Beyond the Plateau:

Unlocking Progress via Oral Mechanism Exams and Myofunctional Strategies Across the Lifespan

Michigan Speech-Language-Hearing Association
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Disclosures

Financial: I am the owner and Clinical Director of Oakland Myo and Wellness Institute and receive a salary for therapy services and programs.

Non-Financial: I have been a school-based Speech-Language Pathologist for 23 years and continue to serve part-time in a public school setting. The views expressed in this presentation are my own and do not necessarily reflect the policies or positions of my employer.

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Learning Objectives

1. Analyze the physiological impact of oral-motor restrictions across clinical settings

2. Correlate tongue tension and myofunctional deficits with specific speech and fluency disorders

3. Formulate effective interdisciplinary referral pathways

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We are healthcare providers

Regardless of the setting, we support "patients".

We all entered this field with a desire to help others and an interest in education and health.

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The plateau that's felt by the clinician, patient, and caregiver

Shame: "I am bad"

Blame: a defense

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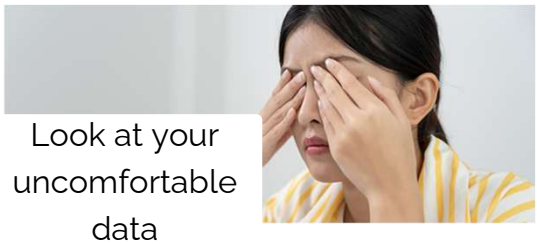

Look at your uncomfortable data

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100 year old "modern" idea

1907: Dr. Edward Angle, an orthodontist, identified:

- The tongue is an "obstacle"
- Nose breathing impacts tongue posture and malocclusion

2019: Linda D'Onofrio, an SLP, publishes "Oral Dysfunction as a Cause of Malocclusion"

- Echos Angle's statements
- Includes a *plethora* of additional research since his claim!

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Myofunctional Timeline for SLPs

1918: Rogers orofacial muscles are "living appliances"

1948: Lischer coins "myofunctional"

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The "Myo" Confusion

Orofacial = Oral + Face

Myo = Muscle

Function!

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Myofunctional Timeline for SLPs

1918: Rogers orofacial muscles are "living appliances"

1948: Lischer coins "myofunctional"

1972: Myofunctional organization formed

1991: ASHA adds OMDs to Scope of Practice; 2016: explicitly in "Speech Production" and "Feeding & Swallowing" domains

2018: ASHA adds OMDs to Practice Portal

2020: ASHA adds to CAA Graduate Standards

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"

Patient does not have a cleft palate!

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1. SLP: *"Something isn't right"*
2. Refer to ENT
3. ENT: *"They're fine! They need therapy!"*

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The FAirEST 6

- Created by a multidisciplinary team
- Outlines "red flags" for Sleep Disordered Breathing (SDB)
- Provides objective score
- Guides referral to medical or dental provider
- Looks at the root cause

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S is for Sleep*

*A biological need, not a luxury

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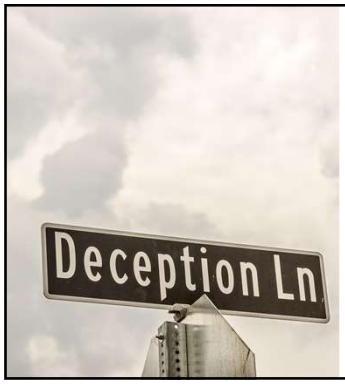

The ADHD Red Herring

AAP and AASM guidelines state clinicians MUST refer for a sleep study if snoring or daytime sleepiness is present before concluding an ADHD diagnosis

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#1
Nose vs Mouth Breathing

MOUTH BREATHING

☐ NO ☐ YES

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Your Breathing Options

MOUTH BREATHING

Smaller airway

Sleep disordered breathing

- snoring, UARS, apnea, daytime sleepiness

Suboptimal facial structure growth + esthetics

Reduce mental and physical health

Behavior problems

- inattention, hyperactivity

Reduced cognitive functioning

NOSE BREATHING

Healthy orofacial muscle development

Optimal head + face development

Filtering, warming, & humidifying air before it enters our body

Increase circulation throughout our body

Reduce anxiety

#2: Lip Closure, Mentalis Strain

MENTALIS STRAIN

☐ NO ☐ YES

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Breathing & Oral Rest Posture Referrals

