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ASSOCIATION

Orofacial Myofunctional Disorders: Knowledge and Skills

Ad Hoc Joint Committee With the International Association of Orofacial Myology

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About This Document

These guidelines are an official statement of the American Speech-Language-Hearing Association (ASHA). They provide guidance on the use of specific practice procedures, but they are not official standards of the Association. This policy statement was prepared by the ASHA Ad Hoc Joint Committee with the International Association of Orofacial Myology. ASHA was represented by Robert M. Mason, chair; Michelle M. Ferketic, ex officio; Richard A. Forcucci; Catherine Jackson; and Sylvia M. Zante. The International Association of Orofacial Myology was represented by Charlena E. Clark, Marvin L. Hanson, Galen L. Peachey, and Gayle P. Snyder. Diane L. Eger, 1991–1993 vice president for professional practices, served as monitoring vice president. The contributions of the Executive Board, James L. Case, Gloria D. Kellum, Joseph B. Zimmerman, and select and widespread peer reviewers are gratefully acknowledged. The Legislative Council adopted the document at its November 1992 meeting (LC 37-92).

Introduction

In 1975, the American Speech-Language and Hearing Association (ASHA) Joint Committee on Dentistry and Speech Pathology-Audiology published “Position Statement on Tongue Thrust” in *Asha* (ASHA, 1975), which became the official position of ASHA and the American Association of Orthodontists. The position statement indicated the need for further research on the nature and efficacy of tongue thrust treatment. In keeping with ASHA’s policy of reviewing position statements periodically (EB 123-87), an Ad Hoc Committee on Labial-Lingual Posturing Function was formed in 1989 and charged to review current information on labial and lingual posturing competence, prepare a report and position statement, and make recommendations for development of a knowledge and skills statement.

The committee prepared “Report of the Ad Hoc Committee on Labial Lingual Posturing Function” (ASHA, 1989) and the position statement “The Role of the Speech-Language Pathologist in Assessment and Management of Oral Myofunctional Disorders” (ASHA, 1991b). The papers were presented to the Executive Board and Legislative Council following extensive peer review. The position statement “The Role of the Speech-Language Pathologist in Assessment and Management of Oral Myofunctional Disorders” was approved, and “Position Statement on Tongue Thrust” was rescinded by the Legislative Council in November 1990 (LC 13-90).

The 1990 position statement recognized the role of the speech-language pathologist in providing services to persons with orofacial myofunctional disorders. It advocated appropriate training, beyond the typical course work and clinical experience required to obtain a master's degree and certification in speech-language pathology, to prepare the clinician to deal with these disorders. The specific professional functions, knowledge, and skills required to evaluate and treat persons having orofacial myofunctional disorders were not described. Therefore, the Ad Hoc Joint Committee with the International Association of Orofacial Myology was established by ASHA to develop a statement describing those professional functions, knowledge, and skills.

**Key Term (or)
Definitions**

The intent of this statement is to present information on the types of knowledge and skills involved in providing evaluation and treatment services to persons with orofacial myofunctional disorders. Such information is meant to serve as a guide for professionals in determining whether their training and experience is appropriate for practice in this area.

An interdisciplinary approach is essential for study, evaluation, and treatment of orofacial myofunctional disorders. Effective communication among speech-language pathologists and dental and medical specialists helps ensure optimal client/patient care.

- **Airway Competency:** sufficient patency of the nasal passages to permit effortless inward and outward flow of air.
- **Lip Incompetence:** a lips-apart resting posture or the inability to achieve a lips-together resting posture without muscle strain.
- **Orofacial Myofunctional Disorder:** any pattern involving oral and/orofacial musculature that interferes with normal growth, development, or function of structures, or calls attention to itself.
- **Orofacial Myology:** the science and clinical knowledge dealing with muscles of the mouth and face (orofacial muscles) and the normal and abnormal variations of the functions thereof.
- **Tongue Thrust:** inappropriate or excessive lingual contacts against or between the teeth at rest or during vegetative or communicative functions.
 - **Obligatory Tongue Thrust:** a forward posturing or movement of the tongue induced by structural or physiological constraints,
 - **Transitional Tongue Thrust:** tongue thrust accompanying developmental or other conditions that are temporary in nature.

TASK 1.0 Understanding dentofacial patterns and applied physiology pertinent to orofacial myology

Professional Function:

- 1.1 Recognition of normal and abnormal dental, skeletal, and soft tissue anatomy and physiology.
- 1.2 Recognition of developmental anatomy, physiology, and cognitive factors as they affect evaluation and strategies for treatment.

Knowledge base and/or skills needed:

- 1.a Knowledge of normal/abnormal dental, skeletal, and soft tissue anatomy and physiology.
- 1.b Knowledge of etiology and treatment modalities for dental and skeletal malocclusions.
- 1.c Knowledge of orofacial muscle compensatory adaptations to dental or skeletal variations.
- 1.d Knowledge of dental development and terminology relevant to orofacial myology.
- 1.e Knowledge of the role of dental and medical specialties and procedures related to the interdisciplinary management of orofacial myofunctional disorders.

- 1.f Skills analyzing/interpreting patient/client data regarding orofacial myofunctional disorders,

TASK 2.0 Understanding contributing causative factors related to orofacial myofunctional disorders

Professional Functions:

- 2.1 Recognition of the complexity and potential interactions of etiological factors related to orofacial myofunctional disorders (e.g., airway interference, thumb sucking, anterior malocclusion).
2.2 Recognition of signs and symptoms of orofacial myofunctional disorders.

