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The Role of the Speech-Language Pathologist in Assessment and Management of Oral Myofunctional Disorders

Ad Hoc Committee on Labial-Lingual Posturing Function

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About This Document

The following document, developed by the American Speech-Language-Hearing Association (ASHA) Ad Hoc Committee on Labial-Lingual Posturing Function, was adopted as an official statement by the ASHA Legislative Council (LC 13-90) in November 1990. (See *Report: Ad Hoc Committee on Labial-Lingual Posturing Function, Asha*, November 1989, 92–94.) Members of the ad hoc committee included Robert Mason (chair), Michelle Ferketic (ex officio), Sheila Gideon, Marvin Hanson, Ralph Shelton, Jr., and Ida Wiedel, with the guidance of Teris K. Schery (1988–1990 vice president for clinical affairs.)

Position Statement

It is the position of the American Speech-Language-Hearing Association (ASHA) that:

1. Oral myofunctional phenomena, including abnormal fronting (tongue thrust) of the tongue at rest and during swallowing, lip incompetency, and sucking habits, can be identified reliably. These conditions co-occur with speech misarticulations in some patients;
2. Tongue fronting may reflect learned behaviors, physical variables, or both;
3. There is published research that indicates that oral myofunctional therapy is effective in modifying disorders of tongue and lip posture and movement;
4. Investigation, assessment, and treatment of oral myofunctional disorders are within the purview of speech-language pathology;
5. The speech-language pathologist who desires to perform oral myofunctional services must have the required knowledge and skills to provide a high quality of treatment. The provision of oral myofunctional therapy remains an option of individual speech-language pathologists whose interests and training qualify them;
6. Evaluation and treatment should be interdisciplinary and tailored to the individual. The speech-language pathologist performing oral myofunctional therapy should collaborate with an orthodontist, pediatric dentist, or other dentists, and with medical specialists such as an otolaryngologist, pediatrician, or allergist, as needed;
7. Appropriate goals of oral myofunctional therapy should include the retraining of labial and lingual resting and functional patterns (including speech). The speech-language pathologist's statements of treatment goals should avoid predictions of treatment outcome based on tooth position or dental occlusal changes; and
8. Basic and applied research is needed regarding the nature and evaluation of oral myofunctions and the treatment of oral myofunctional disorders.