INTERNATIONAL ASSOCIATION OF OROFACIAL MYOLOGY HISTORY: ORIGIN ~ BACKGROUND ~ CONTRIBUTORS

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ABSTRACT

These milestones of the history of the International Association of Orofacial Myology (IAOM), its founders and many of the major contributors are presented in this article. Personal reflections are provided by individuals who were instrumental in the formation of IAOM.

INTRODUCTION

We are all curious about our beginnings. We ask about family history, the history of our respective communities, and as an International Association of Orofacial Myology (IAOM) Certified Orofacial Myologist, I have contemplated a similar question with regard to the origins and evolution of my discipline. I, therefore, set out to discover who first posed the questions that led to our field of study, and subsequently, to the practice of orofacial myology. Quite frankly I wondered who we should be thanking for turning on that first proverbial light bulb, and further, paved the way to our professional organization known as the International Association of Orofacial Myology. The inception and history of our profession is carefully documented in Dr. Marvin Hanson and Dr. Robert Mason's book entitled Orofacial Myology International Perspectives (2003). I strongly suggest that you read this comprehensive work. Marge Snow also has a rendition displayed on the IAOM website for perusal. My attempt here is to give a condensed overview and include the personal perspectives of our history through the eyes of the individuals who lived it.

OUR JOURNEY BEGINS

Our journey began in the early twentieth century when Edward H. Angle, an orthodontist, owner of the Angle School of Orthodontia operating orthodontic schools in St. Louis, Missouri; New London, Connecticut; and Pasadena, California. (Historical note: the old, outdated term ***orthodontia*** has been replaced by ***orthodontics,*** the modern name for the discipline preferred by orthodontists).

Angle was known as the first dental specialist and trained many of the pioneer American Orthodontists. When looking at orofacial myology history, it is clear that the 'Father of Orthodontics' Edward H. Angle provided the foundation for the teachings of IAOM clinicians. Angle published Malocclusion of the Teeth in 1907, in which he recognized that the tongue's resting position could possibly be an orthodontic obstacle. He also believed that the etiology of the compromised resting posture was due to mouth breathing and further noted that a Class II Division I malocclusion was always accompanied by mouth breathing. His concerns also focused on any form of nasal obstruction.

Angle made many other astute observations about orofacial myofunctional disorders (OMD's) and their treatment. He contended that: the rest posture of the tongue and lips and nasal breathing are of paramount importance in a therapy regime; varied and vicious habits of the lips and tongue are often observed in orthodontic patients; such habits are powerful and persistent and can cause and maintain a malocclusion; habits are difficult to overcome; and achieving success in treatment is hopeless unless such habits are overcome (Angle, 1907).

1918

Alfred R. Rogers, an orthodontist, recommended an alteration of orofacial muscles with exercises to develop tonicity and proper muscle function. He felt muscle function influences proper occlusion. He was the first to contend that an 'imbalance' of facial

muscles resulted in malocclusion (1918b). He developed a series of exercises for each facial muscle and proposed the concept of muscles as living orthodontic appliances (1918a).

Benno E. Lischer authored two texts on orthodontics: Elements of Orthodontia (1909) and Principles and Methods of Orthodontics (1912). He served as president of the St. Louis Dental Society, 1908; the American Society of Orthodontists, 1913; the St. Louis Society of Orthodontists, 1928-29; the American Association of Dental Editors, 1941; and the American Association of Dental Schools, 1942. Internationally known and respected as an orthodontist, educator and writer, Benno E. Lischer was the recipient of the highest award of the American Association of Orthodontists, the 1951 Albert H. Ketcham Memorial Award. Dr. Lischer is said to have read Alfred E. Rogers 1918 publications and then converted to Rogers' thinking. Later he is credited as being the first to call Rogers' exercise series 'myofunctional therapy' (Rix, 1948).

1920 - 1951

R. Truesdell and F.B. Truesdell presented a paper to the Angle Society of Orthodontics (1924) in which they proposed that dental deformities were generally due to forces that occur during the act of swallowing.

R.E. Rix published a series of papers on deglutition. He suggested that a high narrow palatal arch and protrusive upper incisors resulted in a teeth apart swallow (Rix, 1948).

C.F. Ballard, wrote a number of articles about orofacial musculature. He believed one could not change oral postures with therapy. Instead, a change in habitual posture would result from inherent physiological necessity (Ballard, 1960).

R. H.W. Strang (1949) contended that muscle forces are inherent and cannot be changed by any means of treatment.

A.G. Brodie presented the philosophy that heredity was the primary cause of malocclusions and growth and orthodontic treatment would take care of the occlusal problem while using orthodontic lingual spurs. However, he also suggested the use of a rubber band (elastic) on the tip of the tongue being held on the alveolar ridge for a period of time (Brodie, 1950; 1953).

C.L. Whitman (1951) took the concept of the rubber band and changed it to holding a Life Saver ™ mint on the posterior portion of the tongue. He claimed that by holding a Life Saver ™ on the tongue the bite would close and the lisp would disappear.

SHEDDING NEW LIGHT

1952 - 1958

E.T. Klein shed new light on orofacial myofunctional disorders. He presented a thought provoking and bold paper at the Rocky Mountain Society of Orthodontics in 1951. He discussed how muscle and bone interactions involve abnormal pressures. Klein contended that since changes take place in living bone, intentional or not, one cannot deny that abnormal pressure- habits become an etiological factor in the development of malocclusions (Klein, 1952).

E. Gwynne-Evans was the first to suggest abnormal facial muscular behaviors needed to be addressed. It was said that some orthodontic treatment cannot influence the form of the bony structure. Gwynne-Evans stressed the need to assist the process of muscle maturation by inhibiting infantile behaviors, thus allowing normal growth and development to continue unimpeded (Gwynne-Evans, 1951)

W. J. Tulley was the first to conduct research on OMD's using electromyography (EMG) and cinefluorography. He is regarded as the most positive thinking individual at the time regarding myofunctional therapy (Hanson & Mason, 2003). Tulley's EMG studies revealed that when adults swallow with teeth apart, an associated malocclusion is usually found. He concluded that normal swallowing should be accompanied by molar contacts (Tulley, 1956).

G.M. Ardran and F.H. Kemp conducted several lateral radiographic studies to document some of the characteristics of deglutition in infants, children and adults (Ardran & Kemp, 1955, 1955, 1958).

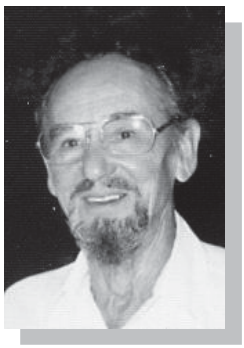
With any progressive concept there will be different views and philosophies, some positive, some negative, leading to controversy and growing pains.
That is the nature of progression.

Walter J. Straub, a California orthodontist, has been labeled by Hanson and Mason (2003) as the "Paul Revere of deglutition." He began his 'ride' in 1951 lecturing about the malfunctions of the tongue. In 1958 he did extensive lecturing to orthodontists not only in the United States, but also abroad, peaking interest internationally. He brought to the forefront an awareness and interest in tongue thrust, or what he referred to as "perverted swallowing" (Straub, 1951). At first, the papers he presented to fellow orthodontists were not accepted due to the fact no therapeutic technique was included. He was so passionate in his beliefs, however, that he hired speech pathologists to work in his office and treat patients with the swallow problem. He documented over 500 patients through photographs, made a movie on swallowing, and also outlined a therapeutic regime. He provided needed exposure to a problem known previously only as deglutition and then referred to as tongue thrust; advancing the concept to the point of influencing those professionals who were previous skeptics. Walter J. Straub began to provide training in the form of courses at his office enrolling interested dentists and speech therapists who wanted to learn about "perverted swallowing" (Straub, 1960, 1961, 1962).

