

# Orofacial Myofunctional Therapy (OMT) & Emerging Standards of Care Bringing Change to Sleep Medicine

A symposium of the British Society of Dental Sleep Medicine (BSDSM) with the Academy of Orofacial Myofunctional Therapy (AOMT)

Register at the British Society of Dental Sleep Medicine  
[www.bsdsdm.org.uk](http://www.bsdsdm.org.uk)

April 27, 2019

At the Royal Society of Medicine

1 Wimpole Street, London W1G 0AE United Kingdom



## I. Why Myofunctional Therapy and Sleep Disordered Breathing: Overview

### 9:00-9:15 INTRO

Introduction: Myofunctional Therapy, Why Now?

—Aditi Desai, BDS, MSc, President British Society of Dental Sleep Medicine

### 9:15-10:30 Emerging OMT Part 1

The Emerging Area of Myofunctional Therapy: Origins, Applications, & Survey of Current Literature With a Focus on Sleep Disordered Breathing.

—Marc Richard Moeller, Managing Director, Academy of Orofacial Myofunctional Therapy, Executive Director, Academy of Applied Myofunctional Sciences (USA)

### 10:30-10:45 Break

### 10:45-11:45 Emerging OMT Part 2

## II. Physiology, Phenotyping, and Practice

### 11:45-12:30 Phenotyping OMT

Altered Genioglossus Function in OSA; a Phenotype for Myofunctional Therapy

—Venkata Koka, MD, ENT, FRCSEd (France)

### 12:30-13:30 Lunch (Included)

### 13:30-14:50 OMD Assessment & Treatment

Orofacial Myofunctional Disorders: How Phases of Orofacial Therapy Integrate within the Stomatognathic System for the Best Possible Outcome.

—Samantha Weaver, MS, Speech Language Pathologist, Director AOMT (USA)

## III. Case Presentations

### 14:50-15:30 Cases -Joy

Functional Aspects of Treating Sleep Disorders, Malocclusion & Orofacial Pain: Case Reviews.

—Joy Lea Moeller, BS, Registered Dental Hygienist, Director, AOMT (USA)

### 15:30-15:45 Break

### 15:45-16:05 Cases

The effect of tongue-tie on the mechanics of swallow causing aspiration of material into the airway causing ongoing respiratory illness in paediatrics 0-3 years: A case review.

—Katrina Rogers, Specialist Speech and Language Therapist, Dysphagia Consultant (UK)

### 16:05-16:20 Cases

The role of Myofunctional Therapy in the Optimisation of Orofacial and Airway Health: Case Studies.

—Yulli Tamayo-Myerson, Dental Hygienist and Therapist, (UK)

## IV. Panel Discussion and Conclusion:

### 16:20-17:00 Panel & Conclusion

Myofunctional Therapy in the UK: A Path Forward?

#### Panelists

- Aditi Desai
- Venkata Koka
- Samantha Weaver
- Joy Lea Moeller
- Katrina Rogers
- Yulli Tamayo-Myerson

#### Co-Moderators

Marc Richard Moeller  
AOMT, AAMS

Adrian Williams, MD  
Kings College, St. Thomas' & Guys Hospital

Orofacial Myofunctional Therapy (OMT) has been gaining attention as research has emerged and clinical competency has increased around the world. The possibilities of the application of OMT in dentistry, otolaryngology, and sleep medicine has tremendous potential for early intervention and guidance for craniofacial development. Consequently OMT can empower health professionals to be on the frontlines of supporting their patients' systemic health through possible early detection of risk for sleep disorders. OMT has rapidly gained notoriety as an adjunct treatment for snoring and OSA.

Orofacial myofunctional therapy (OMT) represents a novel, non-invasive strategy to treat sleep disordered breathing, including OSA, for children and adults. (Guilleminault 2013, Camacho 2015, Camacho 2018). Recent evidence has supported its usage in children with residual OSA following adenotonsillectomy (Villa 2015, Guilleminault 2017, Felicio 2018). Further, OMT may represent a novel paradigm of therapy that may prevent pediatric OSA (Sullivan 2017). Standardized treatment modalities, models for detection of orofacial myofunctional disorders, and clear understanding of the related phenotypes, however, are yet to be established.

