The Missing Link in Oral Health: Myofunctional Therapy Explained Transcript

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Opening on Infant Feeding and Oral Dysfunction

In infancy, some of our typical telltale signs are gonna be nursing issues. If we are nursing, could be pain for mom, could be supply issues, could be that we're really gassy, spitting up often, not happy, like a colicky baby is what some people would call it.

If we're bottle feeding, maybe we're hearing lots of sounds on the bottle, we're leaking lots of milk, we're having the same tummy issues of spitting up, gassiness.

Constipation, all of those kind of things can tell us that there's something going on, whether it's ties, it's just muscle dysfunction, it's tension in the body, combo of all of them.

Typically, it's a little bit of a combination of things. Hello. Welcome back to the Integrative Health podcast with Dr. Jenn. Hello. Hello. Thank you to everyone who has been sharing and leaving reviews.

So excited that we are reaching more and more people because of that. And today, Very important topic. And if you're a mom out there and don't know what to do for your kids when it comes to their teeth, you need to stay tuned.

Today we have Chelsea Madison. She is registered dental hygienist. She's double board certified and double certified an oral facial myologic, aka myofunctional therapist.

So that is literally, I need my tongue to be working better to say all that. International board certified lactation consultant, infant oral motor specialist and craniosacral fascial therapist.

So she even deepened her expertise more and became certified through the Academy of Oral Facial Myofunctional Therapy and earned an additional certification from the Graduate School of Behavioral Health Sciences through Coulson Institute for Oral Myofacial Myology.

Guest Introduction and Professional Background

and she's just going to share all her certifications and all of her knowledge today. But why did she become certified in this? And we're going to get to this.

So first, Chelsea, welcome to the podcast. So excited. Hey, thank you. I'm so excited to be here. This is a huge passion of mine and I love spreading awareness and helping people because it still feels like it's this niche thing, even though it has been around for quite some time now.

I just think it's so important to share the knowledge with people. So my first degree is dental hygiene. So I hold a degree in that. That was my first and kind of like starting point, which I don't regret.

I still hold it. It's active. I still do all my CEs for it. Something that was really close to my heart and I worked very hard to hold that degree. So I keep that active.

And that kind of opened it up to where I am now. So I first was working with a dentist who started doing oral tie releases. And it was very noticeable that doing the tie release itself was not fixing everything.

And that's kind of what we thought in the beginning was we do the tie release, everything's gonna be better. And we were just really noticing that that was not happening.

So we learned that there is such a big muscle component to it. And I started getting training in about 2016-17 for actual myofunctional therapy. And prior to that, we were already doing Thai releases.

I'm very familiar with that, understanding the ins and outs and all of that kind of stuff. And it kind of led me down this path for Mayo itself. So did my first intro course.

I was kind of iffy on it, to be honest. I was just like, this is so different, right? How did I not learn any of this when I was in school for five years, when I got my first degree, right?

Like it doesn't make any sense. And it took me some time and continuing education to really dive into it. And that's when I first did the first certification through the Colson Institute, which was the graduate school of behavioral sciences.

And I really learned so much about it. And I think it's important like a couple of things that you have said is that you were a dental hygienist and you're like how have I not heard about like why this is so important for the body and you're like because you already went to school for all that time and then you have to do more and that's how I felt with medicine and you get out and you're like well what and what and this is why I want to have you on here because you like to grow beautiful faces, right?

But it's not just about beauty, it's also about function. And just to be honest, it's expensive, it's an investment in your kids to fix their airway and their teeth now.

But if you fix their airway, you fix their teeth. And I just honestly like driving home today from my kid's house device appointment, I had another argument, you may call it discussion, with my husband about why we're spending money on this.

He doesn't understand. And this is why we need to have more podcasts to normalize all of this. Because once you see, it's just crazy. And now you personally had something happen.

You went through something personally that sparked your interest. Yeah, so my oldest is almost 11 now. And when he was born, of course he was my first, so there was a lot that I didn't know and I didn't have good support.

And so he had all of the issues, all of the typical tongue tie, oral dysfunction, tension in the body, all of the issues that I just back then didn't really realize.

The resources weren't there. People didn't know quite as much. It just was a battle. It was really, really tough. I totally felt like I got robbed of that first year of his life because we went through so much.

And that was a big part of why I wanted to continue to learn because I was looking around, I was hearing these stories. So many of these stories were the same over and over and over and over and people were just missing things.

And so I made it my life's goal to try to learn all these things. That's part of why I have so many different certifications. Like, I'm a hygienist. I have double certifications through two different institutes for malfunctional.

I'm an IBCLC, International Board Certified Bactation Consultant. I went for training for craniosacral fascial therapy because There's so much that's missing.

And, you know, as you guys know, and as Dr. Jen knows, the body is complex. Like, it's not this little tiny box we can put stuff in. And just having that knowledge, for me, would have been such a life changer 11 years ago.

