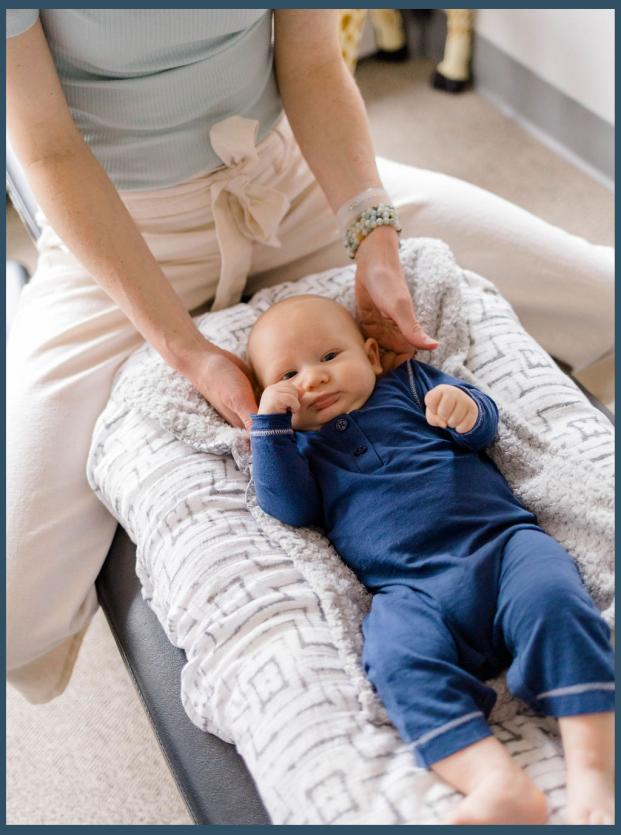
Tongue UnTIEd

WELL SPINE FAMILY CHIROPRACTIC



WELLSPINE
family chiropractic

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A Quick Overview Before We Dive In

The term Tongue Tie (also known as ankyloglossia) can be a bit deceiving. A tie doesn't necessarily have to be a tongue tie and often, it's not just a tongue. There are lip and buccal (cheek) ties as well.

There can be one tie, two ties, three...
one-sided ties or bilateral ties...
but all of them mean that the mouth isn't fully free.

To make it even more fun, many professionals differ on whether or not they need to be released.
Sound a bit overwhelming?
It commonly is and that's why we wanted to make this Guide. You are NOT alone if you are trying to navigate the ins and outs of (what seems like endless) appointments and Google searches!

What is a Tongue Tie?

The mouth contains numerous frena. The appearance of tissue in the lips, cheeks, and under the tongue is normal. What makes a frenum a "tie" is when the tissue is too tight, resulting in limitations to normal range of motion. This can affect infant feeding, transitions to solid food, speech, and even proper breathing and sleep.

-Dr. Belinda Campbell

How does an oral tie have anything to do with tension in the rest of the body?

Well, we're just so glad you asked! ***It isn't uncommon to see a tot with a tie bunching up their fists, their torsos curled up into a C-shape, a head tilt/ turning preference, showing discomfort during tummy time because extending their neck is uncomfortable or presenting with many other potential patterns.*** These, my friends, are due to the fact that everything. is. connected...

Think of the body like an orange. You have the orange pieces (muscles, organs, etc.) and then you have the white parts that hold all of the pieces together (fascia). The body is obviously much more complex than an orange, but the analogy is often helpful. The white part of an orange holds everything together in one cohesive bundle much like fascia holds together the muscles, organs, and other tissues of the body. Like analogies? Here's another. Imagine pulling on your shirt. Does it affect the positioning of the rest of the shirt (shirt=fascia)? You bet it does! Similarly, you can't have tension in one area of the body without it affecting other areas as well. ***We often find restriction in the neck with TOTs (Tethered Oral Tissues) kiddos and even full-body tension patterns that are associated with these little "ties."***

Common Body Concerns With TOTs

C-shaped torsos

Head tilt/
turning preference

Clenched fists

Why Body Work is SO IMPORTANT With Oral Ties:

If a little has tension that is restricting their ability to freely use a portion of their body (think neck or arm) or even an entire side of their body evenly, this can cause asymmetrical (uneven) sensory input. If we are consistently looking, say to the left and rarely the right, this can create a difference in strength, motor control, and sensory input from side to side which could lead to a preference in rolling to one side, crawling unequally, or decrease the ability to easily cross the center of their body with one side (all VERY important for development). This is quite the snowball, but ***our goal is to make sure that these tension patterns are found and corrected so that development can be as smooth as possible!*** This can be extremely helpful both pre and post-release or in place of (if decided between parent and provider).

