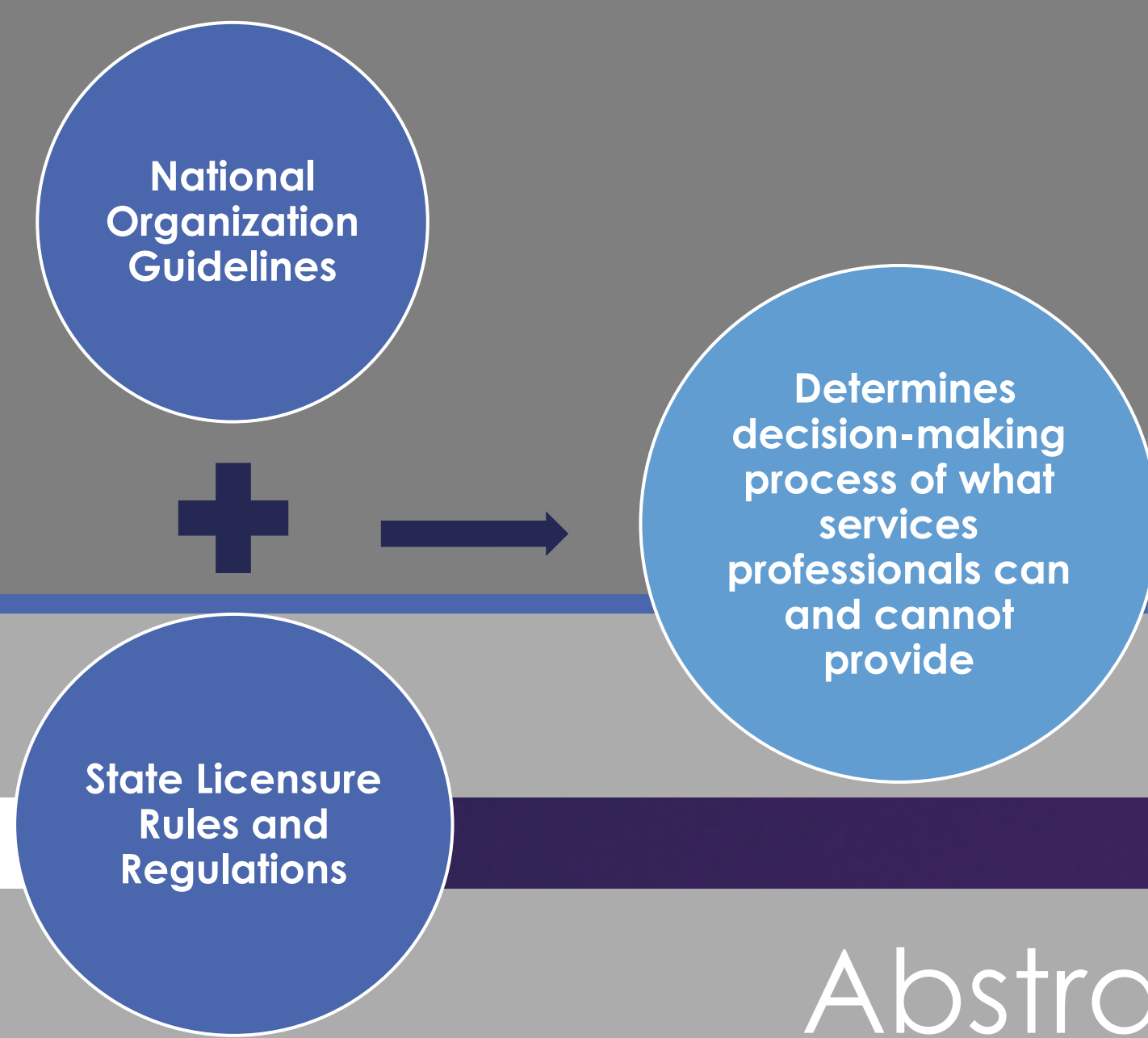


SCOPE-It's Not Just a Mouthwash

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Abstract

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 is multidisciplinary and complex. 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. IAOM was founded in 1957 when several speech pathologists, Richard H. Barrett and William E. Zickefoose, were motivated to study under Dr. Straub. Since then there has been a remarkable evolution, but in the past few years, a “turf war” has developed among 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.



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.

