

The BreatheWell Group

Function with a purpose.

OROFACIAL MYOFUNCTIONAL
THERAPY



OROFACIAL MYOFUNCTIONAL THERAPY

What is it?

Neuromuscular re-education of the head, neck and throat muscles in collaborate with other professionals OROFACIAL MYOFUNCTIONAL THERAPY .

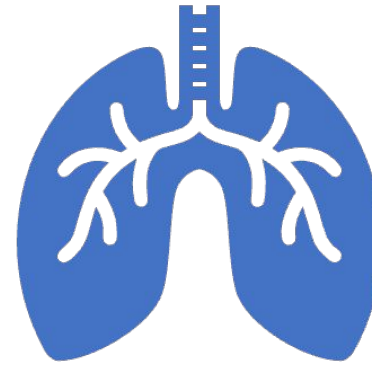
We teach exercises



AIRWAY is our focus!!

Work on full body health
beginning with the
muscles of the mouth!

HOW DO
WE HELP
AIRWAY?



FIVE GOALS

- Nasal Breathing
- Correct Tongue Posture
- Lip Seal
- Correct Swallowing pattern
- Complete muscle coordination and tone

Therapy is 95% awareness!

NEED TO ASSESS



NASAL
CLEARANCE



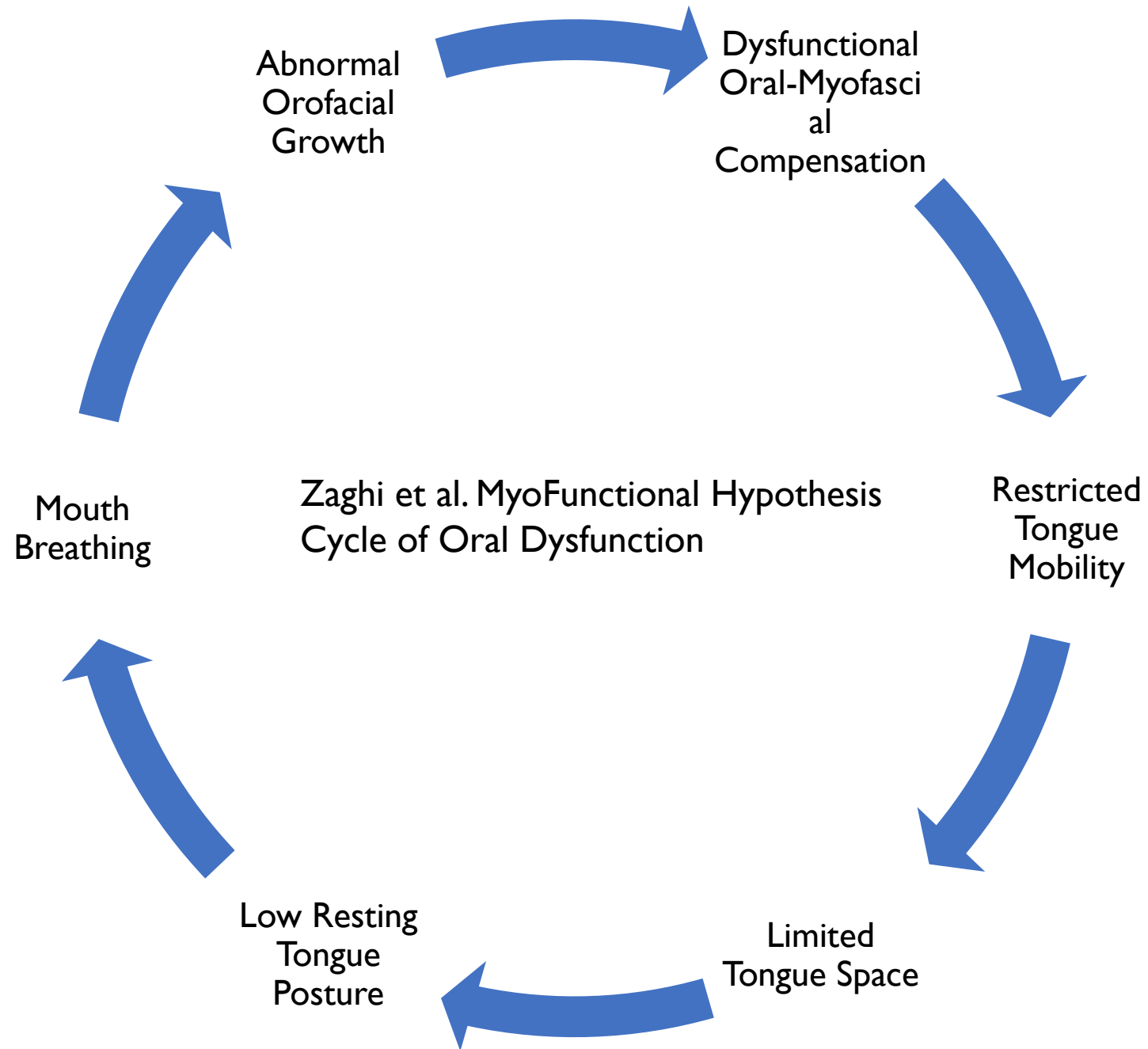
TONGUE
SPACE



TONGUETIE



TONGUE
TONE



WHY IS NASAL BREATHING IMPORTANT?

Heidi Dickerson, DDS, LVIM, FIAPA

Nitric Oxide & Mouth Breathing

PHYSIOLOGY YOU WANT TO UNDERSTAND



What does Nitric Oxide do?

**NO plays a role in every organ of your body!
Here are a few things it does:**

- As a vasodilator it decreases blood pressure and improves blood flow to the organs
- Anti-inflammatory action in the arteries
- Prevents blood clotting and obstructions in the arteries
- Immune defense: destruction of viruses and parasitic organisms
- Plays a role in respiration
- Enables erectile function
- Enhances memory and learning
- Protects the skin from harmful ionizing radiation
- Promotes a healthy digestive tract by regulating the secretion of digestive hormones and enzymes
- Hormonal effects: influences secretion of hormones from several glands
- Regulates bladder function
- Acts as a signaling molecule to maintain normal bodily functions
- Regulation of binding/release of O₂ to hemoglobin

diseases. Here are a few of the diseases associated with low Nitric Oxide: high blood pressure, heart disease, heart attack, stroke, digestive tract issues such as Irritable Bowel Syndrome, Alzheimer's disease, dementia, erectile dysfunction, and bladder issues.

Some ways to increase Nitric Oxide are eating foods high in it, exercising and **BREATHING THROUGH YOUR NOSE!** If you ask most people if they are a nose or a mouth breather, the majority will answer that they breathe through their nose. However, this is not true. Observe those around you... a large percentage of the population are mouth breathers. It is imperative that we recognize this sign in our patients and help them to become nasal breathers.

