Motivation: The Key to Compliance and Success for Treatment of Myofunctional Disorders  
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Because without motivation, even the BEST treatment plan for OMDs (Oral Myofunctional Disorders) may fail, this chapter will attempt to educate the practitioner to learn techniques which may help to attain results which will continue for the life of the patient.

Some areas that will be discussed:

1. Patient commitment
2. Using video and photos
3. Mouth breathing re-education
4. Incorporating technology
5. Teaching the patient to become their own therapist
6. Connecting with the patient
7. Dealing with chronic pain symptoms
8. Looking at the research with the patient
9. Motivating caregivers
10. Teamwork with co-professionals
11. Money and time savings: Informed consent
12. Help for co-morbidity issues
13. Hinge the exercises around a recurring cue
14. Keep it fun
15. Connect with the theme: “It feels better, revitalized, refreshed and you are more clear-headed!”

Abraham Maslow, a psychologist, has written many papers and books on motivation. He is best known as creating Maslow's hierarchy of needs, a theory of psychological health predicated on fulfilling innate human needs in priority, culminating in self-actualization.

There are three major components to motivation: activation, persistence, and intensity. This relates to myofunctional therapy because without activation of the muscles, persistently and with intensity over time, we do not achieve long-term results. Because myofunctional therapy relies on active patient participation, we must use several techniques that are based on the ten principles of neuroplasticity. Neuroplasticity means the ability of the brain to change, following physiologic or pathologic input, generating an adaptive response. Some techniques used are:
• Use it or lose it
• Use it and improve it
• Plasticity is experience specific
• Repetition matters
• Intensity matters
• Time matters
• Salience matters
• Age matters
• Transference

Quoting Abraham Maslow:

“Human life will never be understood unless its highest aspirations are taken into account. Growth, self-actualization, the striving toward health, the quest for identity and autonomy, the yearning for excellence (and other ways of phrasing the striving “upward”) must by now be accepted beyond question as a widespread and perhaps universal human tendency...(Maslow, 1954, Motivation and Personality, pp.xii-xiii)

Commitment:

Patient’s initial commitment to complete the treatment must begin with a thorough evaluation and history both medical and dental looking back at the patient’s birth and infancy, as well as genetic predisposition, if possible. We must look at the possible cause of the problem in order to understand the treatment so that the patient will understand why therapy is necessary.
Also, the bonding that occurs with a verbal intake allows the patient to participate in
discovery that may develop a level of trust in the therapist as well as desire to attain a full
recovery.

When obtaining a commitment to complete a minimum of one year of treatment, we must
look at what the patient’s perception of why they are pursuing the treatment and what
they hope to accomplish by doing the therapy.

**Video and Photos**

Video has taken commitment to a whole new level of success. When a patient swallows and
can see or the parent can see the function, a visual cue will encourage commitment. Photos
can show occlusal relationships as well as posture, facial shape, asymmetry and other
abnormalities. These visual aids may assist the patient in continuing the therapy because
they are engaged in seeing the positive changes.

**Mouth Breathing Re-education**

Changing the way a person breathes is not limited to behavior modification. We must
develop a desire to embrace new physiologic patterns of eliminating hyperventilation as
well as establishing techniques and awareness to change breathing patterns. Many patients
do not realize that mouth breathing is abnormal and may lead to many problems. With children we need to make it fun and easy. We must find each patients “hot button”. Because we are all so different, what may appeal to one person may be different for another.

Elimination of some problems that may motivate patients to comply include but are not
limited to could be:

1. Esthetics
2. Bad breath/periodontal diseases
3. Sleep disorders
4. Posture problem
5. Snoring
6. Malocclusion
7. Surgeries
8. Sinus problems
9. Pain patterns
10. Digestive problems from lack of chewing
11. Obesity
12. High blood pressure
13. Cancer
14. Sexual dysfunction
15. Heart problems
16. Diabetes
17. Low birth weight babies/prematurity
18. Poor sports performance
19. Chewing and swallowing disorders
20. Functional speech problems

To attain success, the therapist must relate a few of the problems to the patient at hand. Through the verbal interview, we can determine which area may have the greatest impact.

**Incorporating Technology**

Many people today accept technology as a feedback instrument to monitor how their health is. Cell phones with habit reminders, snoring and blood pressure measurements, oxygen levels, computers, specialty programs for timing on breathing, exercise pop-ups, video conferencing when in-person appointments are not possible, and many other uses has helped to improve therapy.

The therapist may have to learn to use technology in order to improve their ability to attain better results and also may have to teach the patient how to use it.