How Oral Ties Affect the Palate:

Here is one of our favorite topics! Our palate is INCREDIBLY affected by the ability of our tongue to reach the roof of the mouth. ***Our tongue should naturally rest at the roof of our mouth while we breathe through our nose.***

It's not uncommon for a kiddo with an oral restriction to sleep or breathe with their mouth open. Breathing through the mouth with the lips hanging open isn't the definition of optimal function. Our little nostrils are designed to be the portals for breathing, filtering out particulate, warming and humidifying the air we take in, and creating nitric oxide which helps to improve oxygen circulation through the entire body. Pretty important stuff!

The tongue suctioning to the roof of the mouth helps to shape the palate and causes it to widen into a nice U-shape. Why is having a nicely U-shaped palate (versus a high V-shape) important? Fun fact, the hard palate is the base of your maxillary sinus. If that puppy is high and arched, it can affect the sinuses, airway, and even facial structure and shape! Mind blown.

We work on the muscles that attach from the jaw/neck to the tongue which, when tense, can contribute to a decreased range of motion.

The Chiro Side

Diagnosing:

When it comes to diagnosing and working with ties, parents quickly find that it truly can take a village. ***We, as Chiros, will commonly see mommas for their postpartum visit or babies for their first-ever Chiropractic visit (one of our favorites) and determine that there's more to be looked into.*** Very commonly, it's a bodyworker or lactation consultant that first identifies the potential problem and then refers out for further evaluation, bodywork, diagnosis, etc... ***To make things clear, we DO NOT diagnose a tongue tie***, but we do work a bit with the musculoskeletal system and refer out when necessary. Dr. Campbell will address how a diagnosis is reached a little later on.

Initial Exam:

At the initial exam, we ask about the birth history, position in utero, how feeding is going, and a whole other myriad of questions to determine patterns that we might need to check into. ***From there, we do a FULL BODY assessment, including checking for potential oral restrictions.*** Our role is to screen for the need to refer out for further evaluation as well as to determine any areas of tension that might be contributing to or due to oral restrictions.

Adjusting Babies?!

Are there any concerns for adjusting babies?! If you've had the pleasure of seeing a proper pediatric adjustment, you've likely witnessed one of the most adorable things you ever did see. Littles will commonly sleep through their adjustment, wiggle a little, or smile. If your little is a bit bigger and motoring around on their own, we will very commonly work on them while they play and move around! We always joke that if we're doing our jobs correctly, it looks like we're doing nothing at all. Our goal is to relieve tension within their little bodies through gentle pressures. To do this, we are using the same pressure that you would use to test if an avocado is ripe. As an added bonus, though never guaranteed, pediatric adjustments can be so relaxing that it's not uncommon for littles to leave the office and have a large bowel movement or take a long nap!

Treatment:

When warranted, we perform GENTLE adjustments and bodywork to release any areas of tension. Click -HERE- for a quick look at what a typical visit with a little look like! What sets us apart from other offices is not only our level of pediatric training but also the time spent with patients. We walk parents through each and every step of our treatment, explaining what we are doing and why it should help. Parents should expect their first appointment to be around 45 minutes and follow-ups to be around 15-30 minutes. However, your visit doesn't end there. We will typically send parents home with stretches, massage techniques, or activities to do in hopes of speeding up the process and seeing results sooner. If you're curious as to what these can look like, check out these two links that we frequently recommend for at-home care:

A Couple Common Activities:

- Guppy Pose
- Baby Massage

How Often Will They Need to be Seen?

When it comes to treatment for ***pre/post-release care***, we will typically see a little ***2-4 visits pre-release*** (depending on the accompanying tension patterns) and then again within ***2-5 days post*** for a quick assessment and bodywork. This is to help ensure a successful release. Each plan will be different depending on the tension patterns within the body, how well parents do with the homework and how little one responds to the release itself!

If the parents and providers decide that they would like to try bodywork ***before considering a release***, we will typically see a little ***2-4 visits*** (again, depending on individual tension patterns) to try to reduce any body tension that may be contributing to feeding concerns, colic, head turn preference, mouth breathing, etc...

General Treatment Timeline For Releases

Diane Michel- Nourish Lactation IBCLC

What causes a tongue tie? Is there anything you can do to prevent it?

This is a question I'm asked all the time! During fetal development, the tissue under the tongue is supposed to go away or "resorb" as part of a preprogrammed cell death called apoptosis. ***When the cells under the tongue don't die off appropriately, there is a remnant of tissue that might be too short, tight, or attached incorrectly to other parts of the mouth.*** In a similar process, fetal fingers and toes are connected by webbing during fetal development but the cells between fingers and toes die off so that our fingers and toes are all separate. Tongue tie does run in families. There are different theories about prevention but nothing proven, including having excellent nutrition during pregnancy. I do discuss the nutritional aspect with families in prenatal consults. ***It's also really important to emphasize that there is so much we don't have control over regarding whether a baby has a tongue tie and it's crucial for women not to blame themselves.***

How do most parents end up finding you?

