INFORMED CONSENT

1. What is Orofacial Myofunctional Therapy?

Orofacial myofunctional therapy is a specialized treatment that includes the prevention, interception, and correction of orofacial myofunctional disorders (OMDs).

Signs and symptoms of an orofacial myofunctional disorder (OMD) may include the following:

- Frequent mouth breathing and/or open mouth rest posture
- Atypical swallowing patterns, such as anterior or lateral tongue thrusting
- Parafunctional oral habits, like nail and cuticle biting, cheek biting, tongue sucking, blanket or shirt sucking, pacifier use, digit sucking, or holding objects between the teeth
- Chronic low tongue rest position
- Compensatory muscle patterns related to tethered oral tissues (TOTs)
- Weak perioral muscles, lip incompetence, and/or lip impingement
- Poor jaw stability and/or grading
- Lack of dissociation in tongue, lip, and/or jaw movements
- Bruxism, clenching, and/or grinding of teeth

The main goals of our orofacial myofunctional therapy program include the elimination of parafunctional oral habits and habituation of:

- Tongue on the roof of the mouth at rest
- Lips gently closed at rest
- Comfortable nasal breathing at rest
- A few millimeters of freeway space at rest
- Proper chewing and swallowing mechanics for saliva, food, and drink
- Improvement of jaw stability, jaw grading, and tongue/lip/jaw dissociation

Untreated orofacial myofunctional disorders may contribute to:

- Dental malocclusions
- Undesirable facial growth patterns, including the collapse of dental arches and facial asymmetry
- Postural problems
- Speech sound and articulation errors
- Airway function/sleep breathing disorders and nasal disuse
- Head, neck, and/or jaw pain
- Gingivitis or periodontal disease
- Dental implant failure
- Orthodontic relapse
- Jaw surgery relapse

2. Benefits

There are many benefits of treating OMDs. Upon completion of an orofacial myofunctional therapy program, providers and patients have reported the following:

- Normalized eating, drinking, and saliva swallows
- Easier ability to swallow pills

- Balance in orofacial musculature and reduced compensatory muscle patterns
- Improved jaw stability and grading
- Ability to dissociate tongue, lip, and jaw movements
- Enhanced orofacial muscle strength and coordination
- Gains in speech sounds and articulation
- Consistent good oral rest posture most of the day and at night
- More frequent and more comfortable nasal breathing
- Reduction in the levels of AHI, snoring, and/or fatigue
- Reduction in levels of head, neck, and/or jaw (TMJ) pain
- Structural changes in the soft tissues and/or craniofacial growth
- Long-term maintenance of orthodontic and/or jaw surgery results

As with any other medical or dental treatment, the results of orofacial myofunctional therapy and/or oral habit cessation can vary from person to person and cannot be guaranteed.

3. Risks

There are few risks of orofacial myofunctional therapy evaluation and/or treatment. Adult supervision is recommended. Possible risks associated with orofacial myofunctional therapy evaluation and/or treatment include:

- Allergic reaction related to materials used
- No change or worsening pain levels
- Injury to frenal attachment during lip strength measurements or other lip strengthening measurements
- Vibration, which may be used for stimulating tissue, has the potential to trigger epileptic seizures
- Cold, which may be used for stimulating tissue, can cause tissue tissue irritation
- Swallowing of orthodontic elastics
- Choking or aspiration (Our providers are CPR-certified)

4. Prognosis

The prognosis for treatment is reduced if the factors causing the dysfunction remain present during treatment.

Possible contributing factors to orofacial myofunctional disorders may include a current or past history of:

- Airway obstruction
- Oral parafunctional habit
- Restrictive oral frenal attachment(s)
- Prolonged bottle feeding or sippy cup use
- Genetic predisposition

A patent nasal airway is necessary in order to achieve the optimal results from of a myofunctional therapy program. Individuals with structural and/or airborne airway obstructions have a reduced prognosis. While we screen for possible airway obstructions during new patient evaluations, we cannot definitively evaluate, diagnose, or treat airway obstructions. For this reason, assessment by both an otolaryngologist (ENT) and allergist is highly recommended.

Individuals with a parafunctional oral habit or restrictive oral frenula may also be unable to maintain a proper oral rest posture and/or swallowing patterns. Unless the habit or restriction is addressed, these

indviduals will not achieve optimal results.

