When the nose is congested or occluded mouth may lead to the tongue moving or resting forward and narrowing palate, nail and finger skin infections etc.

Although there is a range of normalcy in the swallowing forw ard static tongue rest position also may lead to the tongue resting against the teeth (static). During the swallow, pushing up against the palate the tongue moves instead of pushing up to the palate the tongue moves against the teeth to push the food backwards (dynamic).

Facial muscle dysfunctions (dysarthria) includes lip apraxia, oral dyspraxia (dyspraxia/apraxia of palatal muscles) and apraxia of facial muscles (dyspraxia/apraxia of facial muscles).

The OMT has been trained to develop a lip seal and habituation of the tongue to rest on the alveolar ridge to maintain a stable occlusion.

Although there is a range of normalcy in the swallowing and usually the tongue rests against the teeth (forward in lateral), with lips open, with available space for the tongue and facial musculature is considered to be the average which is a mild degree of swallowing disorder.

Patients with allergies, nasal obstruction and muscle tension of the neck, forehead, wrinkle, pressing, shifting, excessive muscle tension, psychological problem, referred pain to neck, shoulder and neck pain or tension, sleeping problems, headaches, neck pain, shoulder and neck pain may develop medications dependency, causing chronic use and symptoms.

The OMT has been trained to develop a lip seal and habituation of the oral muscles and nasal (oropharyngeal) muscles. The patient with a normal upper lip posture will develop a normal alveolar arch. The patient with a normal upper lip posture will develop a normal alveolar arch.

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17. LOW JAW ORIENTED POSTION

Before

Any time the nasal breathing is interrupted, temporarily or chronically, the jaw drops and the tongue position itself will now and then open up the upper airways. As low tongue position is the patient’s either a mouth breather, which marks initiating snore. The trachea or epiglottis can be present without nasal involvement, with the tongue tip being positioned anterior to the palate.

After

Because the palate divides the oral from the nasal cavity, a high narrow palate could be the symptom of difficulty in nasal breathing; with other disorders linked to it: cleft palate syndromes, TARUS, malocclusion, muscular hypotension, chewing and swallowing disorders, sleep disorders and more.

18. SLEEPING \n
Before

Snoring occurs when air flows past relaxed tissues in the throat causing the tissues to vibrate at low volumes, which marks initiating snore. Because the palate divides the oral from the nasal cavity, a high narrow palate could be the symptom of difficulty in nasal breathing; with other disorders linked to it: cleft palate syndromes, TARUS, malocclusion, muscular hypotension, chewing and swallowing disorders, sleep disorders and more.

After

Because the palate divides the oral from the nasal cavity, a high narrow palate could be the symptom of difficulty in nasal breathing; with other disorders linked to it: cleft palate syndromes, TARUS, malocclusion, muscular hypotension, chewing and swallowing disorders, sleep disorders and more.