

Is it Bad Manners or a Tongue Thrust?

Preventing Orthodontic Relapse

By Patti Braceland RDH, COM

Have you ever seen someone who chews with their mouth open, smacking their lips, tongue coming out of their mouth to meet the fork or drinking glass? Do you know someone who tends to sleep, rest or breathe with their mouth open even when there is no nasal congestion or someone who's lips are always cracked, chapped and sore from frequent licking? These habits don't necessarily indicate bad manners but any one of these may indicate an orofacial muscle dysfunction which can affect chewing, swallowing or tongue, lip and jaw resting position and may result in permanent damage.

The most common form of orofacial muscle dysfunction is a low, forward tongue posture commonly called a tongue thrust. A tongue thrust is characterized by tongue pressure against the teeth while swallowing and/or at rest. The tongue's natural resting and swallowing position should be in the roof of the mouth, not pressing against top or bottom teeth; the palatal bone is designed to withstand the pressures of the tongue which is one of the strongest sets of muscles in the body.

Why be concerned about a tongue thrust? Just as the controlled forces of orthodontic appliances can move teeth favorably, abnormal pressures from the orofacial muscles can move teeth unfavorably. Dentists and orthodontists are concerned about these abnormal pressures because they can adversely influence dental growth, slow orthodontic treatment, undermine the finished orthodontic correction resulting in relapse and can even cause stress in the temporomandibular joint. It is very discouraging for both the patient and the orthodontist, to see the teeth moving and the bite changing within weeks, months or years of orthodontic completion because of excessive pressures from orofacial muscles that were never corrected.

What causes a tongue thrust? Chronic nasal airway problems, including enlarged tonsils/adenoids, chronic and unresolved allergies or significant deviation of the nasal septum, are one of the main factors influencing the development of this muscle dysfunction. If there is a blocked nasal airway, obviously one must breathe through the mouth. By breathing through the mouth, the tongue assumes a low, forward position to allow for maximum airway. Muscles may over or under develop to accommodate this abnormal function. Habitual open mouth rest posture removes beneficial support that closed lips have on development and maintenance of good dental arch formation. Once a long term obstructive airway issue is resolved or outgrown the mouthbreathing pattern often continues out of habit rather than necessity. Prolonged digit or pacifier sucking, a short lingual frenum, and certainly neurological or developmental abnormalities and hereditary factors also contribute to a tongue thrusting posture.

Treating orofacial muscle dysfunction involves therapy with an orofacial myologist to create new and permanent habits. If chronic airway issues are involved, a consult with a specialist will be necessary. Therapy consists of exercises that strengthen and balance muscles of the face, lips and tongue to correct chewing and swallowing patterns, as well as tongue and lip resting postures. It's never too late for an evaluation. Of course, the earlier a balanced muscular environment is established for the teeth, the less damage will occur because of the imbalance; but therapy can be done before, during or even after orthodontics if relapse has already occurred. Our tongue, lips and cheeks are our lifetime retainers!

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