- Lips naturally close at rest / are able to close without facial strain, chin wrinkling
  - If not, refer to a clinician specializing in orofacial myology
- Resting position of tongue is up, behind front teeth
  - If not, support in therapy
- Nasal breathing can be sustained for at least 3 consecutive minutes
  - If not, refer to physician / ENT for upper airway assessment
- Breathing is quiet
  - If not, refer to physician / ENT for upper airway assessment
  - Can support slow, diaphragmatic breathing in therapy

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#3 Hard & Soft Palates, Pharynx

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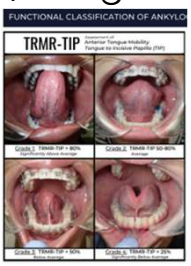
#4 Tongue Range of Motion: TIP



Maximum Opening (comfortably):_____

Tongue to the Incisive Papilla (TIP) : _____

TIP / Maximum Opening: _____
by measurement
(we still need to look at FUNCTION)

Grade 1, 2: normal functioning
Grade 3 = 25-49%, "moderate restriction"
Grade 4 = <25%, "severe restriction"

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#4 Tongue Range of Motion: LPS

Maximum Opening (comfortably):_____

Lingual Palatal Suction (LPS) : _____

LPS / Maximum Opening: _____
by measurement
(we still need to look at FUNCTION)

Grade 1, 2: 30 - >60% normal functioning
Grade 3 = <30%, "moderate restriction"
Grade 4 = <5%, "severe restriction"

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Lingual Functioning Referrals

- Tongue Range of Motion Ratio Grade 1-2, tip is >50% elevated towards incisive papilla when mouth is fully opened
  - If not, refer to clinician specializing in orofacial myology
- Lingual Palatal Suction (LPS) shows adequate space for the tongue to fit within it; tongue does not overflow over the middle of the teeth bilaterally
  - If not, refer to dentist for growth check (2-4 years old) or evaluate for orthodontic expansion to allow lingual palatal suction
- Tongue can sweep molars
  - Can support oral motor skills in therapy
  - If not, refer to clinician specializing in orofacial myology

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#5, 6, 8: Dentition

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Intraoral Structure Referrals

- Palate is U-shaped, is <7mm high, no signs of crowding
  - If not, refer to dentist for growth check (2-4 years old) or evaluate for orthodontic expansion to allow lingual palatal suction
- Tonsils: Brodsky Grade 1-2, >50% oropharynx
  - If not, refer to Physician/ENT: airway obstruction impacts tongue placement at rest / in speech, swallow
- Teeth do not show dental wear / no observed or reported clenching, grinding
  - If not, refer to Physician/Dentist: sign of airway compensation
- Friedman: Class I-II
  - If not, monitor as therapy progresses; can note to Physician/Dentist

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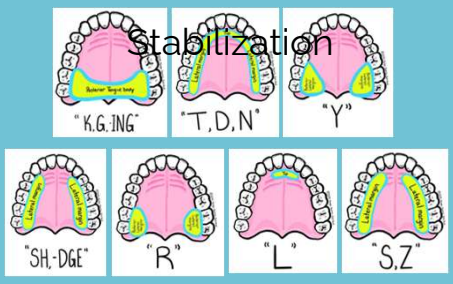
Articulation Stabilization



From Pamella Marshalla

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My Speech Room Wonders

1. Why did some produce /s, z/ with lower incisors?
2. Why were my students the most disruptive in their classrooms and often known throughout the school?
3. Why were so many of my students referred for evaluations for Learning Disabilities?
4. Why were 5/6 of the slowest running students in Gym class my students?
5. Why did I hear so many a/ae substitutions in my most impaired articulation kids?

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My Speech Room Wonders

Solved!

1. Why did some produce /s, z/ with lower incisors?
2. Why were my students the most disruptive in their classrooms and often known throughout the school?
3. Why were so many of my students referred for evaluations for Learning Disabilities?
4. Why were 5/6 of the slowest running students in Gym class my students?
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Root cause?

COMPENSATIONS?