Yeah, what kind of symptoms like would your kids start to show? I mean, if you could walk us through from infant to up to like 10 years old, like how would you know that maybe they're having an airway tongue issue that they might need myofunctional therapy?

Personal Story and Early Signs in Children

In infancy, some of our typical like telltale signs are going to be nursing issues. If we are nursing, could be pain for mom, could be supply issues, could be that we're really gassy, spitting up often, not happy, like a colicky baby is what some people would call it.

If we're bottle feeding, maybe we're hearing lots of sounds on the bottle or leaking lots of milk. We're having the same tummy issues of spitting up, gassiness, constipation.

All of those kinds of things can tell us that there's something going on, whether it's ties, it's just muscle dysfunction, it's tension in the body, combo of all of them.

Typically, it's a little bit of a combination of things. Those are our typical infancy signs, and then we move into solids. So maybe we're starting to have issues with solids.

We're having to keep foods really, really small. We can't do tougher textures, meats, hard veggies, things like that. We're gagging and choking for long periods of time, and then we end up just being on soft foods or pouches.

Then moving into mouth breathing long term or snoring, sleep apnea. I have one year olds that I see that already have sleep apnea. Speech issues. There's so many different things that we can see and the biggie, that's an easy one to see as we continue to get older into older child, is how we're sleeping and developing.

tossing and turning, mouth breathing, snoring, developing narrow jaws, which is causing some of those issues. There's this whole snowball effect that happens if we don't start early on changing how things are developing and working.

Yeah and once you oh gosh like look back and you're saying all these things and like my older son my oldest son the 13 year old like he had some of those problems as a kid and like we looked for tongue and lip type but it's not just like oh it's a release and you're done like you need the other things from it and that's like where we were at in northwest Ohio that was lacking like I just I don't know education is so important and I think this is a problem with so many kids and once you know you can't I know and once you see you can't unsee so like you know the crowding of the teeth and all of that like braces aren't going to help the tongue and the airway braces are just like.

making it look cosmetic. So this is the argument I have with my husband again and again. And it was so funny. You'll love this Chelsea. So he got his airway eval today and he is so tight.

Like I think he was like 37 millimeters. And my 10 year old just graduated to maintenance for his Alf and he was at 45. Yeah. So my 10-year-old, you know, my husband's 6'4", and he has, you know, high arch and narrow, you know, like his airway too, he has sleep apnea, right?

So I mean, this has started, you know, wasn't breastfed, you know, didn't know about all this, went all the way up, and he had braces and everything, but it doesn't fix the root.

pause. So I guess like let's get into like what is myofunctional therapy because I'm still learning thing at every appointment. So Emory goes to Chelsea and I think it's so cool like I do the exercises with them because I am not using all of my muscles in my tongue.

So like I feel like the tongue is like such an ignored like part of the body honestly. Yeah, yeah, we see it a lot. So myofunctional therapy is kind of like physical therapy.

So we're using isolated exercises and targeting certain muscles in the muscle group or the oral cavity, kind of like this whole region here. to accomplish something.

So I've been doing this for quite some time now. I'm a little bit of a muscle snob when I do stuff so I'm very particular and you know because I go through this like hey this is why we're doing this this is exactly how it should

be done.

There are things we try to accomplish and we stack like a six, seven layer cave, right? So the tongue is actually a muscle group. So we have to break down the muscles and work them individually.

And we have to start simple. Like we would never start building the roof of a house before we've done the foundation and everything that goes before we can do the actual roof.

So we learn simple skills creating new pathways from the brain to the body. so that the body is just functioning differently. And then we add on those skills and we go through multiple phases of therapy in order to ensure that when we get done and graduate, we are functioning the way we're supposed to.

We go through a comprehensive program and we are picky about everything to make sure that when we graduate, all we're doing is check-ins. We do check-ins periodically to make sure we're holding patterns, but if we're doing a full relapse after we've done a myofunctional therapy program, then something was wrong or something was missed.

The thing outside of that would be trauma. So if there's a severe trauma that happens, that would be a little bit different where we have to kind of remake those pathways.

But in general, if we are teaching the body properly, the body will be functioning at the end of the day. And that's the biggest question I normally get is, well, do I have to do these exercises for the rest of my life?

No, we're teaching your body to function with everyday life skills. How are chewing, swallowing, drinking, swallowing, resting posture, sleeping, all of those things become our exercises per se, so that we are functioning, growing, developing, thriving the way that we need to.

Now, why does it matter? How does a properly functioning tongue help our airway and help our swallowing and all of that? If we get our tongue pressed into the palate with our swallow, just swallow in general, let's just go through swallow for foods, drinks, saliva throughout the day.