Breathing through your nose is one of the most beneficial things you can do for the overall health of your body and for your longevity.

Let me simplify why mouth breathing is bad. First and foremost breathing should be very passive and with little effort. We should not hear or notice someone breathing. Breathing heavy causes blood vessels to constrict. This is one reason why mouth breathers are tired a lot of the time. There is less delivery of O₂ in mouth breathing. Normal breathing is approximately 4-6 liters/minute and 10-12 breaths per minute. Oxygen saturation would be around 95-98%. If you have a breathing problem you may breathe 10-15 liters/min, you may even take more breaths, but you do not have any more Oxygen.

Carbon Dioxide is key for how Oxygen gets released from red blood cells into our tissues and our organs. When you breathe heavy you lose CO₂, which results in O₂ sticking to the hemoglobin and not getting released. Basically the heavier you are breathing the less that Oxygen is getting released.



Heidi Dickerson, DDS, LVIM, FIAPA

Nitric Oxide & Mouth Breathing

PHYSIOLOGY YOU WANT TO UNDERSTAND



With this heavy breathing also comes a vasoconstrictive effect and up to a 50% restriction of our blood flow up to our brain. You can see that chronic hyperventilation is not a healthy situation to be in.

Each hemoglobin molecule carries four Oxygen molecules. And since we know that Oxygen is released by the presence of Carbon Dioxide you can understand that the harder you breathe the less Carbon Dioxide there is, so less Oxygen is released. You may have blood that has a high Oxygen level, but the Oxygen to the organs would be less because it is not being released by the hemoglobin. This is the problem with most mouth breathers.

When we breathe through our nose, nasal resistance increases by approximately 200% and helps in the release of Oxygen. Mouth breathing does not let our bodies take advantage of the sinuses production of Nitric Oxide.

