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 ¡eNoticias! for helping to get the word out.

Orofacial Myofunctional Therapy: An Interview

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**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)?
- 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

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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**Comments/suggestions/recommendations:**

email HSnow@salud.unm.edu

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**¿Qué Es?: Orofacial Myofunctional Therapy**

by ¡eNoticias! Staff and Sandraluz Gonzalez

Myofunctional therapy also called orofacial myology, is the neuromuscular reeducating or repatterning of the oral and facial muscles. Myofunctional therapy retracts 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 from retraining oral, and facial musculature. 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. We are on the Web! http://coc.unm.edu