ARTICLES RECOMMENDED BY

Orofacial Myofunctional Therapy

- **Mandibular exercises improve mandibular advancement device therapy for obstructive sleep apnea** *Paulo Afonso Cunali & Fernanda R. Almeida & Camila D. Santos & Natália Y. Valdrichi & Liliane S. Nascimento & Cibele Dal-Fabbro & Sérgio Tufik & Lia Rita A. Bittencourt*

continuation of the treatment [6–8]. Mandibular exercises, whether associated to other noninvasive treatment modalities (counseling and occlusion plates, for example) or not, have been used with satisfactory results in the control of pain caused by TMD. In those modalities, the observation period of patients submitted to exercises varied according to the protocol, but in general, good results were produced after 3 months [20–25]. In randomized controlled studies, mandibular exercises and counseling were compared to isolated counseling for the treatment of myofascial pain. The studies showed better results with the mandibular exercises; therefore, they suggest exercise therapy as a first choice intervention in muscular TMD [20, 21]. Also, passive mandibular exercises, used for the treatment of joint disc displacement with [22] and without reduction [23], showed a significant reduction of pain after 6 months. Mandibular exercises also improve significantly joint sounds, compared to a control group [25]. Ueda and collaborators [48] used mandibular exercises combined with a MAD and found that this type of therapy did improve occlusal contact area and bite force. The authors related those findings to tooth movement and did not evaluate systematically the presence or absence of TMD. The current study is, to our knowledge, the first to use mandibular exercises with MAD therapy for patients with TMD and OSAS. Similarly to previous studies, we also found that mandibular exercises produced a significant improvement in TMD. Differently than those studies, our patients used the MAD therapy at night and the ST during the day.

- **Lingual Frenectomy: functional evaluation and new therapeutical approach** *G. Olivi, A. Signore, M. Olivi*, M.D. Genovese University of Genoa, Department of Surgical Science*

Early diagnosis and intervention in ankyloglossia are fundamental for the subsequent morpho-functional development of the child and of the adolescent. In the newborn period, the presence of ankyloglossia, with or without a concomitant short upper labial frenum, can already create breastfeeding difficulties. The permanence of atypical swallowing may then be responsible for functional alterations with speech impediment, as well as morphological dentoskeletal alterations with orthodontic problems. The persistence

- **Oropharyngeal exercises to reduce symptoms of OSA after AT** *Maria Pia Villa & Luca Brasili & Alessandro Ferretti & Ottavio Vitelli & Jole Rabasco & Anna Rita Mazzotta & Nicoletta Pietropaoli & Susy Martella*

expensive than other therapies. Furthermore, the rehabilitative exercises that we propose are easily taught, but since the parents' cooperation is essential, it is important to consider the family's psycho-sociocultural level, as well as to educate and motivate the family. We believe that all children with OSA who have received any kind of treatment for OSA should undergo a oropharingeal evaluation aimed at assessing the need for neuromuscular rehabilitation.

- **Myofunctional therapy to Treat Obstructive Sleep Apnea : A Systemic Review and Meta-Analysis** *Camacho M,Certal V,Abdullatif J, Zaghi S, Ruoff CM,Capasso R, Kushida C,*

"Current literature demonstrates that myofunctional therapy decreases AHI by approximately 50% in adults and 62% in children .Lowest oxygen saturation, snoring and sleepiness outcomes improve in adults Myofunctional therapy could serve as an adjunct to other OSA treatments"

- **Myofunctional therapy applied to upper airway resistance syndrome : a case report** *Camila de Castro Corrêa1 Giédre Berretin-Felix1*

"The effect of orofacial myofunctional therapy has shown to be effective in a case of UARS due to improved orofacial mobility and tone, decreased Mallampati grade and neck circumference, and increased sleep quality after the therapeutic process."

- **The essential role of the COM in the management of sleep-disordered breathing: a literature review and discussion** *Lorraine Frey, RDH, LDH, BAS, COM, Shari Green, RDH, AAS, COM, BA, Paula Fabbie, RDH, BS, COM, Dana Hockenbury, MA, CCC-SLP, COM, Marge Foran, RDH, BA, COM, Kathleen Elder, RDH, COM*

By establishing proper freeway space, improving nasal breathing in the capable patient with a patent nasal airway, and eliminating noxious habits, the growth and development of oral facial structures can be maximized and the potential for beneficial structural growth can be established early on. These authors believe that, by preventing these structural concerns early in life, via

establishing good oral muscular and functional breathing patterns through OMT exercises, the potential for proper orofacial growth and development, the potential for improved sleep, and an optimally established nocturnal airway, will most likely result.

- **Myofunctional therapy improves adherence to continuous positive airway pressure treatment** *Giovana Diaféria1 & Rogerio Santos-Silva1 & Eveli Truksinas 1 & Fernanda L. M. Haddad1,2 & Renata Santos1 & Silvana Bommarito3 & Luiz C. Gregório2 & Sergio Tufik1 & Lia Bittencourt1*

In summary, our study showed that after 3 months of training with a muscle exercise program that targeted the oropharynx of patients with OSAS, the sleepiness, frequency, and intensity of snoring and the apnea severity were decreased. Furthermore, when performed in association with CPAP, there was a significant increase in adherence to the use of the CPAP device during the first week of treatment. Thus, myofunctional therapy in OSAS patients may be considered as an alternative treatment and as an adjuvant intervention strategy for adherence to CPAP.

The ortho missing link: Could it be tied to the tongue *By Lori Cockley, DDS, FAGD and Angie Lehman, RDH, COMT*

Oral Myofunctional Therapy is a necessary adjunct to post care, ensuring that the tongue is able to reverse the unhealthy functional patterns and gain proper rest posture and healthy functional range of motion. Neuromuscular exercises are used to create new muscle memory, creating a lasting effect. It is recommended that the patient be evaluated by a Certified Orofacial Myologist prior to the frenectomy as well as within 3 days after the treatment is complete.