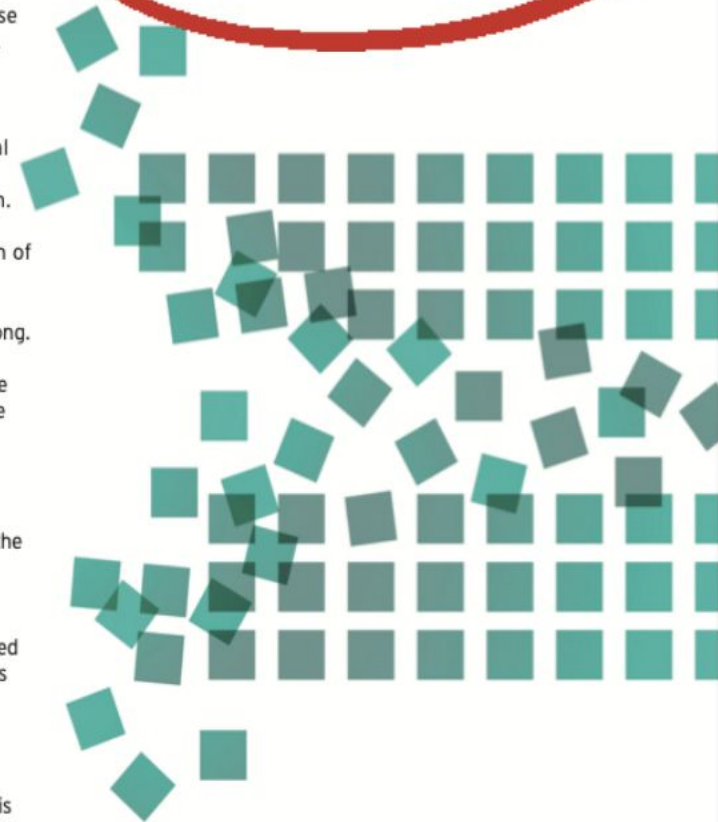
Close to 80% of the population breathes wrong. They may breathe through their mouths, or have shallow breathing, they may not breathe with their diaphragm, and they might breathe heavy and you will notice them breathing or hear them.

The only organ that helps us get ready to breathe correctly is our nose. When we breathe through our mouths it can lead to chronic hyperventilation, reduced blood circulation, lowering of Carbon Dioxide levels, and vasoconstriction of our airways! The continued mouth breathing will have detrimental effects on our overall health such as sleep apnea, high blood pressure, heart disease, asthma, allergies...and more.

Our bodies need supreme oxygenation...this is not happening for our brain, heart, and organs when we are mouth breathers.

If you can keep in mind the function of each of our organs then it becomes quite simple. We use our mouth to eat and talk and we use our nose to smell and breathe! A primary focus we should have for the well-being of all our patients is to help them become nasal breathers through life.