In an ideal model OMDs would be prevented and remediated by:

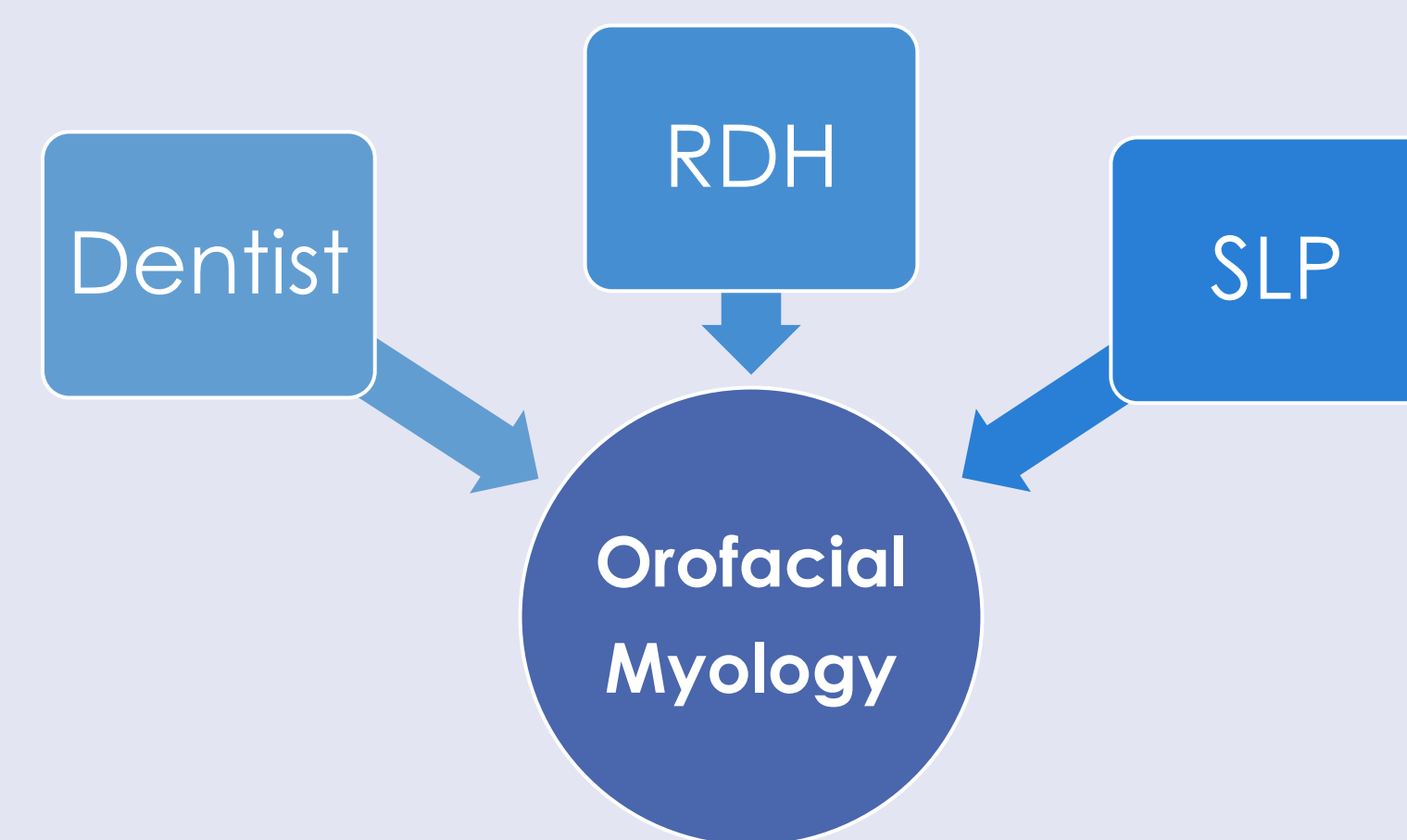
- 1) Early prevention and intervention from SLPs, OTs and IBCLCs with routine dental screenings via dentists and RDH's.
- 2) Treated via OMT with SLPs, RDHs and the medical team (DDS, oral surgeon, ENT etc.)
- 3) Supported through attention to the whole body with OTs, PTs and other bodyworkers such as licensed massage therapists and chiropractors, along with home-based carryover.

