EDITOR'S CORNER

The underlying theme of this issue is the critical need for research to extend the literature base for orofacial myofunctional disorders (OMD). Mason and Role specifically suggest epidemiological research is needed that identifies the morphologic variables that may be associated with tongue thrust; the impact orofacial myofunctional therapy has on the vertical relationship of the dentition and the time needed for treatment success; and, utilizing oral diadochokinetic rate to compare individuals with various OMD. They challenge the orofacial myofunctional community asking if they are ready to participate.

Green in her article also challenges orofacial myologists to not only document their success in treating concomitant habits, but also to provide that information in a format that may be shared with the orofacial myofunctional community at large. She indicates that there is a need for data: on the incidence and prevalence of concomitant habits; the rate of success in treatment using a positive reinforcement approach; the impact family support has on successful outcomes; and the identification of additional variables that may have an impact.

Three studies in this issue that do extend the research base for orofacial myofunctional disorders. Rahal, Schmidt, and Goffi-Gomez share their research results of assessing differences in masseter activity in patients with peripheral facial paralysis. Tamura, Fukui, Kikutani, Machida, Yoshida, Yoneyama, and Hamura report a comparative analysis of lip-closing function in the elderly with a younger population. They also indicate the need to expand their results through a cross-sectional analysis to identify the possible variance in lip pressure for children and for individuals in their 40's and 50's. Cattoni, Fernandes, DiFrancesco, and Latorre share their results of a quantitative anthropmetric analysis on the morphologic features, and differences for mouth breathing and non-mouth breathing children between the ages of 7-0 and 11-11years of age.

However in addition to extending the literature base, these three studies also provide helpful information on instrumentation that may be used by orofacial myologists in conducting research. Rahal et al describe the use of electromyographic evaluation using bipolar surface electrodes. Tamura et al provide information on using a waterproof strain guage type of pressure sensor embedded in an acrylic plate for data collection on soft tissue. Cattoni et al used the Starrett Series 727 electronic digital sliding caliper to collect anthropometric orofacial measurements on specific anatomic landmarks. They indicate the need for replication studies including individuals with a various orofacial myofunctional disorders to identify similarities and differences in antropometric data when specific OMD are present.

In addition to the information on orofacial myology provided, the orofacial myologist interested in conducting research should find a wealth of information and ideas in this issue of IJOM. There are a variety of resources available to individuals who wish to engage in endeavors that contribute to the literature for OMD. Contact information is provided for each lead author in this issue. The International Association of Orofacial Myology is a resource for information.

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