**Teaching the Patient How to Become their Own Therapist**

During the habituation phase, the therapist must learn how to educate the patient on which exercises will help maintain their result. Reviewing the goals and taking a photograph of the patient demonstrating them may reinforce the subconscious mind for retention. A photo of the patient showing these goals may assist the patient:

1. Tongue rest up in the palate
2. Biting the back teeth during the swallow
3. Sleeping on their back (with headboard elevation if patient has OSA)
4. Keeping their hands away from their face
5. Maintaining continuous nasal breathing
6. Developing a lip seal

Connecting with the Patient
When first meeting the patient, it is important to draw a common thread between the patient and the therapist. Job situations, schools, family similarities, vacations, sports, musical instruments, hobbies, may give the patient comfort. Take notes in order to connect and remember. Let the patient know that anything you do will not be painful.

Many patients are afraid of time constraints. Therapy must be customized to assist the patient’s fears.

**Dealing with Chronic Pain Patterns**

Many patients with myofunctional disorders will also have co-morbidity problems such as temporal mandibular joint disorders, headaches and neck pain. The therapist must be empathetic and work collaboratively with physicians, dentists and physical therapists who may be able to assist with medication, manipulation and appliances.

The therapist may have to use jaw stability exercises, modify the treatment plan and look carefully at Frenum restrictions and reinforce the doctor’s orders.

When dealing with patients with acute pain, a friendly phone call may assist the patient in feeling that you care. Also, post Frenum surgery, a phone call to check on the patients recovery, will help the patient feel like you are with them. Sometimes we must ask our patients to perform stretching exercises post frenectomy that may not be comfortable. If the patient feels you care, they will do the exercises. It is also advisable to have the surgeon reinforce the importance of post-op exercises.

**Looking at the Research with the Patient**

Because we now live in a sophisticated society in which evidence-based science in so important, the patient will feel comfortable if the therapist uses the current research to validate the importance of myofunional therapy. The media has helped with quotes on television, magazines and newspapers on what studies are telling us so we need to be aware of which studies will validate treatment for which disorder.

It may be studies showing the relationship to posture dysfunction, sleep disorders, or malocclusion that may influence the patient to continue to be motivated and engaged in the treatment.
The therapist should have studies available in the treatment room as well as using the reception area to have studies, booklets, and articles that may educate the patient and reinforce the treatment. Also, testimonial videos and letters from former patients may influence patients.

Motivating Caregivers

Caregivers, drivers, supportive family members all need to be recognized for their participation in creating successful therapy results. Rewards such as praise, Starbuck coupons, cards, and other gifts really do help. With so many children, the busy parents need to be the therapists at home.

Also, if you give prizes to the children, be sure to also give prizes to the other children in the family for helping their sibling be successful with their exercises. Also, they may be your patients someday as well.

Teamwork with Co-Professionals

Working in a team will help motivate the patient for better compliance because the reinforcement by the team allows the patient a greater sense of urgency to do their exercises. It helps the patient to know that other professionals see a value in myofunctional therapy and it is key to long-term stability.

Also, with the team approach, the ability to have the structure support the function will help the patient’s ability to function efficiently. It is good for networking and creating referrals. Some possible referral sources for the team include but not limited to may be:

1. Sleep Medicine Physicians
2. ENTs
3. Allergists
4. Oral surgeons
5. Orthodontists
6. Pediatric dentists
7. Pediatricians
8. Osteopathic Physicians
9. Lactation consultants
10. Physical Therapists
11. Speech Pathologists
12. Occupational therapists
13. Dentists and hygienists
Money and time savings: Informed consent

Many times if you talk to patients about what could happen if you do not do therapy, they may become more motivated. Three areas that seem important are:

1. Saving time
2. Saving money
3. Avoiding or minimizing discomfort

These are the majority of “hot-buttons” for compliance. By doing the therapy correctly now they may save additional surgery, discomfort, and another round of braces, which may relapse in the future because the cause of the disorder was not dealt with. Also, the treatment may cost more money in the future because the damage from improper function may cause worse problems

Help for Co-morbidity Issues

Many patients with co-morbidity issues may improve with myofunctional therapy. Because the proper rest position of the tongue will enable nasal breathing, it is important to see how this may treat or prevent sleep disorders. And if the tongue is resting toward or against the teeth, the teeth may move causing orthodontic problems such as open bites.

Lack of symmetry of the head may be caused by a myofunctional disorder. This may be caused by posture problems as well as chewing or sleeping exclusively on one side.

Hinge the exercises around a recurring cue

Possible reoccurring themes