of the /r/ sound and general jaw stabilization by elevating the lateral margins of the tongue. *See appendix - Section E.*

These techniques have an added benefit of improving resonance and volume. By subtly changing the movement patterns of the articulators, we effect the size and shape of the resonating cavities of the oropharynx. This appears to reduce hyper- or hyponasality and increase loudness with very little effort.

Dysfluency (Stuttering)

While I do not propose that OMT techniques alone can resolve disorders of fluency, I do find they can be beneficial when used in conjunction with more traditional dysfluency treatment techniques. If one views dysfluency as a

breakdown in the normal mechanics of speech production, then it makes sense to consider oral-motor function and speech articulation along with the more traditionally addressed aspects of speech, such as airflow, breath support, pacing, etc.

Close observation of speech articulation in a dysfluent patient will often reveal some underlying oral-motor dysfunction and patterns of speech production that are more effortful than normal. One example seen in this population is excessive posterior tongue tension. This can be addressed through the techniques just mentioned, or within the context of vowel-consonant movement patterns. I may begin with tongue bowl and tongue recoil exercises (*see Appendix - Section C*), then focus on vowels + /r/. Thus, I may work on /ar/, /ir/, /or/, /aur/. This has been helpful to clients who have blocks on words beginning with vowels. *See Appendix - Section E.*

Blocks on initial sounds do not reflect a problem with that sound per se. Rather it is the movement into the next sound that is problematic, and the underlying ability to carry out that movement as easily as possible. This is why I suggest working on the underlying mechanics. Another example would involve excess tension in the lips and difficulty moving into the next sound for words such as *my* or *me*, etc. In this case, it is helpful to prescribe the exercises for reducing lip tension mentioned earlier and then proceed to movement patterns reflecting troublesome consonant-vowel combinations. *See Appendix - Section B.*

To alleviate disorders of fluency, I suggest combining two approaches:

- 1) addressing the individual's specific oral-motor and speech articulation skills, and
- 2) developing strategies for increasing ease of onset and flow of speech via traditional fluency treatment techniques.

Apraxia of Speech

OMT techniques adapt well to treatment of apraxia in both children and adults. Apraxia, as I use the term, refers to impairment in ability to position the articulators consistently to produce speech sound combinations. Individuals with apraxia display inconsistency in their errors. This reflects their impaired coordination and sequencing skills. They know what they want to say but it can come out several different ways each time speech is attempted. They, perhaps, even more than most, need to spend time developing greater awareness of their orofacial musculature, greater volitional control over their lips, tongue, and jaws, and greater volitional control over their oral movement patterns.

Traditional approaches to treatment for this population address practicing sound sequencing in a hierarchy from vowel sequences, consonant-vowel (CV) sequences, consonant-vowel-consonant (CVC) sequences, to targets within phrases, etc. Treatment might begin with exercises to stimulate greater awareness and control over the lips with three highly visible vowel shapes /u/, /i/, and /au/. These could then be combined with /p, b, m/ for /pu, pi, pau, /bu, bi, bau/, /mu, mi, mau/, before working on labial words and phrases.

Since so many consonants in English approximate the spot, it makes sense to target this lingual position and learn and overlearn it in normal oral rest posture, in various oral-motor exercises, and in sound-sequencing hierarchies. This can be done with /t, d, n, l/ combined with the same highly visible vowel shapes, e.g. /tu, ti, tau/ /tut, tit, taut/ and more functional words, e.g. *neat*, *lead*, *doubt*, etc. The level of challenge can be gradually increased in other ways. Pair *my* with the previously practiced lingua-alveolar word, or combine labial and lingual-alveolar sounds within the same words, e.g. *boot*, *beat*, *bout*, etc. The spot provides an important stabilizing point from which to operate. Brief periodic tongue to spot exercises may be needed (e.g., Tongue Ticks, Seal & Stretch, etc.) to stay on target or to get

back on track if the lingua-alveolar sequence is lost. (See Appendix - Sections C and F.)

Conclusion

To summarize, OMT techniques have influenced of my work with various speech disorders. OMT techniques provide tools for working on underlying mechanisms of easy and efficient oral-motor and speech functioning. It has been my experience that when I stop just listening to a person's speech, and start looking very closely at what the individual is doing with his or her orofacial system, it opens up many new avenues for effective *individualized* speech therapy.

