



Improving and sustaining the quality of health and healthcare for all people with intellectual/developmental disabilities (I/DD) in New Mexico

Orofacial Myofunctional Therapy: An Interview

An interview with Sandraluz Gonzalez, BS, RDH, OMT

(See ¿Qué Es? on the second page of this newsletter for a general introduction to Orofacial Myofunctional Therapy)

1.) How effective is Orofacial Myofunctional Therapy?

For patients who complete the (typically 1 year) course of therapy, I've seen about an 85% improvement, possibly more. As in physical therapy, or any therapy, success depends on compliance. In terms of the goals of the therapy, one can notice a difference in as little as four to six weeks.

2.) For which patients with swallowing problems should one recommend orofacial myofunctional therapy? Do all people improve their swallowing, or only some?

I recommend it for anyone whose tongue is not properly positioned against the palate or who habitually doesn't keep their lips sealed. These two problems can only exacerbate any pre-existing neurological problems with swallowing to potentially include indigestion and/or GERD. Mouth breathing in children can lead to improper maxillo-palatal formation, potential need for tonsil and adenoidectomies, potential for obstruction of the airway, and now we are looking at the connection between lack of R.E.M. sleep and ADD/ADHD. Many of these disorders may not develop if infants are breastfed extensively, and lingual and buccal frenums are not restricting or introducing a perverse swallow. It is critical to understand and correctly diagnose taught frenums. Early revision is critical for nursing success. (Editor's note: lingual and buccal frenums are the fold of skin under the tongue and between the lips and gums.)

3.) Will insurance pay for this therapy? Will waiver programs like the DD waiver? If not, how much does a full

course of therapy typically cost?

Insurance benefit is variable. Currently we bill using speech pathology codes as there are no medical codes for myofunctional therapy—soon there will be. Some insurance plans will reimburse patients, others may not. Medicaid does not cover myofunctional therapy, and I'm not sure about the waiver program. If insurance doesn't cover it, I work with patients to help them afford the therapy with a sliding scale, as I do not wish to deter patients for therapy due to the inability to pay.

4.) Is it harder to do this therapy with someone who is intellectually or developmentally disabled? If so, what challenges do you face?

I have not yet worked with patients who have been diagnosed with I/DD, but I am collaborating with colleagues in Colorado who do, and welcome the challenges I might face.

5.) What else can you tell me that you think providers, doctors, caregivers and others should know about orofacial myofunctional therapy?

Myofunctional therapy is best addressed as part of a team, so I work closely with doctors, speech pathologists, OT/PTs, dentists, hygienists, lactation consultants, pulmonologists, and osteopathic doctors. I would like them to know that there is another option to help patients. I have further information about this therapy on my website: swmyofunctionaltherapy.com

I feel passionately about the potential of this treatment to benefit patients and thank ieNoticias! for helping to get the word out.

UPCOMING EVENTS & TRAININGS:

Depression Presented by Molly Faulkner April 17th, 1-3:30 @ CoC/AFRL

Dementia Presented by Jenny Vickers, MD May 15th, 1-4:30 @ CoC/AFRL Free 3.25 Nursing CE's applied for 3.0 Social Work CE's applied for

We have free trainings throughout the year, which are open to anyone on various topics. Please visit our website for topics, dates and registration. http://coc.unm.edu

MEETINGS:

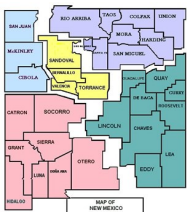
DDMI TUG: (@ CoC & Telehealth) Second Monday of each month @ 12:00-1:30.

DDMI Clinic April 16, 1-5 p.m. in Las Cruces May 7th, 9-1 p.m. in Las Cruces June 18th, 9-1 p.m. in Las Cruces

CCG Meetings May 14th, 1-3 p.m. at CoC June 23rd, 1-3 p.m. at CoC

HDR Meeting May 13th, 11:30 a.m.

Family life Dr. Lourdes Vizcarra Roswell May 1st, 1-3 p.m.



DDSD REGIONAL OFFICES CORNER:

The DDSD Regional Offices offer a local resource to help find and access the many services and

providers available to individuals with intellectual and developmental disabilities (I/DD) and their families.