THE SPARK BEGINS - THE FOUNDING FATHERS OF THE IAOM: BARRETT, ZICKEFOOSE, HANSON, PEACHEY

In 1957 several speech pathologists were motivated to study under Walter J. Straub. Two of these speech pathologists were Richard H. Barrett and William E. Zickefoose. Both later became founding fathers and dedicated members of what would eventually become the International Association of Orofacial Myology.

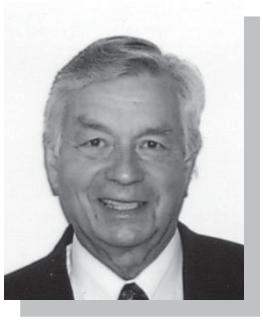
Richard H. (Dick) Barrett, MEd, COM, was among the first speech pathologists to enroll in Straub's course. Upon completion of the course, Barrett redirected his thinking from speech production to muscle function.



Founding Father Dick Barrett's Perspective: *"Walter J. Straub supplied me with an entirely new direction, a different form of reference… I began to think in terms of muscle function, not speech production, despite the fact that Straub's therapy was based almost entirely on articulation drill. My effort for a time was trial and error… I was open to all suggestions. I began to dig into dentistry, borrowing books, asking questions, watching over shoulders as the local dentists worked*" (Hanson & Mason, 2003, pp.. 25-26).

Richard H. Barrett worked with small groups of clinicians by inviting them to his office for a week of course work where they learned his therapeutic techniques. A few of these students, Daniel Garliner, Marvin L. Hanson, and William E. Zickefoose, who later became colleagues, rose to be highly recognized in the field of orofacial myology. Richard H. Barrett's philosophy was: "I wanted every speech therapist in the world to share in my newfound knowledge" (Hanson & Mason, 2003, p. 26).

Dick Barrett is remembered and admired not only as one of our founding fathers, but also for training hundreds of clinicians and incorporating his enthusiasm and love for his craft into his unique therapeutic technique. He devoted his heart and expertise to the IAOM. In 1974 Richard H. Barrett became an IAOM Honorary Life Member, served as IAOM President from 1977-1979, and in 1980 received the President's Award for outstanding dedication and service to the IAOM.
To honor Dick for all his contributions, a Richard H. Barrett Award was established. The award is presented for contributions in orofacial myology research. In 1988 Barrett and Hanson published Fundamentals of Orofacial Myology. Richard H. Barrett, MEd. COM was one of the inspirational founding fathers of the IAOM, dedicated, respected and missed.



Founding Father Bill Zickefoose's Perspective: "*One of the last ASHA meetings I attended was in the late 50's where I met an old friend who asked me what I was doing now. I told him I was working with tongue thrust to which my friend replied, 'Oh, you are one of the bad guys.' That took me back and made me more determined to prove the efficacy of myofunctional therapy.*

Walter Straub and I had not only become colleagues but close friends. When Walter told me he was retiring to Reno he said, 'Bill, it is now up to you.' Walter's wife called to inform me that Walter had died. It devastated me for I had lost a good friend and there was still so much to do. There was so much adversity concerning 'Myo Functional Therapy' at the time and so many doubted Walter because of it. That is when my determination increased exponentially. I wanted to prove to Walter his work was not in vain. Walter died before I could prove they were wrong.

An organization does not start on one particular day, but takes months and often years in the planning. What would become the future International Association of Orofacial Myology had its seed in the late 1960's when Walter Straub and I first tried to organize a group of like minds to come together to discuss what was then called 'tongue thrust therapy.' We brought a group together for a few meetings, but it ended there. Frustrated with the need to communicate with others, I again tried to start a dialogue with others. I contacted my friend, Marv Hanson, who suggested that I approach Dick Barrett on the subject. Dick told me that it was a good idea, but I would never get an organization off the ground. Undaunted, I continued to try. Barbara Moore, a therapist who worked for me along with my secretary, and my father in-law, a publisher who helped me write the first pamphlet on myofunctional disorders, worked diligently in 1971 to bring a meeting together.

The American Speech and Hearing Association would be holding their annual convention in San Francisco in 1972. Since most of those remediating tongue thrust at the time were speech therapists, I thought it would be a perfect solution to have a group meet at the same time. My staff set up the meeting at a Chinese restaurant on Grant Street in Chinatown, one that would allow us to have our meeting there. I invited Dick Barrett, Marv Hanson, Galen Peachey (my first trainee), Barbara Moore (my staff member), Fern Canady (who trained with me in 1968-69) a couple of dentists, dental hygienists and speech pathologists" (Zickefoose, 2011).

William E. (Bill) Zickefoose, BA, COM was a speech pathologist with the Elks Special Project working with brain injured children. A local orthodontist contacted Bill and asked him to come and work with his patients who were tongue thrusting. Bill was unfamiliar with the tongue thrust concept, but Dr. Oviedo told Bill that he had Walter Straub's seven therapeutic lessons and he would teach him. From there Bill went on to study with Richard H. Barrett and Dr. Walter Straub himself. Before long Bill Zickefoose was giving courses with Dr. Straub and they soon extended Dr. Straub's original seven lessons to twenty-one. In 1957 Bill Zickefoose was working exclusively with myofunctional patients in Sacramento, California. At that time there were no other therapists with whom he could share his concerns. Bill soon felt the need for communication with other therapists in this developing field (Zickefoose, 2011).
Richard H. Barrett, Marvin L. Hanson, Galen E. Peachey and William E. Zickefoose, later to be recognized as our 'founding fathers', met at the Imperial Palace Hotel in San Francisco for the first annual 'American Association of Oral Myo Therapists' meeting. It was at the second meeting when Marvin Hanson suggested the name, 'The International Association of Oral Myofunctional Therapy'. Years later Marv Hanson and Robert Mason would become instrumental in changing the name to 'International Association of Orofacial Myology'.

Bill Zickefoose recalled that "Dick Barrett, Marvin Hanson and Galen Peachey decided that I should be president. That was okay, but I was glad to hand the gavel over when the time came. Never did like that sort of thing. I served as the first president of the IAOM and served from 1972 to 1974. I recall we were a very interesting group during the infancy of the organization and being that we were a small group; we all knew each other well. It was like a family to me and it was fun. Galen Peachey was always a spark at our meetings. One time after a very depressing presentation, Galen stood up and said, '**Well, that was an upper**!' The whole place burst into laughter" (Zickefoose, 2011).

Bill Zickefoose continued: "There are two meetings that are fondly remembered. The first one was in Tucson. We went to Dick Barrett's home. Another was at the Salt Lake City convention in 1978. Joe Zimmerman, Galen Peachey, Tom Robertson, my wife Julie and I congregated in Joe's room. Joe came with the beginnings of a song he had been working on and asked us to add to it. We wrote verse after verse laughing the entire evening. The words I remember. "For it is OMT, but it is really you and me and things like this convention that -- make us realize that we change deglutition." It was a song that heralded the meaning of the International Association of Oral Myofunctional Therapy, as it was then called. Fond remembrances!" (Zickefoose, 2011)

Bill Zickefoose always encouraged and acknowledged others value and accomplishments: "I would like to also acknowledge the following people who gave their all to the IAOM: Marv Hanson who came up with the name '**The International Association of Oral Myofunctional Therapy'** and was later instrumental in changing the name to '**The International Association of Orofacial Myology'**.

