



Tongue Training Exercises

The basic tongue thrust exercise consists of the patient taking a small amount of liquid into the mouth with the appliance in place. The tip of the tongue is positioned within the loop (spinner) of the palatal wire which provides a positive seat and stretches the muscles of the tongue. The patient then swallows with the tongue forced against the palatal wire (spinner). This process should be repeated for a ten-minute period at least once a day for the child and twice a day for the adult tongue thruster. The patient should find a quiet time in the day so that they can concentrate on the exercise, and not be fatigued and ready for bed. The exercise is much more effective when performed slowly but correctly, as opposed to rapidly but incorrectly. A timer should be used to monitor the ten-minute period. The first sign of progress, and thus reinforcement, comes when the patient can swallow without losing liquid between the lips. When the thrust has been corrected, the patient should be able to swallow easily with the lips held passively apart. Again, the older the patient, the more difficult it will be to retrain the tongue.

The Adult Tongue Thruster

The adult tongue thrust patient poses one of the most difficult of all orthodontic problems to overcome. In addition, the adult thruster will frequently exhibit accompanying temporomandibular joint dysfunction associated with the thrust. When the tongue thrust is present in edentulous patients, the lower denture is frequently difficult, if not impossible for the patient to tolerate. If one simply attempts to close the open bite caused by the thrust, one can expect to see the area re-open. Frequently, the introduction of orthodontic therapy causes the malocclusion to degenerate. The clinician is well advised to attempt to control the tongue thrust prior to additional treatment. The problem with retraining an adult to swallow correctly lies in the fact that the pathologic muscle pattern has become so ingrained that the reflex action is difficult to break on the subconscious level. Even the most co-operative adult patient will learn to swallow correctly when thinking about the swallow, but revert back to the old thrust pattern when the action becomes an unconscious reflex. The doctor may or may not be able to assist the patient to attain a level of correction that will permit further therapy. It is a good idea to inform the patient that if the thrust cannot be brought under reasonable control, treatment will terminate. One should realize that in the adult situation a balance has been established between the thrusting tongue, the oral facial musculature, and the dentition. When this balance is disturbed without correction of the myofunctional problem, there is not assurance that the end result will not be worse than the original condition. These patients should be evaluated carefully on an individual basis with understanding that the extraction of dental units is seldom a viable option. There is an old adage among experienced clinicians which says that, "You may choose to ignore the tongue, but it will not ignore your therapy".