Office Locations/Regional Nurses:

Metro Regional Office (MRO): 5301 Central Ave. NE Suite 1700 ABQ, NM 87108 800-283-5548 Tom Burkross, RN 505-841-5518 Tom

Truby, RN 505-841-553 Anthony Vincent, RN 505-222-6614

NW Regional Office (NWRO): 2910 E. Highway 66 Gallup NM 87301 866-862-0448 Allison Byrnes, RN 505-326-5784

NE Regional Office (NERO): 224 Cruz Alta Suite B Taos, NM 87575 866-315-7123 Judith Pierce, RN

SW Regional Office (SWRO): 1170 N. Solano Dr. Suite G Las Cruces NM 88001-2369 866-742-5226 Dora Stewart, RN 505-528-5184

SE Regional Office (SERO): 726 S. Sunset Suite B Roswell NM 88023 866-895-9138 Maria Sanders, RN 505-624-6100

http://nmhealth.org/about/ddsd/

¿QUÉ ES?: OROFACIAL MYOFUNCTIONAL THERAPY

by *jeNoticias! Staff and Sandraluz Gonzalez*

Myofunctional therapy also called orofacial myology, is the neuromuscular reeducating or repatterning of the oral and facial muscles.

Myofunctional therapy retrains the tongue and the oral musculature to chew and swallow correctly by encompassing a series of physical exercises. The exercises are typically practiced three times a day for 10–15 minutes per session. The muscles can atrophy so progress needs to be monitored for a minimum of a year and sometimes longer to be sure the changes will be permanent.

Myofunctional therapy is effective in aiding the treatment of airway disorders such as obstructive sleep apnea, upper airway resistance syndrome, **swallowing disorders**, deviated septum, allergies, and asthma. Proper tongue posture and functioning promotes functional nasodiaphragmatic breathing. It has also been used effectively to aid in the treatment of ADD and ADHD that is associated with an underlying sleep disorder.

Patients diagnosed with OSA and TMJ also benefit by reeducating oral musculature surrounding the airway and the temporomandibular joint. Myofunctional therapy can also eliminate a tongue thrust, which can lead to an open mouth posture and potential periodontal disease.



When the posture and embouchure of the lips, mouth, tongue and muscles of the jaw are improper, and breathing occurs through the mouth and not the nose, a host of problems arise. Because the posterior portion of the tongue is attached to vertebra C1 and C2 on the spine, you can have pulling in these areas which may exacerbate the forward resting position of the cranium and spine each time a patient swallows. In developing children, an open mouth posture may develop into a vaulted maxillary arch, which can result in obstruction of the maxillary sinus, a deviated septum, and further difficulty breathing. The problems tend to reinforce each other in this way, and retraining the muscles may end this feedback cycle.

Orofacial myofunctional therapy is a relatively new technique in the United States. However, it is and has been commonly practiced in Brazil, Australia, and Canada, and has been proven highly effective in retraining oral, and facial musculature.

There are two main certification agencies, and orofacial myofunctional therapists come from a variety of backgrounds such as dental hygiene and dentistry, speech pathology, and medicine.

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<http://coc.unm.edu/resources/Newsletter%20archive.html>

**Comments/suggestions/recommendations:
email HSnow@salud.unm.edu**

MEDICAL TOPIC EXCERPT:

Title: “Medical Acupuncture: Past, Present, Future”

Presenter: Mark Lee, MD

What does the evidence show [about what medical acupuncture is effective for-ed.]?

- Nausea & vomiting
- Postoperative pain management
- Stress & anxiety
- Postoperative ileus
- Headache
- Back Pain

Back pain

Meta-analysis by Manheimer et al. 2005 of 22 RCT.

Suggest acupuncture is an effective treatment of chronic low back pain.

Headache

2009 Cochrane Collaboration review of 22 trials involving 4,419 participants

Suggest that acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment

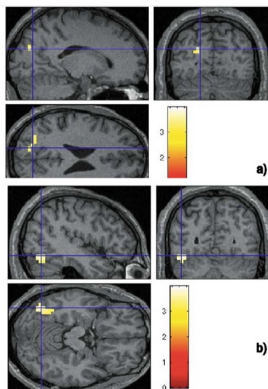


Fig. 2. Cerebral activation pattern induced by laser acupuncture.

fMRI shows effects of acupuncture on the brain

For the full powerpoint presentation please go to:
<http://coc.unm.edu/training/presentations.html#featured>

For the video lecture given by Dr. Lee, please go to:
<http://coc.unm.edu/training/videos.html#featured>

Our website showcases the broad spectrum of training options provided by CoC and has an extensive list of previous videos and presentations available free of charge.



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