Becky Winchell, president of the IAOM 1981-1983, Honorary life member 1992, she received the President's Award 1979, received the Connie Painter Distinguished Service Award in 1996 and was the heart of the IAOM. Her love of MFT [then called Myofunctional Therapy], ethics, organizational skills, efficiency, and attention to detail kept the IAOM on track for many years. Galen Peachey was the spirit of the IAOM. His sense of humor always gave us a lift. His creativity gave us all many new techniques to help our patients. Joe Zimmerman was a dedicated therapist. Joe was also known for his attention to detail. And we have to remember some stalwart members of the IAOM who have passed on - Roberta Pierce President of the IAOM 1987-1989, received the Honorary Life Member award in 2003, the President's Award in 1987, the Connie Painter and Distinguished Service Award in 2000. Rosie Van Norman who authored Helping the Thumb-Sucking Child (1999). Clara Mae Rydell and Dr. Paul Rydell, all great friends and great therapists. They all helped make the association what it was and is today. Both Dick and Anita Barrett were very gracious people. I recall they had an entire class to their Tucson, Arizona home for dinner one night. Dick was a fantastic therapist and teacher. His patients would do anything for him. He was a great mentor and leader in the IAOM and a very good friend" (Zickefoose, 2011).

In the late 1960's Bill became director of the Academy of Oral Myofunctional Therapy-International originally called Oral Myofunctional Therapy Seminars. Along with his wife and business partner Julie, Bill provided training and internships in this specialty area. He and Julie have trained individuals worldwide and have lectured to dental, dental hygiene, medical and speech professionals educating them to the concepts of myofunctional therapy.

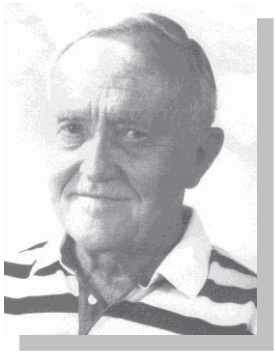
Bill Zickefoose has received many honors including the following; in 1965 honored by the Dental Association in Sacramento, California, in 1981 honored by the Dental Association in Japan and the Japanese Orthodontic Society, and in 1982 honored by the American Academy of Gnathologic Orthopedics (AAGO) for encouraging exploration of new ideas and incorporating adjunct therapies such as, myofunctional therapy. In 1994 Bill was listed in the National Dental Archives in Japan.

In 1994, Bill Zickefoose also served as chairperson for the International Congress on Orofacial Myofunctional Disorders and Corrective Techniques in Mainz, Germany. He chaired at the Academy of Oral Myofunctional Therapy-International meeting and the Honolulu convention in 2000. He was the program chairperson for the 1986 San Diego IAOM convention. He was a member of the IAOM Education Committee, 1989-1990. He was also on Board of Examiners, 1989-1991.

Bill received the IAOM President's Award in 2000 and is an Honorary Lifetime Member of the IAOM. The IAOM Board of Directors in 1987 presented a special award to Bill 'in recognition and appreciation of his unique contributions toward the founding and advancement of the International Association of Orofacial Myology.' In 2007 Bill Zickefoose became an on-staff guest lecturer at Loma Linda University School of Dentistry, Department of Orthodontics. He also is a member of the IAOM ethics committee.

William (Bill) Zickefoose has been labeled as the driving force of the IAOM. His compassion and desire to establish an association and make it happen makes him a significant founding father of the IAOM. He has dedicated his life to teaching others about orofacial myology and making the International Association of Orofacial Myology well- known and respected throughout Japan and the United States, as well as, giving back by participating on many IAOM boards and committees.

Other significant events related to the concept 'tongue thrust' were taking place at the same time Walter J. Straub, Richard H. Barrett and William (Bill) Zickefoose were diligently working, teaching, and advocating treatment of a tongue thrust.



Founding Father Marvin Hanson's Perspective*: "During that first meeting at the Chinese restaurant, Richard Barrett, Bill Zickefoose, and I all expressed our desire to form a professional organization. Personally what I remember was our decision to make it an international organization. We were all aware of contributions to orofacial myology from Europe, South American, and Asia. I was particularly insistent on making us international. And so we were.*

Around 1974 I was giving a short course for ASHA in San Francisco and at the back of the room sat Bob Mason who at that time was very skeptical of myofunctional therapy. He kept raising his hand and asking questions and making contributions. After several remarks, he started walking to the front of the room. I explained I would be happy to talk with him afterwards, which I did. As the years went by I traveled to North Carolina and talked with Bill Proffit and Bob Mason. I arranged to have a dental student come to visit me and do some research together. Bob, with his open-mindedness, soon became allied with us, rather than hostile toward us.

The experience working with a group of professionals to write a new position statement proposal that would update ASHA's attitude toward oral myofunctional disorder therapy was also memorable. Particularly wonderful was experiencing two former skeptics in our area of specialization, Bob Mason and the former editor of the JSH R [Journal of Speech and Hearing Research],, Ralph Shelton. We all stayed up for hours that night forming a very positive statement of our field. Our committee approved it and it was officially accepted by ASHA as its new position paper. Bob Mason, particularly, has done so much for all of us.

In the early years, Bill Zickefoose and I wrote a series of therapy manuals. We met halfway between Sacramento and Salt Lake City and carefully matched behaviors that needed to be altered to procedures for modifying those same behaviors. No one has done more for the field than Bill Zickefoose and his wonderful wife Julie.

One of my main contributions, I feel, was to stress the importance of making the IAOM an international organization, giving credit to people outside our country for all

the advancements they had made and for their interest in improving the effectiveness of therapy, and to make sure we were not another nationally limited ASHA.

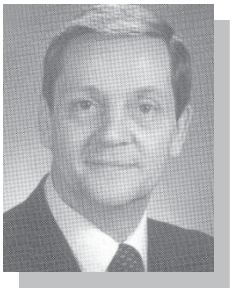
I have taught in various South American countries, Argentina, Brazil, Mexico and also taught in Germany. I was the South American spreader of information on orofacial myology as well as on various other disorder-oriented courses. Bill Zickefoose and Julie, his wife, did the same having taught many courses in Japan, Canada and France. The organization is worldwide now, which was always our goal.

I loved Dick and Anita Barrett. So many learned so much from both of them. While at Idaho State University, a speech division director sent me to Tucson to observe and learn from Dick Barrett. That was a wonderful, memorable experience. Just an example: The phone rings. Nita (Anita) answers, tells Dick, 'Dick, It's Mary Brown'. Dick takes the phone. Mary never gives her name, because she thinks she's Dick's only patient. 'Hi, I didn't suck. (They phone in every day to report.) Dick goes crazy with delight. 'Nita. It's Mary and she didn't suck'. Nita applauds and shouts her congratulations to Mary. Every child he saw reminded me of my University of Utah professor Boyd Sheets' principle in which he stressed: 'When you see a patient, see them first as a distinct, worthwhile human being, second, as a person with a problem, and third, as a person with a particular type of problem you have been trained and experienced to help'. That's what Dick always did" (Hanson, 2011).

Marvin L. Hanson, PhD, COM has been an educator all of his professional life. He taught speech pathology at North Dakota State University, and Idaho State University, and then spent 30 years teaching at the University of Utah. From 1984-1994, Dr. Hanson was Chairman of the Department of Communication Disorders at The University of Utah. Throughout his thirty years of teaching he maintained a ten-hour per week private practice treating OMD's, stuttering problems and voice disorders. Dr. Hanson retired from the University of Utah in 1994. However, the term *retired* will never apply to him, for he continued participating in Operation Smile Missions. During the next fifteen years he completed 21 missions in third world countries all over the world. Also, for the past seventeen years since his retirement, he has provided speech therapy in various settings, including nursing homes, retirement centers, hospitals, home health programs, and community centers. In 2009 at a North Carolina prison, Dr. Hanson provided speech therapy to inmates, providing them a better opportunity for future employment.

