Preface to Special Issue - Orofacial Myology: Current Trends

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In 1974, Dr. William R. Proffit and I published an article in the Journal of Speech and Hearing Disorders (39: 115-132) about the tongue thrust controversy. Our purpose was to present background information we felt the speech pathologist should know before taking a stand on the issues. Evidently, this article impacted greatly on the practices of myofunctional therapists. The follow-up Position Statement of the American Speech and Hearing Association in 1975, later endorsed by the American Association of Orthodontists (1977), about tongue thrust appeared to grind progress to a halt in many parts of the country.

In 1979, I accepted an invitation to present a paper at the annual convention of the International Association of Orofacial Myology (IAOM). I found the group to be an enthusiastic band of clinicians who were sincerely interested in evolving the truth from the many areas of controversy. Their warm reception and thoughtful questions motivated me to join them. Through the years, I have developed and reaffirmed great respect for many of the members of the IAOM. I appreciate the basis for their enthusiasm, having seen some of the results of their commitment. This spirit of enthusiasm that pervades the IAOM has motivated this compilation of information about current trends in orofacial myology.

I am deeply appreciative for the support and cooperation of Patricia J. McLoughlin, M.A., Editor of the International Journal of Orofacial Myology, for encouraging this effort and permitting me to serve as Guest Editor for this special issue of the Journal. To properly serve as Guest Editor, I naturally turned to the best experts I know for contributions.

Marvin Hanson, who leads off, is truly a man for all seasons. He is an academic chair of a solid university speech and hearing program. A noted researcher, his extensive publications span a variety of multidisciplinary interests. Foremost, however, he is a teacher and clinician whose influence is felt each time he speaks in public. Dr. Hanson is the right person to discuss the background of controversy over myofunctional therapy, to present some of the particulars of research support for the therapy, and to summarize principles of management.

John "Jay" Riski is, in my opinion, a world-class clinician in speech pathology. Jay and I work side-by-side on a daily basis, and I know his talents from first-hand experience over an 8½ year period. His extensive work with aerodynamic assessment and his unwavering commitment to accuracy in clinical reporting has resulted in his development of an excellent clinical laboratory for speech assessment at Duke University Medical Center. Dr. Riski's contribution on airway interference could have evolved into an entire issue of the Journal. As is, the complexity of issues facing speech and myofunctional clinicians and the aspiration to consider a wider range of variables in clinical examinations is presented by Dr. Riski in stellar fashion.

James Case is another solid academic person with a primary interest in clinical processes. An accomplished clinician, teacher, author and researcher, his careful clinical studies and informative presentations have impressed me for years. His contribution here on the forgotten aspect of facial cosmesis is a fresh and thorough addition to this compilation.

Roberta Pierce is one of those feisty clinicians I picture with sleeves rolled up, ready to work and learn. She has an easy, comfortable clinical manner that may belie her progressive attitude and adaptability to change. An accomplished author in her own right, she is the proper person to discuss the considerations and criteria for treating the younger child. Her contribution to this issue of the Journal is a solid and reasoned approach for early intervention in some instances.

Joseph Zimmerman is one of the most dynamic and enthusiastic individuals I have ever met. The consummate clinician, Joe's challenge in preparing an article on motivation is to translate his enthusiasm onto paper in the dynamic and unique way that he puts it all together in the clinical situation. His article on motivation transcends myofunctional and speech problems. It is a fitting aspiration for any clinician working in any area of human behavioral change.

After reading Joe's article, I thought that it would be a fitting end to the compilation. After further thought, however, I decided that an orthodontic perspective was needed to balance the other contributions. My final article on orthodontic perspectives is intended to challenge orthodontists, orofacial myologists, and speech pathologists to do better and to work more closely with one another.

Although the name of Richard H. Barrett is mentioned several times throughout this issue of the Journal, his impact on the development of orofacial myofunctional therapy and the organization and growth of the IAOM is not adequately reflected. Dick Barrett is an exceptionally talented and unselfish clinician and teacher. He has served as teacher, example and inspiration for most of the authors at one point or another in their development. His influence in the continued quest to bring orofacial myofunctional problems and therapy to a place of deserved respect in dentistry and speech pathology is difficult to measure. Now retired from the practice of orofacial myofunctional therapy, Dick watches progress from his farm in Arkansas and provides advice and direction as requested. For his innumerable contributions to orofacial myofunctional therapy and speech pathology and the training of many of the well-known orofacial myologists and researchers, thanks is not enough. To him, this special issue of the International Journal of Orofacial Myology is dedicated.

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