



Grow Right, Breathe Right, Live Better

# MYOFUNCTIONAL WELLNESS REPORT

2025 | Quarter 3

## INTERESTED IN LEARNING MORE? WE'D LOVE TO COLLABORATE!

Myoway Centers for Kids is pleased to offer complimentary "Lunch and Learn" seminars for dental and orthodontic professionals, presented by one of our Jaw & Airway Experts.

The seminar delves into the critical and increasingly relevant topic of pediatric jaw development and its impact on airway health. The session is designed to provide clinicians with valuable insights and practical knowledge to apply in their practices.

Key topics for discussion will include:

- The etiology of the trend towards smaller jaw sizes in the human population.
- The subsequent effects on children's health, breathing, and overall development.
- Diagnostic indicators for early identification in a clinical setting.
- Interceptive strategies and actionable steps professionals can take.

This event is a valuable opportunity for professional development. Attendees will receive one (1) continuing education (CE) credit and a complimentary lunch.

For the convenience of those outside the local area, virtual attendance options are available.

To organize a free Lunch and Learn seminar, or to inquire further, please email [info@myowaycenters.com](mailto:info@myowaycenters.com) or call our office at 724-765-0001.

## INTEGRATING MYOFUNCTIONAL THERAPY WITH TRADITIONAL ORTHODONTICS: A COMPLEMENTARY APPROACH TO OROFACIAL HEALTH

Myofunctional therapy and conventional orthodontic treatment represent complementary modalities in the management of orofacial dysfunction and malocclusion. While traditional orthodontics is primarily concerned with the mechanical correction of dental alignment and occlusal discrepancies through the use of appliances such as braces, retainers, and aligners, myofunctional therapy targets the neuromuscular etiology underlying many orthodontic issues.

Myofunctional therapy focuses on the re-education and coordination of the orofacial musculature, with particular attention to habitual functions such as tongue posture, nasal breathing, lip seal, and swallowing patterns. Aberrant muscle function—such as low tongue posture, chronic mouth breathing, or atypical swallowing—can exert unfavorable forces on dental arches and facial structures, often contributing to the development or relapse of malocclusions.

When integrated into an interdisciplinary treatment plan, myofunctional therapy has the potential to enhance the stability and efficacy of orthodontic interventions. By addressing dysfunctional muscular patterns that may compromise orthodontic outcomes, myofunctional therapy serves not only as an adjunct to active treatment but also as a preventive measure against post-treatment relapse.

Furthermore, this integrative approach supports broader goals related to orofacial development, including improved airway function, facial symmetry, and overall oral-facial health. The combination of structural correction via orthodontics and functional rehabilitation through myofunctional therapy represents a more comprehensive and sustainable model of care in the management of dentofacial and craniofacial growth disorders.



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# THE ROLE OF NUTRITION IN CRANIOFACIAL AND AIRWAY DEVELOPMENT

Optimal nutrition is not only foundational to general health but also critically influences craniofacial growth and airway development, particularly during early childhood. The development of the bones, muscles, and soft tissues of the face and oral cavity is highly dependent on the availability of specific macro- and micronutrients essential for proper growth and function.

Key nutrients—including calcium, vitamin D, magnesium, and phosphorus—are integral to osteogenesis, contributing to the structural integrity of craniofacial bones such as the maxilla and mandible. These minerals also support neuromuscular function, which plays a significant role in orofacial dynamics such as tongue posture and swallowing. These functions, in turn, are closely associated with the development and patency of the upper airway.

In addition to nutrient quality, dietary consistency and texture also exert a substantial impact on craniofacial morphology. Regular consumption of fibrous or mechanically challenging foods (e.g., raw vegetables, nuts, whole fruits, and unprocessed meats) provides functional stimulus to the masticatory muscles. This mechanical loading promotes bone remodeling and muscular development in the jaw, particularly during critical periods of growth in early childhood. Conversely, a diet predominantly composed of soft, processed foods may fail to provide adequate masticatory stress, potentially contributing to underdeveloped maxillofacial structures. This underdevelopment has been linked to orofacial myofunctional disorders, dental malocclusions, increased prevalence of mouth breathing, and compromised airway function.

Furthermore, poor dietary habits—such as excessive intake of refined sugars or insufficient intake of essential nutrients—can exacerbate skeletal insufficiencies and contribute to muscular imbalances. These factors heighten the risk of dentofacial anomalies and may predispose individuals to conditions such as obstructive sleep-disordered breathing or temporomandibular dysfunction.

In summary, a nutrient-dense, whole-food-based diet that includes a variety of textures is essential not only for systemic health but also for promoting optimal craniofacial development and maintaining a functional airway. Encouraging dietary patterns that support both nutritional adequacy and functional mastication may offer a preventative strategy for improving oral and respiratory health outcomes across the lifespan.

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## THE IMPACT OF OROFACIAL DYSFUNCTION ON ACADEMIC PERFORMANCE: THE ROLE OF EARLY INTERVENTION

As children return to the classroom, it is critical for parents, educators, and healthcare professionals to consider less obvious factors that may influence academic performance—particularly those related to jaw development and airway function. Emerging evidence suggests that orofacial dysfunctions such as chronic mouth breathing, tongue thrust, and sleep-disordered breathing can significantly impair cognitive performance, behavior, and attention in school-aged children.

Underdeveloped maxillofacial structures may contribute to airway restriction, which can result in fragmented or insufficient sleep and decreased oxygen saturation during critical periods of brain development. These physiological disruptions are associated with deficits in executive function, memory consolidation, and emotional regulation—core domains essential to academic success. Children affected by these conditions often present with symptoms that mimic or overlap with behavioral and attentional disorders, yet the underlying causes may go unrecognized in both educational and clinical settings.


Early identification and intervention are key. Myofunctional therapy—a therapeutic approach focused on correcting dysfunctional oral and facial muscle patterns—has demonstrated promise in supporting airway patency, improving nasal breathing, and promoting more restorative sleep. By addressing the root causes of these dysfunctions, myofunctional therapy can help enhance cognitive function, behavioral regulation, and overall academic engagement.

As the academic year begins, there is a valuable opportunity for increased interdisciplinary collaboration among dental professionals, speech-language pathologists, educators, and pediatricians to raise awareness of the link between orofacial health and academic outcomes. Proactive assessment and therapeutic intervention can not only improve a child's physical well-being but also foster their capacity to thrive in the learning environment.

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