



**Southern Care Dental**  
652 Great South Road  
Manukau, 2104  
New Zealand  
Phone: 09 215 2030  
[www.southerncaredental.com](http://www.southerncaredental.com)

## **Myofunctional Information Sheet**

Early detection and treatment is best! At the age of 3-10, your child's teeth are developing in their mouth, and this is the best time to try to improve their teeth and jaws the natural way (without braces)! We can discuss all your child's options at the consultation appointment, but below is a brief summary of what things we can do to help.

### **Why is a tongue tie / lip tie a problem?**

In babies, a lip tie or tongue tie means that the baby cannot 'latch' properly, and cannot breastfeed or bottle feed properly. For the baby this leads to an increase in colic symptoms, reflux issues, sleepless nights 'gulping' their milk down, aversion to solids or your baby preferring mushy food instead of solid foods with texture – it is very difficult for them to move the food around in their mouth. For mums – very sore nipples, pain when breastfeeding, or their 'milk drying up' before 3 months.

As the child gets older, the teeth and jaws can grow 'crooked' due to the tongue/lip being unable to move freely - as they are all connected via muscles. Common issues children have related to having a lip or tongue tie are:

- ✓ Sleeping with their mouth open and/or snoring – this restless sleep can worsen as they get older, leading to hyperactivity, restless behaviour in the classroom, and unable to fall asleep easily at night.
- ✓ A habit eg thumb sucking
- ✓ Allergies eg constant blocked nose, large adenoids, increased episodes of ear infection.
- ✓ May talk with a lisp.
- ✓ Often 'gulp' when swallowing, moving their whole face/neck in order to help themselves swallow (we call this the 'chicken neck swallow')
- ✓ Avoids certain foods especially ones with texture, eg raw carrot sticks – because it is hard to swallow, they will prefer soft processed foods which can lead to increased tooth decay.
- ✓ Dental Phobia – fear of the dentist. This increases with age and continues as the child grows into an adult, as the tongue tie makes the child often feel they are 'choking' at the dentist, as their tongue is unable to prevent the water going to the back of their throat.
- ✓ Teeth often come through in the wrong place, are crooked, and the jaw will develop abnormally, for example, the 'buck teeth' appearance.

All these problems can continue and worsen as your child develops into a teenager and into an adult! A minor tie is not always a problem if your child's eating/speech/teeth are not affected. But if you have noticed an issue with the description above, your child may have an undiagnosed tongue or lip tie! Compare it putting a too-small shoe on your child growing

foot all the time, it will cause pinching and pain and eventually, the child's foot will grow either crooked or stunted. Early treatment is the best as it will allow your child mouth to grow naturally to their full potential.

## **How do we treat it?**

### **1) Diagnose the problem**

The most important thing is to diagnose it correctly! This needs to be done by a trained professional (eg a dentist or GP) who has experience in seeing this, often with the help of a lactation consultant, post-partum midwife. An examination needs to be conducted by palpating/ checking the mouth and all its muscles, seeing the child talk, move their lips and tongue around and taking a full history of symptoms.

### **2) Starting treatment**

- ✓ 1st week Myofunctional exercises – (tongue and lip stretches) the first step is to exercise the correct muscles so your child can start to use the right muscles to do the right thing! It is very important that we teach your child the correct way to move the muscles of their face, lips and tongue. This is the first step to improvement, and it is important that you as their parent are 100% on board with helping them do it by practicing it with them, every day 2-3 x a day! Muscles improve by constant repetition, so the more you do it, the better the results will be!
- ✓ 2nd week - Myofunctional appliance – we would introduce a special appliance called a Myomunchee or a Myobrace (age dependent) which helps 'retrain' the tongue and lips to do what they naturally should. This cool little device looks like a mouthguard but with a patented shape, that your child wears during the day (1-2 hours) and at night to help exercise the muscles even when your child is sleeping. Your child should continue the myofunctional exercises during the day time.
- ✓ *(Please note – it is common for some children to take up to 1-2 months before the child can 'keep' their myofunctional appliance in their mouths for the whole night, the younger the child is, and the more encouragement you give them, the better it will go!)*
- ✓ 4th week – Assessment for a laser tongue tie or lip tie release – some children's lip/ tongue tie are not able to stretch with exercises alone. In these cases, we recommend a Laser tie release – which in most children will be done under nitrous oxide sedation to make your child more comfortable. There will be some minor tenderness for a few days after the procedure, and it is important that your child continue to do their tongue/lip stretches to prevent the tie from re-forming!
- ✓ Monthly – every month for the next 6-9 months, we would continue to check on your child to make sure everything is going as it should. Depending on what the initial problem was, we may then recommend returning every 6 months to have the myofunctional appliance checked and replaced with a larger one as your child grows.

Children's teeth and faces change as they grow, they have an amazing capacity to heal and adapt to their environment. We want to channel the way their teeth 'grow in' so that we can give your child the best possible set of teeth that nature intended, and hopefully avoiding orthodontic braces in the future.

Please do not hesitate to ask if you have any questions, remember, we are here to help you!

Lorraine Lim (BDS Otago Distinction)  
**Dentist**