Let's Talk About ...

Tongue thrust disorder

A tongue thrust occurs when the tongue pushes against or between the teeth while your child is at rest, swallowing, or talking. Speech therapists call this an orofacial myofunctional (or-oh-FAY-shawl my-oh-FUNK-shen-nal) disorder, or OMD. A tongue thrust disorder can cause dental and speech problems and is hard to change without help from a professional.

What causes a tongue thrust disorder?

Speech therapists think a tongue thrust may happen because of:

- Long-term thumb or finger sucking
- Long-term cheek or nail biting
- Long-term tooth clenching or grinding
- Physical or structural lip, tongue, cheek, or jaw differences
- Nerve or development trouble
- A family history of tongue thrust disorder

Most infants push their tongues forward to swallow, but most children swallow normally by 6 years old. If they don't, the tongue pushes against the teeth as the child swallows.

What are the signs of a tongue thrust disorder?

Signs of a tongue thrust disorder may include:

- High palate (roof of the mouth)
- Speech problems
- Tongue resting in the wrong position
- Open lips when resting
- A prolonged sucking habit
- Problems chewing food
- Having or needing orthodontic treatment



How is tongue thrust disorder treated?

Your child can begin treatments with a speech therapist when they are 8 years old. They must stop sucking their fingers before beginning treatment.

The speech therapist will evaluate your child and work with you to set up a treatment plan. Usually, the treatment is 10, 30-minute sessions, scheduled every week or every other week. After that, your child will have two 30-minute follow-up sessions in the next 3-4 months.

Your child will learn:

- The proper mouth resting position
- How to swallow saliva, liquids, and solid foods correctly

The speech therapist will also give your child activities and exercises each week to complete at home. To make sure your child's treatments are successful, help them do the exercises consistently at home.

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