What Myofunctional Therapy Does

Hundreds of times a day, we are swallowing and we are creating about 500 grams of pressure every single time we're swallowing. So people always ask, how can changing the muscles change what the bones are doing?

Because yes, bones are harder, but muscle patterns happen more often. And so we can see that in the body, like somebody who's hunched over for a long period of time, eventually the bones start following that because that's what the body is telling the bones it should be doing.

And so if we can reprogram what the brain thinks we should be doing, We create the pressure that's adequate for tongue space. And then we can even avoid braces, things like that in some cases.

And so when I say that we want to grow beautiful faces, I don't even necessarily mean beauty in that aspect. I mean a nice wide face, like super open airway, symmetrical, all of those kinds of things.

Those are beauty. And I got really lucky today. This never happens. I had three really good consults with people with beautiful palates. I never see that.

I am never blessed to see that. I always usually have them and they're narrow. We have to go through expansion, do all the things. And these cases where we developed, However, the muscles still are not functioning.

There was other stuff going on. And so it's not black and white. There's a lot of gray areas where maybe they did develop perfectly and we think the muscles are functioning, but then they come in and there's lots of areas that are inactive and we actually have some pretty big symptoms even though the palate ended up being as white as it

needed to be.

Yeah, I always get frustrated because I breastfed my children so long and my husband's like, you know, why do we still need this? And I'm like, there's so many factors.

So, I mean, what are some factors, like I going through this with my son, like I, my tongue, I push it too far forward. And, but just like, Why? Like why do we learn it this way?

Why is our tongue need to be trained sometimes? That's such a good question. So I don't know the answer of why, like where does it come from? We do know that in utero, we start having these muscle patterns happen.

And we know that because sometimes we can see like thumb sucking on ultrasounds, things like that happening. So we know we're already learning those suck and swallow reflexes early on.

I think part of it is probably when we do have ties and we have restrictions and so it limits what range we have or how we even learn how to use those muscles.

I think another portion of it probably is just that's how we learn how to use the muscles. So an example of that exterior in the body as we get older is like running.

Some people learn the proper way to run and use the muscles and all of that. And then some people just do not. And they stomp really hard and all the things that they're causing other things happening just from running, that's where we start getting those compensations happen.

So maybe that child did feed well, right? But really they weren't, there were signs and symptoms. More than likely we were compensating. And the number one thing that we hear is they'll grow out of it.

Well, no, they don't really grow out of it. It changes into something else. So that symptom that we had early on with breastfeeding issues, yeah, obviously we're not going to have that symptom when we're 12. It's going to be different, right?

But it just turned into something else, whether it's snoring or teeth grinding or mouth breathing, whatever it could be, it just changes. So we tend to brush things under the rug if you bring them up to our typical providers that don't have training in it.

And that's how things get missed for so long. Yeah, and I think it's crazy. I was told with one of my boys, maybe it was Emery, Emery or Cyrus, that I knew they had a lip and tongue tie.

I knew to look for it because my sister is a lactation consultant. And they were like, oh, it's not that bad. If it's not painful for you, then just leave it.

And instead, I should have been referred to my functional therapy. I should have been told to do cranial sacral on my own kids because I'm a D. O. I don't know.

And it's so frustrating because I feel like I don't know if it was a lack of knowledge or they didn't want to refer out. I don't know, it was very strange.

And that's what sometimes I get frustrated in the medical field. It's like, we're not like truthful with our patients, like, oh, I'm not sure, you know, or let's refer you out or something like that.

So why is a lip and a tongue tie just, why can't we just do that and then they're good forever, you know? That's what some of these dentists say and it's just not what it is.

It's just not. So there's a lot of factors that I take into consideration when I'm seeing infants even, like what does tone look like? Do we have a really clear visual of that phrenum where it's not all just kind of mush with the

muscles?

Or do we need to work on tone and make sure that we can really see that phrenum and get a good release? Because that's a difference. Doing a release of what we can see without good tone versus getting good tone and then doing a full release is a completely different surgery.

Tongue Function, Airway, and Facial Development

It's just completely different. And so a lot of people get really confused because they think that, you know, Joe Schmo down the street can do releases for $500. Why would I go and pay $1,300 or $1,400 somewhere when it's the same thing?

And most of the time prices are going to reflect that person's background. That's just a matter of fact. Like if we are investing in ourselves as providers, typically our pricing goes up just a little bit and that provider that charges more probably knows to look for certain things before they are just doing a release or they probably require that a my functional therapist or lactation consultant that's trained in oral motor therapy signs off and says that, hey, you can do this release.

We're good. The body's good. The muscles are working. I think you have a clear path to do your job now to make sure that we can get done what this person is needing.

And yeah, I think that's a great variation. Yeah, that's a great point. Like you don't want to bargain shop for your provider. You'll end up spending more and being more frustrated because that's like what happens like I get.

