

Comprehensive Frenulum Inspection Workshop

Infants, Adolescents, and Adults

Presented by Irene Marchesan, PHD
with James Murphy, MD, Douglas Galen, DDS, Soroush Zaghi, MD

A three day intensive on frenum inspection that also addresses frenotomy and frenectomy
Live demonstrations of frenectomies & frenotomies on infants, adolescents, and adults by
scissors, laser, scalpel & frenuloplasty

Overview of surgical techniques and procedures, including scissors, scalpel, and laser
Groundbreaking new research on frenum inspection and surgery!

Learning Outcomes:

- Classify the different types of lingual frenulum
- Define lingual frenulum and the importance of assessment
- Assess possible interferences of the altered lingual frenulum and consequences
- Using a protocol and not only visual inspection
- Criteria for assessing lingual frenulum using specific protocols for infants, children and adults

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UCLA Luskin Conference Center
425 Westwood Plaza, Los Angeles 90095

(This does not imply any relationship to UCLA)

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MYOFUNCTIONAL THERAPY



Irene Marchesan, PhD

Dr. Irene Marchesan is director of the prestigious CEFAC Institute in Sao Paulo and President of the Brazilian Speech Language Pathology Society, is one of the foremost leaders of myofunctional therapy in the world. She is the most published researcher in the field and a visionary for the establishment of myofunctional therapy as a standard of care. One of the most published authors of articles on frenum inspection, she, along with Roberta Martinelli, is lead architect of Brazil's "Frenum Inspection Law" requiring as of January 2015 that all babies born in that country have their frenulum inspected and, if warranted, to be revised to avoid myofunctional disorders later in life.

James G. Murphy, MD

Dr. James Murphy is an Assistant Professor of Pediatrics at the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences in Bethesda, Maryland. He is a former Governing Council member of the International Affiliation of Tongue Tie Professionals, a member of the International Lactation Consultants Association and, since 2009, an Internationally Board Certified Lactation Consultant. Dr Murphy began performing lingual frenulotomies in Oct 2003 and has performed over 3000 of these procedures to date including posterior sub-mucosal fibrous bands. He has also performed over 600 upper lip frenotomies.

Douglas Galen, DDS

Dr. Douglas Galen is board certified and a Diplomate of the American Board of Oral and Maxillofacial Surgery. He is a fellow of the American Association of Oral and Maxillofacial Surgeons. In addition, Dr. Galen is the president of the Advanced Treatment Planning Dental Study Group. Dr. Galen is associated with Cedars Sinai Medical Center and UCLA Medical Center. He is also a member of the attending faculty in the Department of Oral and Maxillofacial Surgery at the UCLA School of Dentistry.

Soroush Zaghi, MD

Dr. Zaghi graduated from Harvard Medical School and completed a 5-year residency training in Head and Neck Surgery at UCLA. He completed Sleep Surgery Fellowship as Clinical Instructor of Otolaryngology at Stanford University. The focus of his specialty training is on Sleep Endoscopy, CPAP Optimization, Myofunctional Therapy, Frenuloplasty, Nasal Surgery, Throat Surgery, and Maxillofacial Surgery for the treatment of nasal obstruction, snoring, upper airway resistance syndrome, and obstructive sleep apnea. He is very active in clinical research relating to sleep disordered breathing with over 50 peer-reviewed journal articles relating to neuroscience, head and neck surgery, and obstructive sleep apnea.

Some of the existing protocols evaluate the size of the frenulum, where it is attached, and propose objective measurements. Other authors focus on one or another specific item, which they consider a determining factor to diagnose frenulum alterations. Considering the diversity of points of view mentioned two protocols with scores were designed to evaluate the tongue and the frenulum. As the tongue takes part in orofacial functions, aspects such as shape, size, and range of movements must be tested.

The content of the presentation consists of presenting and demonstrating the administration of two protocols: a lingual frenulum protocol with scores designed for infants and the other for children over 5 years old and adults. These protocols enable health professionals, such as: speech language pathologists, dentists and physicians to evaluate and diagnose lingual frenulum alterations. The lingual frenulum protocols with scores have been efficient tools to diagnose altered lingual frenulum.

The protocol for infants is a two-part protocol designed to evaluate the lingual frenulum. The first part consists of clinical history with specific questions about family history and breastfeeding. The second part consists of clinical examination: anatomic-functional, non-nutritive and nutritive sucking evaluations. According to the scores, the frenulum can be considered altered or normal. When the sum of history and clinical examination is equal or higher than 9, lingual frenulum may be considered altered.

Evaluating simultaneously the characteristics of the lingual frenulum and the functions of sucking and swallowing during breastfeeding is important for an accurate diagnosis. This protocol provides assessment of the tongue shape, fixation, thickness, potential movements and functions. The protocol with scores for infants is considered to be an effective tool for health professionals to use for assessing and diagnosing the anatomical alterations of the lingual frenulum, and its possible interference with breastfeeding.

The protocol with scores for children and adults is designed to diagnose possible frenulum alterations, as well as to provide information to relate anatomical frenulum alterations to functional alterations. It consists of history and clinical examination. The history relates the subject's complaints and general identification questions. The specific questions investigate the relationship among the frenulum and other aspects, such as family history, breastfeeding, swallowing, chewing, oral habits, speech, voice and previous frenulum surgeries.

The clinical examination is divided in two parts: the first investigates general aspects of the frenulum and tongue, and the second investigates the tongue's mobility and position in the oral cavity, speech production and compensatory patterns used by the subject. According to the scores, the frenulum can be considered altered or normal. When the sum of general tests is equal or higher than 3, lingual frenulum may be considered altered. The interference of the lingual frenulum in oral functions can be considered when the sum of functional tests is equal or higher than 25.

The present protocol has been applied and tested consistently for many years. It has proven to be an efficient tool to evaluate lingual frenulum alterations.

Early lingual frenulum assessment avoids early weaning, future speech alterations, which may interfere with self-esteem, social and professional life.