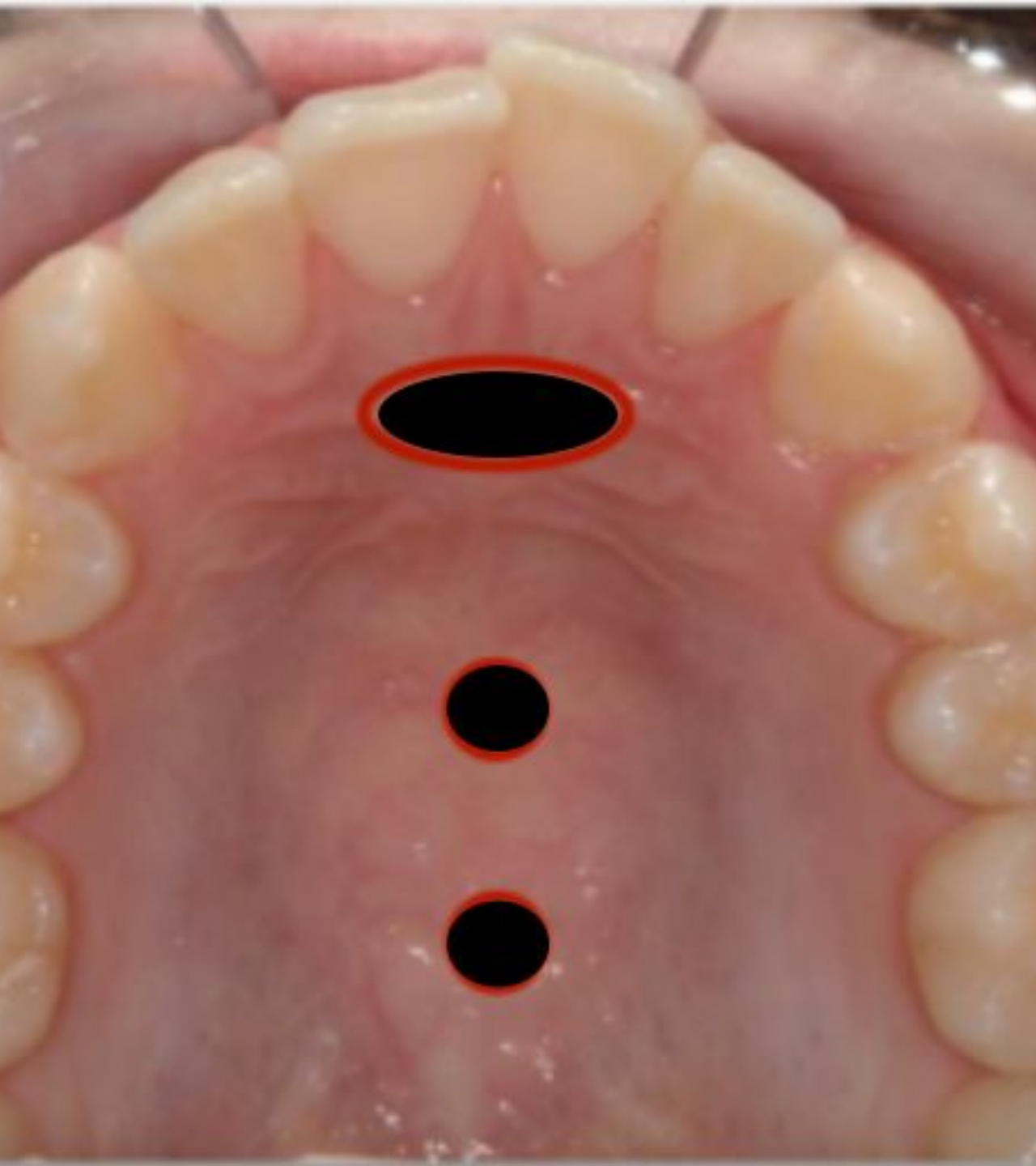
Close to 80%
of the population
breathes wrong.



nosefacts

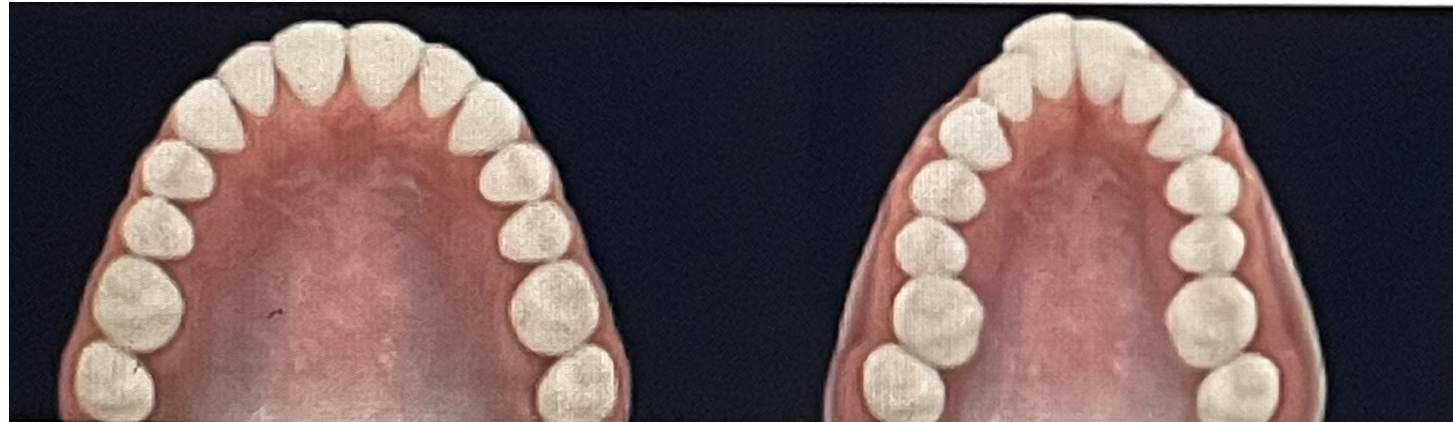


The nose is made up of five muscles: dilator naris anterior, dilator naris posterior, depressor septi, nasalis and procerus.



