

Title of Proposal:

SCOPE- It is Not Just a Mouthwash!

Abstract of Proposal

Orofacial myology is the science of the unique relationship between oral structures and function. It is defined as *the study and treatment of oral and facial muscles as they relate to speech, dentition, chewing/bolus collection, swallowing, and overall mental and physical health* (Holtzman, 2014). It may be difficult to treat by one sole profession and may be best treated by a team. In 2011 Stevens-Mills wrote a narrative of the IAOM history and how the dentistry and speech language pathology fields united based on the work of Dr. Walter J. Straub, orthodontist. Since then there has been a remarkable evolution, but in the past few years, a "turf war" has developed amongst professionals regarding who treats orofacial myofunctional disorders (OMD) and if there is a professional called an "Orofacial Myofunctional Therapist".

Scope of practice (SOP) is defined as the extent and limitations that a healthcare provider may perform (Vocabulary.com, 2019). To truly understand orofacial myology it is important to understand how it became part of professional's SOP. SOP drives the decision-making process of what services professionals can and cannot provide. Licensure rhetoric is critical. National scope provides guidelines but state licensure involves law and liability as to how a professional can practice in that state. To date, there is no license for an "Orofacial Myofunctional Therapist" despite professionals adding the title "OMT" to their professional signature. OMT is a treatment modality which should be performed by a licensed professional who has this modality in their SOP.

Summary of Proposal:

According to Billings, Gatto, D'Onofrio, Merkel-Walsh & Archambault (2018) *an OMD includes one or more of the following: abnormal labial-lingual rest posture, bruxism, poor nasal breathing, tongue protrusion while swallowing, poor mastication*

and bolus management, atypical oral placement for speech, lip incompetency and/or digit habits and sucking habits. These conditions can co-occur with speech misarticulations. In these instances, the articulation disorder is not developmental or phonological in nature, but rather a result of poor oral placement and inappropriate muscle development. OMD may reflect the interplay of functional behaviors, physical/structural variables, genetic, and environmental factors. This definition helps us understand the roles of professionals working with OMDs, and specific scope and licensure to assess and treat patient with OMDs.

Currently the International Association of Orofacial Myology (IAOM) is the only organization with a formal certification process that is nonprofit and has a credentialing board. Historically, the IAOM has only certified speech-language pathologists (SLPs), registered dental hygienists (RDHs) and dentists because they are the only three professions that specifically list OMDs in their SOPs (ASHA, 2016; Moeller, 2015).

In recent years, other professions such as occupational and physical therapists (OTs/PTs), as well as Independent Board-Certified Lactation Consultants (IBCLCs) have started practicing OMT, based on inter-professional trainings which are meant for inter-professional awareness and collaboration as opposed to practicing outside SOP. This has caused controversy and the topic of professional encroachment in OMT and the tension is high on social media. While certain diagnoses for OMD require a team approach, specifically Tethered Oral Tissues (Merkel-Walsh & Overland, 2018, this does should not result in professional encroachment.

The following professionals are a part of an OMD team, but do not specifically have OMT written in their SOP:

Occupational Therapists (OTs) have specific modalities related to OMT in their SOPs including: oral-motor, feeding, bodywork and postural alignment (AOTA, 2019); therefore, they may be involved in OMT care in relation to bodywork pre- and post-operatively for Tethered Oral Tissue (Merkel-Walsh & Overland, 2018) or in supporting the feeding aspects of an OMD. OTs work in a variety of specialized modalities through

neurodevelopmental Training (NDT) and CranioSacral Therapy (CST) .

Physical Therapists (PTs) incorporate OMT from the aspects of facial pain and larger muscle and skeletal goals (D'Onofrio, 2019). This includes the ability to assess oral functions. PTs also use myofunctional therapy on the whole body, have active wound management in SOP and work on posture and alignment (APTA, 2016). PTs, also work with a variety of specialized modalities through NDT and CST.

Otolaryngologists are critical in the role of assessing and treating airway patency in OMD patients. They may also serve of the role of a surgeon to support a patent airway subsequently assisting with OMT.

