



# Integrative Myofunctional Therapy

## Center for Orofacial Myofunctional Learning

## Informed Consent *For the Myofunctional Patient*

### Risks and Limitations of Myofunctional Therapy

Successful myofunctional therapy treatment is a partnership between the therapist and the patient. Your orthodontist, myofunctional therapist, and all of the staff involved are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve incredible and very successful results from their therapy. While recognizing the benefits of a healthy swallowing pattern, proper tone and functioning of the face and mouth muscles, and a correct resting posture for the lips and tongue, you should also be aware that as with any form of treatment there are limitations and risks. These are seldom serious enough to indicate that you should not undergo treatment, however, it is important for you to know and understand this information.

Myofunctional Therapy is a specialized treatment that includes the diagnosis, prevention, interception, and correction of myofunctional disorders, as well as habits associated with or causing these muscular concerns.

**Results of Treatment:** Myofunctional therapy treatment usually proceeds as planned, and we intend to do everything we can to help you achieve the best results possible. However, because this type of treatment involves patient participation and at-home involvement, we cannot guarantee that you will be completely satisfied with the results if the assignments and exercises are not completed outside of your scheduled appointments. The success of your therapy depends on the level of cooperation and involvement that you are willing to take at home.

**Length of Treatment:** The length of the “intensive” phase of treatment depends on the number of myofunctional issues, including the severity of the problem, the patient’s growth and maturity level, and the amount of at-home cooperation. The actual treatment time period that can range in length from a few months to one year. The period of time considered “intensive” may be lengthened if, for example, digit habits are involved, periodontal or dental problems occur, or if patient participation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

**Relapse:** Completing myofunctional therapy treatment does not guarantee perfect oral and facial musculature patterns for the rest of a person’s life. Therapy will help develop awareness of correct swallowing patterns, facial musculature, resting posture of the lips and tongue, and eliminate habits, but without maintaining this awareness, old habits and muscle patterns can resurface months or years later. As long as an awareness of the myofunctional concern is maintained, relapse should not occur.

**Allergies:** Allergies are a very common problem in our society. It is important to determine the cause of allergies prior to beginning therapy. Occasionally, patients with chronic allergy/nasal congestion require a change in the treatment plan in order to reduce this congestion and increase airway capacity. This must be completed before beginning myofunctional treatment. Although very uncommon, medical management may be necessary.

**Temporomandibular (Jaw) Joint Dysfunction:** Many patients can find relief from problems that occur in the jaw joints (temporomandibular joints or TMJ), causing pain, headaches, or ear problems through

myofunctional therapy. However, because problems associated with the TMJ are often multi-faceted, and can be rooted in non-muscular causes, myofunctional therapy is not guaranteed to help all patients with TMJ conditions. We are pleased when myofunctional exercises prove to be beneficial in reducing pain or other symptoms of the TMJ, but cannot predict that these outcomes will be consistent for every patient undergoing therapy. Treatment by other medical or dental specialists may be necessary.

**Ankyloglossia (Tongue Tie) and Frenectomy (surgical release of a restricted frenum):** Many patients experience myofunctional disorders caused by a tight or restricted lingual frenum. This effects an estimated 10% of the general population, and occurs when the tongue is “tied” or anchored to the floor of the mouth by a piece of tissue. In some cases, it is impossible to proceed with myofunctional therapy because the tongue is severely restricted and unable to function or move properly. In this circumstance, a procedure called

a frenectomy must be performed to release the tight tissue underneath the tongue. Without a frenectomy, improper resting posture, swallowing patterns, and orofacial musculature cannot be corrected. Treatment by a dentist or oral surgeon may be necessary.

**Speech Therapy:** Myofunctional therapy is not considered to be speech therapy; these are two separate and distinct fields. However, myofunctional therapy has been shown to improve speech when muscular concerns are the underlying issue. Myofunctional therapy has a foundational role in correcting speech problems, and can be considered a “building block” that is often part of achieving successful speech outcomes. Once correct muscle patterning and swallow are attained through myofunctional therapy, a basic level of muscular control is reached, which dramatically increases the success rate for correcting speech problems. Due to the wide variation in causes for speech concerns and disorders, it is impossible to guarantee that myofunctional therapy alone will improve your speech. Treatment by a licensed speech therapist may be necessary

**If any of the conditions or complications mentioned above do exist or occur, a referral may be necessary to your family dentist or other dental professional or medical specialist for further treatment. Fees for these services are not included in the cost for myofunctional therapy treatment.**

Patient or Parent/Guardian Initials: \_\_\_\_\_

## Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there are problems that can occur and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and I authorize Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy to provide the treatment. I also authorize Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy to provide my healthcare information to my other health care providers. I understand that my treatment fee covers only treatment provided by Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy and that treatment provided by other dental or medical professionals is not included in the fee for my myofunctional therapy treatment.

## Consent to undergo Myofunctional Therapy treatment

I hereby consent to the making of diagnostic records, including x-rays, before, during and after my myofunctional therapy treatment, and to Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy, and to wherever appropriate, staff providing myofunctional treatment. I fully understand all the risks and guarantees associated with the treatment.

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Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

## **Authorization for release of patient information**

I hereby authorize Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy to provide other health care providers with information regarding the above individual's myofunctional therapy treatment as deemed appropriate. I understand that once released, Carmen M. Woodland, RDH, OMT at Integrative Myofunctional Therapy, and where appropriate, staff has (have) no responsibility for any further release by the individual receiving this information.

## **Consent to use of records**

I hereby give my permission for the use of myofunctional treatment records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

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Signature

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Date

I have the legal authority to sign this on behalf of:

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Name of Patient

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Relationship to Patient