



**Oromyofunction &  
Oral Health**  
Gum Gardeners  
April 28, 2014  
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**My clinical experience &  
scope of practice**



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**Objectives**

- Be able to conduct an oromyofunctional screen
- Distinguish normal & disordered oral structure
- Distinguish normal & disordered muscle function
- Distinguish normal & disordered swallowing behavior

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**Breaking it down**

<b>Boney Structure</b>	<ul style="list-style-type: none"><li>• Face &amp; Jaw</li><li>• Teeth &amp; Palate</li></ul>
<b>Muscle Function</b>	<ul style="list-style-type: none"><li>• Sensory &amp; Motor System</li><li>• Tone, Speed, Range of Motion</li></ul>
<b>Behavior</b>	<ul style="list-style-type: none"><li>• Maturity &amp; Attention</li><li>• External Support</li></ul>

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**How OMF Disorders impact articulation**

- A palate that is too narrow or too wide can distort SH, CH & J.
- A lingual frenum that is too anteriorly placed will distort R & L and will present as groping behavior.
- Lingual resting posture is correlated to placement of S & Z.

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**How OMF Disorders impact articulation**

- Children who are mouth-breathing will continue to have articulation distortions no matter how much speech therapy they get.
- An excessive overjet will impact alveolar sounds.
- Talking with a pacifier in the mouth can distort R years later.

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### How OMF Disorders impact articulation

- Cognitively intact children who have been working on an articulation target for more than 2 years likely do not have an articulation disorder.
- Teaching a proper swallow can improve a lateral lisp.

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### Red Flags

- History of frequent MEIs, URIs, sinus infections, allergies
- Messy eating & drooling
- Obvious malocclusions
- Finger or thumb sucking
- Bottle or pacifier use past two years old

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### My Evaluation

- Extensive intake questionnaire
- 90 Minute evaluation with client & family
- Videotape speech and swallowing
- Report of observations, impressions & recommendations

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## Evaluation Overview

- General observations
- Breathing
- Mandible
- Lips & mouth
- Tactile sensitivity
- Teeth
- Palate
- Tongue
- Eating & swallowing
- Parafunctional habits
- Articulation

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## Breathing



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## Chronic Mouth Breathing

- Contributes to a flaccid jaw posture, which can change the direction of jaw growth, hard palate growth & impact tooth eruption.
- Contributes to a low forward lingual rest posture with flaccid lateral margins.
- Contributes to a tongue thrust swallow.
- Contributes to alveolar sounds made against or between the teeth.

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**Causes of Mouth Breathing**

- History of allergies, asthma, chronic middle ear infections, frequent upper respiratory infections
- Enlarged tonsils & adenoids
- Deviated septum
- Other conditions that restrict airway or increase pressure in the head
- Developed habit from now resolved breathing issue

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**External Facial Features**

- Unusual facial asymmetry, ear position, nasal base & eye position may be indicative of a genetic syndrome.
- Ethnic heritage should be considered when analyzing facial shapes & profiles.

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**Malocclusions**



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**Maxilla & Hard Palate**



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**Lingual Shape, Stability**

- Tongue shape
  - A large tongue is a flaccid tongue.
  - A flaccid tongue results in dysarthric-sounding speech.
  - A broad tip dulls the precision of alveolar sounds.
- Lingual Stability
  - The tongue tip should stabilize against the alveolar ridge – the N position.
  - Lateral margin stability against the top molars improves most speech sounds.

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**Lingual Range of Motion**

- Range of Motion
  - The tongue should be able to reach behind molars, into the buccal cavity & extend horizontally.
  - Ankyloglossia – restricted frenulum
- Diadochokinesis
  - Alveolar sounds should be made at the tongue tip & not mid-blade.

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**The Swallow**



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**Parafunctional Oral Habits**

- Sucking – Fingers, thumb, tongue
- Biting – Nails, lips, cheeks
- Licking - Lips
- Chewing – Shirts, pencils, etc.

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**Oromyofunctional Therapy Targets**

- Encourage & promote nasal breathing.
- Improve jaw stability & grading.
- Improve lip function.
- Improve oral awareness & sensation.
- Increase lingual stability, range & mobility, symmetrical movement.
- Teach correct oral postures for rest, swallows & speech.

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**The End**



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