



Praxis für
Stimm- und Sprachtherapie

Dr. Iris Eicher

Steinstr. 77, 81667 München
Tel.: 089 - 48 74 26, Fax: 089 - 48 49 45
www.stimm-und-sprachtherapie.de
www.sprecher-coaching.de

Short information:
Disorders of
oral motor functions
- myo-functional
disorders

DISORDERS OF ORAL MOTOR FUNCTIONS MYO-FUNCTIONAL DISORDERS

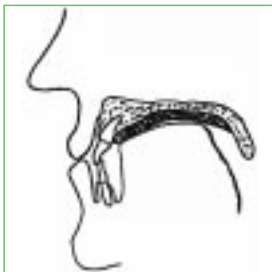
FIRST SIGNS OF A DISORDER OF ORAL FUNCTIONS (MOUTH AND TONGUE):

- no closure of mouth (oral breathing, constantly open mouth)
- open, weak lips
- thick lower lip and shortened upper lip
- lips have become sore due to frequent licking of lips
- when swallowing lips are weak or pressed together
- tongue sits flabby and weak on the mouth' floor and gets between or touches the teeth
- often the tongue comes out during speech

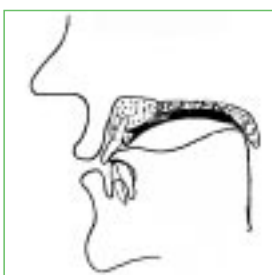
- often the mobility and flexibility of the tongue is reduced
- the edges of the tongue are thick, reddish or show the print of the teeth
- low tension of the facial musculature
- "pin-cushion" chin
- narrow, high palate, mandible seems to have a triangular shape
- increased salivation (sialoorhea) out of the mouth
- weak posture when sitting and standing
- frequent colds and infections of respiratory tracts

A MYO-FUNCTIONAL DISORDER is an imbalance of the oral muscle co-ordination – this can lead to problems with the positions of the teeth and / or speech and language disorders

The low tension and reduced flexibility of the lips causes in most cases an open mouth and in consequence, **oral breathing**. This changes the pressure in the mouth. The frontal part of the tongue is only able to sit softly at the hard palate when the mouth is closed. Children with **oral breathing** have their tongue sitting on the mouth' floor or it gets to touch or between their teeth. In this way the swallowing procedure, which depends on a correct resting position of the tongue starts with a wrong pattern. When swallowing, the tongue is pressed against the teeth instead of being pressed against the palate. In this way, also the shape-giving function of the tongue for the mandible is dropped, as the development of the palate is determined by a correct resting position of the tongue. Children with oral breathing often have a narrow, high palate.



During normal swallowing, the tip of the tongue moves to the frontal part of the palate. The middle and the back of the tongue push against the palate while the masseters are active and the chin muscles remain passive. The bolus is forced into the pharynx and in this way into the oesophagus (gullet). Lips and teeth are closed.



During false swallowing the tongue moves in front of or between the frontal and /or laterally positioned teeth. The middle part of the tongue does not push against the hard palate. Masseters hardly move and the chin muscles become active. The tongue is not able anymore to transport saliva, food or liquids to the place from where these are moved onwards involuntary. Surrounding muscles of the mouth (lips, masseters, chin muscles) now are induced to help compensate this imbalance.

This **physiologically disadvantaged** position of the tongue is the starting point for the movement of the tongue when it comes to speaking, chewing and swallowing. Around 19 to 20 hours a day, the tongue is in resting position. Around 2000 times a day we are swallowing. The tongue can summon up an immense power of several tons. If the tongue now makes false movements for instance when swallowing or during phonation and articulation and pushes against the teeth, this can change the position of the teeth from several millimetres (mm) to centimetres (cm). (1 in. = 2,54 cm, 1 cm = 10 mm)

POSSIBLE CONSEQUENCES OF A FALSE SWALLOWING PATTERN:

- ➔ abnormalities as regards position of teeth and upper and lower jaws
- ➔ deformation as regards bone growth of the upper and lower jaws
- ➔ tension and pain in the face
- ➔ problems with the joints of the upper and lower jaws
- ➔ sensation of unease in the mouth and neck area (lump in one's throat)
- ➔ delayed coming out of the second teeth
- ➔ setbacks after teeth and jaw regulation

Has the correct swallowing procedure not been acquired until the age of 4 1/2 to 5 years, it is only possible to acquire it with the help of a therapy related to the functioning of the muscles.

The success of orthodontic measures depends on a correct swallowing pattern (including closure of mouth and nasal breathing).

OBJECTIVES OF A MYO-FUNCTIONAL THERAPY (MFT):

- ➔ **MFT strives to correct and normalize abnormal functions of the mouth, face and neck. A balanced face musculature and a physiological swallowing pattern are to be achieved.**

MFT takes place in close co-operation with an ear-nose-throat specialist, an orthodontist and dentist. The therapy is often necessary in connection with an orthodontic treatment and helps to guarantee its long-term success. The mentioned kind of therapy is an instruction of exercises that can be carried out by the patient. Check-ups are useful and should take place in larger intervals.

MFT for pre-school age children:

Already pre-school children can be cured of detrimental habits in this therapy. Thus, problems as regards the position of the teeth can be avoided or at least positively influenced. To support and further the awareness, games to improve the perception of the oral cavity are played. Playful exercises promote the strength and flexibility of the facial musculature. It is of uttermost importance to overcome sucking habits (thumb, dummy) and habits such as nail biting.

MFT for school-age children

To get close to the correct swallowing pattern, MFT first focuses on the strengthening of the musculature and the improvement of the flexibility in the oral area. MFT here is completed as soon as the new swallowing pattern has become a habit and "works" automatically during day and night.

MFT for adults:

"Moist, spluttered" articulation, push of tongue against or between teeth, grinding teeth, tongue-related dysfunction of the floor of the mouth, problems with new set of dentures may be indications for a myo-functional therapy for adults.

Further information:

Work group for myo-functional therapy (AK-MFT e.V.), Oral-facial Dyskinesia Society, Hamburg, Tel./Fax: 0049-40-697-3046