I see those people and I'm sure you do too. And then they're like even more frustrated and they've wasted more time. So yeah, do not bargain shop for a doctor, for anyone for your oral health.

Like it's not. Look at their certifications. Make sure you can find their certifications and they're not like hiding them too. That's a whole other thing.

So yeah, and I think, can you explain the different types of ties? So because there's lip, there's tongue, there's cheek tie, which I didn't even know about until Emery has them, my son, so it's crazy.

Yeah, so the most commonly known are the upper lip and then underneath the tongue. Those are the big ones that people have heard about for a while now.

Buckle ties or cheek ties have been around and it's been something that I've actually been recommending to have released for quite some time now. But a lot of people were like there's no research that supports like everybody is this everybody wants the research right which I understand like I'm a medical mind also.

But we have to realize where research is typically coming from. We want the research to back whatever money we're going to get in the end, right? And so some of this stuff is not going to actually be money at the end.

It's just for people to know. And so recently, I think within the last year or two, it kind of blends together now, we had some research come out about buckle ties.

And we had a classification system come out where before girls would be like, they're restricted or they're not. Now, yeah. kind of scale that we can use saying, you know, zero, one, two is how that goes.

Kind of like how the lip has a one, two, three, four and tongue has a one, two, three, four. Similar thing. So now we've got that research. We can even have lower lip restriction.

There are many places where we can have that really tight fascial attachment. Just because there's an attachment there does not mean it's a tie. So a lot of people will post pictures and be like, is this a tie?

And some of them are yes, very obvious, but we really need to look at function. Like we need to see how we're functioning. What is our true range of motion?

What do we see in addition to what that anatomical tie looks like tie to really determine if it's something that we need to be releasing or preparing for maybe releasing, really customizing to that person.

Well, the buckle tie, it's very interesting because they took pictures and I've never like looked, you know, and at Emory's and you can see where there is tension and then it's putting like tension on the gums and into the teeth and like causing like separation.

It's very interesting because it's yeah that tight fascia and because like you can't really do anything for that, you can't really like stretch it or anything so they just you know cauterize them and It's just really interesting when we look at all of these ties and tensions and pulling how it can cause dysfunction in the mouth.

So what about like expanders? Why can't my son just go to a regular dentist and get one of those expanders that you crank on? Won't that solve all the problems and then they'll be free of sleep apnea and they'll be fine.

Yeah, this is one of the biggest questions that we get because obviously when we're sending to providers who are highly airway focused doing functional appliances or maybe they are using a traditional or a variation of a traditional but they're very airway focused, there are certain guidelines that need to be followed in order to have good airway space and good development.

Most of those guidelines are not taught in traditional ortho or anything like that. So when they are expanding, they want teeth to fit and that's basically it.

They really could care less if the person's airway is super narrow or Maybe they even try to take out premolars, which is very rare now, very common for our age when we were younger, but some actually still do it.

I still get people that have premolar removed recently. They just care about straight teeth. Why did they develop that way? Because of the muscle patterns, because of the fascia, because of all this stuff.

Ties, Releases, and Why Function Matters

So if we go straight to a traditional orthodentist or whatever, do expansion, they're going to expand us to an extent and then we're not going to address the underlying issue.

We're not going to address why we ended up being up this way. And that's a problem. That's where we get orthorelapse. That's where I see, I mean, I see tons of adults that are like, well, I had an extender when I was younger.

And they have the mouth of like a three-year-old. I'm like, well, maybe you did. we lost some of that and or maybe you didn't even get that much space.

Maybe their goal was just to get the teeth to come in and then they don't really care if you have huge black triangles on the side where your palate is narrow like this instead of your teeth filling up your smile.

Yeah, and that's so common. I mean, You can just look at people and see. And now, like I said, you'll look at people so much different now. Like coming from emergency medicine, I mean, we had scoring of people's airway and we would hate it when we would get someone with a really narrow airway and a really tucked in chin and they're like this and they're so hard to intubate.

height in there. So yeah, that's a risk factor when if you have to get integrated ever, but it's not healthy, you know, it means that the jaw is not developing properly, you know, you want to have a nice square jaw, you know, like the models, the GQ, you know, but that nice chiseled jawline.

And if we're just going for how the teeth look and straining the teeth like traditional orthodontics, that is missing the boat. And no one ever talked about this.

I mean, I'm, I just like today I was like, praise God that like my 13 year old got the movement, got the widening he needed before puberty because I started a little later because I didn't know, I didn't have the information.

Then I got cold feet for like six months because we had to drive two hours both ways. So it was like a four-hour day of driving to get them in an Alf device.

But then, even then, it wasn't like push hard enough, the myofunctional therapy. So I love that where we go now, it's like, Yes, you have to do this. This is like part of it.

It's not an option. Because like you said, even with these, you know, more specialized or, you know, health devices, Crozac, that you could still have regression if their tongue is not working properly.

