

## Orofacial Myology Therapy Informed Consent

Patient Name: \_\_\_\_\_

Orofacial myology therapy, which is also known as myofunctional therapy, is used to treat patients with various orofacial dysfunctions and abnormal patterns which include:

1. Non-nutritive sucking habits such as thumb or finger sucking, use of a pacifier
2. Other detrimental orofacial habits, i.e. nail biting, chewing of objects or oral tissue
3. Abnormal orofacial rest postures such as open mouth, head forward, lowered tongue position
4. Neuromuscular patterns related to bolus formation, deglutition, and mastication
5. Abnormal breathing patterns (mouth breathing)
6. Abnormal voluntary swallowing patterns (we do not treat dysphagia)

The goal of the orofacial myologist is to assist the patient in the creation, restoration, and maintenance of a normal and harmonious muscular environment. The orofacial myology therapy may be limited by the following situations:

- Airway problems like complete nasal obstruction and enlarged tonsils
- Oral anatomical discrepancies like a narrow palate, extremely crooked teeth, and missing teeth

It must be noted that the successful completion of the myofunctional therapy program is also dependent upon patient compliance, attitude, and self-discipline. Parental involvement and encouragement for children is also important and necessary.

Dr. Medina-Rivera is a General Dentist with a General Practice Residency (GPR) post graduate certificate. Although her practice is dedicated exclusively to orthodontics, she is not an orthodontic specialist. She has taken extensive continued education programs in functional orthodontics, facial orthopedics, TMJ disorders, orofacial myology and myofunctional orthodontics, among others. She has been a member of the Academy of General Dentistry, the International Association for Orthodontics and the International Association of Orofacial Myology. Dr. Medina is currently a fellow and certified senior instructor of the International Association of Orthodontics, and a member of the Institute of Functional Medicine. She also participates in clinical research. I have read and understand this document and hereby give consent to the myofunctional therapy recommended by Dr. Medina.

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**Patient or Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient or Parent/Guardian Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dr. Judith Medina-Rivera, DMD**

\_\_\_\_\_  
**Date**