Most of the time parents find me when they need help with a specific issue, especially around the nipple and/or breast pain, milk supply, slow baby weight gain, help with positioning/latching, and frustration with ongoing triple feeding (breastfeed/pump/bottle feed). Sometimes parents specifically want an assessment of a baby's tongue, lips, and/or cheeks. Sometimes parents know they will be getting a release of the baby's tongue tie and want to see me first to get a program in place of oral exercises, milk supply support, and a feeding plan that progresses after the release.

Why can oral ties cause gassiness, spit up and colic?

Tethered oral tissues can often interfere with babies using their mouth properly and sealing their mouth well at the breast, resulting in them swallowing air when they feed (often at breast and bottle). This is not the only reason for the baby's gassiness, spit-up, and colic though.

What does a typical intake look like? What are you assessing?

The specifics vary depending on exactly what issues a family is coming to see me about. But generally, I'm *assessing mom issues* (asking her about her health, pregnancy, labor, birth, and how she's feeling), *baby issues* (asking about baby's health, weighing baby, and examining baby's body, head, face, mouth, and movement) *and breastfeeding issues* (how mom feels like breastfeeding is going, weighing to see how much baby took at the breast, working with positioning and latch, assessing compensations that mom or baby has to use to feed, and asking mom about breastfeeding issues such as pain and frequency of breastfeeding, pumping, and bottle feeding). There's more to the consult but those are the general ideas.

Do all ties need to be released and what else can parents do instead or first?

If a tie presents a functional impairment, it's worth it to consider a release. But there are parents I work with who don't want to release. We can see how far we can get with a combination of *working with milk supply, positioning and latch, exercises that I provide, and body work including chiropractic work.*

Why did the doctor or ENT tell me there wasn't a problem?

This situation, where one or more providers have weighed in on the issue with different conclusions, comes up so often around tethered oral tissues. I really feel for parents who are getting different information from me versus the doctor or ENT. My best guess is that: first, no one did a thorough and lengthy assessment, which involves more than just seeing how far a baby can stick out their tongue; second, the provider was not well versed in tethered oral tissues and may not know all the ways that these present themselves; third, the provider might not have continuing education to understand the evolving understanding of the effect of tethered oral tissues. For doctors, in particular, there is so much for them to know about so many conditions, it's impossible to know it all. ***That's why specialists like lactation consultants exist -- specialists have very specific knowledge about narrow content areas.*** By the way, physicians have had very little, if any, training in lactation.

Why did one lactation consultant tell me there wasn't a problem, but another one says there is?

It's important to know the training, experience, and certification the lactation consultant has. Check to see if they are an IBCLC (International Board-Certified Lactation Consultant) and ask how much experience they have working with babies with tethered oral tissues.

Should parents see you before AND after a release?

It's definitely my preference to see families before and after a release. Before: I will do a baseline assessment of function and begin families with exercises to start to improve function. We often work on the latch and positioning, including compensatory positioning to help babies feed when they are waiting on a release, sometimes milk supply issues, and often we create a feeding plan, which may include breast, bottle, other types of feeding like finger feeding and pumping.

Do you typically recommend exercises? How do they differ from what a dentist would provide if a release is performed?

I always recommend exercises to help a baby with function so they can relearn how to use their mouths. These are different from the 'exercises' a dentist gives with a release -- those 'exercises' are stretches that dentists give to promote optimal healing of the wound and to prevent reattachment. These stretches are crucial but have a different purpose than functional exercises. If I see a family before a release I will start them with functional exercises right away and continue them after the release.

What if the release doesn't fix the original concern?

In my experience, with appropriate and comprehensive care before and after a release the original concern is often fixed. This doesn't mean it will be quick -- ***it often takes several weeks or longer depending on the age of the baby.*** If issues persist I will refer the baby out to other providers as necessary. As well***, there could be additional issues going on besides the tongue tie***, and when there are other issues then the situation is often more complicated and needs more time and sometimes again other providers.

What advice do you have for parents going through this process?

I'd say that they should not attempt this as a DIY alone -- they need help getting ready both physically and mentally for the procedure, and someone to quarterback the process for them to figure out optimal timing, optimal resources and environment before and after the procedure. It can be overwhelming and scary. ***Finding help that is non-judgemental and that lets parents drive the process is a must.***

What exactly is a release (frenectomy)?

