

Orofacial Myofunctional Therapy (OMT)

SDHA Position Statement

January 2022

After carefully reviewing the body of evidence surrounding the history, indications for, and effectiveness of Orofacial Myofunctional Therapy, the Saskatchewan Dental Hygienists' Association (SDHA) has determined that a Registered Dental Hygienist (RDH) in Saskatchewan may perform OMT within their scope of practice pending appropriate education and competency has been obtained. Dental Hygienists in Saskatchewan are self-initiating and do not require supervision from a dentist for the provision of OMT but are required to uphold the legislative requirements set out in the Dental Disciplines Act (Act).

Orofacial myofunctional disorders are behaviors and patterns created by incorrect orofacial muscle function. Causes are often due to restricted airway space, noxious oral habits, and structural or physiological abnormalities (like a short lingual frenum or narrow palate). OMT involves the tongue, lips, soft palate, muscles of mastication and orofacial muscles. Treatment typically consists of a series of neuromuscular exercises designed to re-educate or re-pattern the muscles in the orofacial complex. It may include behavioral modification techniques to normalize orofacial muscle function to promote positive craniofacial growth.

The fundamental goals of therapy are to encourage nasal breathing by promoting lip seal, establishing proper rest posture of the tongue, normalizing chewing and swallowing patterns, and eliminating noxious oral habits. OMT also aids in lessening the symptoms of TMJ dysfunction and sleep disordered breathing.

To perform OMT in Saskatchewan, a RDH must:

- Complete an education program recognized by the SDHA;
- Possess and demonstrate competency;
- Comply with all SDHA legislation, Practice Standards, and Competencies;
- Obtain a comprehensive health history;
- Perform an oral health assessment prior to providing care;
- Provide an adequate referral system with an appropriate provider;
- Ensure that the client and/or caregiver understand the nature of therapy;
- Ensure that the client and/or caregiver understand the importance of follow-up care by an appropriate provider if required; and
- Maintain currency in competence for the delivery of OMT

While “identifying a disease, disorder or dysfunction of the oral-facial complex” is not an authorized practice of dental hygienists in Saskatchewan, the necessity for a diagnosis of orofacial myofunctional disorders is not required to conduct an assessment, disclose findings and propose non-invasive therapies. In accordance with the SDHA Competencies, dental hygienists have the ability to conduct the following:

Assessment:

- extra oral head and neck region (#17)
- temporomandibular joint (#18)
- intraoral soft tissues other than the periodontium (#19)
- occlusion (#32)

- parafunctional habits (e.g., tongue thrusting, bruxism, grinding, thumb sucking, mouth breathing) (#33)
- effect of person manipulations of oral health structures (#39)
- effect of orthodontic therapy (#42)
- the need for consultation and referrals within the healthcare delivery system (#54)

Planning:

- select evidence-based clinical interventions options based on the assessment data (#6)
- select principles from change theories to facilitate adaptive behaviors (#19)

Implementation:

- provide information regarding the pathophysiology or oral conditions (#12)
- provide information regarding histology and embryology of oral and dental structures (#16)
- uses knowledge of general sciences throughout the dental hygiene process of care (#21)
- act as client's advocate (#52)

Evaluation:

- need for further consultation and referrals within the healthcare delivery system (#1)
- use measurable criteria in the evaluation of outcomes (#2)
- oral biology and physiological outcomes of interventions (#4)

This position statement reflects current evidence and is subject to periodic review and revisions with on- going research and consultation. If you have any questions regarding this policy please contact Shelby Hamm, Registrar at sdharegistrar@sasktel.net or 306-931- 7342, extension 2.

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- 1) The Dental Disciplines Act
 - 2) The SDHA Competencies & Practice Standards
 - 3) The International Association of Orofacial Myology [Internet]. 2013 [Cited 2013 Sept 3].
 - 4) Camacho. M., Certal. V., Abdullatif, J.,Zaghi. S., Ruoff. C., Capasso. R.,Kushida. C., Myofunctional therapy to treat obstructive sleep apnea: A systematic review and meta-analysis, 2015.
 - 5) Oh. J., Zaghi. S., Ghodousi. N., Peterson. C., Silva. C., Lavigne. G., Yoon. A., Determinants of probable sleep bruxism in a pediatric mixed dentition population: a multivariate analysis of mouth vs. nasal breathing, tongue mobility, and tonsil size, Sleep Medicine, Volume 77, 2021, Pages 7-13
 - 6) Benkert, K (2012). Utilizing nature's bio-adaptability of soft and hard tissues. Journal of American Orthodontics. 2012 May-June:28-32.
 - 7) Guillemineault. C., Huang. Y., Pediatric obstructive sleep apnea and the critical role of oral-facial growth: evidences, Frontiers in Neurology, Volume 3, 2013, Page 184
 - 8) Benkert KK. The effectiveness of orofacial myofunctional therapy in improving dental occlusion. Int J Orofacial Myology. 1997;23:35-46. PMID: 9487828.

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