In the event of an oral habit, restrictive oral frenal attachment, or nasal airway obstruction that the patient and/or guardian will not address, the provider or clinic director reserves the right to terminate service.

5. Length of Treatment

The length of treatment varies depending on the severity of the OMD, the patient's growth and maturity level, and compliance with home exercises/activities. While treatment is customized to the patient's needs, most will complete the full course of orofacial myofunctional therapy after 12 to 20 appointments. Appointments are available in-person or through televisit. An initial appointment is typically 1 to 1.5 hour in length, and all other appointments are done on a weekly basis, usually 15-45 minutes in length.

6. Treatment Modalities

Therapy may include and tongue, lip, jaw, posture, and/or breathing exercises. Additionally, massage/bodywork techniques, including craniosacral therapy and myofascial release, may be utilized.

Materials typically used during assessment and treatment may include, but are not limited to, fluorescein sodium ophthalmic strips, mouth props/bite blocks, foods, intraoral adhesive pads/"sticky spots" (Stomadhesive, Myo Spots, or Poligrip denture adhesive), orthodontic elastics, ice, and/or other palatal reference material for proper tongue placement. More information is available upon request as to the composition of any materials used during treatment.

Photographs, videos, and measurements may be captured (primarily for the purposes of assessments and progress tracking).

7. Compliance

It is extremely important to have the full cooperation of our patients and their caregiver(s). It must be noted that successful completion of the orofacial myofunctional therapy program is highly dependent on the patient's desire, good attitude and self-discipline. Because of principles of neuroplasticity, we know that merely attending sessions without home practice and adherence to instructions will result in limited carryover. Parental involvement and encouragement are important and necessary when working with children. The clinic director reserves the right to terminate service in the case of lack of cooperation or non-compliance with home exercises, poor punctuality, and unsatisfactory adherence to maintaining scheduled appointments.

8. Speech Therapy Disclaimer

Research has shown a high correlation between speech sound disorders and orofacial myofunctional disorders. While not all of our orofacial myologists have backgrounds in speech-language pathology, establishing correct oral resting posture, improving jaw grading and stability, and training tongue, lip, and jaw dissociation may facilitate treatment with a speech therapist.

9. Obstructive Sleep Apnea (OSA) and Snoring Disclaimer

While new research supports that orofacial myofunctional therapy may be a good adjunctive treatment for

obstructive sleep apnea and snoring, we make no claims to directly treat obstructive sleep apnea or snoring.

10. Dental Services Disclaimer

While some of our providers may have a background in dentistry, the providers at _____ do not provide traditional dental services (i.e. dental examination, prophylaxis, radiographic imaging, or oral hygiene instructions) during orofacial myofunctional therapy appointments. It is recommended that you have dental examination with a licensed dentist at least once a year or if you are experiencing orofacial pain. If you are not under the care of a dentist, we can provide you with a referral to one.

11. Lip Taping Disclaimer

Lip taping is only recommended under the direction of your medical doctor. Before engaging in any sort of lip taping activity to promote lip closure, it is important to have an airway evaluation and obtain clearance from your medical doctor. Lip taping is absolutely contraindicated in children under 4 years of age and in individuals with airway obstructions or untreated sleep disordered breathing.

Some of the risks of lip taping include:

- Exacerbation of unknown heart condition in children
- Inability to expel emesis, if needed
- Inability to speak, if needed
- Sensory issues
- Skin irritations and possible residue
- Possible allergic reaction
- Death

Other similar products that may be used during treatment include kinesio tape, Myo Tape, Chin Up Strips, and Breathe Right Nasal Strips.

12. Tethered Oral Tissue Disclaimer

During new patient evaluations, we may classify and screen for restrictive oral frenula, and if we feel a frenal attachment, impacting oral function, we will refer to a release provider for further evaluation, diagnosis, and possible treatment.

13. Therapy Disclaimer

Our providers are not psychiatrists, psychologists, nor mental health therapists. Our providers do not offer psychotherapy or psychiatric services of any sort. Further, our providers are neither medical doctors nor osteopathic doctors; therefore, we do not provide Osteopathic Manipulative Treatment.

Please contact us if you have any questions prior to signing this form.

My signature indicates that I have read, fully understand the risks and benefits of orofacial myofunctional therapy treatment, and have had the opportunity to ask questions.

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Patient/Client or Responsible party Signature	Date