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APPENDIX

Oral-Myofunctional Exercises

Please note the following: The numbers of repetitions or frequencies of practice given for these exercises are rough estimates and must be adapted with professional judgment to meet individual levels of ability and need. The art of therapy involves the ability to select and combine various exercises effectively. Also, use of a mirror provides visual feedback which greatly enhances the quality of targeted postures and movement patterns. This list of exercises is by no means complete. There are numerous other techniques to explore. (See References.)

Exercises for Reduced Tone or Weakness in the Lips

1. **Lip Pulls** • Place Zickefoose's lip exerciser or a one inch button threaded with a piece of dental floss or thread inside the lips and in front of the anterior teeth. The lips resist a moderate pull from a hand pulling on the attached thread. Be sure it is held straight ahead of the lips, and not tilted downward or upward. Resist for 10 seconds. Relax. Repeat 10 times twice a day.
2. **Lip Touch & Hold** • Place a tongue blade between the lips and close the lips gently to hold it in place. Be sure the tongue blade is not between the teeth, just the lips. This can also be done with a stiff piece of paper such as a note card. Start with 1-2 minutes and gradually increase the time. Weighting with coins taped to the ends of the tongue blade increases muscle challenge.
3. **Lip Swings** • Close teeth and put tongue blade in lips (as above). Swing slowly from side to side 20 times, twice a day.
4. **Lip Pops** • Pull the lips inward and tightly seal the lips together. Quickly open the lips releasing a popping noise. Do 10-15 times twice a day.

Exercises for Excessive Tension in the Lips or Mentalis

1. **Lips Pulls** • Same as above, however, allow the lips to balloon forward for 10 seconds. Relax closed lips for five seconds. Repeat.
2. **Lip Stretches** • Open the mouth and pull the lips inward as much as possible. Keep the lips open while doing this. Can also do this exercise by placing a narrow soft rubber tubing between the lips and the teeth and by stretching for 10 seconds. Relax. Repeat 10 times twice a day.
3. **Ventriloquist Face** • (Also helpful in reducing general over involvement of facial muscles: Extra lip and cheek puckering/retracting or flaring of the nares.) Try any articulation exercise while looking in a mirror and keeping the mouth open slightly for 1-2 minutes at a time. Increase time as tolerated.

Exercises to Increase Tone and Fine Motor Coordination in the Tongue and Orofacial Musculature

1. **Tongue Pushes** • Stick tongue straight out. Do not close the lips or teeth around the tongue as it protrudes. Hold the flat side of a tongue blade against the tip of the tongue. Try to make the tongue as narrow and pointed as possible. Use the tip of the tongue to push against the tongue blade while resisting with the hand holding the tongue blade. Resist 10 seconds. Release. Immediately place the tongue tip on the *spot* * and say "ta-ta." Repeat 10 times twice a day.

2. **Seal & Stretch** • Place the tongue tip on the *spot*. * Suck the dorsal surface of the tongue into tight contact with the hard palate. This should make the lingual frenum stretch. Hold for approximately three seconds then release. This makes a popping noise. Repeat 10 times twice a day.
3. **Tongue Ticks** • Use light pressure of the tongue tip on the *spot** to make a gentle ticking noise. Speed can be gradually increased. Repeat for 30 seconds twice a day.
4. **Tongue Sit-Ups** • Open the mouth slightly. Elevate and depress the tongue tip to and from the *spot** and to the floor of the mouth at a slow to moderate rate. Try to do this without moving the jaw, just the tongue. Repeat 10 times twice a day.
5. **Tickling the Spot** • Use the tip of the tongue to gently tickle the *spot** with a lateral motion. Try not to move the jaw. Repeat for 30 seconds twice a day.
6. **Tongue Bowls** • Open the mouth slightly. Rest the tongue tip on top of the lower teeth or the lower lip, whichever is easier. Curl the tip of the tongue up a little. This should also stimulate elevation of the lateral margins of the tongue. Purposefully lower the middle and back tongue. Relax. Repeat 10 times twice a day.
7. **Recoils** • Produce a tongue bowl (as above), and retract the tongue maintaining the tongue bowl shape. Elevate the tongue tip a little more as the tongue is retracted. Relax. Repeat 10 times twice a day.
8. **Fiat/Pointy Tongue** • Open the mouth and protrude the tongue tip straight ahead. Do not support the tongue with the lips or the teeth. Aim for an imaginary target or real target (e.g. finger, tongue blade or Q-Tip) in an effort to make the tongue as pointed and narrow as possible. It is unnecessary to actually touch the target. Then pull the tongue in, rest it on the lower lip or lower teeth and make it as wide and flat as possible. Alternate. Repeat 10 times twice a day.
9. **Slurps** • Put the tongue tip on the *spot**, round the lips, and suck in air rather quickly and loudly. This should sound like a noisy sip through a straw. Sucking air in with the tongue on the *spot** should stimulate elevation of the lateral margins of the tongue. Repeat 10 times twice a day.
10. **Ice Stimulation** • Briefly stroke the tip and lateral margins of the tongue with ice. Follow with exercises, of lingua-aveolar sounds or words /t, d, n, l, ch, j, sh/, rest posture, or any activity designed to increase elevation of the tip and lateral tongue margins. Ice stimulation must be done briefly for a few seconds at a time to enhance and not diminish the response.