The American Dental Association (ADA) Brazilian Sleep Society (ABSONO), the Asian Pediatric Pulmonary Society (APSS), the French Sleep Medicine Research Society (SFMRS), the German Sleep Society (DGSM), and the Italian Ministry of Health, amongst other groups, have all recently made statements and issued guidance on the efficacy or importance of OMT as a standard of care as an adjunct treatment of sleep disordered breathing. Research (Camacho et al 2015, Ito et al 2015, Villa et al 2013, Guilleminault et al 2013, Guimares et al 2009) has shown great promise, but much more is yet to be done to clarify and define orofacial myofunctional disorder (OMD) pathology, the association to SDB, and the prevalence of OMDs in the general population.

Public health milestones such as the validation of frenulum inspection tools for infants (Martinelli) as well as adolescents/adults (Marchesan) and the passage of Brazil's Teste da Linguinha/Frenulum Inspection Law (requiring all infants to have their frenulum inspected at birth, and revised, if warranted, as of January 2015) coupled with recent work identifying ankyloglossia as a phenotype for OSA

(Guilleminault 2016, Yoon 2017, Yoon 2017) have helped strengthen the foundation for OMT to emerge.

This symposium will critically evaluate the recent evidence on OMT, while exploring what is known clinically that may be of immediate interest to those working in sleep medicine who wish to apply a precision medicine approach including ENT, orthodontic, pulmonary, and OMT intervention.

This day of presentations will explore foundational work being done to establish OMT research and will present some of latest OMD screening tools undergoing validation, objective measurements of progress in OMT, and their application in a dental, medical and myofunctional therapy practice that will lay a foundation for broader acceptance, demand, and establishment of standards of care.

## Learning Outcomes

Upon completion of this program the attendees will be able to

- Identify Orofacial Myofunctional Disorders and their relationship to craniofacial morphology and sleep disordered breathing
- Appraise the potential of myofunctional therapy alone or in combination therapy targeted to muscle phenotype in a precision medicine model and evaluate the success.
- Discuss the impact of restricted frenulae beyond speech and feeding impairment
- Appraise the relationship between mouth breathing patterns, tongue restriction, posture, and sleep disordered breathing
- Identify frenum restriction as a clinical marker for OSA and understand frenum surgery in conjunction with myofunctional therapy as a critical treatment modality.
- Illustrate and appraise the impact of orofacial myofunctional therapy on orofacial tone and the oropharyngeal wall
- Employ a clinical decision making model to help providers determine when to implement OMT in children suspected with OSA

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## Target Audience

Sleep Specialists, sleep researchers, dentists, dental hygienists, speech-language therapists, sleep technologists, sleep medicine instructors, otolaryngologists, physiotherapists, allied health professionals, myofunctional therapists, public health specialists

## OUR SPEAKERS



### Marc Moeller, BA | USA

Marc is the Managing Director of the Academy of Orofacial Myofunctional Therapy (AOMT [www.aomtinfo.org](http://www.aomtinfo.org)), and Executive Director and Founding Board Chair of the Academy of Applied Myofunctional Sciences ([www.aamsinfo.org](http://www.aamsinfo.org)), has spoken on Orofacial Myofunctional Therapy (OMT) in over 30 countries to date and supported the facilitation of research, public health projects, clinical protocols, and curriculum development in OMT with over 50 universities, hospital groups, and governments around the world. Since 2011 Marc has been on a Public Health Committee of the Teste de Linguinha (Frenulum Inseption Protocol) organized out of Brazil that has helped medically validate frenulum inspection protocols for infants (Martinelli) and adolescents/adults (Marchesan) that has passed 18 laws (including a national law in Brazil effective since January 2015) requiring frenulum inspection at birth for newborns. Marc is a graduate of University of California, San Diego and is based in Los Angeles. Marc is an adjunct professor at the University of the Pacific Dugoni School of Dentistry.



### Venkata Koka, MD | France

Venkata Koka is an Otolaryngologist and Sleep medicine specialist working as a consultant in sleep medicine department in Hospital Antoine Beclere, Clamart, and in private practice in Paris. Obtained diplomas in Sleep Medicine from Paris XI university, ESRS and WSS. Actively involved in academics and research activities in sleep medicine and sleep physiology and also an international speaker in the field of sleep medicine during various courses and workshops. Identified a clinical sign 'EK sign' in OSA in 2015.



