

From the Editor

Orofacial myology: Current trends

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Special Issue

OROFACIAL MYOLOGY: CURRENT TRENDS

Editorial

As Editor of the *International Journal of Orofacial Myology*, it is a great pleasure to thank Robert Mason, Ph.D., D.M.D., for guest editing this special issue of the *Journal*. He has selected highly respected contributors from the fields of dentistry, speech-language pathology and orofacial myology to present a cohesive overview of current trends in orofacial myology. It is entirely fitting that this publication is sponsored by *The International Association of Orofacial Myology* since this is the only international professional accrediting organization overseeing the development of this emerging therapeutic specialty.

This special issue appears fourteen years after the *Position Statement on Tongue Thrust* prepared by the Joint Committee on Dentistry and Speech Pathology-Audiology, American Speech and Hearing Association (adopted: 11/1974), and adopted in 1977 by the House of Delegates of the American Association of Orthodontists. This *Position Statement* discouraged therapeutic involvement in the orofacial arena based on the limited efficacy data available. Since its own founding in 1972, the multi-disciplinary membership (dentistry, speech pathology and other health related professionals) of *The International Association of Orofacial Myology* has sought to achieve a high standard of qualifications and expertise for those engaged in the diagnosis and remediation of orofacial myofunctional disorders. By sponsoring this professional journal now in its fourteenth volume of publication, members of *The International Association of Orofacial Myology* seek to foster scientific research to advance understanding of these complex disorders and to improve standards of patient care.

In a word-association task the term "myofunctional therapy" will often elicit the response "tongue thrust," in a similar way to Dr. Mason's suggestion that *tongue thrust* itself causes many orthodontists to think of *relapse*. In the recent years the scope of orofacial myology has broadened considerably to include diagnosis and therapeutic intervention for problems of resting postures of the lips, tongue and mandible. Associated parafunctional habits (for example, digit sucking, jaw clenching, lip biting) and other orofacial behaviors are habits that the orofacial myologist is frequently able to remediate with techniques of awareness training and positive behavioral programs. Effective individualized therapeutic techniques have also been developed to treat altered patterns of movement during mastication and the oral phase of deglutition.

In this special issue only relatively brief mention is made

of the role of the orofacial myologist in the elimination of damaging digital sucking habits or when an abnormal resting posture of the tongue is interfering with effective correction of a speech articulation disorder. Additionally, many orofacial myologists are functioning as a team member with dental professionals in the care of patients with T.M.J. disorders when oral postures or parafunctional muscle habits contribute to pain and dysfunction.

Joseph Zimmerman, M.Ed., Past President of *The International Association of Orofacial Myology* suggested in his 1987 address (*IJOM*, 13[1], 1-2) that after 16 years this professional organization and its journal are in its "professional adolescence." The current challenge is to develop the field of orofacial myology into the stage of professional maturity. This publication represents a significant and welcome step in that direction.

This issue makes no claim to be an all inclusive treatise on the topic of orofacial myofunctional disorders. Rather, as stated in the first article by Marvin Hanson, Ph.D., "A major purpose of this publication is to evaluate the legitimacy of the field of myofunctional therapy in light of research before and after 1974. A second purpose is to describe the scope of present evaluative and therapeutic procedures. A third is to make recommendations concerning future directions for research and clinical activities." The issue meets and surpasses this mandate.

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