Is that right? Yep, exactly. And so with those, you go into a time where you'll be in a holding pattern. And depending on how old that person is and how close they are to like an adult growth face, it could be longer than other people.

But the really important things is that Kind of like I said, say I saw somebody when they did ALF initially and they're only in graduation phase. So I'm seeing them maybe once a year, but I didn't do a good job.

So what if, I mean, this is not true, but if I didn't do a good job and their muscles weren't cooperating by the time I see them the next year for a check-in, they could have lost many millimeters.

Like we could really be coming in because we're not getting the proper pressure in the places that we need it. And so it's so important that any orthodontic case is a malfunctional case.

It just is kind of how that goes. But especially when we're using any type of functional appliance, we have to have perfect muscle function and cooperation.

So with the tongue, is it like if you don't use it, you lose it? So say someone goes through intensive myofunctional therapy and then they're like in a holding phase for that.

Do they have to continue to do these exercises or because it's like gradual and building? they're automatically going to do it or how do we know? If I have somebody that goes through with all three phases, so the intensive phase, the habituation phase, the muscle memory phase, then typically when I'm seeing them back at like three months and then six months and then yearly, they're holding their patterns.

I have many people at this point that I'm seeing only once a year for check-ins. And most of them continue to be symptom-free. Their muscle patterns look good when I go through and run all of my tests to see how things are working.

Swallow pattern is going to change through adolescence, so sometimes that's something we have to retouch on. But in general, if we're… comprehensively working, then we don't really see that muscle relapse.

Now, if we see somebody go through a partial program and we don't get to the phase of creating that muscle memory because it takes a while to create those pathways, then sometimes we do have that relapse where maybe we're not starting all the way from the beginning, but we have to backslide just a little bit to remind the brain so that we can pick back up where we need to go.

Yeah, that makes a lot of sense. So how would you know if you had dysfunction? Like, we talked about for kids a little bit, but what about adults? Like, how would adults know?

Because maybe someone's just like, maybe I should do this. Yeah, the biggest thing that I see in adults is

orthorilapse. So if they have to go through braces multiple times, they lost their retainer, now their teeth are crooked again, the retainer is just fighting what the muscles are trying to do.

So again, we have to get those muscles cooperating with us. Could be TMJ issues. So we've got some muscle tension and discomfort from not working properly.

And typically that's what happens where we compensate for a long period of time. And then eventually the body is just like, I can't anymore. And then we start seeing these big symptoms.

And I know you see this when you do hormone stuff with people because the bodies can compensate for so long. And then all of a sudden it's like, nope.

I'm out, I can't do it anymore. And then that's where we start seeing really bad TMJ problems, our neck problems or snoring or sleep apnea, things that I never had when I was younger.

So we associate it with you get older, you always get this. But really it's that we're compensating for so long, it usually will happen around this age.

I love how you brought up like neck pain because TMJ people are like, okay, it's in the mouth, but like neck and shoulder pain.

Expansion, Orthodontics, and Relapse

And you also brought up trauma, how trauma can make things different. So can you, I guess, lean in a little bit more to that? Because for me, like I have this like chronic neck pain or not chronic, but like it will flare up every once in a while.

And it started in medical school when I started seeing a lot of traumatic things, right? And I went through traditional orthodontics and going through this training with my son, I do the exercises with him because I'm like, I don't have good tongue.

And probably everyone listening doesn't either. But yeah, what is this connection with the muscles and with trauma? So with trauma, there can be multiple, right?

There can be emotional, physical, multiple different ways that we can have trauma in the body and the body is going to register it and react to it in all kinds of ways.

So say we have a physical trauma where maybe we, this happened to me, maybe we get hit in the face with a baseball. walk up to the baseball field, first thing that happens is got hit right in the jaw with a baseball.

It was awesome. So there are things that my body has to do to heal from that. It's not just get my jaw back in place. It's, hey, let's, these compensations that you learned over this last week from your jaw being out of place, we need to undo that.

We need to work on the muscles and repattern them as we're undoing some of that physical trauma that happened. Or maybe it was a car accident and we have all of the stuff going on in the body and the body is reacting huge.

We have to remember that everybody's physiology is different. So some people are going to be able to quickly move past things and sometimes that car accident that seemed minor turns into major.

And the fascial system is all out of whack. The nervous system is all out of whack. And there's so many things that are going into what's happening in this person.

And so we have to really dig deep with everybody that we see. We start from birth, even in our adults. Like, I need

to know about birth. I need to know about feeding when you're an infant.

I need to know all of this kind of stuff. so that I can start figuring out where some of this trauma could have been happening. And then we start working on it and compensations that came from it and then pull in providers from my tool belt.

I cannot do everything by myself. I have really good providers that helped me to get everybody to this really good place. Yeah, yeah, that's awesome. So what are some easy exercise?

