

# Tongue-Tie

Myofunctional therapy is imperative when going through a tongue-tie release, or frenuloplasty, to prevent re-attachment. It strengthens and prepares the tongue for the release and habituates proper tongue posture and functioning patterns after the release.

A tongue-tie (ankloglossia) is a condition that restricts tongue movement due to an abnormally short and thick band of tissue under the tongue, called a frenum. A tongue-tie is congenital, meaning it is present at birth. Unfortunately, it is not always detected and can lead to insufficient growth and development in children and manifest into adulthood.

Tongue-ties can be anterior (an obvious band of tissue in a more forward position) or posterior (a thick band of tissue embedded within the tongue without the prominent look of the anterior). When the tongue is tethered to the floor of the mouth from infancy, difficulty with articulation can sometimes develop in young children, however, this is not always the case.

In addition, a tongue-tie can cause an improper swallowing pattern. Meaning, because the tongue does not reach the roof of the mouth to properly bolus food, the result can be a picky or messy eater. Trouble with aerophagia, or the swallowing of too much air, can also be present causing excessive gas, bloating, upset stomach or acid reflux.

As children develop with a tongue-tie, orthodontics are almost always necessary due to a long, narrow arch form with crowded front teeth. This results from the tongue not shaping the upper arch properly due to a low tongue resting position. Into adulthood, additional symptoms such as mouth breathing, chronic congestion, increased digestive concerns, TMJ issues, clenching or grinding and head, neck or shoulder pain can manifest.

**What are some of the symptoms of an untreated Tongue-Tie?**

Abnormal craniofacial growth and development (elongated face with retracted jaw)

- Allergic shiners (dark under eye circles)
- Lip incompetence
- Speech Concerns
- An increased need for orthodontia and orthodontic relapse
- A tongue thrust swallow pattern
- Acid reflux and digestive concerns
- TMJ issues, clenching or grinding
- Head, neck or shoulder tension
- Chronic headaches
- Chronic congestion
- Sleep walking or talking
- Night sweats and terrors
- Prolonged bed wetting
- Excessive daytime fatigue
- Behavioral issues
- Mouth breathing or Sleep Disordered Breathing (SBD)

### **How is a Tongue-Tie treated?**

A release (or frenuloplasty) is a procedure performed by a trained tongue-tie specialist, treated with a laser. Initial healing time of the wound is approximately 2 weeks and does not interfere with daily activities.

### **Why should a Tongue-tie be released?**

A release is very important should symptoms from a tongue-tie be present. The tongue is the driving force for the growth of the middle part of the face, or the maxilla. For the maxilla to develop properly, you must have proper oral rest posture. This means that the tongue should be resting on the roof of the mouth with the lips sealed and breathing is through the nose.

Because the tongue is such a powerful muscle, it shapes the maxilla into an expanded U-shape arch. This creates proper facial portion and size, as

well as a protected airway at the back of the throat.

When the tongue is tied, it is almost always not able to rest on the roof of the mouth the way it is naturally meant to. What results is a high, narrow palate with crowded front teeth making the individual susceptible to speech or articulation issues, airway concerns, and orthodontic needs. In addition, if a tongue-tie is not detected as a child or adolescent, the adult can certainly experience symptoms that unfortunately become part of their everyday lives. The good news is that you are never too old to have a release done!

### **Why is Myofunctional Therapy important when treating a Tongue-Tie?**

Myofunctional Therapy is imperative when treating a tongue-tie. It is very much a collaborative effort between the treating tongue-tie specialist, the myofunctional therapist and the patient. About 8 weeks prior to your release, the process of starting to strengthen your tongue begins with Myofunctional Therapy. Strength building exercises of the tongue help to ease the procedure and ensures it's success!

After the release, your treating tongue-tie specialist will give you special instructions for stretching the tongue. Myofunctional therapy exercises are equally important to prevent the frenum from simply re-attaching.

Myofunctional Therapy will strengthen the tongue, teach it how to get into a natural position on the roof of the mouth and further correct the improper swallow that was present. And lastly, if you are mouth breathing, therapy will teach you to comfortably nasal breathe once again.