A frenectomy is an oral procedure during which a frenum in the mouth is altered or removed with a laser. A frenum is an attachment between two soft tissues in the mouth, including the cheeks, lips, and gums. It is a simple procedure in which Dr. Campbell uses a CO_2 laser to treat infants and toddlers for lip-tie and tongue-tie. A laser is used for precision, the ability to disinfect the site, as well as keeping the loss of blood to a minimum keeping the surgical field in plain view.

Does the release hurt?

The procedure itself does have some discomfort. We offer a specially compounded ***topical anesthetic*** which can be placed prior to the release.

Can it grow back?

There will always be formation of a new frenum once healing is complete. A revision of the original release would only be recommended if the healing resulted in continued functional issues.

How long does the release take?

The baby is away from their parents for about 3 minutes. During this time, the actual procedure takes about ***15-20 seconds total*** (if that).

Should parents see you after a release?

I like to do a ***post-op check around day 5***. At that time we can review the aftercare, do a deep stretch if any unexpected healing has occurred, and answer any questions. Most babies follow up with their other care providers in the days prior to this post-op visit.

Do you typically recommend exercises post release?

Active wound management (or ***exercises/stretching) are a vital component of proper wound healing after a frenectomy***. We need to help guide the wound to heal in a new, more lengthened position which allows for increases in mobility. These stretches are quick but can be difficult for both the patient and their parent. Most babies recover very quickly after each stretching session which takes seconds to complete.

Cost:

We accept all insurances, except Medicaid. Due to the unpredictability in determining coverage for frenectomies we do collect up front and then bill insurance for the family. Any payment made by insurance is then refunded to the parents.

What advice do you have for parents going through this process?

Take a deep breath, we are all here to support you in your feeding journey. Surround yourself with skilled professionals who have the skill and training to support you through this time.

Pediatric
Speech Language Pathologists
&
Occupational Therapist
Boulder Community Health's Pediatric Rehab

How Ties Can Affect Pre-Speech and Feeding Skills

The infant's tongue begins learning different motor movements from the moment they are born. The tongue needs to be able to elongate, curl, move back and forth and be able to rest against the hard palate. ***These functions are essential for not only transferring milk from the breast and/or bottle but also in preparation for safely eating solid foods and creating speech sounds.*** When infants have tongue, lip, and/or cheek ties, these essential functions are inhibited, increasing the risk of having feeding and speech difficulties later in life. Pediatric therapists (Speech-Language and Occupational Therapists) that specialize in speech and feeding can help children and their families increase tongue movement and oral motor coordination through exercises pre and post frenectomy. Boulder Community Health's pediatric rehab team has trained therapists who are specialized in feeding therapy in infants and children.

How Ties Can Affect Feeding

Children that are tongue, lip, and/or cheek-tied often have feeding issues from infancy, such as trouble nursing or taking a bottle. When transitioning to solid foods, they may choke, gag, or have difficulty swallowing certain textures. In childhood, these eating difficulties can persist and are evidenced by *only* ***eating small amounts of food, slow eating, packing food in the cheeks like a chipmunk, and pickiness with textures*** (soft, mushy foods and meats are typically the most difficult, but children can struggle with other foods as well). ***Reflux can also be a side effect of TOTs***.

How Ties Can Affect Speech

The tongue is very important in the formation of certain sounds/"phonemes" in speech. To further understand, take the letter "T" as an example. If you say "T" to yourself aloud, you'll feel your tongue brace against your upper teeth, and then move downward to produce the sound. *You can form this phoneme easily because your tongue has a complete range of motion and is not affected by ankyloglossia.*

However, if your child has a tongue tie, their ability to move their tongue and properly make these sounds may be impaired. A few of the common sounds that children with ankyloglossia struggle with include:

/t/ /d/ /z/ /s/ /'th'/ /r/ /l/

These sounds all require the tongue's full range of motion. ***If your child has a tongue tie, they may still be able to approximate these sounds, but they may sound "slushy." Not all children with tongue ties have these issues with speech.*** However, if it sounds like your child may be developing a speech impediment, it is important to have a speech-language evaluation. Additionally, children with tongue ties, are more susceptible to a language delay due to the increased difficulty of creating speech sounds. Sometimes these speech difficulties are so severe that the child will become so frustrated that they stop trying to speak. Boulder Community Health's pediatric rehab team is a great resource for a speech-language consultation.

Whew, that was a lot!

We understand that having a newborn and finding a routine can be stressful enough, but when complications with feeding pop up, many parents find the research, appointments, and conflicting opinions to be a bit overwhelming. We hope this guide and information from professionals who work with this, every day, helps you in your journey. If you have ANY questions, please feel free to reach out and schedule an appointment!

That's all folks!

xo,
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