I mean, could someone just listening out there do a couple of exercises just once a day or to start strengthening their tongue or just or no or I mean you know every everyone should go see through a program right but like are there a few like exercises that we could do?

Really like the biggest baseline thing is starting to learn to have lips closed breathing through the nose and then tongue posturing into the palate because what you should be customizing, everything that you're doing.

It's hard to say what I would need for exercises, what you would need for exercises, but those basic skills of lips closed, breathing through our nose, tongue posturing up, gets us to a really good place.

There's obviously ways to isolate all different parts of the tongue. And you'll see this as we get further in to where we're isolating the middle tongue, we're isolating the back tongue, and we really get into like the meat of stuff that we're doing that a lot of people are super inactive in that area.

But I don't know how to fix it until I start seeing what's going on. Yeah. So having that tongue, that posture up on the roof of the mouth, that is putting that pressure on the palate to stay expanded.

And if you're breathing through your mouth, the tongue is just like flopped down, right? Yep. Exactly. If your mouth open, even if it's not like huge mouth open, this is something that people get confused a lot too, is if we say mouth breathing, they are thinking like, yes, obviously that falls into mouth breathing.

But mouth breathing can be lips parted and still taking in air. And so maybe it's not like a huge large gape that we're seeing. Maybe it's something small and we're taking in that air and then we're introducing bacteria, unfiltered air.

Maybe we start seeing enlarged tonsils. Maybe we start having gut health issues because we're taking in the unfiltered air and we're causing a gut dysbiosis from it.

There's like this whole snowball effect that happens. So if we can get to like a baseline of lips closed, tongue up, nasal breathing, we're in such a better place.

Oh goodness, can we talk about tonsils because it is so annoying tonsils and adenoids. This is like your ENT will not tell you the root cause of your kid's you know, enlarged tonsils and adenoids because they want to take them out.

And I have, you know, I've had, I can just see their faces right now.

Adults, Trauma, and Muscle Compensation

I have patients that I have told them the root cause, we've worked on root causes, but I told them that it's an airway problem too, and they need to get an alphabets and they need to do myofunctional therapy and craniosacral therapy, and then they won't need surgery.

But it takes work and it takes money. So we're just gonna get surgery that insurance covers. And I'm sorry, this is probably a rant, but I can't deal with it.

It's so annoying. So why are the tonsils and adenoids enlarging in these children? Tonsils and adenoids can be

complex. And a lot of the times it's kind of the chicken or the egg thing.

Like we truly don't know which one's coming first. But when I see people with enlarged tonsils, I work as if we started mouth breathing, having poor function and or introducing things into the diet or something in the environment that is creating inflammation in the body.

And then the body is trying to get rid of it. And then we have the enlarged adenoids tonsils happen. So we kind of work from that standpoint. We are a very functional practice.

So our goal is least amount of interventions as possible. and we try to get the body functioning well before we start making those decisions. One thing that a lot of parents don't know, and ENTs are not telling them, even if they are taking out adenoids and tonsils, is that adenoid tissue is going to regrow.

If we are not figuring out why it was enlarged in the first place, or trying to correct if we do know why, then we set ourselves up for having to repeat this surgery over and over.

Tonsils are not, those are going to be gone, but the adenoids can affect the airway just as much. They can completely cover up the breathing space. So when we are seeing this happen, we really need to try to dig deep into this and say, okay, What's going on in the diet?

Who can we use as a provider to try to figure out what sensitivity there could be being introduced to? Or what's going on in the environment? Do we know we're allergic to cats and the cats sleeping in this bed?

What's going on with this person and then what's breathing like? What are we doing as far as breathing? Are we open mouth breathing, taking in that unfiltered air which is causing the tissues to get inflamed itself?

Then the bacteria that's harbored back there and this whole thing starts happening. And so there are protocols that we can use to just start a couple of easy supplements and things like that just to start shrinking those areas.

And then also, how much space do we have? So if we are super narrow like this, even a normal-sized tonsil is going to take up space. Like, we need to make sure that we are looking at all of this stuff.

What does the Malampati score look like? How high is that tongue in the earway? What is going on with this person to cause all of this stuff to happen?

Because if we're covering up the airway with the tongue because we need muscle tone and posturing stuff to be worked on, then that person's always going to have their mouth open.

And so what are we going to do if we're not correcting that? Yeah, and sometimes I feel like the airway is so narrow that they can't even drain. And it's like you're working on all the root causes, but if they're not helping for more room, then it's just not going to get better either.

It's just going to take longer. I think it's hard too because we live in a society where everyone just wants everything done fast with minimal effort.

And I will tell you that is not how optimal health is achieved. It's just not. Like today, I drove three hours, so my kids can go see someone. I'm waking up tomorrow and we're seeing you.

