MYOWAY CENTERS FOR KIDS

Grow Right, Breathe Right, Live Better

MYOFUNCTIONAL WELLNESS REPORT

2025 | Quarter 2

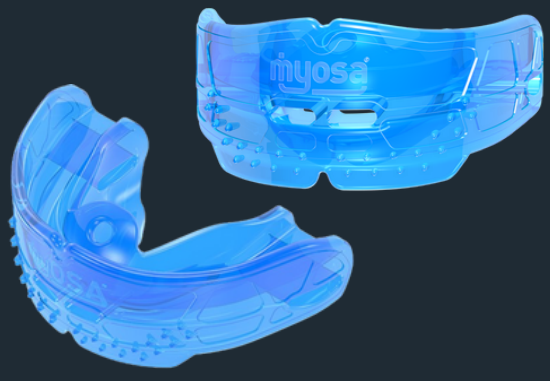
DOES MY PATIENT NEED MYOFUNCTIONAL THERAPY?

Here are some common indicators that a child may benefit from myofunctional therapy:

- Bucal Breathing (Mouth Breathing)
- Chronic Open-Mouth Posture
- Tongue Thrust
- Tonsillar/Adenoid Hypertrophy
- Adenoid Facies
- Sterter (Snoring)
- Obstructive Sleep Apnea (OSA)
- Nocturnal Enuresis
- Parasomnia (Sleep Terrors)
- Postural Dysfunction
- Dysphagia (Difficulty Swallowing)
- Masticatory Dysfunction
- Malocclusion
- Bruxism
- Recurrent Otits Media (Ear Infections)
- Xerostomia (Dry Mouth)
- Halitosis
- Digit Sucking
- Other Non-Nutritive Sucking Habits
- Retrognathia (Underdeveloped Jaw)

If your patients struggle with one or more of the issues mentioned above, they might be a candidate for one of our programs. Refer them to us and they can schedule a free consultation to find out more.

At MyoWay Centers for Kids, we utilize the Myosa® line of oral appliances to help promote proper jaw and airway development. To learn more, visit www.myosa.com.



THE IMPACT OF MOUTH BREATHING ON OROFACIAL DEVELOPMENT

Mouth breathing is more than a benign habit—it has significant implications for craniofacial growth and oral health, particularly in pediatric patients. Chronic mouth breathing disrupts normal nasal respiration and is often associated with improper tongue posture. When the tongue is habitually positioned low in the oral cavity, it fails to provide the necessary support to the maxilla, which can contribute to maxillary constriction and a high-arched, narrow palate.

This altered growth pattern can lead to dental malocclusions, such as crowding, crossbites, or open bites, and may compromise the development of a functional, stable occlusion. Additionally, mouth breathing is frequently associated with hypotonia of the orofacial musculature, which can contribute to mandibular retrognathia or an elongated facial profile—both of which have aesthetic and functional consequences.

Left untreated, these patterns may persist into adolescence and adulthood, leading to issues such as temporomandibular joint dysfunction, speech articulation difficulties, and impaired masticatory function. As oral health professionals, early identification and intervention—often through interdisciplinary collaboration with ENT specialists, myofunctional therapists, and orthodontists—are key to preventing long-term orofacial and airway complications.

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MANAGING SLEEP-RELATED BREATHING DISORDERS WITH MYOFUNCTIONAL THERAPY

Orofacial myofunctional therapy (OMT) has emerged as a valuable adjunct in the multidisciplinary management of sleep-related breathing disorders (SRBDs), including obstructive sleep apnea (OSA) and primary snoring. For oral health professionals, understanding the therapeutic potential of OMT is critical in early intervention and comprehensive care planning.

OMT targets the neuromuscular re-education of the orofacial complex—specifically focusing on optimizing tongue posture, promoting nasal breathing, and correcting dysfunctional swallowing patterns. These exercises are designed to strengthen the muscles of the tongue, soft palate, oropharynx, and surrounding structures, thereby contributing to increased airway patency and reducing the risk of upper airway collapse during sleep.

Improper tongue posture and mouth breathing are known contributors to airway obstruction, particularly during sleep. By facilitating nasal breathing and retraining orofacial muscle function, OMT not only supports more stable breathing patterns but also enhances the physiological benefits of nasal airflow, including filtration, humidification, and nitric oxide production.

In both pediatric and adult populations, integrating OMT—often in collaboration with sleep medicine specialists, ENT providers, orthodontists, and speech-language pathologists—can lead to significant improvements in sleep quality, daytime function, and overall systemic health. As oral health professionals, recognizing myofunctional dysfunction and referring appropriately can play a pivotal role in the prevention and management of SRBDs.

THE ROLE OF OROFACIAL MYOLOGISTS IN INTERDISCIPLINARY ORAL HEALTH CARE

Orofacial myologists are specialized clinicians trained in the evaluation and treatment of functional disorders involving the muscles of the face, mouth, and jaw. Their expertise lies in identifying maladaptive oral habits and neuromuscular imbalances that can interfere with essential functions such as breathing, mastication, swallowing, and articulation.

Utilizing evidence-based myofunctional therapy protocols, orofacial myologists implement targeted exercises and behavioral techniques to retrain orofacial muscles. This therapeutic approach is designed to optimize tongue posture, establish nasal breathing, and support physiologic swallowing patterns—foundational components of proper craniofacial development and stable occlusion.

Orofacial myologists frequently collaborate with dentists, orthodontists, speech-language pathologists, and otolaryngologists to provide comprehensive, patient-centered care. Their involvement is particularly beneficial in the early identification and management of conditions such as tongue thrust, mouth breathing, and other orofunctional disorders that may compromise orthodontic outcomes or contribute to long-term orofacial dysfunction.

For oral health professionals, integrating orofacial myology into clinical protocols can enhance treatment stability, improve airway health, and support optimal facial growth—especially in pediatric populations. The inclusion of myofunctional therapy in interdisciplinary care plans not only complements traditional dental treatments but also promotes sustained improvements in overall oral and systemic health.
