



Patient compliance made easy by bringing a traditional technique to modern times



By Kelly Baker, RDH, OMT

The constant demands of children living in our modern society are multifactorial and ever-changing. Children are often regimented from the time they wake up in the morning until the time they go to bed in the evening. The requirements of their scholastic careers continue to grow and the days of recreational sports are rapidly vanishing. The family structure has been virtually eliminated due to these dynamics; we are seeing less parent participation in the management of everyday tasks.

We are also seeing close to 100 per cent of children around the globe presenting with some form of malocclusion^{1,2,3} and the modernisation of our lifestyles has played a significant role in the increasing prevalence. Children are under chronic stress to perform and have implemented diets of convenience as well as unbalanced nutrition as a result. The answer of the old traditional orthodontic approach is not the solution to an epidemic of chronic disease. Well-documented research has shown that braces can cause enamel and root damage, while also causing relapse in 80% or more of cases.⁴ Time honoured orthodontic treatment does not address the underlying causes of malocclusion and further facilitates the aforementioned side effects.

In order to address malocclusion, we need to treat the causes and deliver a solution geared towards the modern child.

Oral Myofunctional Therapy is a technique that has been practised for over 100 years. It is very successful at addressing the underlying issues which create not only malocclusion, but poor growth and health. Research shows that Oral Myofunctional Therapy is effective at reducing Obstructive Sleep Apnoea in paediatric patients by 62%.⁵

Globally, practitioners agree the main struggle with the approach of Oral Myofunctional Therapy is compliance.⁶ Historically, treatment was delivered by a Dentist, Speech Language Pathologist or Dental Hygienist/Dental Therapist. By providing a service that requires one team member to work with a child one-on-one, often for 45 minutes or longer per session, on a weekly basis for months, leads to more frustration than success.

In a world driven by technological advances, Myofunctional Research Company has developed a modern system which honours Oral Myofunctional Therapy principles. Additionally, the system is complimented by an amalgamated approach to addressing myofunctional problems which affect children and guides them through Myobrace treatment.



Figure 1. The Myobrace System involves the use of intra-oral appliances designed to correct poor myofunctional habits. Innovative features include the Frankel Cage as pictured above.

A modern solution to a traditional approach

The Myobrace System provides educational tools which utilise digital platforms to assist children in understanding their treatment. A Consultation App has been developed to begin a child’s journey through treatment and facilitate patient education. Understanding the fundamental goals of The Myobrace System is crucial to achieving successful treatment outcomes. Goals include breathing through the nose regularly, maintaining the correct tongue resting position, swallowing without movement in the lips or cheeks and keeping the lips together when not eating or speaking. My colleagues and I have observed a significant increase in patient compliance and satisfactory treatment outcomes in children who clearly understand their involvement and associated goals before treatment commences.

As a Health Educator working for Myofunctional Research Company, I work with children every day. Children love visiting our Myobrace Pre-Orthodontic Centre and feel the design is engaging, as well as welcoming. The reception area, waiting room, activities centre and dental surgeries are decorated with colourful graphics and furniture that allow the children to feel as though they are not in an intimidating dental setting.

The children begin and end their appointments in our activities centre. Approximately 80% of Myobrace treatment is delivered by a Health Educator, not the dentist. We work at the child’s eye level to deliver the myofunctional exercises or activities. The Myobrace Activities App is interactive; it provides treatment goals and incentives for the patient that act as a constant positive reinforcement tool. Since introducing the Activities App in 2015, we have seen an increase in patient compliance in our clinics.

The Myobrace System is a collaborative approach to treatment. The team must be capable of utilising the digital platforms in the clinic to deliver the necessary information and Myofunctional Therapy with confidence. Dr Allison Adams, a dentist and Myobrace Certified Member, openly states “Training my team to understand the Myobrace System was critical to its successful implementation in our office. Because the team understands the need for Myobrace treatment and the associated goals, systems and exercises of the program, they have created a culture in the office that supports the program. The team makes the program work because they are excited about how they can help patients”.



Figure 2. The Myobrace Activities App facilitates patient compliance and is available on most desktop, tablet and mobile devices.

Compliance to the Myobrace System comes from the practitioner delegating the responsible of the system to the team. According to Orthodontist and Myobrace Certified Provider, Dr Barry Raphael, “The Myobrace System, plus the positive reinforcement programs we have implemented here, are really the only way to get compliance in an age where frankly, the kids don’t really care that much about their health. They have to be educated, the parents have to be educated and the Myobrace videos, software and written materials - even the packaging - goes a long way to educating both parents and patients. This, along with my dedicated staff, are a winning combination of not only gaining compliance, but results”.

Implementing Myobrace into your practice

As a Health Educator, provider of the Myobrace System and member of the MRC team who provides support to offices across the US and Canada, I am continually gratified by the results my patients and practitioners are gaining. With the Myobrace System, any practitioner and team have access to support and training tools that will lead to patient compliance and success. My career path has ignited a passion for providing myofunctional therapy without the compliance struggles I faced previously in my private practice, where I was utilising an antiquated system of Oral Myofunctional Therapy. Together, we can continue to address the entire iceberg of malocclusion, not just the tip or symptoms.

Visit myoresearch.com to learn more about the support and training MRC offers or upcoming seminars in your area.

References

1. Bittencourt, M et al. An overview of the prevalence of malocclusion in 6 to 10-year old children in Brazil. *Dental Press J Orthod*. Nov/Dec 2010;15(6).
2. Rebeka, G et al. Prevalence of malocclusion among Latino adolescents. *Am J Orthod Dentofacial Orthop*. Mar 2001;119(3):313-315.
3. Ciuffolo, F et al. Prevalence and distribution by gender of occlusal characteristics in a sample of Italian secondary students: a cross-sectional study. *Eur J Orthod*. Dec 2005;27(6):601-616.
4. Tiro, A. Orthodontic treatment-related risks and complications: part 1 dental complications. *South Eur J Orthod Dentofac Res* September 2017;43-45.
5. Moeller, J. Motivation: The Key to Compliance and Success for Treatment of Myofunctional Disorders. *Academy of Orofacial Myofunctional Therapy*. Mar 2015.
6. Camacho, M et al. Myofunctional Therapy to Treat Obstructive Sleep Apnea: A Systematic Review and Meta-analysis. *Sleep Research Society*. May 2015; 669-675.