

PEDIATRIC MYO THERAPY | DATA INSIGHT

I23

COMMENTS. ONE THREAD.

One common problem.

A REDDIT COMMUNITY ABOUT BRACES | PARENTS
DESCRIBING REFERRAL INACTION

"Our orthodontist said we needed myo therapy. We
never followed up."

If that sentence sounds familiar, you're not alone.
And the delay has a cost.

SWIPE TO SEE WHAT'S ACTUALLY HAPPENING →

THE SETUP

The orthodontist gave you the referral.

So why do so many families never book the appointment?

It is not laziness. It is not forgetting. The data points to something more structural: three specific friction points that stall parents at exactly the wrong moment.

Swipe to see what the research shows.

DATA POINT 01 | THE MECHANISM

Braces move teeth.
Swallowing patterns keep applying
pressure afterward.

This is the core problem with skipping myo therapy. **Tongue thrust** and disordered **swallowing mechanics** exert continuous force on the dental arch. Orthodontic hardware corrects position. It does not retrain the muscles driving the pressure.

If a child's **tongue posture** and swallow pattern are not addressed, relapse is a structural outcome, not a fluke.

DATA POINT 02 | WHY FAMILIES STALL

Three friction points stop parents from acting on the referral.

1 No explanation of why. The referral slip says "myofunctional therapy" but does not explain what that means or what happens if you skip it. Confusion becomes inaction.

2 No urgency signal. Without a named consequence or timeline, myo therapy goes onto the to-do list, below soccer, school, and everything else.

3 No specialist visible in search. Parents searching "myo therapy near me" hit general outpatient clinics with no myo focus, or nothing at all.

DATA POINT 03 | SEARCH BEHAVIOR

Parents are searching.
*They just don't know what they're
looking for yet.*

The most common searches parents run after getting an **orthodontist referral** for myo therapy are not "book an appointment." They are:

"What is myo therapy?"

Parents with no framework for the referral they just received.

"Is myo necessary for braces?"

Parents weighing whether myo is optional. They need a clear answer.

DATA POINT 04 | TIMING

Ages 6-12

THE PRIMARY WINDOW FOR ORTHODONTIC MYO REFERRALS

This is when the jaw and palate are still developing. *The muscle patterns you train now set the baseline.*

Myofunctional therapy at this stage is not just treatment. It is prevention. Addressing **tongue thrust, mouth breathing**, and disordered **oral rest posture** before the jaw finishes developing changes the long-term trajectory of orthodontic outcomes.

Waiting until braces are off is waiting until the window has narrowed.

THE RESOLUTION

The referral was the signal.
The *intake consult* is the next step.

"At rest, the tongue should sit gently against the roof of the mouth. When it doesn't, it tells us something. The referral from your orthodontist is confirmation that something is worth addressing."

A **CMT** can assess your child's **swallowing patterns, lip closure**, and tongue function in a single intake session. That clarity alone is worth the appointment.

FOLLOW FOR MORE

@lastinglanguage

Every week: clear, clinical answers for parents navigating pediatric speech and myo care.

What you'll get by following:

Myo therapy explained simply. What tongue posture means, why orthodontist referrals happen, and when to act.

Pediatric speech milestones. Age-by-age guidance, backed by clinical experience.

No alarm language. No upselling. Just the information you need to make a confident decision.

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