

Frenectomies, OMT and Me

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In my practice, I have been treating patients with TMJ dysfunction, sleep disorders and orthodontic problems for over 30 years. Proper tongue posture up into the palate and correct tongue function in swallowing (2000 times a day), chewing, breathing and talking were always considered in treatment. In December 2013, I took a weekend seminar from James Bronson, DDS, Tasha Turzo, DO and Kathy Winslow, RDH, COM, an orofacial mycologist and a Buteyko breathing instructor. They presented their team approach to treating TMJ, sleep apnea and orthodontic patients utilizing the ALF functional, orthopedic appliance (developed by Darick Nordstrom, DDS), myofunctional and breathing techniques and integrating these with the whole body by doing OMT.

The most important concepts that I learned at this meeting were how important the tongue is in proper craniomandibular growth and the sequential development of the primitive neurological reflexes. The principles were applied to all ages of patients with the most amazing results in children some as young as 3 years old. This was well beyond the appreciation I had for the affects the tongue had in treating my patients. Tongue conversion from infantile swallowing, which is necessary for proper nursing, to an adult swallowing with the tongue on the palate, which is necessary to swallow whole food, is akin to creeping and crawling before walking. Conversion of the swallowing pattern at the proper time in development is necessary for the progressive development of important neurological reflexes.

Narrow, underdeveloped jaws do not allow the tongue to posture properly against the palate and this stimulation to the brain is lost. The ALF, Dr. Bronson believes, acts as a scaffold for improved tongue function and stimulates the brain to think the tongue is on the palate. Jaw development with the ALF in conjunction with the appropriate myofunctional therapy creates an environment for the correction of the problems. During the time that the ALF treatment is being done and the myofunctional therapy is being applied, appropriate OMT is also being done to adapt and integrate the changes with the whole body.

A huge piece in a successful outcome for patients is evaluation of the lingual frenum. If the frenum is short and tight it does not allow the tongue to posture and function correctly even if all the conditions are addressed. This tongue tied condition (ankyloglossia) needs to be corrected with surgery to free up the tongue to allow for normal function. This can be a simple or complex procedure depending on the severity of the tongue tied condition. Scalpel or laser can be used to accomplish the procedure. Intense tongue exercises need to be done immediately after surgery and for several weeks to months post op to minimize scarring and maximize the results.

Now my story unfolds. I have had obstructive sleep apnea (OSA) for 15 years and have implemented many treatments in an attempt to overcome this dysfunction. I have lost 25 pounds, widened my dental arches, changed sleep positioning, corrected my deviated nasal septum and have worn a mandibular advancement appliance at night to hold my

jaw and tongue forward during sleep. All of this has helped as I lowered my AHI from 65 to 17 and reduced my symptoms. Still I did not feel as rested as I wanted and some daytime tiredness remained. At the course Kathy Winslow evaluated me and told me I was tongue tied. My restriction was not in the anterior of the tongue but posterior and restricted my tongue from moving forward out of my throat contributing to my obstructive sleep apnea. I thought this could be the missing piece to further correction of my OSA.

After several months of myofunctional therapy to train my tongue and to encourage nasal breathing, I had the frenectomy done. Over the next few days I noticed improved range of motion of my tongue. I could bring it more anterior and felt the posterior of my tongue against my palate for the first time in my life. Other improvements that I became aware of were a releasing of cervical restrictions and improved posture that was more upright with my scapulae not winged out, easier swallowing and a greater sense of relaxation throughout my body. This was confirmed by Ilene Spector, DO who had the opportunity to analyze my mechanism before and after the frenectomy. She commented that the restrictions on the right side of my body were much improved and that the function of the midline had opened up with the long tide moving freely up and down the midline. My sleep has improved in quality and duration. I am starting to dream again, something I had not done in years, and I feel more rested throughout the day. I continue to feel improvements a month later as my body adjusts to the changes. My plan is to continue with myofunctional exercises and OMT, and then to place an ALF appliance on my maxilla to further enhance the development of my dental arches. With my renewed energy I will start to lose a few more pounds.

The tongue is connected fascially through the mylohyoid and hypoglossis muscles to the hyoid bone and down the anterior of the body. Posteriorly, the tongue is connected by the pharyngeal muscles to the cervical spine and then on down the body. I refer you to www.osteopathyny.com the website of Daniel Lopez, DO. In his blog he discusses his experiences with having a frenectomy done. He describes osteopathically the improvements throughout his body after having the procedure done.