

TONGUE TIE and BEYOND by James M. Bronson, DDS

Tongue-Tie (ankyloglossia) is routinely misdiagnosed in our traditional patient history. Over the past few years, the term tongue-tie has been grossly misinterpreted; there is a movement afoot to reclassify the term as “tethered oral tissue”. “Tethered Oral Tissue” is much more descriptive, in the traditional world, tongue-tie is interpreted as a completely fixated tongue, where in the real world, there are varying degrees of attachment. The clinical literature notes a 4% incidence more prevalence in males, but in my clinical practice reviewing all the variations, the incidence is probably closer to 40%.



Tongue Tie

With specific myofunctional reeducation programs, cranial osteopathy, a partial revision of the “tethered oral tissue”, and Advanced Light Force (ALF) Transformational Orthodontics, we are seeing incredible changes in patients, which include a decrease in TMJ pain, a decrease in neck pain, a decrease in shoulder pain, an increase in cervical range of motion, posture improvement, and one patient reported an increase in height of 1 inch, (per her occupational therapist).

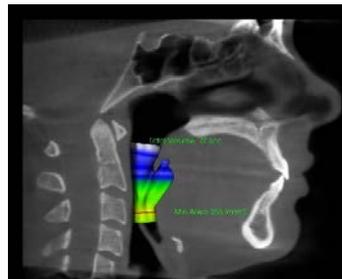
With the advent of the CBCT (Conebeam CT) scan, we have been able to quantify other anatomical anomalies, that maybe comorbidities of tethered oral tissues. Among those are partial calcification of the stylohyoid ligaments (Eagle’s Syndrome), temporomandibular joint dysfunction, decrease in pharyngeal airway space, and upper airway resistance.

In our patient population, that have had a CBCT scans and significant tethered oral tissues, there is a 90% incidence of partially calcified stylohyoid ligaments, pharyngeal airway restrictions, upper airway resistance, and temporo-mandibular degenerative changes.

With the help of myofunctional reeducation, cranial osteopathy, a partial laser frenum revision, and addressing the diminished upper airway with ALF appliances, we have seen the dynamic anecdotal responses indicated above, but further CBCT scans have verified an improved airway.



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