



NJSHA Private  
Practice Committee



# The SLP's Role in Orofacial Myofunctional Disorders

## References

American Speech-Language-Hearing Association. (n.d.). Orofacial Myofunctional Disorders. (Practice Portal). Retrieved 1/15/20 from <https://www.asha.org/Practice-Portal/Clinical-Topics/Orofacial-Myofunctional-Disorders/>.

American Speech-Language-Hearing Association. (2016a). Code of ethics (Ethics). Available from: <https://www.asha.org/Code-of-Ethics/>

American Speech-Language-Hearing Association. (2016b). Scope of practice in speech-language pathology (Scope of Practice). Available from <https://www.asha.org/policy/sp2016-00343/>.

Master reference list IAOM:

<http://oralmotorinstitute.org/resources/Orofacial-Myofunctional-Disorders-RefList.pdf>

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## What is an Orofacial Myofunctional Disorder? (OMD)



According to the American Speech-Language-Hearing Association (ASHA), OMDs are patterns involving oral and orofacial musculature that interfere with normal growth, development, or function of orofacial structures, or call attention to themselves (Mason, n.d.A). OMDs can be found in children, adolescents and adults. OMDs can co-occur with a variety of speech and swallowing disorders.

Signs and symptoms include but are not limited to:

- Articulation problems
- Dental abnormalities
- Lip-tie
- Mouth breathing
- Open mouth posture
- Picky eating habits
- Problems with chewing and swallowing
- Sleep issues
- Teeth grinding
- Thumb sucking
- Tongue thrusting
- Tongue-tie (ankyloglossia)

## Causes of OMDs

- Airway obstructions (deviated septum, large adenoids)
- Craniofacial abnormalities
- Improper use of pacifiers (past 12 months) and sippy cups
- Neurological deficits
- Oral habits such as thumb sucking
- Structural anomalies





## Common Myths

**1 Myth:** There is no license required to practice Orofacial Myofunctional Therapy (OMT).  
**Fact:** OMT is a treatment modality currently listed under the scope of SLPs in the state of New Jersey.

**2 Myth:** Only SLPs can perform OMT.  
**Fact:** Registered Dental Hygienists also list OMT in their professional policies according to the American Dental Hygienist Association (ADHA). RDHs can also become Certified Orofacial Myologists ®. State licenses vary in regard to practice models.

**3 Myth:** OMT is a form of non-speech oral motor exercises (NSOME) and there is no evidence base for this treatment modality.  
**Fact:** Interdisciplinary and international research is content rich. The *International Journal of Orofacial Myology* is a peer reviewed journal providing evidence-based practices (EBP) amongst other peer reviewed journals in speech pathology, dentistry and medicine.

## What is the SLP's role in OMD?

Assessment and treatment of OMDs are within the SLP's scope of practice according to ASHA and New Jersey state licensure. SLPs are unique in that feeding, speech clarity and orofacial myology are all within their scope of practice, therefore their roles include:

- Assessing structural anomalies
- Assessing/treating tethered oral tissues (tongue, lip and cheek ties) and making proper referrals to a physician
- Assessing/treating the oral and pharyngeal phases of feeding
- Assessing/treating articulation disorders related to OMDs
- Assessing /treating strength of the muscles of the jaw, lips, cheeks and tongue
- Assisting with proper oral resting posture and nasal breathing
- Promoting proper drinking vessels and utensils
- Counseling mothers regarding breastfeeding as a method of OMD prevention
- Working with a collaborative team of physicians, dental professionals and therapists



## OMD Team

Multiple professionals are involved in an OMD team. The goals are to:

1. Establish a patent nasal airway.
2. Achieve optimal oral resting posture.
3. Improve articulatory placements of speech sound production.
4. Eliminate non-nutritive sucking habits by the age of three years or younger as recommended by the American Academy of Pediatric Dentistry (2014).
5. Modify the handling of foods and drink (e.g., correct utensils, or placement of food in the mouth) to improve the oral phase of feeding.
6. Improve strength and endurance of the muscles in the orofacial complex.

SLP	Dentist Registered Dental Hygienists Oral Surgeon	ENT
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