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Common Plateaus

Articulation:
- Must use slow speech
- Unable to move into conversation
- Poor molar stabilization
- Unstable jaws
- Poor lip and/or tongue dissociation
- Poor range of motion

Feeding/Swallowing:
- Picky eating
- Slow eating
- Messy eating
- Poor oral health
- Digestive issues
- Muscle Tension

Fluency:
- Breath support
- Muscle

Language:
- Just the minimum (verbal or written)
- Late talkers
- Delayed development

Voice:
- Breath support
- Muscle tension
- Head

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2023-2025 Research Peek

Dyslexia: Tongue dysfunction may be an early marker for learning disorders (Burlea et al 2025)

Autism: 81% of autistic individuals show oromotor abnormalities (Maffei et al 2023)

Voice: 91.6% of MTD patients improved after myofunctional therapy + release (Summersgill et al 2023)

Obstructive Sleep Apnea: Poor **voice** assessment vs control group without snoring (Martins et al 2025)

Cerebral Palsy: Releasing tethered oral tissues "unlocks" mobility for sleep and swallowing (Baxter & Merkel-Walsh, 2025)

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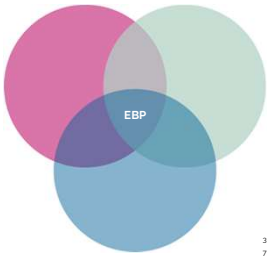
EBP

ASHA's Model

Medical Model



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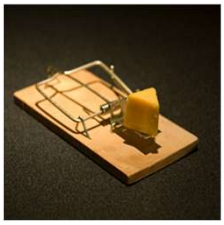
Watch the Ableist Trap!

"That's just how they are"



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> *Plateaus are an opportunity to re-evaluate what we may be missing*
>
> enhanced oral function assessments create stronger evaluations, faster progress, higher outcomes

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Reference

American Speech-Language-Hearing Association. (n.d.). Orofacial myofunctional disorders (Practice Portal). https://www.asha.org/practice-portal/clinical-topics/orofacial- myofunctional-disorders/

American Speech-Language-Hearing Association. (1989). Report: Ad hoc committee on labial-lingual posturing function. Asha, 31(11), 92–94.

American Speech-Language-Hearing Association. (1991). The role of the speech-language pathologist in the management of oral myofunctional disorders [Position Statement]. https://www.asha.org/policy/ps1991-00007/

American Speech-Language-Hearing Association. (1993). Orofacial myofunctional disorders: Knowledge and skills. Asha, 35(Suppl. 10), 21–23.

American Speech-Language-Hearing Association. (2016). Scope of practice in speech-language pathology [Scope of Practice]. https://www.asha.org/policy/sp2016-00343/

Baxter, R., & Merkel-Walsh, R. (2025). Cerebral palsy and ankyloglossia: Improved sleep, speech, swallowing, and breathing after tongue-tie release: A case series. *Special Care in Dentistry*, *45*(3), Article e70046. https://doi.org/10.1111/scd.70046

Baxter, R., Merkel-Walsh, R., Baxter, B. S., Lashley, A., & Rendell, N. R. (2020). Functional improvements of speech, feeding, and sleep after lingual frenectomy tongue-tie release: A prospective cohort study. *Clinical Pediatrics*, *59*(9-10), 885–892. https://doi.org/10.1177/0009922820938055

Besedovsky, L., Lange, T., & Born, J. (2012). Sleep and immune function. *Pflügers Archiv - European Journal of Physiology*, *463*(1), 121–137. https://doi.org/10.1007/s00424-011-1044-0

Brown, B. (2006). *Shame Resilience Theory: A Grounded Theory Study on Women and Shame*. Families in Society: The Journal of Contemporary Social Services.

Burlea, Ş. L., Checherită, L. E., Stamatin, O., Văcaru, M., Sîrghe, A. E., Rudnic, I., Ilinca, D. A., Budu, V., Baldiman, M. A., Toma, V., Aminov, L., & Ciubară, A. (2025). Exploring Dyslexia Risk Through Psycholinguistic and Orofacial Correlates: Neurodevelopmental Insights Toward a Personalized Medicine Approach. *Journal of personalized medicine*, *15*(8), 369. https://doi.org/10.3390/jpm15080369

Cappuccio, F. P., Cooper, D., D'Elia, L., Strazzullo, P., & Miller, M. A. (2011). Sleep duration predicts cardiovascular outcomes: a systematic review and meta-analysis of prospective studies. *European Heart Journal*, *32*(12), 1484–1492. https://doi.org/10.1093/eurheartj/ehr007

Council for Clinical Certification in Audiology and Speech-Language Pathology. (2020). 2020 Standards for the certificate of clinical competence in speech-language pathology. https://www.asha.org/certification/2020-slp-certification-standards/

