

★ A SPEECH-LANGUAGE PATHOLOGIST ★

CAN HELP MAKE SURE ORTHODONTIA WORKS!

Did you know that there are things you can address before you start orthodontia that will increase its success and protect your investment? Working with a speech-language pathologist on the issues below can make a big difference in both the staying power of your child's orthodontia and in their quality of life.

TONGUE THRUST

Tongue thrust is the term that's used to refer to a specific swallowing pattern that involves the tongue pushing through the front teeth. This is actually the way newborns are programmed to swallow because it allows for a good latch. If things go according to plan, this pattern is replaced by a more "mature" swallow that keeps the tongue tip on the roof of the mouth. If there's a glitch, though, and the "immature" pattern sticks around too long, the tongue muscles can push the teeth out of alignment and into an open bite.



ARTICULATION ISSUES

The primary reason to address articulation errors before braces is because their underlying cause is often the way the tongue moves and rests in the mouth. This is sometimes caused by oromyofacial issues like, you guessed it, tongue thrust and mouth breathing. Of particular concern are sounds that involve the teeth, such as /s, z, t, d, n, l/, sh, and zh. Correcting the speech sound means correcting the damaging tongue postures that can undo the teeth straightening of orthodontia.

THUMB SUCKING

This actually often goes hand in hand with tongue thrust. Many thumbsuckers place the tongue between the thumb and the bottom teeth. A proper swallow would require taking the thumb (or fingers) out of the mouth (the horror!), and so a tongue thrust is retained. Of course, this is a double-whammy, because the finger(s) or thumb also exerts its own force against the teeth, teaming up with the tongue to push the teeth out of alignment (and often into an open bite).



ALLERGIES

This might seem like a strange one at first blush, since there seems to be no obvious correlation between something like hay fever and whether your teeth are straight. If you have a kiddo who spends most of their time stuffed up, you'll know that they need to breathe through their mouth much of the time. As previously mentioned, chronic mouth breathing can bring the jaw out of alignment, thereby making orthodontia less effective in both the short and long term. Visit your pediatrician or allergist and discuss treatment options before starting any ortho work. Once you've got the allergies under control, check-in with your orthodontist and/or an SLP to be sure that any bad habits (like mouth breathing) are resolved, too.

MOUTH BREATHING

You might know that mouth breathing is detrimental to overall oral health. Poor gum health and increased plaque are common effects. But did you know that mouth breathing may even change the structure of a mouth? This is another case of the muscles of the mouth and face working against correct dental alignment. Mouth breathing sometimes has underlying causes like enlarged tonsils, and sometimes has more to do with facial structure. Whatever the cause, mouth breathing that continues during and after orthodontia will most certainly work against a long-term positive result.

FEEDING & SWALLOWING

If your child is the one who chronically makes a mess of themselves when eating and drinking, despite their age and your continued nagging, it is worth your while to consult an SLP about the way your child swallows. An abnormal swallow means that the facial muscles aren't working well together. We might sound like a broken record, but hopefully the point is hitting home that the way a child's tongue and other facial muscles work together has an impact on jaw and tooth alignment.

And that's it! Once you can go down this list and say that none of them are an issue for you or your child, you can hop on the orthodontia train knowing that you have taken important steps to protect your investment in straight and beautiful teeth.

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