Marvin Hanson Ph.D. was IAOM president multiple times, (1975-1977, 1991-1993 and 1993-1995). He received the distinguished President's Award in 1977, Honorary Life Member in 1986, and the Richard H. Barrett Award in 1981. Dr. Hanson has authored and co-authored many articles and texts including Oral Myofunctional Disorders, Fundamentals of Orofacial Myology, co-authored with Dick Barrett in 1988. In 2003 he co-authored with Robert M. Mason, the text Orofacial Myology International Perspectives.

Marvin Hanson's drive, determination, teaching expertise, research, and writing skills are stellar. His work in orofacial myology prior to, during, and after the inception of the IAOM association makes him a notable founding father. Dr. Marvin Hanson and Dr. Robert Mason were also instrumental in the guidance to substantiate orofacial myology in the eyes of ASHA. This was a significant event that had great impact and would professionally validate orofacial myology.



Founding Father Galen Peachey's Perspective: *"I recall the first meeting the IAOM held was in San Francisco in 1972 and there were either 10 or 11 people there. Some present were dentists, some dental hygienists and others were speech path people. I do not remember all the names, but do know that Bill Zickefoose was there and chaired the first meeting. Dick Barrett, Marv Hanson, Barbara Moore and I were there but I cannot remember the names of the others. I do know that Becky Winchell attended the 2nd meeting and later became president of the IAOM from 1981-1983, received the honorary life member award in 1992, the President's award in 1979, the IAOM President's Plaque in 1983 for her outstanding term in office as president, and received the Connie Painter Distinguished Service award in 1996.*

Our initial meeting was to determine if an association should be started. Obviously we all agreed and Bill Zickefoose was elected our first president. I do not remember the other officers. Most of the initial actions taken regarding the formation of the IAOM came from Bill, Marv, and Dick. I do know that I had a lawyer friend who drew up the first by-laws, basically a rough draft that had been modified as we grew.

I do recall that we had a difficult time coming up with a name that was suitable. Some of the terms were oro-facial, oral facial, oro-function, oro-myo function, oral myo function, Association of Tongue Thrust Specialists, to name just a few. We all knew that we were starting something new and there was a palatable camaraderie among those involved in the first meeting.

Many of my memories of the Association are not related to the history, meaningful events that happen when like people get together. My first thought regarding Joe Zimmerman was how gifted he was as a therapist as I did have the privilege of watching him do therapy, professional, innovative, caring, humorous, all with the patient's needs in view. During the IAOM's formative years, Joe's attention to detail was very, very important. Many of the present by-laws were either written or amended by Joe. I also remember that at one meeting Joe played the guitar and sang a song using his "Donald Duck" voice and a variety of other voices and sounds. A gifted man. My joining the IAOM was one of the best moves in my professional career and I am proud to be known as one of the founders" (Peachey, 2011).

Galen L. Peachey MEd, COM is a speech pathologist who was one of Bill Zickefoose's first trainees in tongue thrust therapy. In 1971 Galen started the first full time oral myology practice in Idaho. In 1972 he participated in the first annual 'American Association of Oral Myo Therapists' meeting. Galen's wit and humor were always appreciated. Galen Peachey was president of the IAOM from 1989-1991. He received the distinguished President's Award for displaying outstanding dedication and service to the IAOM in 1981, the Golden Gavel Award in 1991, for demonstrating extraordinary dedication, leadership and significant contributions while president of the IAOM, and awarded the Honorary Life Member from the IAOM in 1996, for his profound influence in the specialty area of orofacial myology and the IAOM. Galen Peachey is known for his tremendous heart and therapeutic vision.

OTHER SIGNIFICANT EARLY CONTRIBUTORS TO THE DISCIPLINE



Joe Zimmerman's Perspective: *ASHA Position Revised. "The proposal for the revised Position Statement was to be presented at the 1990 American Speech-Language and Hearing Association (ASHA) convention in Seattle. The Legislative Council (LC) of ASHA consists of some 150 representatives from throughout the United States. To be sure that all membership concerns are heard, before making decisions on the various issues before the Legislative Council (LC) the council requests that ASHA members wishing to speak "for" or "against" any issue do so at the Membership Forum. Requests for speaking in the Membership Forum have to be submitted in advance. Gayle Snyder, President-Elect of the IAOM, did sign up to speak representing one individual private practitioner. Bob Mason and Marvin Hanson also signed up to speak for the proposed Position Statement as members of the Revision Committee. Needless to say, there was quite an IAOM contingency in attendance at that meeting. A total of nineteen speakers had signed up to speak on all the various legislative issues before them.*

I am proud to say that three of those nineteen speakers were from the IAOM and spoke to support the proposed adoption of the updated Position Statement. ***Not one person signed up to speak in opposition!*** *Gayle Snyder was the eleventh person to speak, but was the first to address the issue of the Position Statement. I truly wish that each member of the IAOM would have had the opportunity to be seated in that audience to hear this gracious lady stand before this Council. With all her confidence, dignity and assurance, Gayle expressed feelings which all of us have felt and expressed for the past fifteen years. Words cannot express the excitement, the emotion and the pride which came over each IAOM member in attendance as Gayle, Bob, and Marv expressed his/her individual viewpoints. I could not withhold my tears of joy. Bob Mason and Marvin Hanson addressed the Council (as members of Ad Hoc Committee on Labial-Lingual Posturing Function) and were the 17th and 18th persons to speak. Marv spoke regarding the negative impact that the original ASHA Position Statement had on the research in this specialty area. He pointed out that whereas the intent of the original Position Statement was to encourage research that the end-result was that it, in fact, did exactly the opposite; it discouraged such research by casting a negative cloud over those who were working in this specialty area.*

Bob Mason stood before the body as an orthodontist and speech pathologist and pointed out that the 1975 ASHA Position Statement has become outdated and was not a positive statement. He elaborated on the process of Committee deliberations. Bob reported that he personally answered every letter which was sent to the Committee after the draft for peer review was published in the November, 1989, ASHA. He further made it clear to the LC that the new Position Statement attempted to clarify the scope of practice by the incorporation of positive statements.

I personally was very impressed with the Legislative Council as each member of that body listened intently to Gayle's, Bob's and Marv's expressed concerns. We do owe these three people an awful lot as they did represent the IAOM very well". Note: The ASHA Position Revised was published in IAOM newsletter Nov.1990 by Dianna & Joe Zimmerman (Zimmerman, 2011).

Joseph B. (Joe) Zimmerman, MEd, CCC-SLP, COM, received his Bachelor's and Master's degree from Western Washington State University in 1964, and 1968, majoring in speech pathology. His private practice from 1969-2003 was exclusively devoted to orofacial myofunctional disorders. He became certified by ASHA in 1973 and certified by the IAOM in 1975. Joe Zimmerman is affiliated with ASHA, Washington Speech and Hearing Association, IAOM, Washington State Orofacial Myology Study Group, and the International Association of Orthotropics.

