From the Editor

Eastward Ho!

Marjorie Snow

Suggested Citation

Snow, M. (1982). Eastward Ho!. *International Journal of Orofacial Myology*, 8(1), 3.

DOI: <https://doi.org/10.52010/ijom.1982.8.1.1>

This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#).

The views expressed in this article are those of the authors and do not necessarily reflect the policies or positions of the International Association of Orofacial Myology (IAOM). Identification of specific products, programs, or equipment does not constitute or imply endorsement by the authors or the IAOM. The journal in which this article appears is hosted on [Digital Commons](#), an Elsevier platform.

Eastward Ho!

The sage advice of Horace Greeley has been reversed by the IAOM. It all began with a small but dedicated group of professionals in the Southwest who suspected that abnormal pressure forces were capable of creating malocclusions. As a result of their pioneering research and tenacity in believing in what they could see, a trail of convinced "true believers" has been created which is rapidly spreading northward and eastward across the United States. The vanguard has moved past Michigan and is headed for the Atlantic.

In the wake of this movement we have an enthusiastic but heterogeneous group, excited about the potential of interceptive orthodontics and the concept of holistic health. The heterogeneity of the group has been beneficial in many ways. Insight from cross-discipline

professions created a broad base of knowledge and prevented the myopia of esoteric specialization. Problems were also created as a result of this wide diversity of clinicians calling themselves "myofunctional therapists". Lack of educational background, little or no training in behavior therapy, and a "climb on the bandwagon for bucks" mentality all contributed to the growing pains of the movement.

If this is to become a new profession with a national base, as now seems probable, then it is imperative that national standards and guidelines be established. Only by insuring competency for clinicians can effective therapy be provided, and only successful therapy will silence the ever-present discreditors.

The role of the Association in this new focus of direction is pri-

marily to increase communication among the members. The *Journal* can and should be the medium for this communication. There is too much to be accomplished to allow each section of the country to reinvent the myofunctional therapy wheel. There is a need for sharing our successes and our failures whether it be legislative efforts, educational standards, therapy techniques, patient recruitment, research, business skills, or any other areas of mutual concern.

Communication is a two-way street, and if we are to reach our stated objectives, there should be a sharing from all of the members of IAOM. Let the *Journal* be the forum for this sharing, and let's hear from you – no matter which side of the Mississippi you call home.

– M.S.