

Myofunctional Orthodontics Informed Consent

Patient Name: _____

Soft tissue dysfunction includes mouth breathing, tongue thrusting, incorrect swallowing, and other myofunctional habits. These myofunctional habits can cause the following: **Malocclusion on poor facial development, TMJ disorders, and relapse of orthodontic treatment.** Treatment goals with myofunctional orthodontics are to establish a permanent pattern in which the following characteristics can be observed:

- Nasal Breathing
- Lips sealed at rest posture
- Tongue resting on the roof of the mouth
- No muscle action on unconscious swallowing

Myofunctional Orthodontics is a training process for you/your child, and just like education or sports, a **daily commitment** and **persistence** is required to obtain the expected results. It also depends on the person's inherent biology for change, therefore, the results can be rapid, and at other times, it may take more perseverance. In addition to the myofunctional appliance (Trainer™, Myobrace™, TMJ Appliance™, etc.) myofunctional exercises or activities will be taught to the patient. The patient must combine these exercises with the use of the appliance and practice them **every day**.

Nutritional advice or improvements in the quality of the diet may be necessary in order to obtain optimal results. This is an optional part of the treatment, but it is highly recommended.

Dr. Medina may also include cranial manipulation and body integration as part of the treatment. She uses finger pressure and gentle traction on areas of tension in the bones, joints, and soft tissue to create fulcrums, or points of balance, around which the body can relax and reorganize. Risks associated with this may include, but are not limited to, short-term muscle soreness and exacerbation of undiscovered injury. Also, some patients may experience an emotional release.

In adult treatment, hypersensitive teeth or unfavorable changes in the bite may occur. Therefore, treatment progress should be closely monitored. If problems do occur, a change to the treatment plan may be appropriate, or in extreme cases, discontinuation of treatment might be necessary.

Regular dental checkups and cleanings are recommended as usual; every six months at your preferred general dentistry provider.

Remember, **good compliance** with the Trainer™ **appliances**, Trainer™ **activities**, and **monthly appointments** are **essential for success**. Failure to adhere to instructions can lengthen treatment time and can adversely affect results. In extreme circumstances, it may be necessary to discontinue treatment. A period of retention will be needed at the end of the treatment to hold the corrected position. It is essential that the Trainer™ or MyoBrace™ is worn through all periods of treatment and retention, unless Dr. Medina instructs otherwise. Correction of myofunctional habits is an essential part of this treatment, and the stability of the final result will depend on the patient's ability to correct these habits. **It is imperative that patients keep all appointments, even follow up appointments to ensure that the patient achieves the best results possible.**

Although her practice is dedicated exclusively to orthodontics, Dr. Medina is not an orthodontist specialist. She is a General Dentist with a General Practice Residency (GPR) post graduated certification. She has taken extensive continued education programs in functional orthodontics, facial orthopedics, TMJ disorders, orofacial myology, and myofunctional orthodontics, among others. Dr. Medina is a senior instructor and holds a fellowship status in the International Association for Orthodontics. She is also a member of the Academy of General Dentistry, the Institute for Functional Medicine, and is a certified silver MyoBrace provider. She also participates in clinical research.

Dr. Medina has thoroughly explained to me the proposed treatment plan, the alternatives of treatment, and the consequences if no treatment is done. I concur that I have been involved in the formation of the proposed treatment plan, and that I have the right to seek another opinion if I feel the need. I have read and understand this document and hereby give consent for Myofunctional Orthodontic treatment by Dr. Medina.

Signature (Patient or parent/ guardian)

Date

Dr. Judith Medina-Rivera, DMD

Date

Consent to use records:

I hereby consent that photographs, videos, and records made in the process of examination and treatment may be used for the purposes of research, education, and publication in professional journals, or Dr. Medina's website. *Note: Patient's personal information will **not** be disclosed.*

Signature (Patient or parent/ guardian)

Date

I do not consent the use of records