IAOM members have been appreciating Joe Zimmerman's writing skills for a number of years. He has been an associate editor of the IJOM [*International Journal of Orofacial Myology*] between 1985-1995 and 2000 to the present. He was editor of the International Association of Orofacial Myology Handbook from 1984-1991 and 1995-2001. Joe became assistant editor of the IAOM Newsletter from 1986-1991 and 1999 to the present. He is a member of the IAOM Board of Directors from 1979-1987 and 2001-2003. He also co-authored pamphlets entitled, 'Tongue Thrust - Questions and Answers', 1986, 'Thumb & Finger Sucking Q & A', 1987, 'Mouth breathing & Open-Lips Resting Postures: Q &A', 1997, and several journal articles: 'The Habituation Phase in Myofunctional Therapy', Oct. 1976, IJOM, 'Orofacial Myofunctional Therapy for Bilateral Tongue Posture and Tongue Thrust Associated with Open Bite: A case report', March, 1989, IJOM, 'Motivational Considerations in Orofacial Myofunctional Therapy,' IJOM: 'Special Issue-Orofacial Myology, Current Trends', March, 1988.

He became a member of the Board of Examiners of the IAOM serving from 1980-1988 and IAOM parliamentarian 2001-2003. Joe has sponsored numerous IAOM courses for ASHA. He lectured at the 13th Congress of the International Association of Dentistry for Children in Kyoto, Japan, 1991. He has been program chairperson for the International Congress on Oral Myofunctional Disorders and Corrective Techniques in Mainz, Germany, June 24, 25, 26, 1994 and program chair for IAOM 24th annual convention in Seattle, Washington, 1995.

Joe Zimmerman was president of the IAOM from 1985-1987. He received the President's Award in 1985, the Golden Gavel Award in 1987, became an Honorary Life Member in 2000, and received the Connie Painter distinguished service award in 2005.

Joseph B. Zimmerman is a master clinician in the area of orofacial myology and related speech articulation disorders. He has presented national and international workshops, speeches and seminars. He has produced numerous publications for the IAOM and ASHA.

His thirty-three years of clinical experience in the areas of orofacial myology and articulation therapy and his enthusiasm for the topics bring to practicing clinicians an incredible amount of practical information that directly impacts the management of such problems. Joseph B. Zimmerman is a gifted therapist, motivator, writer, and lecturer. He has directed his passion to elevating the field of orofacial myology with his code of ethics and professionalism.

1960's

Robert Harrington was a speech clinician in California working with tongue thrusting in the late 1950's. He was the first to participate on a panel discussing "Orofacial Muscle Pressure Imbalance Pattern" at the 1960 American Speech and Hearing Association national convention. He claimed that the speech pathologist was the appropriate professional to treat a swallowing problem and that diagnosis and prognosis should come from the dental professional. Robert

Harrington and a colleague, Breinholt, offered three etiological factors for abnormal oral patterns: (1) chronic nasal congestion, with its accompanying disruption of velopharyngeal function; (2) thumb and finger sucking, encouraging improper use of facial musculature; and (3) faulty eating patterns, involving insufficient mastication of a too soft diet or flushing of coarse foods into the gullet with gulps of liquid (Harrington & Breinholt, 1963).

Early 1970's

Research over the past 40 years regarding tongue thrust and swallowing has changed the perspective and shed light on the real problem which is the rest posture of the tongue.

Terminology has changed and the research by Dr. William Proffit and his transducer studies, conducted between 1967 and 1978, have provided most of the background dental science underlying the field of orofacial myology. These studies are summarized in articles and texts by Proffit and colleagues (Proffit, 1978, 1986).

During the early 1970's the concept of 'myofunctional therapy' was spreading. Courses related to 'tongue thrust' were being introduced in the university setting. The first two courses were offered at the University of Detroit Mercy Orthodontic Department, and at the Kalamazoo Valley Community College.

The University of Detroit (U of D) Mercy Orthodontic Department, Detroit, Michigan introduced '**myofunctional therapy'** to orthodontic students, as it was referred to in the early 1960's. **Richard (Dick) Cole, PhD**, a professor with a background in speech pathology, introduced a course on the subject of tongue thrust swallowing or as it was referred to then as 'orofacial muscle imbalance'. The course at U of D was developed because during the early and middle 1960's the concern with tongue thrust swallowing and myofunctional therapy assumed fad proportions. It appeared tongue thrusters were being diagnosed in 'epidemic proportions.' But in the late 60's and early 70's, the pendulum began to swing in the opposite direction (Stevens-Mills, 2011).

This 'pendulum phenomenon' swung from overreaction of total advocacy to the opposite overreaction of total fraudulence. It seemed at that time there were those who found tongue thrusters everywhere and who advocated myofunctional therapy for each and every one of them. There were also those who claimed if tongue thrust did indeed exist, it was of little consequence and should be ignored. As in most such instances, it seemed that the truth must lie somewhere between these two extreme viewpoints.

Educators felt it was time to discuss and evaluate statements and writings to determine if and where myofunctional therapy fit in the realm of orthodontics. The information presented to the orthodontic students at the University of Detroit Dental School came from personal experiences of therapists looking into the mouths of 8,000 to 9,000 children, engaging in myofunctional therapy, and talking at length with several dozen 'experts' in the field of orthodontics, speech pathology, and myofunctional therapy. Information was also accumulated through continuing education courses at national conventions, regional meetings, and study groups in the areas of orthodontics, general dentistry, pediatric dentistry and speech pathology over fourteen years (Cole, 2011).

Different findings, declarations, and research were all presented to and discussed by the orthodontic students at U of D. Dick Cole's premise for the course was, "knowledge: the reason students are at the university. Knowledge leads to quality 'educated' care which is expected by our patients who will be relying upon our professional judgment" (Cole, 2011).

When Dick Cole was ready to retire he looked for someone with knowledge, experience and multidisciplinary training to continue educating his young orthodontic students at the university. Dick had met Christine Stevens (now known as Christine Stevens-Mills) fifteen years earlier at a lecture he was presenting on tongue thrust. A mutual friend and orthodontist brought Christine as his guest to hear Dick Cole speak.

Christine already knew Dick Cole's skeptical philosophy on tongue thrust and wanted to hear him in person. Following the lecture the two were introduced. At that time Dick was a skeptic regarding tongue thrust therapy due to the fact he did not feel tongue thrust therapists were well trained; some therapists were taking only one course then immediately venturing into the private sector as so called 'experts' (Stevens-Mills, 2011).

Christine Stevens, **B.S., SLP, COM**, was and is very passionate about her vocation. In response she defended her field of specialization by proclaiming, "Not every therapist is a one course wonder. There are many professional therapists with extensive education practicing myofunctional therapy. The International Association of Orofacial Myology is devoted to multidisciplinary training, professional interaction, and advancement of orofacial myology through a

professional scope of practice and ethic" (Stevens-Mills, 2011).

Dick was impressed with Christine's knowledge and commitment. They had many more discussions on the subject and his philosophy soon changed. A few years later Dick Cole was actually a guest speaker at an IAOM convention. When Dick finally decided to retire he asked Christine to take over the course on orofacial myology at the University of Detroit Mercy.

The course work today has changed from discussions of evaluating statements and claims to educating the students on:

- Correct terminology
- Etiologies and Symptoms
- Diagnosis and Evaluation
- Related complications
- Therapy approaches
- Qualifications of trained therapists
- Clarification of if and when a therapy regime and referral is beneficial

The premise of the course is to introduce a multi-faceted foundation of orofacial myofunctional disorders. The course emphasizes the importance of related professional perspectives, professional protocol, interdisciplinary communication, and therapeutic techniques (Stevens-Mills, 2011).



Marjorie L. (Marge) Snow, RDH, MA, COM Perspective

Following graduation from the University of Minnesota Dental Hygiene School, I worked one year in private practice; followed by the traditional marriage, three kids and stay at home mom until the youngest (twins) entered middle school. One year of private practice was enough for me, so I chose a job as a public health hygienist administering sodium fluoride, examining the oral hygiene, occlusion, and caries rate of second, fifth, and eight grade students in Kalamazoo County, plus lecturing about oral health and its importance in regard to general health. After nine years of screening thousands of children, the concept of malocclusion and its relationship to upper respiratory disease became too evident to ignore.

