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Commentary

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Editorial

The Relationship Between Mouth Breathing and Tongue Thrusting

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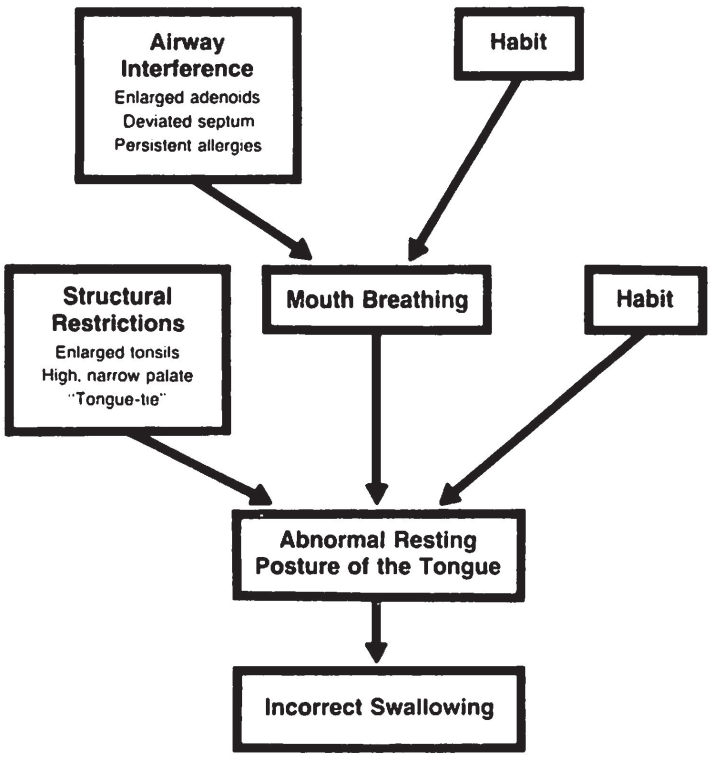
A glance at the Table of Contents reveals that we are very fortunate to have outstanding articles in this issue of the Journal. "Lip and Tongue Postures Following Maxillary Impaction Surgery" and "Temporomandibular Joint Disorders - An Overview" are timely topics, well-treated by the respective authors. Two of the articles in this issue focus specifically on airway interference and discuss clinical, scientific procedures for assessing adequacy of the airway.

This information is extremely important to those of us who are practicing clinicians because of the role that mouth breathing and resting posture play in the maintenance of a tongue thrust swallowing pattern.

This diagram attempts to define the relationship between mouth breathing and tongue thrusting.

Anyone who works with tongue thrusters is well aware of the high incidence of mouth breathing among this population. In the Hanson and Cohen longitudinal research, mouth breathing emerged as one of the most significant factors present in those patients who retained an abnormal swallowing pattern throughout the study. Clinical observations, as well as preliminary data from research presently being conducted, seem to indicate that relapse of the swallowing pattern following myofunctional therapy frequently results from failure to eliminate mouth breathing.

Breathing through the mouth, rather than the nose, is one of the most common characteristics associated with oral myofunctional disorders. Mouth breathing may be a biological necessity or a "bad habit."



From Tongue Thrust: A Look at Oral Myofunctional Disorders, by Roberta B. Pierce.
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There are several organic conditions which adversely affect the ability to breathe normally, i.e., through the nose. If the nasal passage is partially or totally obstructed, the patient is forced to breathe through his mouth. Enlarged adenoids, a deviated septum, allergies, and sinus problems are examples of such conditions. These should be treated medically or surgically.

In many instances, however, mouth breathing may be strictly habit. There may have been a period earlier in life when the patient was unable to breathe adequately through his nose. The condition has been corrected, but the habit remains. In the absence of biological necessity, a behavior modification program could be instituted to eliminate mouth breathing.

Regardless of whether the mouth breathing is organic or functional, it necessitates a low, forward resting posture of the tongue. The lower jaw is in an open position, the lips are parted, and the tongue can be seen either on the floor of the mouth or on the lower lip. The jury is still out on whether or not the low tongue resting posture adversely affects growth and development; however, we would all agree that the "mouth open, tongue hanging out" posture is cosmetically unattractive.

As noted on the diagram, abnormal resting posture of the tongue may be attributable to structural restrictions, mouth breathing, or habit. It is necessary for the oral myologist to participate on an interdisciplinary team to correctly diagnose the etiology of the low, forward resting posture of the tongue.

It is equally important for us to be aware that just because a patient's lips are apart does not necessarily mean that the patient is mouth breathing. The primary exchange of air could very well be through the nose and not through the mouth. Although we should be somewhat cautious about assuming and labelling "mouth breathing", we should know that equipment and methodology for making those measurements is available and we should make the appropriate referrals for medical diagnosis and treatment of suspected problems.