I mean, it takes effort, but this is a little effort now compared to the payoffs later. Because I know mothers might be listening, they're like, wow, my kid needs to start doing this.

We have to start working on their airway. You need my functional therapy, they probably need an airway, like an alt device or Prozac or something. Yes, it's going to take time and money, but the bad stuff like braces and just the cosmetic stuff and not fixing the root cause or them having sleep apnea like my husband's dealing with, you know, in his 40s, that is worse.

And that is more expensive. I promise you. And, you know, sleep apnea in general, has really high morbidity and mortality. And we see the studies that leads to obesity, it leads to chronic illness and disease and heart attack and heart failure and diabetes and all of this.

Because if you're not sleeping, then your body can't repair and your cortisol is gonna be up. So a little bit of effort now when your kids are young. And I just keep telling myself, and I joke with my kids and I'm like, especially Emory, I'm like, your wife is just gonna be so happy that you don't snore, right?

Yeah I mean what do you tell like the parents that well and you're so kind too because we the first two weeks like we just slacked on the exercises you know and you're not going to be perfect at it so like what do you tell the mothers or the fathers out there that they're like you know my kid probably needs this but I'm scared of the time investment or I just I can't do it like what do you tell them?

What I tell most people is, especially in the beginning, every habit of doing things, it takes time. So when I see people, and I've only seen them once or twice, I really do not expect perfection.

Basic Habits and Early Exercises

What makes me happy is when I go back to retest things, if those pathways are starting to be created and the muscles are starting to function differently, I find that to be a win.

That means that we are still progressing even though we weren't perfect. And so I tell a lot of parents, if there are days where I personally give exercises twice a day usually, where you get one time a day, do it once a day.

That's fine. That's better than not doing it at all. It would be kind of comparative to if you're going to the gym and you want to hit twice a day, but you can't twice that day.

doing it once is still going to be beneficial. Like we can still see change and a lot of people are like, oh well these exercise there's too many or they're too long or tell the person that you're working with because we have so many different ways that we can do exercises and give things that If what we're doing and the way that we traditionally like to do it is not working for you, then let us know because everything can be altered and customized to you if you're seeing a myofunctional clinic that knows how to customize to the person.

I love that. I love that because it is so important. So I was talking about this on my Instagram stories about like Toothpillow, like I keep seeing all these mom groups, like they must have ambassadors or something.

I just like, I'm like, eh, and I asked Chelsea about it. And yeah, we need to spill the tea. about the Toothpillow. Yeah. So Toothpillow is a platform and it helps to pair parents with providers.

Most of the time it's providers that are nearest them. And what they'll use is that provider will either use a MyoBrace appliance or they'll use Avivo's Kids appliance, which is basically kind of like a football mouthpiece is what it is.

So it props the kids open. It is a little bit rigid, so it does help a little bit with movement, but really what we're seeing a lot of the change from is the muscles changing, so the tongue coming up into the palate, kind of like what we've been talking about training the body to do.

In our area, the Nashville area, we have so many really good airway providers that if we suspect that there's something going on or we need expansion, it's so much better to go ahead and go straight to that provider that can help with the true expansion and not do that first step and possibly waste time depending on how old that child is.

Myobrace has been around for a long time when I first started and I'm sure VBev's Kids has too but I've been more trained in the Myobrace stuff and it's not that we never use them.

We can use them in different cases when indicated or if you're in a rural area where you don't have access to care, it's definitely better than nothing.

But they do use a system where they are having people promote and then there's codes and are sharing payment and things like that. So in my opinion, just because I've been in the field for so long, going straight to one of your trusted airway providers is the best way to do it.

It's going to ensure that you're getting definitely every single thing that you're needing. Nothing's getting missed at all. You're having the highest level of care and customized for that person.

Yeah, the myobrase I heard that it can help, but it's like a compliance thing with the children too. That's the biggest thing that anybody that I've ever worked with them in.

Now, it's not everybody. So there are people that are just the most compliant people in the world. But in general, for those type of devices, we want them being worn all night long through sleep and anywhere from one to three hours during the day, which can be difficult.

I mean, to be honest, like even myself, I would not be able to be compliant with that. Maybe nighttime, but daytime, absolutely not. No, I like chuckle when I think about it.

I'm like, yeah, especially if you have multiple kids. Yeah. Yeah, it's tough. And I even tried one of the appliances for my own four and a half year old and.

It's one of those battles that for her type of personality, there's no way that I could get her to wear it for more than two minutes.

Tonsils, Adenoids, and Root Causes

Right. Yeah. Let's pick our battles here. That's tough. Yeah. Well, awesome. I'm glad we cleared that up and we definitely want people to get the best care and go to airway providers that have training in a lot of things.

because they should have many tools in their toolboxes, not just that one tool, not just the myobrace or not just the alf, but like the Crozac and all that.