A friend who worked as a speech therapist in the public schools told me about a Dr. Straub in California who had published a little pamphlet about the relationship between swallowing, malocclusion, and speech, as a result we began coordinating our services and seeing limited results. At this time, I took a job at the newly opened Dental Hygiene Program at Kalamazoo Community College, where (among other things), I taught Dental Morphology and Occlusion. The next step was attending a seminar conducted by Marvin Hanson and Roberta Pierce in Nashville, TN, and discovering a whole group of like-minded people, then coming back to KVCC to initiate a myofunctional program in our dental clinic. As our experience and affiliation with the IAOM grew, it became apparent that the students needed a course related to orofacial myology. As a consequence, I developed "Preventive and Interceptive Orthodontic" based on the premise that dental hygienists see children at an early age and can detect, refer, or treat maladaptive habits. The rest is history.

Marjorie L. (Marge) Snow, RDH, MA, COM a dental hygienist and teacher at Kalamazoo Valley Community College, Kalamazoo, Michigan and an early supporter of orofacial myology, has had a passion to educate dental hygiene students about orofacial myofunctional disorders. Marge, in the early 1970's, along with other progressive thinkers in the dental hygiene program, included a course within their program called "Preventive and Interceptive Orthodontics" (Snow, 2011). Marge Snow, as a member of the International Association of Orofacial Myology, understood the importance of this growing field and wanted her students to be the best in their field of dental hygiene by expanding their expertise into the area of orofacial myology.

The Kalamazoo Valley Community College is well known for implementing programs which expose the dental hygiene student to allied fields, thus providing a well-rounded education. The course has grown to what it is today, a 15 week didactic, as well as, a hands-on course in the evaluation and treatment of orofacial myofunctional disorders. The dental hygiene students deal with incorrect rest posture of the tongue, open mouth rest posture of the lips, and tongue thrusting issues that may contribute to improper orofacial development and misalignment of the teeth. Restoring a normal rest posture of the tongue and lips and eliminating a tongue thrust can guide the teeth into a more desirable relationship during the growth and development years. Students are also taught how to diagnose chronic oral habits that need to be addressed such as finger or thumb sucking and nail biting.

Marge Snow's goal for her dental hygiene students at the college is to have a firsthand knowledge of dental abnormalities and know how to recognize them. "The students are more prepared than others to assess and refer to an outside source, whether it is an allergist, orthodontist, oral surgeon, speech therapist or an otolaryngologist - to address the needs of the client" (Snow, 2011).

The students' course work includes how to assess OMD's, implement myofunctional therapy and habit control therapy, and initiate recalls of clients who have completed the therapy program, and to ensure they are maintaining their newly developed and acquired rest and swallow patterns. Their classes include anatomy evaluation, recognizing etiologies, orthodontic procedures, and temporomandibular joint disorders. The history of orofacial myology and the complexity of dealing with oral habits is also a major focus within the curriculum. Guest speakers discuss alternative treatments such as myofascial release. Private practice speech pathologists discuss how orofacial myology and speech therapy are incorporated, if needed and performed by a qualified speech pathologist.

The students learn dental hygiene education within a dental practice. The dental hygiene course work also provides the opportunity to continue student education by taking advanced courses in orofacial myology and enter the private sector as an orofacial myologist. Kalamazoo Valley Community College, by incorporating orofacial myology into their curriculum, provides an additional skill which enhances the dental hygiene graduates' portfolio and their expertise. It is felt, by implementing the tenets of orofacial myology into the dental hygiene curriculum, dental hygiene graduates are better prepared to provide a valued service. Kalamazoo Valley Community College provides a unique opportunity with added training in treating OMDs which no other dental hygiene program incorporates at this time. The dental hygiene graduate can immediately take the IAOM certificate exam to obtain their certification.

Marge Snow was president of the IAOM from 1997-1999. She has received many awards throughout her IAOM association which include the following; in 1999, she was presented the Golden Gavel Award, and in 1992, she received The Connie Painter Distinguished Service Award for her dedication to the IAOM principles. Marge also received the highest tribute of the IAOM; the Honorary Life Member in 2003, and in 2009, the IAOM board of directors presented a special award to Marge Snow in appreciation of the continual leadership that she has shown in the Association and the field of orofacial myology.

Marge Snow also developed a comprehensive study guide for individuals wishing to add principles and techniques to their clinical practice, which was then called 'Orofacial Myology.' She wrote an article called, 'History of the IAOM', which is presently displayed on the IAOM website (Snow, 2011).
Marge Snow, RDH, MA, COM, is considered to be an inspiration to all dental hygienists. She had the vision and determination to develop a program that has been accepted at the college level, providing dental hygiene students a unique opportunity to expand their expertise within their core education. Pairing dental hygiene studies with OMDs provides the unique option for graduates to venture into the private sector.

The University of Detroit Dental School and the Kalamazoo Valley Community College are acknowledged here for their progressive curricula incorporating the study of OMD's in a college setting. A special recognition should go to Marge Snow who has been successful in

incorporating her two passions, dental hygiene and orofacial myology, into the college curriculum.

ANTICIPATING A BRIGHT FUTURE

The Webster Dictionary describes 'history' as an account of the past. Understanding the past provides a view to the future. Our history illustrates that individuals with conviction for their craft and unwavering determination can push through doubt, take a stand, formulate a hypothesis, and pursue research to verify their empirical observations which eventually help to convert many skeptics. Dentists, orthodontists, speech pathologists, and dental hygienists began to accept orofacial myology and consider myofunctional therapists as colleagues.

November 20, 1972



The first IAOM logo, (shown here and kindly provided by Joe Zimmerman), stood for 'Tongue Thrust Therapy' as this was the terminology for the treatment at that time (in the sixties and the seventies). The therapists did 'tongue thrust therapy' at that time. The tongue was the 'thrust' of the therapist's interpretation of the problem. The logo was designed by Bill Zickefoose's father-in law Caryle Brown who also helped Bill with the first pamphlet on Tongue Thrust called "Tongue Thrust: Questions & Answers".

GOOD TIMES SHORT LIVED: *1974-1975*

ASHA (American Speech-Language-Hearing Association), the ADA (American Dental Association), and the AAO (American Association of Orthodontists) all adopted a similar policy statement that questioned the value of orofacial myofunctional therapy. They advised against recommending therapy until more research was done. Also, from experience, they understood that when untrained, unethical, and unqualified people are performing a service without guidelines the entire field would suffer from a lack of credibility.

1974

William R. Proffit and Robert M. Mason worked together at the University of Kentucky. Proffit was Chairman of the Department of Orthodontics in the Dental School and was doing NIDR (National Institute of Dental Research)-supported research with pressure-transducers. Robert M. Mason at the same university was Head of Speech Pathology in the College of Education, with a joint appointment in orthodontics, where he taught and worked with Dr. Proffit in research. Drs. Proffit and Mason later collaborated in writing an article that provided background information for anyone desiring to work with OMD's. The article was published in the *Journal of Speech Hearing Disorders* in 1974 and also recast and then published in the *Journal of American Dental Association* in 1975. The article "The Tongue Thrust Controversy: Background and Recommendations", (May 1974, Vo. 39, No.2) received the Editor's Award for the article of highest merit for 1974. The article reviewed oral form and function interactions pertinent to tongue thrust and provided guidelines in selecting cases and planning treatment.

