From the Editor

Editorial: Food for thought with an international flair

Marjorie Snow

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Food For Thought With An International Flavor

Included in this issue of the Journal is a very interesting article from a South American colleague with a new perspective on the etiology of myofunctional disorders. While most of us have been hearing references to a correlation between posture and orofacial disorders from the physical therapist members of the health team, the paper submitted by Ms. de Almeida Rego Saboya makes a case for a new dimension in the evaluation of patients seen by myofunctional therapists. She also laments the fragmentation of health care as it becomes more and more complex, and specialists focusing on ever narrowing parts of the human body (such as the tongue!). Her obvious preference for a holistic approach to patient care raises some interesting questions.

If indeed there is a correlation between axis formation and myofunctional disorders, does this mean that we add one more step and specialist to the evaluation process by referring all patients to the physical therapist? (In many cases these patients are already being shuttled from general den-

tist to orthodontist to myofunctional therapist and then possibly to the oral surgeon, ENT doctor, neurologist, allergist or other specialists.) Or does this mean that the myofunctional therapist or orofacial myologist (whatever the title) must now include some of the skills of the physical therapist in their training and expertise? If the latter is presumed in the interest of holistic care, then it becomes apparent that this "mixed bag of tricks" therapist should have background knowledge in dentistry, speech pathology, psychology, and now physical therapy. Where is all of this training and knowledge going to come from?

While running the risk of seeming redundant, it would seem imperative that a formal master's degree program offering a smorgasbord of courses in all the delineated disciplines be available for persons wishing to call themselves professional orofacial or myofunctional therapists. The alternative to this approach seems to be a tongue "drill sergeant" working with an exhausted patient who has run the gamut of specialists.