Knowledge base and/or skills needed:

- 2.a Knowledge of the complexity and potential interactions of etiological factors related to orofacial myofunctional disorders.
2.b Knowledge of the role of dental and medical specialties and procedures related to the interdisciplinary management of orofacial myofunctional disorders.

TASK 3.0 Understanding basic orthodontic concepts

Professional Functions:

- 3.1 Communicating pertinent orofacial myofunctional clinical findings to colleagues from other disciplines.
3.2 Incorporating knowledge of present and future orthodontic treatment procedures for individual clients/patients into treatment planning decisions.

Knowledge base and/or skills needed:

- 3.a Basic understanding of orthodontic evaluation and treatment procedures and appliances.
3.b Skills in interacting with dental specialists in developing appropriate treatment plans and in formulating realistic treatment expectations.

TASK 4.0 Understanding interrelationships between speech and orofacial myofunctional disorders

Professional Functions:

- 4.1 Relating interrelationships of speech and orofacial myofunctional disorders to medical and dental specialists.
4.2 Observing inappropriate lingua-dental contacts during speech, whether they result in acoustically normal or abnormal speech.
4.3 Detecting interrelationships among dental malocclusions, abnormal articulatory patterns, and nasal airway patency.

Knowledge base and/or skills needed:

- 4.a Skills in identification of articulatory patterns related to orofacial myofunctional disorders.
4.b Knowledge of orthodontic appliances and potential impact on speech function.

TASK 5.0 Demonstrate competence in comprehensive assessment procedures and in identifying factors affecting prognosis

Professional Functions:

- 5.1 Evaluating tongue and lip resting postures and tongue, lip, and teeth movements in the handling and swallowing of saliva, liquids, and foods.

- 5.2 Determining the likelihood of spontaneous modification of inappropriate myofunctional patterns without intervention.
- 5.3 Identifying positive and negative factors associated with the prognosis for treatment.
- 5.4 Relating assessment results to the total medical or dental plan of treatment.

Knowledge base and/or skills needed:

- 5.a Knowledge of relationships among orofacial structures and functions as they influence orofacial myofunctional disorders.
- 5.b Knowledge of the complexity of oronasal airflow patterns and the need for interdisciplinary management. Knowledge of physical and behavioral factors affecting patient selection or treatment outcome. Skill in recognition and elimination of associated parafunctional behaviors and habits (e.g., chewing, sucking) which affect oral structures and function.
- 5.c Knowledge of physical and behavioral factors affecting patient selection or treatment outcome.
- 5.d Skill in recognition and elimination of associated parafunctional behaviors and habits (e.g., chewing, sucking) which affect oral structures and function.

TASK 6.0 Demonstrate competency in selecting an appropriate, individualized, criterion-based treatment plan

Professional Functions:

- 6.1 Coordination of the orofacial myofunctional disorders treatment program with other medical and dental procedures.
- 6.2 Establishment of a home-based program as an integral part of treatment, as appropriate.
- 6.3 Education of the patient/client and family regarding treatment goals and procedures.

Knowledge base and/or skills needed:

- 6.a Knowledge of the family's educational, linguistic, and ethnic background and the impact of these on treatment planning.
- 6.b Skill in establishing dismissal criteria and follow-up care in the treatment process.

TASK 7.0 Demonstrate a clinical environment appropriate to the provision of professional services

Professional Functions:

- 7.1 Maintaining appropriate infection control procedures.

Knowledge base and/or skills needed:

- 7.a Knowledge of ASHA guidelines on asepsis (ASHA, 1990, 1991a; McMillan & Willette, 1988).

TASK 8.0 Demonstrate appropriate documentation of all clinical services

Professional Functions:

- 8.1 Obtaining a case history on each client/patient.
- 8.2 Incorporating case history and clinical findings into a report, including factors affecting prognosis and recommendations.
- 8.3 Documenting client/patient progress for each treatment session.

Knowledge base and/or skills needed:

8.a Knowledge of clinical data recording, organization, and reporting.

TASK 9.0 Demonstrate professional conduct within the scope of practice for speech-language pathology

Professional Functions:

- 9.1 Adhering to the ASHA Code of Ethics (current version).
- 9.2 Recognizing orofacial myofunctional conditions to include in an orofacial myofunctional practice, such as digit and oral habits, lingual and labial posturing variations, and swallowing variations that are non-organic.
- 9.3 Establishing as the most important goal of orofacial myofunctional intervention the creation, reestablishment, stabilization, and maintenance of an oral environment conducive to normal processes of orofacial growth and development.
- 9.4 Educating referral sources regarding the goals and nature of orofacial myofunctional treatment.

Knowledge base and/or skills needed:

- 9.a Knowledge obtained through course work and training specific to the evaluation and treatment of orofacial myofunctional disorders prior to the provision of clinical services in this area.
- 9.b Knowledge that, unless a speech-language pathologist holds other certification or credentials in appropriate medical/dental specialty areas, the practice of orofacial myology does not include
 - 1. Treatment of parafunctional problems related to temporomandibular joint disorders and myofacial pain dysfunction,
 - 2. Nutritional counseling or management,
 - 3. Craniosacral manipulation or practices within the scope of physical therapy, or
 - 4. Practices related to the reduction of medical conditions, such as sleep apnea.

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