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Commentary

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Myofunctional Therapy in Germany

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For the past thirteen years myofunctional therapy has been gaining acceptance in the educational field and in dentists' offices of the Federal Republic of Germany.

But has this therapy approach, which was at first enthusiastically received, fulfilled its expectations?

Has it been a fad or can it be called a breakthrough?

In order to avoid some widespread misunderstandings, myofunctional therapy will first be defined and delimited. The term was coined in 1912 by a colleague of A.P. Rogers, and also appeared in the 1930s by Korkhaus ("Muskelgymnastick"), but it was claimed to be a training therapy for achieving gnathic corrections. Today we know that MFT alone cannot cause skeletal changes and cannot replace orthodontics, as some have proclaimed and others have feared. Instead, it supports orthodontic treatment and contributes to the stabilization of the oral structure by altering the muscular forces.

Scope of MFT

Myofunctional therapy is a method of treatment which can stop harmful habits in the orofacial area (face, mouth, throat), shift inappropriate movement patterns and prevent deviate development. Functional, rather than mechanical forces are used, through specific muscle exercises or through unconscious stimulation. Sensitivity, including oral stereognosis, as well as motor activities are developed for the purpose of improving primary and secondary oral functions such as chewing, swallowing, breathing, speaking, posture and facial expression.

Modern functional methods are symptomatic but attempt to deal with causes as well. They are a supportive discipline for speech therapy, orthodontics and oral surgery as well as for special rehabilitation medicine and pedagogy. Procedures vary among clinicians, and according to patients' age and nature of problems and treatment goal. Approaches include:

- — preventive orthodontic treatment, based on Balters, and others, including subconscious muscle training and gentle stopping of habits.
- — training programs which require conscious cooperation, also called the neuro-motoric method (Straub, Garliner, Barrett, Hanson, Zickefoose, Padovan, and others).
- — Kinesthetic and tactile stimulation, where through improved sensitivity motor function is activated (also called neurosensitive method) (Dahan, and others).
- — rehabilitation therapy with handicapped people, in which conscious cooperation is not available. Necessary functions are initiated manually or with stimulating appliances, such as "Orofaziale Regulationstherapie" by Castillo-Morales.

According to our experience, simplistic concepts fail to do justice in most cases. Individual treatment planning is essential. Deficient oral sensory systems must be improved, and a holistic approach applied, attending to breathing, posture, and psychological and social factors.

MFT is being used mainly with children and adolescents, to help control orofacial development and provide better conditions for orthodontic and/or logopedic treatment. Adults can benefit too, from therapy. Harmful habits, such as the pressing of the tongue against periodontally damaged dentition, or against uncertain prosthetic constructions can be corrected. Treatment of TMJ problems, which according to Hanson, are up to 70 percent myogenous, can include myofunctional therapy.

The goal of myofunctional treatment is a lasting optimal muscle environment for the dentition, contributing to the stabilization of inter- and intra-maxillary dental relationships.

Status of MFT

Considering the thousands of participants at training courses and the nine European conventions for myofunctional therapy, the number of actual practitioners is rather low (estimated 500). First, the considerable time and effort necessary for personal attention to patients causes many to distance themselves from it. Secondly, the necessary interdisciplinary cooperation is made rather difficult by our insurance and health-care system. Thirdly, high costs contribute to the hesitating acceptance by many of myofunctional therapy.

German health insurance companies pay without hesitation 5,000 to 10,000 Marks for orthodontic treatment, but not the 1,000 to 1,500 Marks for myofunctional therapy, even though the malfunctions often contribute to the failures and relapse of corrected occlusion, or are a deterring factor in the production of sibilant sounds.

Professional status

Due to an inadequacy of fundamental scientific data, some professional organizations have not recognized MFT as a dental and logopedic treatment procedure. Until recently, universities in general have scarcely engaged themselves in myofunctional therapy. University instructors and professional representatives are, especially with new methods, typically very critical and cautious at first. Scientific testing follows only after broad usage, as the development of periodontology and gnathology show. Only well-standardized treatment modalities and bigger case numbers can deliver significant statistics for acceptance by the professional and scientific world.

In a few universities, interesting developments are taking place, such as, for example, the "Sonographie"

by Wein and Associates in Aachen, a computer-assisted recording of dynamic processes such as speech articulation and swallowing. Worthy of mention also is the modified palatography of Engelke, Gottingen, or "Motographie" of Baum, Braunschweig.

In the seventies, it was predominately dentists who welcomed the myofunctional method as an adjunct to their treatment; they paved the way with enthusiastic posteducational programs. Today MFT is being delegated to logopedics/speech-therapists and practiced in their offices. With the increasing need for treatment some therapists are booked for months in advance.

Legal Status

Until now there has been no definitive standard for the profession of the myofunctional therapist and no legal qualification and competence norms for legitimizing the practicing of MFT. The Association of Myofunctional Therapists, with 120 members in Germany, Switzerland and Austria, is in the process of establishing standards and testing therapy materials.

Present and Future Trends

Orofacial therapy will not be an independent discipline or profession, but will probably remain a causal and preventive aid to medical treatment. According to our observations, dyskinesias are increasing as eating habits change. While caries slowly decrease, periodontal problems are moving more into the foreground, even with the inclusion of para- and disfunction, breathing and posture abnormalities and myogenic TMJ-problems. In esthetic dentistry, myofunction has a place with respect to tooth positioning and facial expression. The evaluation and treatment of articulation disorders, excessive mouth-breathing, abnormal swallowing with tongue thrust, deficits in oral stereognosis, and malocclusion should all be included in the province of orofacial disorders.