TONGUE POSTURE

- "The Spot"
- Where does your tongue live when at rest?



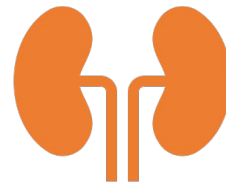
U-SHAPE

V-SHAPE

PALATE SHAPE

PHOTOS FROM FAIREST.ORG

LIP SEAL



Protects teeth from changes in PH balance associated with mouth breathing which increases risk of cavities



Helps holds the framework of the arches and stabilize teeth

FACIAL CHARACTERISTICS

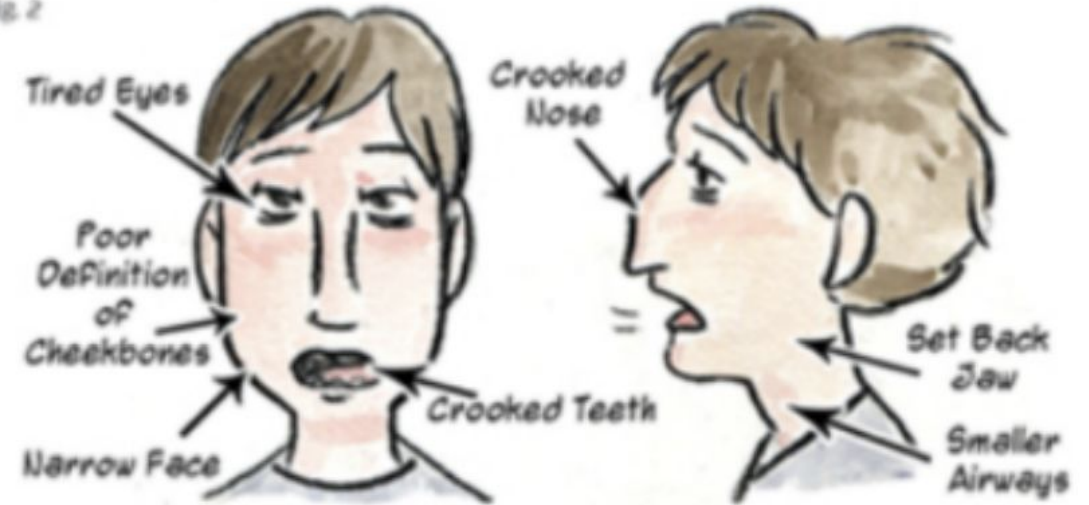
Nasal Breather

Mouth Breather

Fig. 1



Fig. 2



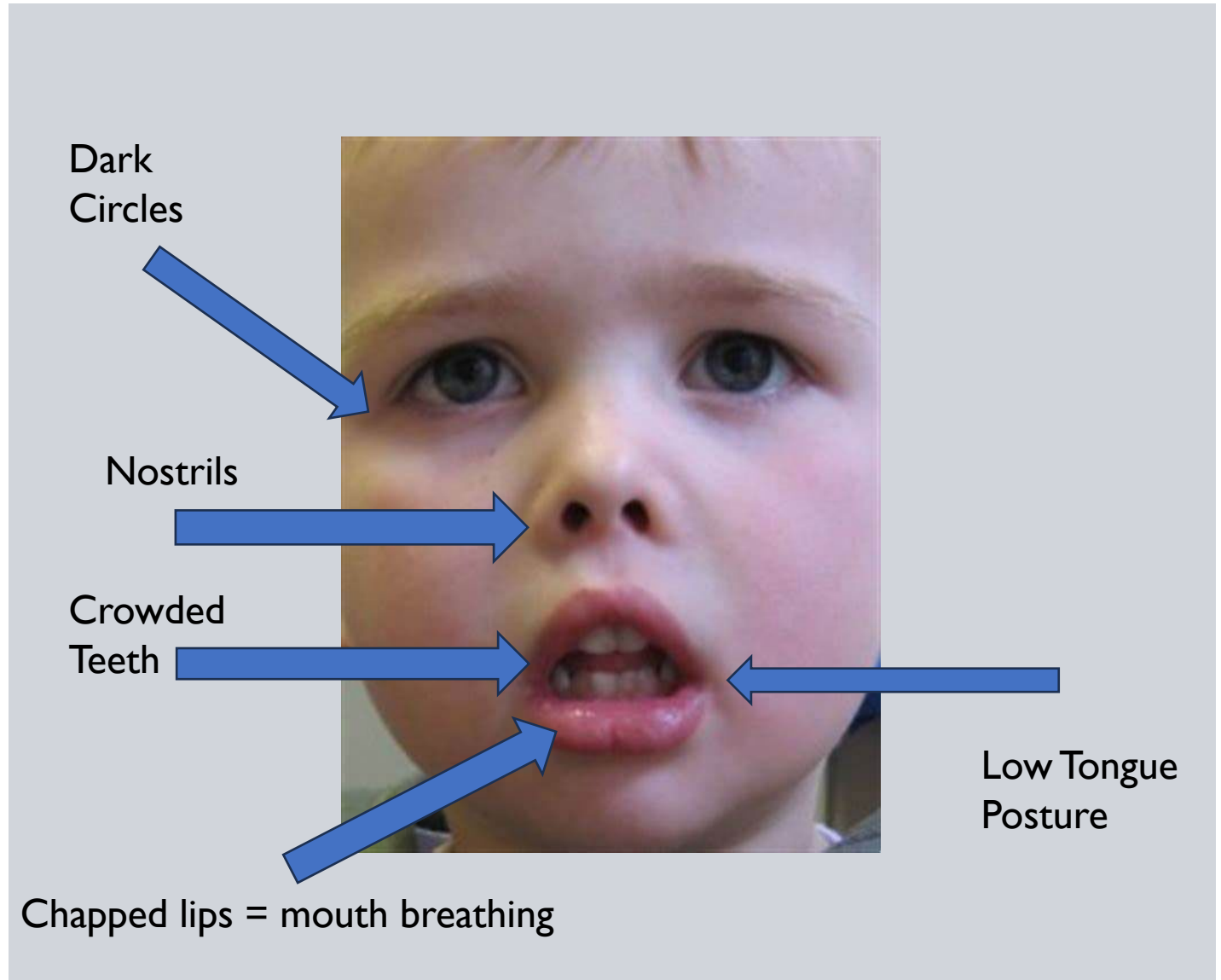
Good Airway Size

Smaller Airway = Increase Risk of Sleep Disordered Breathing



MOUTH BREATHING- DYSFUNCTION

This is NOT a healthy state



DYSFUNCTION: HOW DOES IT CREATE PROBLEMS?

- Poor facial growth to support a healthy airway
- Dental problems such as crowding, increase risk of cavities, enamel wear on teeth from clenching or grinding, periodontal disease
- Increased risk of Sleep disordered breathing including Sleep apnea
- Chronic pain with TMJ, neck, shoulders, headaches etc.



PROPER SWALLOW PATTERN



- Most people will swallow 800 to 2000 times daily. The tongue exerts one to six pounds of pressure on the surrounding structures.
- Tongue thrust swallows can create deformities vs. a normal swallow which does not.



WHAT DOES A MYOFUNCTIONAL THERAPY ASSESSMENT LOOK LIKE?

The consultation will last 45 min to an hour where the therapist will complete a full comprehensive and anatomical evaluation including taking measurements and photos to create a custom therapy plan for you.

