



COLLEGE OF  
DENTAL HYGIENISTS  
OF MANITOBA

# INTERPRETATION GUIDELINE: Orofacial Myofunctional Therapy (OMT)

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The College of Dental Hygienists of Manitoba is responsible for developing professional resource documents for dental hygienists. Council approves these documents, of which, the purpose is to explain, enhance, add, or guide dental hygiene practice in accordance with The Dental Hygienists Act and Regulations. It is the responsibility of the dental hygienist to understand and comply with these documents.

## The College of Dental Hygienists of Manitoba's Interpretation Guideline for Orofacial Myofunctional Therapy

### Purpose

This interpretation guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current requirements for the provision of Orofacial Myofunctional Therapy (OMT) by registered dental hygienists.

### Background

Orofacial Myofunctional Disorders (OMDs) are behaviors and patterns created by incorrect orofacial muscle function.<sup>1</sup>

Causes are often attributed to restricted airway space, maladaptive oral habits<sup>2,3</sup> (thumb and finger sucking habits; routinely resting with the lips apart; forward resting posture of the tongue between or against the teeth; tongue thrust), and structural or physiological abnormalities (short lingual frenum, or tongue-tie; narrow palate).

Orofacial Myofunctional Therapy (OMT) is an interdisciplinary practice working with the muscles of the lips, tongue, cheeks and face, and their related functions.<sup>3</sup> Treatment typically consists of a series of neuromuscular exercises designed to re-educate or re-pattern the muscles in the orofacial complex.<sup>4</sup>

The fundamental goals of OMT are to encourage nasal breathing by promoting lip seal, establishing proper rest posture of the tongue, normalizing chewing and swallowing patterns, and eliminating maladaptive oral habits.<sup>4</sup> Therapy may include the use of therapeutic tools, exercises, posture modification or muscle stimulation, and behavioral modification techniques to normalize orofacial muscle function to promote positive craniofacial growth.<sup>3,4</sup>

OMT-specific education is not included in entry to practice dental hygiene education, therefore it is incumbent upon the dental hygienist to pursue appropriate education and competence, as determined by CDHM Council<sup>5,6</sup>, before incorporating this practice.

Many OMT courses may be offered to other healthcare professionals, therefore, an RDH must remain aware that possible areas of programming may overlap in scope or fall outside of dental hygiene scope of practice<sup>7</sup> (e.g., diagnostic-level decision-making).

## Requirements

- After reviewing the evidence regarding indications for and effectiveness of OMT, the College of Dental Hygienists of Manitoba (CDHM)<sup>5,6</sup> has determined that with appropriate education, proof of competency, and providing the dental hygiene Process of Care is followed (Assess, Plan, Implement, Evaluate), OMT is within dental hygiene scope of practice and may be incorporated as an adjunct therapy for dental hygiene care.
- A RDH must complete an OMT program from a CDHM<sup>5,6</sup> approved provider before implementing OMT services into clinical practice. The program certificate/notice of completion must be retained and submitted to the CDHM on request.
- CDHM currently recognizes the following educational providers<sup>4</sup>:
  - [International Association of Orofacial Myology \(includes IAOM-approved providers for minimum 28-hour OMT courses\)](#)
  - [Academy of Orofacial Myofunctional Therapy \(AOMT\)](#)
  - [MyoMentor](#)
  - [The Coulson Institute for Orofacial Myology](#)
  - [Neo Health Services](#)
  - [RDHU - Myofunctional Therapy](#)
- After initial OMT education, an RDH providing these services will maintain continuing competency in OMT.
- A RDH with appropriate education may provide OMT and is required to uphold the legislative requirements set out in the Dental Hygienists Act and Regulations, Standards of Practice, and Code of Ethics.<sup>5,6,8-10</sup>
- A RDH **may not diagnose** a disorder or dysfunction of the orofacial complex.<sup>5,6</sup>
- A RDH **may not provide** any part of OMT past the oral cavity proper in the oropharyngeal region.<sup>5,6</sup>
- A RDH is responsible for ensuring interdisciplinary care by collaborating with a dentist, and other appropriate healthcare provider(s)<sup>8</sup>
- A RDH will refer when OMT care required is out of dental hygiene scope of practice or when deemed appropriate.<sup>8</sup>

## Applicable Legislation – CDHM Comptencies<sup>8</sup>

### Assessment:

The dental hygienist assesses:

4. health history
12. client behavioural factors
14. oral health history
17. extraoral head and neck region
18. temporomandibular joint
19. intraoral soft tissues other than the periodontium
32. occlusion
33. parafunctional habits (e.g., tongue thrusting, bruxism, grinding, thumb sucking, mouth breathing, etc.)
39. effect of personal manipulations of oral structures on oral health

- 42. effect of orthodontic therapy on oral health
- 54. need for consultation and referrals within the health care delivery system

**Planning:**

The dental hygienist:

- 6. selects evidence-based clinical intervention options based on the assessment data.
- 19. selects principles from change theories to facilitate adaptive behaviours (e.g., behaviour modification, social change theory, etc.)

**Implementation:**

The dental hygienist:

- 4. teaches the client and/or agent oral care techniques and strategies
- 12. provides information regarding the pathophysiology of oral conditions
- 15. provides information regarding histology and embryology of oral and dental structures
- 16. provides information regarding anatomy and physiology of oral and dental structures
- 21. uses knowledge of general science throughout the dental hygiene process of care
- 54. acts as a client advocate

**Evaluation:**

The dental hygienist:

- 2. uses measurable criteria in the evaluation of client outcomes
- 4. evaluates oral biological and physiological outcomes of interventions
- 5. evaluates the client's behavioural responses to interventions
- 11. evaluates the need for further consultation and referrals within the health care delivery system

\*This interpretation guideline reflects current evidence and is subject to periodic review and revisions with on-going research and consultation.

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