

# OROFACIAL MYOLOGY- SCOPE OF PRACTICE OF DENTAL HYGIENISTS

## ***INTRODUCTION:***

In recent months, the NB College of Dental Hygienists has been asked to review and assess Orofacial Myology also referred to Orofacial Myofunctional Therapy in order to establish if Orofacial Myology was part of the scope of practice of dental hygienists in NB. Furthermore, in the instance that it is considered part of the scope of practice, what educational requirements would be necessary for dental hygienists to perform this type of therapy in their practice.

In order to evaluate this scope, the NBCDH Council researched and reviewed various resources such as the Act respecting the College of dental hygienists, the Rules under the Act, International Association of Orofacial Myology (IAOM), Academy of Orofacial Myofunctional Therapy (AOMT), various articles on Orofacial Myology and other Canadian dental hygiene regulatory authorities' positions. The following responds to this inquiry.

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## ***WHAT IS OROFACIAL MYOLOGY/OROFACIAL MYOFUNCTIONAL THERAPY?***

Orofacial Myology/Orofacial Myofunctional Therapy is about recognizing and treating Orofacial Myofunctional disorders.

According to the International Association of Orofacial Myology: "Oral Myofunctional disorders involve behaviours and patterns created by inappropriate muscle function and incorrect habit involving the tongue, lips, jaw and face. Of the many possible Myofunctional variations, those involving the tongue and lips receive the most attention. Thumb and finger sucking; a mouth-open posture with lips apart; a forward rest posture of the tongue; and thrusting of the tongue during speaking and swallowing characterize Myofunctional Disorders"

Behaviours and patterns created from improper muscle use and function, posture at rest or habits involving the tongue, lips, face and jaw may result in Orofacial Myofunctional Disorders (OMD). The disorders may result from one or a combination of oral habits such as nail/cheek biting, pen/pencil chewing, thumb sucking, tongue thrusting, structural or physiological abnormalities (short lingual frenum) and restricted airways. Exercises are used to correct tongue and lip resting postures as well as to develop adequate chewing and swallowing patterns.

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The goals of Orofacial Myology are to promote a lip seal, promote a palatal tongue rest position, promoting an optimal swallowing pattern, and the correction of dysfunctional habit patterns.

Orofacial Myofunctional Therapy involves an individualized regimen of exercises to re-pattern oral and facial muscles. Motivational therapies and exercises are used to eliminate such oral habits. Myofunctional therapists are educated to eliminate negative oral habits through behaviour modification techniques and promote positive growth patterns.

### ***PRACTICE OF DENTAL HYGIENE IN NEW BRUNSWICK***

The Act respecting the NB College of Dental Hygienists defines the practice of dental hygiene as “the application of professional knowledge for the purpose of providing therapeutic, preventative and maintenance services and programs for the promotion of optimal oral health, including detection and assessment for dental hygiene treatment, the dental hygiene planning of interventions to prevent oral disease and the evaluation of oral health practices and behaviours as taught or included in the curriculum of an approved dental hygiene program or an approved dental hygiene module.”

In order to provide optimal oral health care, dental hygienists are educated through an intensive formal educational curriculum. Dental hygienists are educated to apply the dental hygiene process of care (ADPIE: assessment, dental hygiene diagnosis, planning, implementation and evaluation) which includes a complete extraoral and intraoral clinical assessment. Orofacial disorders would be included as part of the extraoral/intraoral assessment.

**FROM THIS EVALUATION, IN APRIL 2016, THE NBCDH COUNCIL RECOGNIZES THAT OROFACIAL MYOLOGY/OROFACIAL MYOFUNCTIONAL THERAPY WOULD BE CONSIDERED AS PART OF THE SCOPE OF PRACTICE OF DENTAL HYGIENISTS IN THE PROVINCE OF NB.**

The Rules under the Act section 39(6) states: “A dental hygienist shall only engage in the practice of dental hygiene to the extent that the practice is within her individual scope of practice; and Rule section 39(2): “A dental hygienist may engage in the practice of dental hygiene subject to the conditions and limitations imposed on the member’s licence and in accordance with the Rules and any practice exclusions contained in the Rules.