40

42

Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2023). Standards for accreditation of graduate education programs in audiology and speech-language pathology. https://caa.asha.org/siteassets/files/2023-accreditation-standards-graduate-slp.pdf

D'Onofrio L. (2019). Oral dysfunction as a cause of malocclusion. *Orthodontics & craniofacial research, 22 Suppl 1*(Suppl 1), 43–48. https://doi.org/10.1111/ocr.12277

Ferrante, A., & Ferrante, A. (2015). Il problema del succhiamento del dito. Nuove interpretazioni e implicazioni terapeutiche [Finger or thumb sucking. New interpretations and therapeutic implications]. Minerva pediatrica, 67(4), 285–297.

Han, S.-H., Kim, M.-C., Choi, Y.-S., Lim, J.-S., & Han, K.-T. (2012). A study on the genetic inheritance of ankyloglossia based on pedigree analysis. Archives of Plastic Surgery, 39(4), 329–332. https://doi.org/10.5999/aps.2012.39.4.329

Klockars, T. (2007). Familial ankyloglossia (tongue-tie). International Journal of Pediatric Otorhinolaryngology, 71(8), 1321–1324. https://doi.org/10.1016/j.ijporl.2007.05.018

Maffei, M. F., Chenausky, K. V., Gill, S. V., Tager-Flusberg, H., & Green, J. R. (2023). Oromotor skills in autism spectrum disorder: A scoping review. Autism research : official journal of the International Society for Autism Research, 16(5), 879–917. https://doi.org/10.1002/aur.2923

Marshalla, P. (2020). The Marshalla guide: A topical anthology of speech movement techniques for motor speech disorders and articulation deficits. Marshalla Speech and Language.

Martins, M. F. L., Eckeli, A. L., Stelzer, F. G., Valera, F. C. P., & Folha, G. A. (2025). Vocal and Orofacial Myofunctional Characteristics of Individuals with Obstructive Sleep Apnea. Sleep science (Sao Paulo, Brazil), 18(4), e397–e403. https://doi.org/10.1055/s-0045-1813731

Merkel-Walsh, R., & Carey, D. (n.d.). An open letter to The Informed SLP. Robyn Merkel-Walsh. https://www.robynmerkelwalsh.com/_files/ugd/d8d143_c8ca957cdeb547b6b4699b827e8f14e9.pdf

Merkel-Walsh, R., Carey, D., Burnside, A., Grime, D., Turkich, D., Tseng, R. J., & Smart, S. (2025). Effectiveness of Orofacial Myofunctional Therapy for Speech Sound Disorders in Children: A Systematic Review. International Journal of Orofacial Myology and Myofunctional Therapy, 51(1), 4. https://doi.org/10.3390/ijom51010004

Mills, C. S. (2011). International Association of Orofacial Myology history: Origin - background - contributors. International Journal of Orofacial Myology, 37(1), 5–25 .

Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. BMJ (Clinical research ed.), 312(7023), 71–72. https://doi.org/10.1136/bmj.312.7023.71

Summersgill, I., Nguyen, G., Grey, C., Norouz-Knutsen, L., Merkel-Walsh, R., Katzenmeir, C., Rafii, B., & Zaghi, S. (2023). Muscle Tension Dysphonia in Singers and Professional Speakers with Ankyloglossia: Impact of Treatment with Lingual Frenuloplasty and Orofacial Myofunctional Therapy. International Journal of Orofacial Myology and Myofunctional Therapy, 49(1), 1-8. https://doi.org/10.52010/ijom.2023.49.1.1

Walker, M. P., & Stickgold, R. (2006). Sleep, memory, and plasticity. Annual Review of Psychology, 57, 139–166. https://doi.org/10.1146/annurev.psych.56.091103.070308

Walker, M. P., & van der Helm, E. (2009). Overnight therapy? The role of sleep in emotional brain processing. Psychological Bulletin, 135(5), 731–748. https://doi.org/10.1037/a0016570

Xie, L., Kang, H., Xu, Q., Chen, M. J., Liao, Y., Thiyagarajan, M., O'Donnell, J., Christensen, D. J., Nicholson, C., Iliff, J. J., Takano, T., Deane, R., & Nedergaard, M. (2013). Sleep drives metabolite clearance from the adult brain. Science, 342(6156), 373–377. https://doi.org/10.1126/science.1241224

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