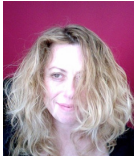
### Samantha Weaver, MS, SLP | USA

Samantha Weaver has been practicing Myofunctional therapy since 2009 working in two clinics that specialize in breathing remediation and Orofacial Myofunctional therapy with children and adults. In addition to being a therapist, she is a director of the Academy of Orofacial Myofunctional Therapy, whose curriculum leads the area of OMT, helping facilitate the latest evidence based research touching on breathing remediation and sleep disorders. TMJ disorders, posture, fascia-release, and frenulum inspection and surgery. She holds a B.S. in Voice and Speech and a Masters of Science in Communicative Disorders. Samantha is a founding board member of the AAMS, is an adjunct professor at Dugoni School of Dentistry in San Francisco and supports research on myofunctional therapy at several universities around the world.



### Joy Lea Moeller, BS, RDH | USA

Joy Lea Moeller is a dental hygienist who has worked as a myofunctional therapist for over 39 years. She is a founding director with the AOMT, a founding board member of the AAMS, and teaches with the School of Sleep Medicine in Palo Alto, California. Joy is on the board of the ASAA (American Sleep Apnea Association), and the AAPMD, a multi-disciplinary medical and dental group interested in airway problems where she received a life-time achievement award March of 2015 for leadership. Joy has lectured world-wide. She feels strongly that OMT will "Bridge the Gap" between medicine and dentistry.



## Katrina Rogers, SLP | UK

Katrina is a specialist speech and language therapist working as a Consultant in Dysphagia in Kent Community NHS Foundation Trust. Independent practice in the field of speech, language and communication. Worked integratively to include physiotherapists, occupational therapists, and medical colleagues developing her knowledge and skills of the anatomy and how the whole body can influence head and neck muscles over the oral pharyngeal muscles affecting, eating, drinking, voice, breathing and speech sound production. Trained as an orofacial myofunctional practitioner looking at therapeutic management holistically recognising the relationship of the tongue on the development of the face and how tongue-tie can affect and influence swallow/eating and drinking difficulties, breathing, sleep difficulties, mouth and teeth shape. Diagnostic techniques improving accuracy of assessment through videofluoroscopy, SEmg, measuring respiratory patterns. She is an honorary lecturer at Christchurch University, Greenwich for Paediatric Dysphagia and a speaker at several healthcare conferences. 2019 winner of the Winston Churchill Memorial Trust Fellowship where she will be tasked with exploring how to establish OMT in the NHS of the UK



## YULLI TAMAYO-MYERSON RDHT OMT BBP | UK

Dental Hygienist and Therapist (RDHT). Founder and Director of My Dental Hygienist Clinic and Myofunctional Therapy UK, with over 20 years dental experience. Currently working and implementing a combination of Dental Hygiene and Therapy, Myofunctional Therapy, Buteyko Breathing re-education, Tethered Oral Tissues assessment, CBT and NLP.



## Adrian Williams, FCRP, DIPAASM | UK

Adrian Williams, FCRP, DIPAASM in 1975 he took tenure at Harvard Medical School where his interest in sleep began with the investigation of Sudden Infant Death Syndrome (S.I.D.S). Here he published a definitive study implicating Obstructive Sleep Apnoea (OSA) as a cause of the syndrome. In 1977, took up a post as Chest Physician at U.C.L.A. where he further developed his interest in OSA and published one of the very first reports of OSA causing hypertension and of oximetry as a natural diagnostic tool. In 1985 Dr Williams became tenured Professor of Medicine at U.C.L.A. and Co-Director of U.C.L.A.'s Sleep Laboratory and was one of the first to become a Fellow of the American Academy of Sleep Medicine (AASM). In 1994, he returned to the UK taking up the directorship of the Sleep Disorders Centre at St Thomas's Hospital. Here he developed one of the UK's only comprehensive sleep services with continued interest in Sleep Disordered Breathing and its treatment. Dr Williams is a Diplomat of the American Board of Sleep Medicine, a founding member of The British Sleep Foundation, the Sleep Medicine Section of the Royal Society of Medicine, and the R.L.S. UK Group. In 2010, King's College, London appointed him as the first substantive Professorial Chair in Sleep Medicine in the UK.



## Aditi Desai, BDS, MSc | UK

Aditi Desai is the President of the British Society of Dental Sleep Medicine (BSDSM). Dr Desai limits her practice predominantly to the management of sleep disorders. Based in Harley Street and London Bridge Hospital, she works with other eminent physicians and ENT consultants as part of a multidisciplinary team of likeminded professionals with special interest in Sleep Medicine. is a founder of Global Sleep Solutions.