

Joy L. Moeller BS, RDH



Joy Moeller has worked in private practice as a myofunctional therapist since 1980. Her training is extensive. She graduated from the Myofunctional Therapy Institute in Coral Gables, Florida, in 1980 and had an extensive Internship in Orofacial Myology. Joy's background of Dental Hygiene led the way for further studies, and she has taught post-graduate courses in Myofunctional Therapy at numerous universities.

Her training is extensive. She graduated from the Myofunctional Therapy Institute in Coral Gables, Florida, in 1980 and had an extensive Internship in Orofacial Myology. Joy's background of Dental Hygiene led the way for further studies, and she has taught post-graduate courses in Myofunctional Therapy at numerous universities.

Samantha Weaver MS(c)



Joy Moeller has worked in private practice as a myofunctional therapist since 1980. Her training is extensive. She graduated from the Myofunctional Therapy Institute in Coral Gables, Florida, in 1980 and had an extensive Internship in Orofacial Myology. Joy's background of Dental Hygiene led the way for further studies, and she has taught post-graduate courses in Myofunctional Therapy at numerous universities.

Her training is extensive. She graduated from the Myofunctional Therapy Institute in Coral Gables, Florida, in 1980 and had an extensive Internship in Orofacial Myology. Joy's background of Dental Hygiene led the way for further studies, and she has taught post-graduate courses in Myofunctional Therapy at numerous universities.

Julia Winter RDH, BS



Julia Winter has been practicing dental healthcare for over four decades from Oklahoma to Zurich, Switzerland to Beverly Hills before landing in Pacific Palisades in 1994. Julia has been practicing in the Palisades as a dental hygienist for 20 years and as a myofunctional therapist for 10 years. She has studied under the most influential scholars in the area of myofunctional therapy, including her mentor Joy Moeller. She is currently doing a residency with Grand Rounds in Craniofacial Pain at White Memorial Medical Center. Julia loves her job as a certified myofunctional therapist because she takes great pleasure in seeing life-changing beneficial results in her patients.

myofunctional therapy
Therapy that's easy to swallow.



Joy L. Moeller, BS, RDH
Orofacial Myofunctional Therapist/
Buteyko Breathing Educator
(310) 454-4044
joyleamoeller@aol.com

Samantha Weaver, MS(c)
Orofacial Myofunctional Therapist/
Buteyko Breathing Educator
(626) 864-7444

Julia Winter, RDH, BS
Orofacial Myofunctional Therapist/
Buteyko Breathing Educator
(310) 454-4044

www.myofunctional-therapy.com

Main Office: 910 Via de la Paz, Suite 106
Pacific Palisades, CA 90272

291 S. La Cienega Boulevard, #409
Beverly Hills, CA 90211

What is myofunctional therapy?

Orofacial therapy is a program used to correct the proper function of the tongue and facial muscles used at rest and for swallowing.

The human body—a wondrously complex combination of tissue, bones and chemicals. To keep this mechanical marvel operating at its best, the body needs to properly coordinate its functions.

However, as with any complicated system, when an important function of the body is thrown off, problems develop.

Correct swallowing depends on a proper relationship between muscles of the face, tongue and throat.

The act of swallowing is one function that depends on *proper patterning*. To swallow properly, muscles and nerves in the tongue, cheeks and throat must work together in harmony.

When a person swallows normally, the tip of the tongue presses firmly against the roof of the mouth or *hard palate*, located slightly behind the front teeth. The tongue acts as a “fulcrum,” or starting point, that allows other muscles involved in swallowing to function normally. The hard palate, meanwhile, absorbs the force created by the tongue.

Because a person swallows 500 to 1,000 times a day, it's easy to see how improper swallowing can cause a variety of problems. However, it is the rest position of the tongue that may influence proper functioning patterns most of all.

Serious dental problems may result from the improper function of muscles used in swallowing.

When a person swallows incorrectly, the tip and/or sides of the tongue press against or spread between the teeth. This is commonly called *tongue thrust*.

Constant pressure from resting or incorrectly thrusting the tongue away from the hard palate may push teeth out of place. That pressure may later prevent teeth from erupting (breaking through the gum).

Oral myofunctional disorder may also lead to an abnormal bite—the improper alignment between the upper and lower teeth known as a *malocclusion*. This problem may lead to difficulties in biting, chewing, swallowing and digesting food.

Incorrect swallowing or oral posture may lead to cosmetic problems.

Often the most obvious symptom of incorrect oral posture involves the muscles of the face. A dull, sluggish appearance and full, weak lips develop when muscles aren't operating normally.

Constantly parted lips (with or without mouth breathing) also signal this disorder. A person swallowing

incorrectly will often purse and tighten the muscles of the cheeks, chin and lips—a symptom known as a *facial grimace*. This can give the chin a knobby appearance, known as a *chin button*.

Speech and other problems may also develop.

A person with abnormal oral muscle patterns may suffer a lisp or have difficulty articulating sounds. If muscles in the tongue and lips are incorrectly postured, that can prevent a person from forming sounds of normal speech.

Improper oral muscle function may additionally lead to TMJ dysfunction, headaches, stomach distress (from the swallowing of air), posture problems, airway obstruction and other health challenges.

Several factors can cause improper oral muscle patterns.