William R. (Bill) Proffit, DDS, PhD, received dental training at the University of North Carolina, a PhD in physiology from the Medical College of Virginia, and an MS in orthodontics from the University of Washington. Since 1975 he has served as professor and chairman of the Department of Orthodontics at the University North Carolina School of Dentistry. His classic transducer studies and extensive research provides the orofacial myology facts that link orofacial myology and the dental professions.
His text Contemporary Orthodontics (now in its sixth edition) provides a foundation explaining the anatomy, physiology, etiologies, the rest posture of the tongue, tongue thrust, and oral habits associated with the field of orofacial myology. Any edition of this classic orthodontic text should be a part of one's professional library. Dr. Proffit is one of most well-known and well-respected orthodontists in the world.

Robert M. (Bob) Mason, PhD, DMD, CCC-SLP, and ASHA Fellow, received his BA in Speech Communications in 1959, from Denison University in Ohio, his Master of Science in Speech Pathology in 1961, and PhD in Speech Pathology and Audiology in

1965 from the University of Illinois, his Doctor of Dental Medicine in 1977, from the University of Kentucky, and his Certificate in Orthodontics in 1979 from the University of North Carolina.

Dr. Mason's professional affiliations include: American Association of Orthodontics, ASHA, ACPA (American Cleft Palate-Craniofacial Association) and the IAOM. In 2009 Robert Mason became the medical advisor for the IAOM and in 2010 was asked to participate on a committee to revise the certification exam.

1975

Robert M. Mason was asked by the American Dental Association (ADA) to be their consultant for developing a position statement about OMD's for the dental community. At first, the *Journal for Speech Hearing Disorders* (JSHD) article and a modified version published separately in the *Journal of the American Dental Association* (JADA), seemed to have a negative impact on members of the IAOM due to the fact the article stressed the scientific framework in which to work with OMD's.

Concepts such as rest posture can be linked to changing tooth position while a tongue thrust is an adaptation to, rather than a cause of malocclusion. These articles challenged many concepts held then by many orofacial myologists, and as a result, Drs. Mason and Proffit were not well regarded among some in the IAOM.

BUT THAT'S NOT THE END OF THE STORY

1976

Marvin L. Hanson was also concerned with this lack of scientific framework. He wrote, "I believe that this condition exists in the area of oral myofunctional disorders and that this is the real reason for the statement from the Joint Committee on Dentistry and Speech Pathology and Audiology. Too many poorly trained people have been doing an ineffective job of administering therapy" (Hanson, 2010).

Dr. Hanson recalled: "It is not that tongue thrust has been found to not exist, nor that therapy to treat it has been proven unsuccessful.

Reasons given for forming the American Speech and Hearing Association were the same as those of the founders of the organization initially-called International Association of Oral Myology in 1972. The mutual goals were to promote professional standards, to encourage research, to provide a vehicle, IJOM for the publication of that research, and to raise the level of training of therapists. In 1974, the year of the publication of their statement, almost no research, controlled or otherwise, had been published in journals of the American Speech and Hearing Association that might attest to the validity of therapy for any disorders treated by speech pathologists" (Hanson, 2010).

1978

In 1978, Bill Zickefoose was asked by Dr. Toshihide Ohno of Yokohama, Japan to train dental hygienists working in clinics in various parts of Japan. This started a 33-year relationship dedicated to expanding the knowledge of orofacial myofunctional disorders and establishing quality therapy programs in Japan. It is estimated that over 3,500 individuals have been trained by Bill and his wife Julie in Japan. Bill and Julie Zickefoose are also advisors to the Japanese Myofunctional Therapy Society, truly advancing the IAOM internationally.

1979

Robert M. Mason and William R. Proffit were invited to speak at the IAOM convention in Chicago. At the last minute Bill Proffit could not attend so Bob Mason went alone to face a hostile group, or so he thought. Dr. Mason gave an informational talk about dental science that was well received. It was there that Dr. Mason met Richard H. Barrett for the first time and after a stimulating conversation between the two of them and the warm response of the group at the convention, Dr. Mason was invited to join the IAOM.



Bob Mason's Perspectives: *"I joined the IAOM in 1979 following the welcome reception I received as an invited guest speaker at an IAOM conference in Chicago. I was both surprised and delighted by the eagerness of the group to learn and adapt theory and therapy to the established scientific information in dental science regarding OMDs. My goal in joining the IAOM was to provide an educational and advisory contribution to the further development of the IAOM and the field. In short, I became the "policeman" of the Association, often speaking up in meetings to correct information presented or to further elaborate on the information provided. Another goal was to infuse accurate scientific research into the IAOM's empirical data base as a way of advancing and enhancing the high standards the IAOM was striving for. Over the years, I have attempted to provide the membership with well documented information about OMTs and useful clinical perspectives related to the basic tenets of the field. As the only person in North America with both a Ph.D. in speech pathology and dentistry, and also with specialty training in orthodontics, I felt it my duty to help to bridge the gap between the IAOM and the dental, medical, and speech professional associations"* (Mason, 2011).

Bob Mason joined the IAOM in 1979. He met a group who were eager to learn and provide the best therapy for their patients. Bob's goal was to infuse accurate scientific research with the IAOM's empirical data which would enhance the high standards the IAOM was striving for. Dr. Mason's credentials were unique for he was and still is the only person in North America with a PhD in speech pathology, a DMD degree, and university specialty training in orthodontics. He felt he could implement his unique credentials to help bridge the gap between the IAOM and the orthodontic community and to help advance the field of orofacial myology.

Bob Mason's contributions to the IAOM have been numerous. From1980-1983, he chaired the IAOM Research Committee and is currently a member of the newly revived Research Committee. In1983, he was co-chair of the IAOM Continuing Education Committee, and in 1983-1985 and 1988-1992, he served on the Executive Board of the IAOM.

He became an *IJOM* associate editor from 1991-1993 and again from 2000 to the present. In 1991 Dr. Mason became an IAOM Honorary Life Member, and in 1989 received the Richard H. Barrett Award for his contributions to orofacial myology research.

1983

Bill and Julie Zickefoose produced a video tape "Oral Myofunctional Disorders: Cause and Effect" to educate others on orofacial muscle dysfunction.

1987

The Andrianopoulos and Hanson study, reported in 1987, definitively demonstrated the effectiveness of therapy in maintaining corrected occlusion in patients who had Class II, Division I malocclusions prior to orthodontic treatment. Dr. Hanson's subsequent research has confirmed these findings.

1988

Dr. Bob Mason became guest editor of the International Journal of Orofacial Myology (IJOM) to develop a state-of-the-art issue. The special issue (March, 1988, vol. 14, #1) contained articles by many selected individuals: Joe Zimmerman, the late Jim Case, Marvin Hanson, Jay (John) Riski (Mason's colleague at Duke), the late Roberta Pierce, and Dr. Mason. The issue highlighted the IAOM and the field.

1989

Bill Zickefoose published "Techniques of Oral Myofunctional Therapy" printed in the USA and Japan.

