

From the Editor

Editorial: National Regulations

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National Regulations

So far the "Editor's Corner" has been slightly *underwhelmed* with responses to the request for reader input on Journal content. One fairly prevalent response among those that have been returned, however, was a question mark beside the item, national regulations. This seems like an appropriate time to take a look at the whole issue of national regulations and to share some of the Michigan experience concerning the subject.

One of the constraints that myofunctional therapists in the East and Midwest are having to address is the poor image of both the therapists and the therapy itself held by the dental profession. No doubt this low esteem was also encountered in other regions, but it is especially prevalent where the concept of tongue thrust and its treatment are relatively new. Part of the resistance to myofunctional therapy was the result of the broad spectrum of training and experience evidenced by those people calling themselves therapists. The majority of them had no more than two-week courses in theory with little or no background requirements or clinical experience. Qualifications ranged from being married to a dentist to having a degree in dentistry or a master's degree in speech pathology. Other specialists in the field included dental assistants, associate and bachelor's degree hygienists, physical therapists and occupational therapists. This hodge-podge of practitioners, many of whom were doing inadequate therapy and charging outrageous fees, was reason enough to brand the whole idea as a huckster's dream of how to get rich quick.

Therapists were calling themselves "professionals" without acknowledging the definition of a profession as a background in the liberal arts and/or sciences, plus regulation and control of standards for their particular specialty. At the same time that this state of the art existed, Michigan revised its Public Health Code, and included in that revision was the recommendation that all health care team members, including myofunctional therapists, be certified, registered, or licensed. A group of concerned myofunctional therapists formed a statewide organization to prepare a document for submission to the Department of Licensing and Regulation requesting licensure for myofunctional therapists based on educational standards set forth in the document. The following abstract summarizes the recommendations of the subcommittee formed to investigate the request:

FINAL RECOMMENDATIONS ABSTRACT

The Subcommittee on Myofunctional Therapy has reviewed the request for licensure of myofunctional therapists as mandated by the Public Health Code.

After careful investigation of this health care service, and evaluation of the appropriateness of state regulation

of this field, the subcommittee has not found that this health occupation meets the criteria for licensure as defined in the Health Code (sections 16155), which are as follows:

- a. Licensure of health personnel shall be judged by its single purpose of promoting safe and competent health care for the public.
- b. The scope of practice is distinguishable from that of other licensed and unlicensed health occupations.
- c. The functions and responsibilities of individuals working in the scope of practice shall require independent judgment and action based upon a substantive body of skill and knowledge.
- d. The public cannot be effectively protected by means other than licensure.

The findings of the subcommittee indicate that myofunctional therapy is a technique, or method of treatment, rather than a distinct health occupation. Since this is a developing field, there is as yet no clearly defined standard of competence or accredited academic protocol exclusive to this field. Petitioners are seeking regulation as a means of setting standards for competent practice and upgrading the status of this occupation.

While this is a laudable goal, it is not compatible with the purpose of licensure, which is to protect the public.

Without demonstrated evidence that the lack of licensure poses a serious threat to the health safety and welfare of the public, requiring state intervention, licensure is not appropriate for this group. Registration, with accompanying administrative costs is also not warranted at this time.

Therefore, the Myofunctional Therapy Subcommittee of the Health Occupations Council recommends that:

- a. Myofunctional Therapists not be licensed or registered as a distinct health occupation under the Public Health Code of Michigan.
- b. Voluntary efforts to upgrade standards of education, training, competence, and ethical practice be continued on the part of professional associations in the private sector.

This abstract and a detailed final report indicating the justification for the committee's conclusions was delivered in August, 1980. Since that time there has been no effort to address the charge of the subcommittee. This does seem to be a laudable goal for the I.A.O.M. both at the state and national levels. Copies of the Michigan plan could be available on request or the subject of a Journal article. If we are going to call ourselves professionals, perhaps we should establish the criteria that this implies.

M.S.