

Tethered Oral Tissues : Where to Start?

Seeing a frenulum in your mouth is normal. Most everyone has this band of tissue in their mouths, often under their tongue, under their lips, and sometimes their cheeks.

Simply seeing a frenulum does not mean that you have a 'tie'.

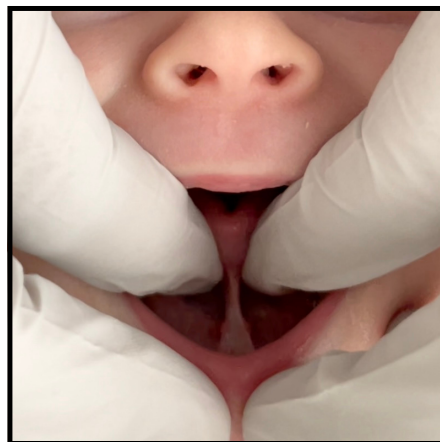
If this band of tissue **restricts** or **limits** the ability for normal and functional movements—that is when you are considered to have a “tie”.

Start with a Functional Oral Assessment

Everyone, babies included, should be able to complete certain mouth movements. For some people, the frenulum in their mouth can limit normal mouth movements. Certain providers are capable of evaluating normal movements of the mouth to determine if the frenulum is likely restrictive. This is often called a functional oral assessment or a functional assessment.

Sometimes it is determined that something other than a restrictive frenulum is causing or contributing to limited movement. This assessment is useful in helping your care team know where to look for answers.

A functional oral assessment is provided by a person who has received additional training and has expertise in normal oral structure and function. Their knowledge of how the mouth should work makes them skilled at differentiating oral restrictions from other problems.



The symptoms that often occur with ties can also be present with other health concerns. This is why it is important to obtain a functional assessment with a skilled provider so that you can make sure you are treating the correct thing. This may mean that your care team includes multiple disciplines.

The treatment to remove a restrictive frenulum or 'tie' is a surgical procedure called a frenotomy or frenectomy, commonly called a 'release'. This is often done with a special kind of laser tool or a pair of scissors and should be performed by someone with specialized training. Your provider(s) can help guide you in decisions about whether or not your plan may include a release.

Specialists consistently see better outcomes when there is a comprehensive approach approach to your care and this approach may include a team working together. A team approach often includes pre and post therapy strategies.

Pre Therapy

- Helps to improve upon existing function, relieve symptoms, and reduce feeding challenges.
- Leads to a more complete release and a better outcome.
- Helps the provider determine if the procedure is needed.
- Families report feeling more prepared for the procedure and aftercare.
- Develop plan for pain management and become familiar with aftercare activities.

Post Therapy

- Promotes optimal healing.
- Continues to practice new muscle movements that were difficult before the release.
- Helps recovery to go more smoothly.
- Works to resolve pre-release concerns (feeding, speech, etc).

Potential Teammates

International Board Certified Lactation Consultant (IBCLC) is a healthcare professional that specializes in the clinical management of breast/chestfeeding and lactation. They are infant feeding specialists that assist with supporting direct breastfeeding, combination feeding, exclusive pumping, bottle-feeding and/or the utilization of other tools and strategies to help families reach their feeding goals. Both the feeding parent and the child are clients of the IBCLC and therefore both parties are considered in the assessment and treatment plan. An IBCLC with specialized training in identifying restricted oral tissues and how they impact lactation and feeding is able to guide families through strategies and treatment options that help them reach their feeding goals. IBCLC is the highest lactation credential in the field of lactation.

Speech-Language Pathologists (SLPs) and **Occupational Therapists (OTs)** are certified and licensed professionals who are able to assist with feeding issues. An SLP is the only professional who can also assist with speech issues. An SLP or OT with specialized training is able to evaluate and treat oral skills which will help your team better understand how potential lip, tongue, and/or buccal (cheek) ties may be contributing to your concern. An assessment can help identify other factors that may contribute to these issues. The SLP or OT makes recommendations to help prepare you and your child for the release procedure in order to improve function prior to the procedure and optimize post-surgical results and healing.

A **bodyworker** or **manual therapist** is a professional who has a hands-on license to touch and extensive continuing education in therapeutic techniques such as CranioSacral therapy, myofascial release, massage, and more. Bodyworkers such as Occupational Therapists (OTs), Physical Therapists (PTs), Doctors of Osteopathic Medicine (DO), and Chiropractors assist with releasing tension in the whole body. We often see that oral restrictions go hand-in-hand with body tension patterns which creates changes in posture, alignment and abnormal movement patterns. Releasing this tension helps to optimize function and helps with the wound healing process after the procedure.

Oral Myofunctional Therapist or **Certified Orofacial Myologist (COM)** is a specialized certification, provided to Registered Dental Hygienists (RDH) or Speech Pathologists (SLPs) who provide a type of therapy often referred to as oral myofunctional therapy or myo. The goal of this therapy is to correct abnormal oral function that contribute to poor jaw growth, dental problems, and difficulty with nasal breathing. This type of therapy is for those four years and older.