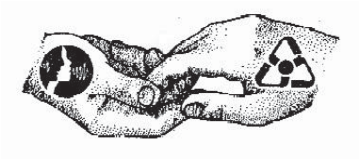
In 1989 ASHA assembled an Ad Hoc Committee to review their previous policy standpoint on oral myofunctional disorders. The committee was chaired by Dr. Robert M. Mason. Dr. Marvin Hanson also served on the committee. This committee's revised position paper was presented to and approved by ASHA in 1989. It reads:

It is the position of the American Speech-Language-Hearing Association (ASHA) that:

- Oral myofunctional phenomena, including abnormal fronting of the tongue (tongue thrust), and during swallowing, lip incompetency, and sucking habits, can be identified reliably. These conditions co-occur with speech misarticulations in some patients.
- Tongue fronting may reflect learned behaviors, physical variables, or both.
- There is published research that demonstrates that oral myofunctional therapy is effective in modifying disorders of tongue and lip posture and movement.
- Assessment and treatment of oral myofunctional disorders is within the purview of speech-language pathology.
- The speech-language pathologist who desires to perform oral myofunctional services must have the required knowledge and skills to provide a high quality of treatment. The provision of myofunctional therapy remains an option of individual speech-language pathologists whose interest and training …qualify them.
- Evaluation and treatment should be interdisciplinary and tailored to the individual. The speech-language pathologist performing oral myofunctional therapy should collaborate with an orthodontist, other dentists, or with medical specialists such as otolaryngologists, pediatricians, or allergists as needed.
- Appropriate goals of myofunctional therapy should include the retraining of labial and lingual resting and functional patterns (including speech). The speech-language pathologist's treatment goals should avoid statements predicting tooth position changes, and about treatment outcome based on dental occlusal changes.
- Basic and applied research is needed regarding the nature, evaluation, and treatment of oral myofunctional and disorders.
-

Past ~ Present ~ Future

1991



The 1989 position statement was accepted by ASHA's governing board and in March, 1991, it became official policy. It was a monumental event for all IAOM members past, present, and future. A tremendous thank-you needs to be given to both Drs. Mason and Hanson, for without their scientific research, protocol, and convictions, ASHA may not have approved or acknowledged the IAOM. The field was legitimized, is respected, and is active in many countries throughout the world.

1993

A joint committee of ASHA and the IAOM met (Ad Hoc Joint Committee with the International Association of Orofacial Myology) and wrote a document entitled: "Orofacial Myofunctional Disorders: Knowledge and Skills", that became ASHA policy in 1993. This document was intended to provide guidelines for speech-language pathologists (SLPs) who desired to work with orofacial myofunctional disorders recognizing that without specialized training, SLPs should not assume that they are qualified to work with OMD. Dr. Robert Mason also chaired this ASHA committee and arranged, with Gloria Kellum, PhD, for ASHA to identify the IAOM as a Related Professional Organization (RPO) of ASHA. Dr. Marvin Hanson served an important role on this committee, and Joe Zimmerman was also a

major contributor to this statement published by ASHA.

Also in 1993, the American Association of Orthodontists (AAO) put together a committee to write their position statement on tongue thrusting. Dr. Robert Mason served on that three-person committee and this position statement was approved by the AAO House of Delegates.

1994

ASHA sponsored a teleconference entitled 'Beyond Tongue Thrust' where professionals could complete an assessment following the teleconference and receive ASHA CEU's. The faculty was comprised of IAOM members Gloria Kellum, Sylvia Zante, Gayle Snyder, Joe Zimmerman, and Robert Mason. Joe Zimmerman prepared the script and a significant portion of the videotape used as a supplement for this teleconference. This was the first all-IAOM team that presented on OMD's for ASHA. The package was available for purchase and CEU credits were available for a number of years. Other ASHA sponsored CE courses should also be credited to the organizational efforts of Joe Zimmerman, Robert Mason and Marvin Hanson.

1998



The IAOM second logo was accepted on February 02, 1998. Joe Zimmerman expressed to the Board of Directors the need to change the logo to help clarify what we did, and thus was given the responsibility to come up with a proposal. After many hours of trying to come up with something, the decision was made to consult with a graphic designer. This new logo was created by a graphic designer in the Seattle area.
The center (solid circle) is representative of unity of the three major areas which comprise the IAOM membership: Dentistry - Speech/Language Pathology - other health-related professional. The logo's "arms" represent these three professional components. The suggested movement toward the circle is representative of our diversified membership working toward the goal of improving the specialty area of orofacial myology. The suggested outward movement is representative of the knowledge carried away from the IAOM to each member's individual profession. The overall design strongly suggests *balance.* The acronym, IAOM is also incorporated in the design. Every IAOM Handbook, from that point on, had on page three of each Handbook, an explanation of this logo and clearly described the meaning.

1999 -2000

Galen Peachey had a therapeutic vision! Galen Peachey recalls: "In 1999, I collected data on tongue and jaw differentiation documenting 40 patients. Of the 40 patients discharged from MFT in 1999, 95% were unable to differentiate tongue and jaw movements prior to therapy. Out of the patients discharged from articulation therapy, 90% were unable to differentiate tongue and jaw movements prior to therapy. Other areas worth looking at are the speed and pattern of diadochokinesis. It was observed that in many oral myofunctional patients and articulation patients, diadochokinesis for tongue and lip repetitions are below average in speed at the time of evaluation and increased in speed and accuracy after completion of therapy" (Peachey, 2011).

In 2000 Galen Peachey stated the treatment goal: "To establish normal OMF (oral muscle function), we clearly have to evaluate for the presence of undifferentiated lip, tongue, and jaw movements and facilitate the development of the more refined, independent movements required for mature patterns of swallowing and deglutition" (Peachey, 2011).

Peachey developed a check list of undifferentiated movements in orofacial myofunctional disorders which included drinking, eating, other observations. He then provided an assessment protocol of evaluating for the presence of tongue, lip and jaw differentiation, therapeutic exercises to facilitate improved tongue, lip, and jaw differentiation in patients with oral myofunctional disorders and articulation disorders, and provided specific suggestions to help develop and improve orofacial functions.

2003

Marvin Hanson and Robert Mason co-authored Orofacial Myology: International Perspectives (*second edition, published by Charles C. Thomas Publisher, Springfield, IL,*

2003.) The text includes the nature and scope of OMDs, anatomy, physiology, orthodontic concepts, etiologies, habits and a detailed therapeutic regime for tongue thrust by Marvin Hanson, plus a host of chapters from authors around the world. This text would be a fine addition to every IAOM member's library. The text includes the nature and scope of OMDs, anatomy, physiology, orthodontic concepts, etiologies, habits and a detailed

2009 - Present

Robert Mason became medical advisor for the IAOM contributing over 16 significant memos accepted by the board of directors. Under the direction of the IAOM Board of Directors (BOD) the memos were developed to advise and protect IAOM practicing members by providing information to uphold our code of ethics.

2011



Our present logo is a world-image with an IAOM overlay. It was created by Joan Egdorf's husband with the blessing of the IAOM BOD. It was suggested the logo be changed due to the similarities with the logo used to represent recycling. Even though, the IAOM logo was developed years before the recycling logo, the two logos were so similar it was felt we needed to make a change.

In October 2011, The International Association of Orofacial Myology celebrated its 40th anniversary during the IAOM convention in Cincinnati, Ohio. This was a time when we as members and colleagues reflected on our history, celebrated what has been accomplished to date, and contemplated where our journey will take us tomorrow.

There are many additional individuals who have contributed to the advancement of the IAOM who were not included in this article. They were not included in this article because the premise of this article was to provide a personal perspective of the founding fathers and selected others who interacted with them and participated in major events that led to the origin of the IAOM and to celebrate the individuals within the IAOM that significantly helped shape the International Association of Orofacial Myology.

We now know what sparked the proverbial light bulb and paved the way for the International Association of Orofacial Myology. Embracing the past provides the spark and vision to lead us forward.

By sharing their personal perspectives, the founding fathers have allowed us to have a brief insight into what sparked their interest and desires and ultimately formed the philosophies and goals of the International Association of Orofacial Myology. The credentials and accomplishments of our founding fathers and their colleagues speak for themselves as to the dedication of these inspirational people.

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