Support	<ul style="list-style-type: none"> •Bodyworkers •Caregivers and Educators
Intervention	<ul style="list-style-type: none"> •RDH •SLP •Medical/Dental
Prevention	<ul style="list-style-type: none"> •SLP/OT •IBCLC •Dentists/RDH

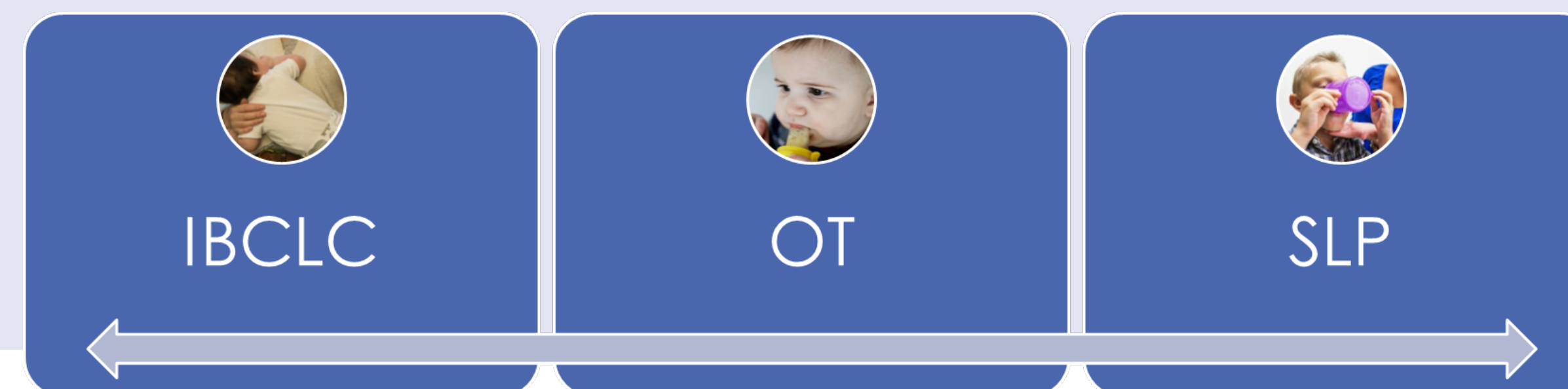
Discussion

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 contrast, IBCLCs, OTs and SLPs have feeding disorders in SOP.



In recent years, other professions such as occupational and physical therapists (OTs/PTs), as well as Independent Board-Certified Lactation Consultants (IBCLCs) have developed an interest in OMT, based on inter-professional trainings which promote inter-professional awareness and collaboration. There has been some controversy and concerns regarding 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), each professional needs to base their services on their state licensure and national professional association guidelines. There is some overlap amongst professions and interprofessional collaboration is key. For example, IBCLCs, SLPs, and OTs all have a role in feeding disorders; however as pointed out by the ASHA Practice Portals and by Merkel-Walsh (2018), pediatric feeding and OMT are different diagnoses and require different therapy interventions.



Examples of Interprofessional Supports for OMDs

Independent Board Certified Lactation Consultants	Occupational Therapists	Otolaryngologists (ENTs)	Physical Therapists
IBCLCs specialize in the breastfeeding dyad. They uniquely have the training to treat both the infant and the mother and can help alleviate breastfeeding challenges for both mother and child. While IBCLCs do not directly have OMT in their SOP, IBCLCs have a role in the prevention of OMDs because breastfeeding is critical to the development of the orofacial complex (Palmer, 1998).	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).	ENTs are critical in the role of assessing and treating airway patency in OMD patients. They may also serve the role of a surgeon to support a patent airway subsequently assisting with OMT. For example, ENTs perform adenoidectomies and repair a deviated a septum. ENTs also perform frenectomies for Tethered Oral Tissue and refer patients for sleep studies.	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 have active wound management in SOP which may include supporting patients pre- and post-frenectomy, and work on posture and alignment (APTA, 2016). PTs, also work with a variety of specialized modalities through NDT and CST.

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 communication and swallowing deficits (ASHA, 2016) and defines the SLPs role in OMDs through the practice portal. 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) and ASHA reinforces that SLPs are not the diagnosticians of dental anomalies which is left to the dentists and RDHs.

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 based on 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, and an interprofessional team can facilitate improved treatment outcomes.

References

For a list of all references used please visit:
<https://talktools.com/pages/scopereference>