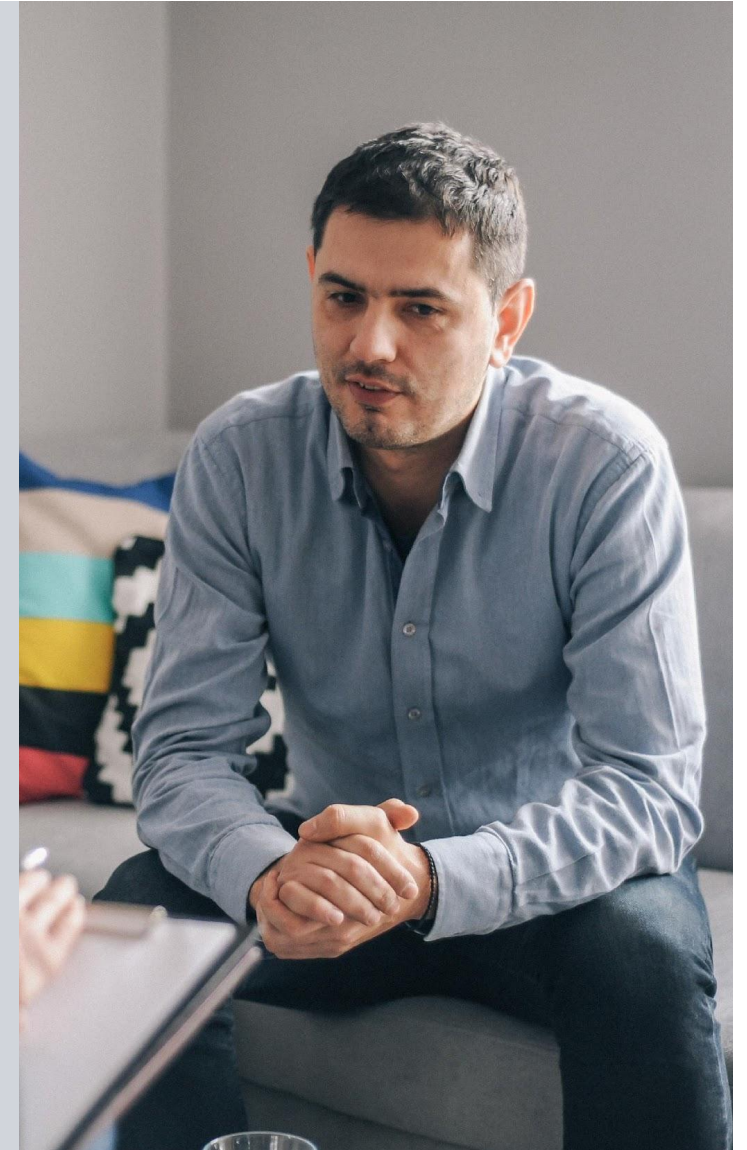
REVIEW MEDICAL HISTORY

EVALUATE THE TONGUE RANGE OF
MOTION AND SPACE

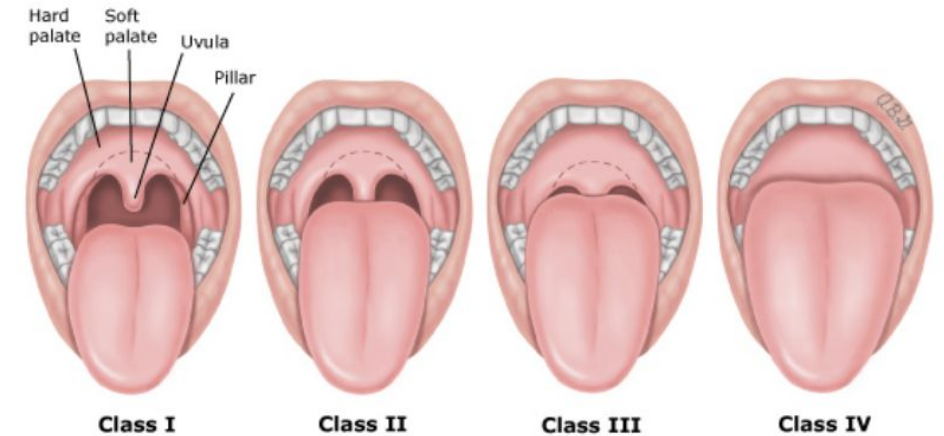
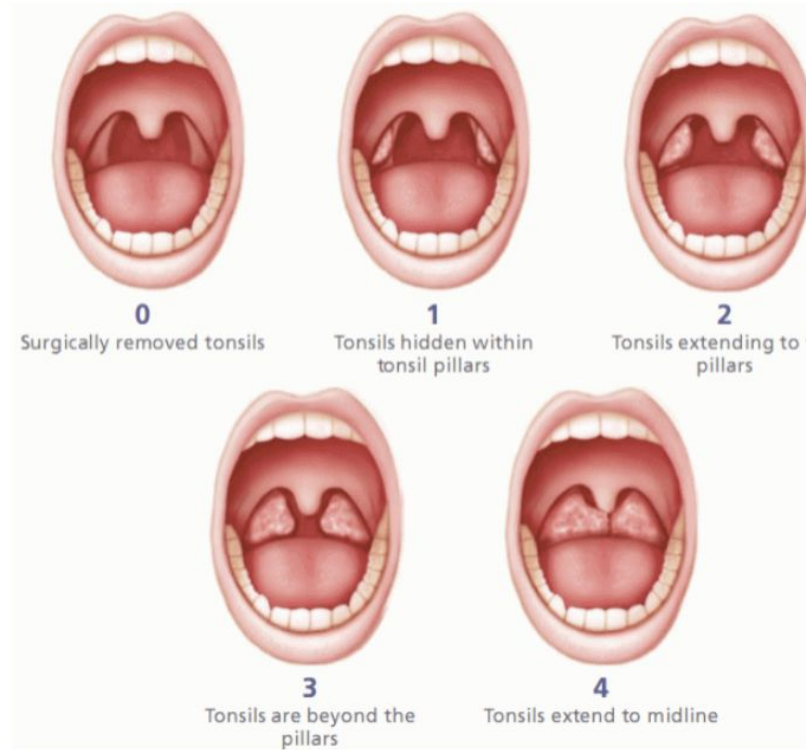
COMPENSATIONS PRESENT WHILE
SWALLOWING

