

## **Tongue Thrust Therapy Program / A Guide for Parents**

### **What is a tongue thrust?**

Both tongue thrust and reverse swallow are terms, which describe the same act, relating specially to the faulty action of the tongue in swallowing.

In normal swallowing the tongue is pressed against the roof of the mouth (the hard palate) with a sucking action. This squeezes the food backward onto the base of the tongue where the swallowing muscles in the throat take over, squeezing the food down into the passage to the stomach (the esophagus).

In reverse swallowing, the tongue is pressed forward against the back of the upper front teeth or between the upper and lower front teeth, and sometimes between the molars. There may appear to be slight muscle spasms in the face, as the lips and check muscles strongly assist the tongue in the reverse swallowing act. It is difficult to get the food, which is forward in the mouth, onto the back of the tongue where it can be swallowed. Many times individuals with reverse swallowing find it very difficult to swallow pills.

Pressing the tip of the tongue against the back of the upper front teeth causes them to move forward and outward and to spread apart, leaving spaces between them. This is "anterior tongue thrust" where the tongue pushes between the spaces of the teeth. Sometimes this habitual pressure in swallowing is so strong that the tip of the tongue becomes cherry red and even sore.

It is estimated that we swallow once a minute during waking hours and twice a minute during sleep. If the lips did not press back against the teeth, the terrific pressure of the tongue would create even more problems. Ideally, there should be a balance of pressure between the lips and tongue so that the teeth remain stationary. However, since the tongue is stronger than the lips, it must be trained to use less pressure to create the necessary balance.

Pressing the edge of the tongue between the upper and lower front teeth causes what is known as "open bite". The back teeth can come together in chewing but the front teeth do not meet. The space between them increases

with the duration of the tongue thrust. In this instance as in the anterior thrust, the child may find it difficult to close the lips and consequently he/she becomes a mouth breather.

Spreading the tongue sideways between the molars may cause difficulty with the complete eruption of the permanent teeth. If tongue thrust and reverse swallowing are not corrected before the orthodontist begins his/her work, it may later be completely undone, since the constant tongue pressure will move the teeth forward, or separate them, again. Sometimes tongue thrust correction in a young child can prevent a malocclusion so that later on orthodontia is either unnecessary, or will be minimized.

### **How did my child become a reverse swallower? What did I do wrong?**

You have done nothing to cause this and need not blame either yourself or your child. We do not yet know the major causes of tongue thrust or reverse swallowing and further research will be required to reveal them. Be very patient with your child while they are learning to correct this problem. At the same time, make sure that they do their regular practice daily. Learning to change muscle habits is extremely difficult. For example, if you had to learn to write using your non-dominant hand, it would take time and persistence to achieve the desired result. This is comparable to your child's task in learning to replace an old habit of tongue position with a new one.

The tongue is unlike any other muscle of the body because it is attached at only one end while other muscles are attached at both ends. These other muscles are much easier to train for this reason. Having a muscle free at one end makes it much more difficult to adjust to new positions and the tongue position is not so easily sensed. Your child must learn to achieve tongue control for correct swallowing and their efforts will need your praise and encouragement. At his/her regular therapy sessions you will learn just what he/she has to practice before the next lesson and how he/she can, step by step, achieve his/her goal. Your help at home between therapy sessions will be invaluable.

## **How long will it take my child to correct his/her swallowing habit?**

Muscle habits take several months to correct. In the therapy sessions your child will learn the new swallowing pattern. After that he/she has the bigger task of learning to make this pattern habitual and automatic. This may take from six months to a year. During this time he/she will be followed regularly by a therapist.

Just as people vary in manual skills, so do children vary in the time it takes them to form new muscle habits. Concentration, a cheerful approach, and confidence in being able to achieve the new swallow permanently are important attitudes for you and your child to maintain.

## **What about my child's speech problem?**

If your child has an associated speech problem, the lessons on correction of tongue thrust will assist him/her greatly in finding and confirming the correct tongue position for the speech sounds, which he/she needs to correct. As your child learns how to correct the tongue position and control it, he/she will more readily adjust the tongue position for correct speech.

# Orofacial Myology

Neutralizes the forces of the lower face

- ✚ Provides a harmonious environment for the structures to develop
- ✚ Establishes freeway space
- ✚ Improves tonicity

Aids in correcting postural problems related to the lips, tongue, jaw, and respiratory system

- ✚ Takes an unconscious incorrect pattern /posture to a corrected conscious posture and functional pattern- then habituates it  
Establishing a new -corrected neuromuscular pattern
- ✚ Aids in correction of detrimental oral/ facial habits
- ✚ Individualized therapy
- ✚ Corrects resting and swallowing patterns which may be associated with malocclusions
- ✚ Helps correct sleeping positions if deleterious
- ✚ Aids in establishing diaphragmatic breathing

Aids in correcting body and head posture