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PROACTIVE CONSERVATIVE CARE OROFACIAL MYOFUNCTIONAL THERAPY



BEFORE



AFTER



BEFORE



AFTER

Unilateral Tongue Thrust with Orofacial Muscle Imbalance

<u>Keywords</u>: Sturge-Weber Syndrome with seizures, facial muscle asymmetry, port wine stain, anterior and uni-lateral tongue thrust, low muscle tone, not able to move tongue in lateral direction, speech impediment severe for many years and not improving with traditional speech therapy, choking and swallowing disorder

<u>Patient</u>: Seven-year-old male with mouth breathing, tongue thrusting, and imbalanced facial muscle patterns. Limited speech coherency with many oral habits; such as tongue sucking, lip licking, chronic mouth breathing, chewing on clothing, etc. His teeth were not able to erupt normally because his tongue was an impeding factor.

Service: After 4 months of treatment and then a delay of one year, another 4 months of treatment was completed. He also saw Dr. Virginia Johnson, an osteopathic physician certified in cranial manipulation, during the second treatment series. His speech has improved, his teeth were able to erupt, his swallowing pattern and resting mouth posture has normalized, his facial muscle asymmetry has normalized, and his over all co-ordination has greatly improved. He is now breathing through his nose and he has not had a seizure for a year and a half!

Rationale: Introducing nasal breathing and neuro-muscular changes at a habitual level, establishing a normal chewing and swallowing patterns, improving tonicity of the orofacial musculatures and eliminating concurrent noxious habits have helped aid in proper growth and development.

Notes: Patients' parents understood and supported successful therapy results. We shall continue monitoring results to assure normal growth and development. Many times, a multi-disciplinary approach is essential to success.