So I think that that's important and also training when you pick a myofunctional therapist that they have lots of different trainings and different experience because this is like what I tell my patients, like I have a plan A to Z.

I have so many tools in my toolbox because not everyone needs the same tool. So just make sure if you're investing, you know, check reviews, check people that, you know, if you're hesitant, I'm sure they have a couple of patients that would talk to you about their experience.

So look for that because that's really important, especially because it is a financial and time commitment. I fully agree and and we try to have people do reviews for us not I mean very few do out of you know the hundreds that we see but at least like the really important like hey this case is kind of special why don't you give a review about it so that way when parents are looking for somebody they can say oh this is what I'm dealing with this probably would be a good provider to go to.

because I could talk till I'm blue in the face about stuff, but really, if you have that validation from another parent that's gone through the same thing, that just holds so much weight for people.

Yeah, it really does. And I will tell you that most of the doctors that are very good at what they do are bad at marketing and asking for reviews. That is a good reminder.

I was just thinking today, I was at someone's office and I'm like, oh, they do this whole reviews, I need to get better at that. So if you're listening, once again, please leave a review and we'll read your review online or I don't know.

It's hard, but I try to review businesses that I love. Well, we're going to move into the lightning round real quick here. Okay. You ready? Okay. So what career did you almost choose?

I would say bet. Oh, yes, being an animal caretaker. Well, you are so good with kids, so I'm glad that you are working with people instead of animals.

What is your favorite habit that rescues a tough day? I'm really okay so we live in a farm and being with the animals my favorite animals are goats and I have this one chicken or that will cuddle and just using the animals as therapy being out in leaving my phone and my devices and being outside with nature there's nothing that can compare to it.

I love that. I love that. But I now don't leave my phone when I go to the cows because of when I had persimmon take off and I chased her. Oh my gosh. Without and I didn't have a phone.

But the good thing is my son saw me like run off so he knew, but he didn't know how to locate me. So anyway, that's why I still bring my phone when I'm with the cows now.

But yeah, I'm great being out like on our many farm. We love that. What is one wellness rule that you'll happily break sometimes? Ooh, that's a tough one.

I think wellness roll. That's a tough one for me. Like mine is I still enjoy it really nice old fashioned. I think I'm going to say it, okay?

Choosing Providers and Treatment Tools

Nobody judged me. We want it. The seasonal Starbucks drinks. Okay. I thought you were going to say like crumble cookie or something. Then I would judge you.

No, I don't. That's not bad. No, I'm not. like a peppermint mocha or like yeah I just get like there's some nostalgia about those types of things yes yes oh I love that and last one and it's one word only what is one word you want listeners to carry on through their week Love.

Love is such a good one. Love yourself, love your friends, love your neighbors, love your family. It's something that we can forget often. People that we are closest to tend to get the least amount of our love.

So love, I think, is where I want to leave people. Yes, love on that. And love your airway. So how can everyone love their airway? So this episode should come out right before you have a big day at your new place.

So tell everyone, because I'm sure we have some Nashville area listeners. Yeah, so we are opening a new wellness studio in Mount Juliet. It's called Vitalis.

It's going to be a cold plunge, sauna, contrast therapy rooms, salt room, and then a Dahlia red light bed, which is a medical grade red light bed that gets to the mitochondrial level and can do various things.

That is where our Mount Juliet breathe well office will also be and we will be opening within the next three weeks or so. And we're super excited to be able to serve the community in this way because this is something that's really lacking in our specific area.

So we're pumped. We'll have different membership options, drop-in options. We're doing founding memberships right now. So they're on a big sale right now for people.

Just really excited to be serving the community in a little bit of a different way also. That's awesome. And how can they go to a website or Instagram or how can they find out?

Yep. So it's by Talis every day because we want wellness to be every day.

Lightning Round and Closing Announcements

We want this to be a communal thing. So you build a community here and every day we're investing in ourselves

so that we can fill our own cups in order to pour into other people.

That was our vision. So searching Vitalis every day, you can find our website, Instagram, Facebook, anything like that. We're doing lots of heavy marketing right now for different events and things coming up.

So be on the lookout for that. If you are interested in anything, wellness. Awesome. So thank you so much, Chelsea. I hope y'all learned a little bit about my functional therapy and that hopefully you'll go see Chelsea.

Don't get her too busy. I still got to get my kids. You guys can always find me if you go to our website, thebreedwellgroup.com. You can schedule directly there.

We see people in person, Franklin, Tennessee, Mount Juliet, Tennessee, Murfreesboro, Tennessee. And then we also offer lots of virtual options for those of you who may not be local or maybe a little bit further away or just busy and can't invest the time to drive to the appointment but want to have the appointment.

That is another way that we can serve you. Yes. Awesome. Well, thank you so much. We appreciate your knowledge. Great, thank you.