EVALUATE AIRWAY

GIVE FULL BODY APPROACH
RECOMMENDATIONS



AIRWAY EVALUATION








The modified Mallampati classification^[1] is a simple scoring system that relates the amount of mouth opening to the size of the tongue, and provides an estimate of space available for oral intubation by direct laryngoscopy. According to the Mallampati scale, class I is present when the soft palate, uvula, and pillars are visible; class II when the soft palate and the uvula are visible; class III when only the soft palate and base of the uvula are visible; and class IV when only the hard palate is visible.

MEASUREMENTS

[Functional Classification of Oral Ties](#)

FUNCTIONAL CLASSIFICATION OF ANKYLOGLOSSIA BASED ON TONGUE RANGE OF MOTION RATIO (TRMR)

TRMR-TIP	
Assessment of: Anterior Tongue Mobility <i>Tongue to Incisive Papilla (TIP)</i>	
	
Grade 1: TRMR-TIP > 80% <i>Significantly Above Average</i>	Grade 2: TRMR-TIP 50-80% <i>Average</i>
	
Grade 3: TRMR-TIP < 50% <i>Below Average</i>	Grade 4: TRMR-TIP < 25% <i>Significantly Below Average</i>

TRMR-LPS	
Assessment of: Posterior Tongue Mobility <i>Lingual Palatal Suction (LPS)</i>	
	
Grade 1: TRMR-LPS > 60% <i>Significantly Above Average</i>	Grade 2: TRMR-LPS 30-60% <i>Average</i>
	
Grade 3: TRMR-LPS < 30% <i>Below Average</i>	Grade 4: TRMR-LPS < 5% or unable <i>Significantly Below Average</i>

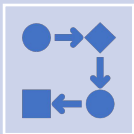
BREATHE
INSTITUTE



PHASES OF THERAPY: A COMPREHENSIVE APPROACH



INSTENSIVE PHASE: Tongue posture, muscle strength, evaluate for tongue tie release



HABITUATION PHASE: Awareness, habit elimination and new formation Phases of Therapy: Foundational Program



RETENTION PHASE: Retaining tongue posture, habits and awareness

THE POWER OF THE TONGUE

10 yo Female
-9 sessions of
OMT with no
other
therapies



com mit ment

[koh `mit munt]

noun

a pledge to do something; the state of being bound emotionally or intellectually to an ideal or course of action.

SESSIONS

- 30 minutes weekly for 8 week
- 30 minutes every 2 weeks for 2-4 sessions
- 30 minutes every 3 weeks for 2-3 sessions
- 30 minutes every 4 weeks for 2-3 sessions

PRACTICE

5-7 minutes 2-3 times daily

FOUNDATION

Each session is a stepping-stone. We cannot move to the next step until practice ones are given.



WHAT IS INCLUDED IN THERAPY PRICING?

- No extra charge for:
- Collaborating with your professionals outside of the session time (craniosacral, dental, etc).
- Have open communication via portal messages or email with you between sessions when needed
- Create reports
- Preparing custom exercises prior to your session