Occasionally, other problems within the body can lead to a swallowing difficulty. A respiratory disorder or airway obstruction, such as enlarged adenoids or tonsils, can be a cause. So can various physical abnormalities and allergies. Sometimes, inherited oral patterns create problems. A tight frenum, the string that holds the tongue to the floor of the mouth, may restrict proper function.

Habitual sucking of the thumb or fingers may also cause a swallowing problem. Thumbsucking can push the tongue into an unnatural position when swallowing or resting, which can damage the teeth and dental arch. Correct positioning of the tongue and lips can also be difficult when this occurs, leading to an improper functioning pattern.

Orofacial therapy eliminates the causes of many swallowing abnormalities.

Habits are hard to break—certainly an unconscious function repeated 500 to 1,000 times daily for several years is no exception.

However, many children, teenagers—even adults—have retrained and corrected poor swallowing habits with orofacial therapy's help.

Orofacial therapy is painless and the exercises are relatively simple. When certain muscles are activated and functioning properly, other muscles will follow suit until proper coordination of tongue and facial muscles is gained.

For success in this therapy, consistent exercise every day is necessary until the patient has subconsciously corrected their improper muscle pattern. It also takes constant commitment by the patient, parental support—and time.

Treatment usually consists of a regular program of exercises over a 4-to-12-month period, although length of treatment may vary.

Orthodontic treatment often accompanies orofacial therapy.

If incorrect muscle patterning or swallowing has created a malocclusion, learning proper techniques may prevent further damage. Careful diagnosis and special orthodontic appliances or braces will be needed to reposition dental problems that have already occurred.

Trained professionals are generally orofacial myologists (myofunctional therapists).

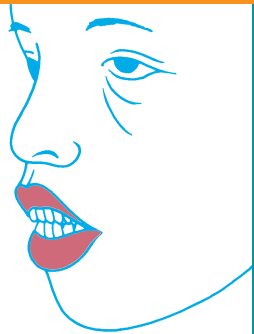
A member of the dental profession, your physician or speech pathologist can refer you to the nearest qualified therapist.

Orofacial therapy has provided a dramatic and positive influence on patients treated.

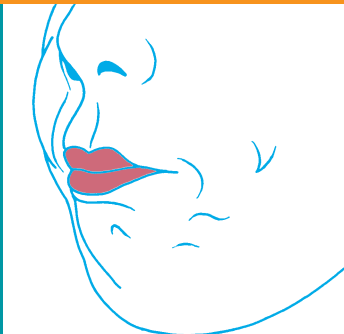
With orofacial therapy, a patient can regain the joy of eating and speaking, and enjoy cosmetic improvements that help restore confidence and self-esteem.

Those kind of results make it therapy that's easy to swallow.

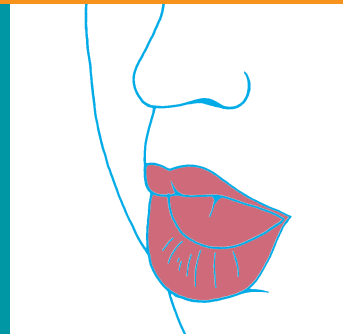
Common Cosmetic Problems



The face can have a dull sluggish appearance when the muscles are not in proper balance.

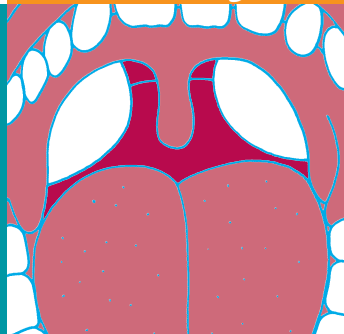


An incorrect swallow will purse and tighten the muscles of the cheeks, chin and lips, causing a facial grimace.



Mouth breathing or constantly open lips is a cause and/or signal of tongue thrust.

Causes of Tongue Thrust

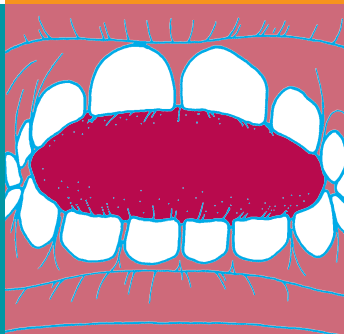


Enlarged tonsils (shown in white) can block the airway, causing an improper positioning of the tongue.

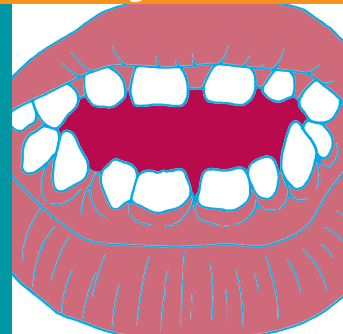


Thumb or finger sucking habits force the tongue into a low position that pushes it against the teeth.

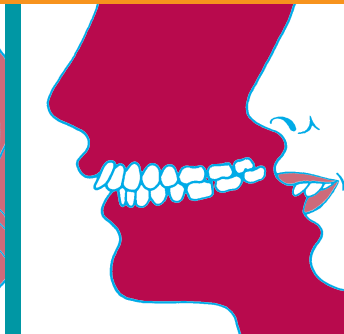
Dental Problems Related to Tongue Thrust



Tongue thrust is the act of pushing the tongue against or between the teeth when swallowing.



The constant pressure of the tongue against or between the teeth will not allow the teeth to bite together. This is known as an open bite.



An improper alignment or malocclusion between the upper and lower teeth can lead to difficulties in biting and chewing the food.