Individual scopes of practice would be described as being adequately educated and competent in providing dental hygiene care within the conditions and limitations imposed.

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Education can be received through various opportunities. Most education will be received during an approved formal dental hygiene program; however, additional education provide additional education that offers the dental hygienists with more knowledge on specific scopes such as Orofacial Myology. It is imperative that dental hygienists follow learning opportunities throughout their careers in order to remain current in their practice and also to be able to provide the best possible care to their clients. In a lifelong career as a dental hygienist, it is to be expected that new technologies, treatment would impact the learning opportunities and treatment offered to the client.

It is important to note that the dental hygienist's scope of practice does not include a diagnostic -level decision making components for Orofacial Myofunctional Disorders; therefore, any diagnosis must be made by an appropriate health professional such as a dentist, orthodontist, physician, etc., prior to providing orofacial myology treatment.

Referrals are required when care is required not relating to soft tissues of the oral cavity or when deemed appropriate. OMT therapies should be completed in collaboration with other health care professionals involved in the client's care when appropriate.

## ***EDUCATION***

During our review, it was determined that, although dental hygienists are well educated to recognize orofacial disorders, the orofacial therapies/exercises themselves are not currently part of the general dental hygiene curriculum. So, in order to provide this therapy, dental hygienists would be required to seek further education to ensure that they are properly educated and competent prior to incorporating these therapies in their practice.

Currently, the NBCDH council acknowledges two main organizations that offer a more extensive 4-5-day educational program of Orofacial Myology/Orofacial Myofunctional Therapy. These organizations are: International Association of Orofacial Myology and the Academy of Orofacial Myofunctional Therapy. The International Association of Orofacial Myology can also provide a certification in order to be considered an Orofacial Myologist for those who complete the necessary educational requirements established by their organization.

Throughout our research, the NBCDH also recognizes other courses that may provide some general knowledge on the topic. Additionally, as the interest by health professionals may increase over time, the NBCDH anticipates that other programs may become available to dental hygienists in the future.

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The NBCDH Council also understands that not every dental hygienist will want to pursue using this concept in their practice and may decide to pursue courses for basic educational knowledge or personal interest without actually using the therapy to its fullest extent of the various therapies.

For that reason, the NBCDH Council agrees that it is the onus of the dental hygienists to assess her practice when choosing the appropriate course and ensure that they possess the knowledge and competencies needed to provide this best treatment and service while ensuring they are practising within his /her scope. Furthermore, dental hygienists must understand that these educational sessions may be offered to other health professionals, so it is important for the dental hygienist to be aware that there may see some crossing over into another profession's scope of practice and to ensure that referrals are made to the appropriate professional as required. Orofacial Myology offers a great opportunity for inter-professional collaboration with other health professionals. Considering all aspects of the dental hygiene process of care (ADPEI), the dental hygienist would need to decide if there is enough evidence to support the rationale for Orofacial Myology Therapy/Orofacial Myofunctional Therapy.

### **CURRENT PRACTICE IN OTHER PROVINCIAL JURISDICTIONS:**

Currently, the practice of Orofacial Myology/Orofacial Myofunctional Therapy has been deemed to be recognized practice and within the scope of practice of dental hygienists in British Columbia, Alberta, Saskatchewan, Ontario and Nova Scotia.

### **OTHER CONSIDERATIONS**

Other factors to consider are that the public may be affected by affordability of treatment, recognition of the service by insurance companies, and/lack of public education and knowledge of the therapy.

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## **REFERENCE:**

International association of orofacial myology, [www.iaom.com](http://www.iaom.com)

Academy of Orofacial Myofunctional Therapy, [www.aomt.com](http://www.aomt.com)

Milestones Publication, 2016/Issue 1 College of dental hygienists of Ontario, [www.cdho.org](http://www.cdho.org)

College of Dental Hygienists of British Columbia, Interpretation guidelines [www.cdhbc.ca](http://www.cdhbc.ca)

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