**Spot* refers to the site between the first and second rugae palatina. This is located on the hard palate behind (not touching) the upper central incisors. See Figure 1. It provides an important stabilizing reference point from which to operate. Brief periodic tongue to spot exercises may be needed (e.g. Tongue Ticks, Seal & Stretch, etc.) to stay on target or to get back on track if the lingua-alveolar sequence is lost.

Exercises to Further Improve Orofacial Function and Increase Jaw Stability

Some clients need to develop greater fine motor control of various muscles involved in the movements of the tongue, lips, and jaw. Some display a great deal of overflow muscle activity in the lips, cheeks, jaws, and nares (e.g. flaring). These exercises are designed to help differentiate muscles of facial expression from muscles of speech articulation and to reduce overflow movement.

1. **Straw Exercises** • Place a narrow straw (e.g. drink stirrer) between the anterior teeth approximately four-six

teeth back depending on the individual's dentition. Maintain this posture without biting down hard on the straw. Try the exercises listed above isolating movements of the tongue tip. For example: Tongue Ticks, Tickling the Spot. Also try lingua-alveolar sounds, affricates and sibilants /t, d, n, l, ch, j, sh, s, z, zh/ and words. (See speech practice lists starting with these sounds). Touch the hand to the jaw to quiet excess movement while looking in a mirror.

2. **Biting Exercises** • Carry out any of the exercises to increase tongue tip elevation while gently biting down on one or more tongue blades that have been taped together. The blade(s) are placed on one side of the mouth between the molars. Alternate sides.

Exercises to Reduce Dysphonia or Excessive Posterior Tongue and Laryngeal/Orofacial Muscle Tension

Improving general body posture, normal oral rest posture, and increasing tongue tip elevation/coordination allows the laryngeal musculature to release downward and function more easily and efficiently. Additional exercises are described as follows:

1. **Vowel Practice** • These exercises involve resting the tongue tip on the surface of the lower lip or on the top edge of the lower teeth. The client then curls the tip upward a small amount and produces various vowel sounds (e.g. /a, ai, e, i/) or words beginning with these sounds. Repeat with 20 vowels or words. Labial sounds can help increase the forward posturing (e.g. *ah, ahm, mom, bomb, pop, mop*, etc.).
2. **Vowel + /r/ Practice** • This involves practice of vowel-consonant movement patterns. Start by practicing the Tongue Bowl and Recoil exercises mentioned previously. Then produce an /a/ vowel as described above. While producing /a/, curl the tongue tip up and back. This will turn the /a/ sound into an /ar/ sound. Repeat 10 times twice a day. Move this into words beginning with /ar/, e.g. /art/, /arc/, /argue/ and sentences with *Are you . . . ?*
3. **/k/ Practice** • With a straw, briefly stroke the middle (blade) of the tongue a few times across the width of the tongue, and the middle of the hard palate. Produce a breathy sounding /k/ in this location. Contrast it with the less breathy velar (more backward) production of /k/ if this is helpful. The tip of the tongue may be postured low in the middle of the mouth. Repeat with 20 consonant-vowel combinations or /k/ words.

Exercises to Stimulate Greater Awareness and Control over the Lips and Tongue When Oral-Motor and Speech Sound Sequencing Skills are Impaired (Apraxia)

1. **Pucker - Retract Lips** • Do this with or without vocalizing "oo-ee" in alternating sequence. Repeat 10-15 times twice a day.
2. Practice sequencing three highly visible vowel shapes, e.g. "oo" (lips in tight pucker posture), "ee" (lips open in big smile with teeth gently closed, not clenched), "ow" (mouth open very wide and closing into a pucker). Repeat 10-15 times twice a day.
3. **Labial Sound Sequencing** • Pair the above with /p, b/ or /m/ and practice sequences such as "poo-pee-pow", then work on labial words and phrases. Repeat with 10 syllables or word combinations.
4. **Lingua-Alveolar Sound Sequencing** • Pair the above vowel shapes with /t, d, n, l, sh, ch, j/, e.g. "too-tee-tow" and more functional words, e.g. "neat", "lead", "doubt", etc. Vary the location of the consonants to the initial, final, or both initial and final word positions. The level of challenge can be gradually increased; e.g. pair a possessive such as *my* with a previously practiced word, or combine labial and lingua-alveolar sounds in the same words, e.g. *boot, beat, bout*, etc. Repeat 10-15 items.

