Letter to the Editor: Response to "The pros and cons of myofunctional therapy -- of dubious value"

Joseph B. Zimmerman

Follow this and additional works at: https://ijom.iaom.com/journal

The journal in which this article appears is hosted on Digital Commons, an Elsevier platform.

Citation

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.

This article is brought to you for free and open access by the IAOM. It has been accepted for inclusion in International Journal of Orofacial Myology and Myofunctional Therapy by an authorized editor of the journal. For more information, please contact
pathology and dental hygiene should recognize myofunctional therapy as an expanded duty function that requires specialty training. The emerging profession of orofacial myology is correct in drawing its practitioners from both specialties, with continued training and clinical competence being imperative.

Cathi Windom, M.A., C.C.C.S.P.
Mobile, AL

EDITOR'S NOTE:
The article “Pros and Cons of Myofunctional Therapy” was written originally for the RDH magazine. This magazine is circulated exclusively to a dental hygiene audience and was meant to serve as a catalyst for the recognition and acceptance of the fact that maladaptive habits can affect the alignment of the dentition. As a dental hygienist who is also a certified oral myologist, I do not accept patients for treatment unless there is a concurrent or potential effect on the dentition. Our referrals are almost exclusively from the dental profession. If we have referrals from speech pathologists, it is because they have been unsuccessful in correcting the articulation problem or recognize the maladaptive behavior caused it. This viewpoint has not meant to detract from the speech pathologists and their expertise and background. I agree totally with Ms. Windom that this is an expanded function capability for both professions. The article, however, was designed to persuade an audience that has been traditionally skeptical about what I consider to be their responsibility to their patients - detect and refer or, if interested, become a certified oral myologist with all that entails.

“The Pros and Cons of Myofunctional Therapy -- of Dubious Value”

Dear Ms. Mary Ellen Deschenes, R.D.H.,

“The skepticism of ignorance is motivated by the desire to save an old faith.”

In your article you state that “research supports the theory that tongue function follows form.” If this is the case, I become curious as to why the following statement is made in the pamphlet entitled, “You and Your Orthodontist,” published by the Pacific Coast Society of Orthodontists (revised edition-- page 15) under the subtitle , “Relapse Tendencies;”

“Muscle balance will play a major role in the stability of a case and in any possible relapse. This is especially true in the allergic patient or the patient with large adenoids and tonsils who, therefore, must breathe through the mouth. The loss of lip function and tightening of the cheek muscles may induce relapse. The tongue posture plays in important role in stability. If a patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. If a patient has a combination of tongue thrust and mouth breathing, the relapse tendency will be very strong. These are very difficult cases to treat to a satisfactory result, and it is very difficult to retain the result.”

It does seem that the orthodontists on the West Coast are indeed concerned with the function of the orofacial musculature, and that tongue function is still a problem AFTER the form has been altered.

CAUTION: Swallowing therapy may be beneficial to your health. This product contains exercises which have produced habit change in humans.

Sincerely,
Joseph B. Zimmerman, M.Ed., C.C.C.S.P.
Bellevue, WA

Letters to the editor are welcome and should be sent to Kalamazoo Valley Community College, 6767 West “O” Ave., Kalamazoo, Michigan 49009, Attention: Marjorie Snow, IJOM Editor.

Necrology

Rosalind Grace Kalbfleisch died August 18th, 1983, in Ottawa, Canada. She was a native Canadian and graduated from the University of Saskatchewan with a degree in Speech Pathology. Grace was a charter member of the Ottawa Speech and Hearing Association, the Canadian Speech and Hearing Association, and the International Association of Orofacial Myology.

As a speech pathologist in Ottawa, Grace worked in the Cerebral Palsy Center for ten years, and later developed her own private practice of speech pathology. She instigated the setting-up of numerous Speech Pathology Departments in the Ottawa area. Grace was a credit to her profession and totally involved in helping the people she served. Her areas of expertise covered all the aspects of her profession including oral myology.

The members of the I.A.O.M. wish to pay tribute to an outstanding member of their organization who will be truly missed.