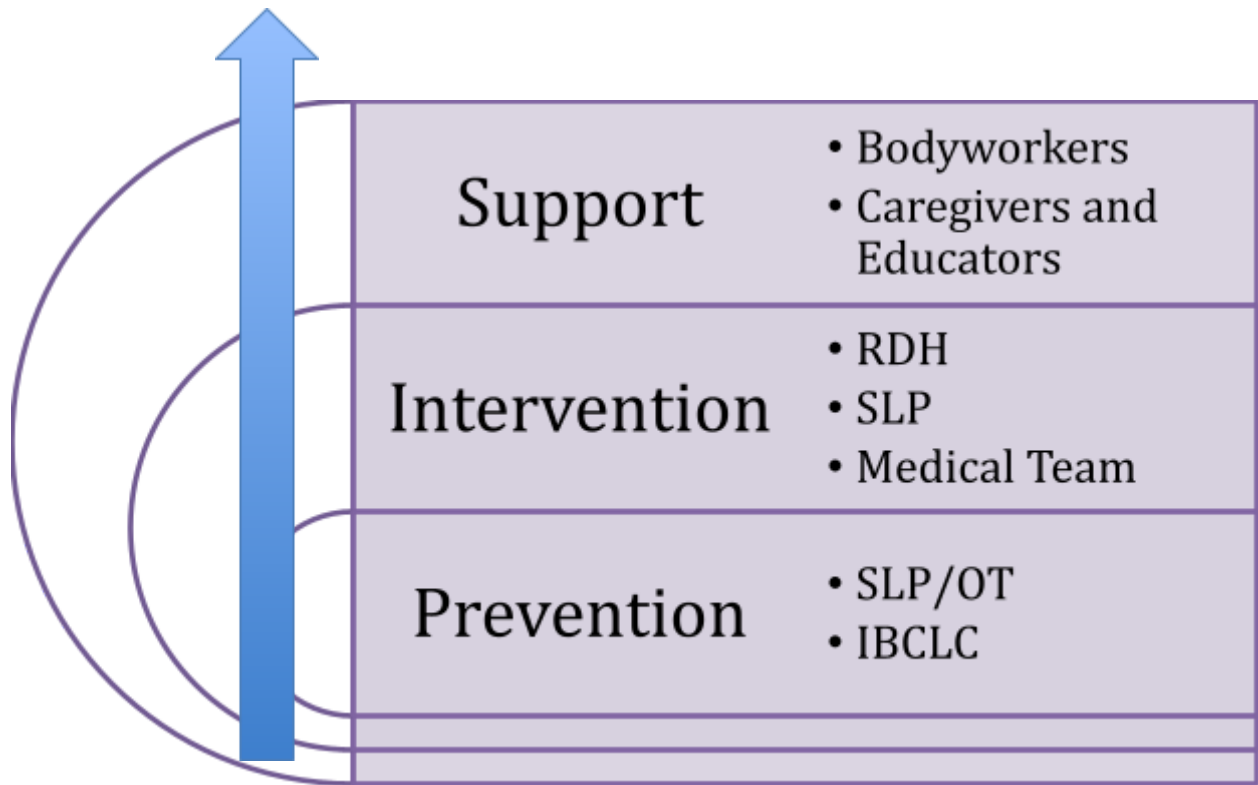
Independent Board Certified Lactation Consultants (IBCLC®s) specialize in the breastfeeding dyad and the IBCLC Board (IBCLC, 2018) does not include OMT directly or indirectly in their professional SOP. IBCLC®s certainly have a role in the prevention of OMDs because breastfeeding is critical to the development of the orofacial complex (Palmer, 1998).

End Summary:

Dental professionals are experts in the growth, health, alignment and disease of the dentition which can be negatively impacted by OMD. The American Speech-Language and Hearing Association (ASHA) certifies SLPs who have orofacial myofunctional disorders listed in their potential etiologies of potential communication and swallowing deficits (ASHA, 2016). The IAOM supports that the speech articulation and feeding aspects of orofacial myofunctional therapy (OMT) are only to be assessed and treated by SLPs (Billings & Davidson, 2018).

Professionals involved in OMT should understand the history of OMDs and the nature of scope. Lecturers who speak about OMDs should be ethical in whom they train and course attendees should be diligent in knowing what they can and cannot assess and treat due to national and state scopes of practice via certification and licensure. Inter-professional collaboration is important in order to 1) understand scope and 2) make the appropriate

referrals when required. When working in team model it is critical for professionals to understand their role.



Only qualified professionals who have OMD in their SOP should be treating these patients. In an ideal model, OMD can be targeted through 1) early prevention and intervention from SLPs, OTs and IBCLCs; 2) treated via OMT with SLPs, RDHs and the medical team (DDS, oral surgeon, ENT etc.) and 3) supported through attention to the whole body with OTs, PTs and other bodyworkers such as chiropractors.

Learner Outcomes:

1. Participants will be able to define scope of practice.
2. Participants will list professionals with OMD within scope.
3. Participants will describe how to investigate their own scope at state and national levels in relation to treating OMDs.

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BIOGRAPHICAL SKETCH:

Robyn Merkel-Walsh, MA, CCC-SLP/COM® has specialized for over 24 years in oral placement disorders, orofacial myofunctional disorders and feeding disorders both in the schools and in private practice. She is employed by the Ridgefield Board of Education, runs a private practice in Ridgefield, NJ, is the board chair of the Oral Motor Institute, and is a member of the TalkTools® speakers' bureau. She teaches TOTs, Autism and Tongue Thrust courses in addition to multiple webinars on topics including but not limited to: lisps, oral structure, Orofacial Myofunctional Disorder, feeding and TOTs. Robyn is the author /co-author of numerous articles, literature reviews, blogs, podcasts, ASHA convention posters and text books, including the SMILE program and *Functional Assessment and Remediation of Tethered Oral Tissue (TOTs)*.