/t, d, n, l/ Practice

The following speech exercises are to help develop a more open mouth posture for voice. These exercises will also promote a lower position for the larynx. Remember to place the tongue tip to the *spot* for /t, d, n, l/. Use this target to teach the muscles of the mouth and throat to work in some new ways.

top	on top	on top of it	Try to stay on top of it.
tell	to tell	hard to tell	It's hard to tell.
take	take it	take it home	Try to take it home.
tie	new tie	wore a new tie	He wore a new tie.
team	team work	takes team work	It takes team work.
tend	tend to	I tend to	I tend to play too much.
talk	talk about	talk about it	We will talk about it.
tall	too tall	too tall for it	He's too tall for it.
tired	too tired	too tired to work	We're too tired to work.
do	do you	do you know	What do you know?
doubt	doubt it	don't doubt it	I don't doubt it.
did	did you	did you know	Did you know about it?
dare	dare to	dare to try it	Will you dare to try it?
door	open door	an open door	It's an open door policy.
debt	out of debt	stay out of debt	Try to stay out of debt.
no	no way	there's no way	There's no way to do it.
never	never say	never say never	Never say never again.
next	next time	next time do it	Next time do it my way.
not	not there	not there now	She's not there now.
none	it's none	but it's none	But it's none of your business.
new	new one	a new one	That's a new one.
know	know it	I know it	I know it's true.
like	like this	like this one	Get one like this one.
late	too late	it's too late	It's too late for that.

Speech Practice

For these words keep your back teeth slightly apart, the sides of the tongue up inside the upper teeth and gums, and the jaw still. Stabilize the jaw with a straw behind the four upper front teeth.

E	tin	sit
D	chin	hit
T	win	bit
knee	knit	pit
we	lead	pin
Lee	seed	peach
G	need	seal
see	seat	lick
key	read	lean
P	teach	sip
witch	eats	school
reach	tick	ski
in	snicker	skin
it	sneaker	seeing
neat	sits	easy
hear	its	dizzy
hit	hers	his
reading	isn't	strict
needing	sheets	stream
leading	heats	screen
it's easy	skiing skill	looks
it's pizza	sit still	east
easy street	scheming sister	mist
sitting in	it's silly	hissed
six sticks	see you soon	skill
		steam
		sticks
		steal
		kicks six
sit here	six kicks	
sip it	is it	
isn't it	sixty six	
it's sticking	his school	
seeing reason	hissing steam	

He's ordering pizza.

He's too busy.

See you soon.

It looks east.

It's too good.

Please sit here.

Skip it.

Peaches in season.

Seen a good movie?

He's dizzy.

Isn't it easy?

It's spring.

Soup is easy to fix.

Speak easily.

It's easier.

He's missed it.

Is it hers?

School is near.

Seen his keys?

It's his sister.

It's still here.

Missed it.

It looks simple.

Do you see it?

It's in his book.

Is it too soon?

Good news.

Speech is easier.

It's interesting.

It's too soon.

She's eating spaghetti.

Too delicious.

Skiing isn't easy.

Need to read it soon.

Simple is easier.

Sitting still isn't easy.

See you in six minutes.

He is sick.

He needs new skis.

Keep it simple.

Too busy to cook.

Teaches school.

Normal Oral Rest Posture

1. Rest the front third of your tongue up against the roof of your mouth away from your front teeth (about 2 ridges back). The sides of your tongue will touch the inside of your upper molars.
2. Close your lips gently.
3. Let your teeth rest slightly apart so your jaw can relax.
4. Sit and stand with your head upright over your center of balance.
5. Use stickers placed in various highly visible locations in your home, office, car, etc. to remind you of the correct posture. Begin with 10 seconds 50-100 times a day. Gradually increase the time you position your tongue correctly.
6. As you fall asleep at night, picture this new mouth position being already natural in 3 situations. Give yourself an autosuggestion such as, "I am resting my mouth easily in this natural position. It can stay like this all night." This will help the new position become a habit.

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