

NEURO REHAB + VOICE | CONTRARIAN TAKE

CONVENTIONAL WISDOM

"If your child has a speech delay or an ortho myo referral, start with the school SLP or a general outpatient speech clinic."

This is the default recommendation.
It is well-meaning. For myo referrals, it misses the actual problem.

HERE'S WHAT THE EVIDENCE SHOWS →

⚠ WHERE THE LOGIC BREAKS DOWN

A myo referral from your orthodontist is not a general speech concern. *It is a specific clinical signal.*

When your orthodontist refers your child for myofunctional therapy, they are telling you that a muscle pattern, not a pronunciation issue, is affecting the orthodontic outcome. That category requires a different kind of provider.

The school SLP system and general outpatient model are not built for it. Three reasons, grounded in how those systems actually work.

School SLPs are scope-limited by design. Myo is outside that scope.

School speech-language pathologists operate under IEP-driven caseloads focused on communication skills that directly affect academic participation. Articulation. Language processing. Fluency.

Myofunctional therapy addresses **tongue posture, mouth breathing, swallowing mechanics**, and **oral rest posture**. These are not IEP-eligible goals. A school SLP cannot take your child's case in response to an orthodontist referral. The system simply is not designed to handle it.

Sending a family to a school SLP with an ortho myo referral is sending them to the right profession, the wrong setting.

EVIDENCE 02 | WHAT THE REFERRAL ACTUALLY MEANS

A general clinic evaluates speech broadly. A CMT-led intake is built for exactly the referral your orthodontist gave you.

GENERAL OUTPATIENT INTAKE

Evaluates communication broadly. May refer out for specialized myo work. No CMT on staff. No specific intake pathway for post-ortho referral cases.

CMT-LED MYO INTAKE

Evaluates tongue thrust, lip closure, oral rest posture, and swallowing patterns directly.

Assessment is designed for exactly the referral your orthodontist gave you.

EVIDENCE 03 | THE COST OF A GENERAL INTAKE

Families that go general first often end up in the same place three months later: looking for a myo specialist.

- General intake evaluates speech broadly. No myo flag raised. Family is told things look "within range." Orthodontic work continues without muscle retraining.
- Months pass. Orthodontist asks whether myo was addressed. The referral process restarts. The window of optimal jaw development has narrowed.
- Braces complete. **Tongue thrust** and disordered **swallowing patterns** were never addressed. The teeth begin moving back toward their original position.

Braces move teeth.

Swallowing patterns keep applying pressure after the braces come off.

Every swallow exerts pressure on the dental arch. Children swallow roughly 1,000 to 2,000 times per day. If the tongue is thrusting forward during each swallow, that force is continuous and directional.

Orthodontic treatment addresses position. It does not retrain the neuromuscular pattern driving the force. That is the role of a **CMT**: to assess the **swallowing mechanics**, the **oral rest posture**, and the **lip closure** patterns, then build a corrective protocol around them.

A general intake does not do this. A school SLP caseload does not include this. The orthodontist referral is telling you something specific. It

THE REFRAME

Old belief: A myo referral is one more thing to add to the speech therapy list.

New belief: A myo referral is a specialist signal. The orthodontist has already identified the category and confirmed the need. The only question is which provider is qualified to address it.

In the Atlanta metro, **CMT** is a rare credential. Fewer providers hold it than parents looking for it. If your child's orthodontist referred you, they are asking for a specific kind of clinician.

FOLLOW FOR MORE

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Every week: honest, specific guidance for parents navigating pediatric myo and speech decisions.

What you'll get by following:

Myo therapy demystified. What an ortho referral actually means. What a CMT does that a general SLP cannot.

Contrarian takes grounded in evidence. When conventional advice gets the clinical picture wrong, we say so, and we show the data.

No alarmism. No filler. Short, declarative posts that respect your time and your child's wellbeing.

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