

The 2nd AAMS Congress & Hippocrates Gala

Sleep Disordered Breathing, Craniofacial Growth And Development;
Early Intervention And Patient Outcomes

Chicago, IL, USA
March 1-5, 2017

The Fairmont Chicago Millennium Park
200 N. Columbus Drive, Chicago, IL 60601



Supporting Societies and Institutions

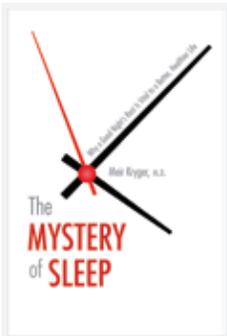




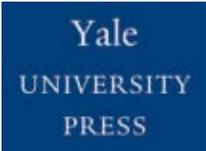
The Academy of
Orofacial Myofunctional
Therapy is Honored to

Celebrate the Advancements of the Academy of Applied Myofunctional Sciences

We are supporting the AAMS as an essential means
to fulfill our mission of making sure that everyone who suffers from
an orofacial myofunctional disorder can find proper care.



The AOMT is honored to host
the world premier of Yale
University Press' new work
by **Dr. Meir Kryger**





The AAMS
welcomes you to
CHICAGO



From our Executive Director & Chairman

There is a whiff of history in the air. Never since the term “myofunctional therapy” was coined by Benno Lisher in the Harvard School of Dental Medicine’s Department of Orthodontics about 100 years ago has there been such a momentum of excitement, enthusiasm, passion, and research. Interest from governments looking to solve national public health issues, leading foundations working to solve health crises, and the world’s leading research universities have not only begun to take notice of orofacial myofunctional therapy (OMT), but have taken action. The AAMS was created in part to engender a scientific foundation upon which we will launch this emerging field of medicine and I am privileged to write that you will see some of that foundation being laid here this week in Chicago.

The enthusiasm for orofacial myofunctional therapy as I have travelled the globe has been never been more infectious. From Rome in May 2016 when the Italian Minister of Health issued a 27 page statement calling for OMT if pediatric OSA or snoring is suspected, from Singapore in October 2016 where the Asian Pediatric Pulmonary Society (APSS) adopted OMT as a standard of care for pediatric OSA, to Brazil where the “Frenum Inspection Law has been (mandating newborns to have their frenulum inspected and revised, if warranted, avoid orofacial myofunctional disorders (OMDs) throughout life) in effect now for 2 years, to Bethesda where OMT has a place at the table on NIH committees, and to major institutions such as Lurie Children’s Hospital in Chicago where myofunctional therapy is trained across the entire speech-language pathology faculty, to Stanford School of Medicine where leaders in sleep medicine and public health are asking how to change medical paradigms with a great sense of urgency to bring help as many patients as possible, there is a sense that we are on the cusp of great change.

We have much work to do to tell our story, and establish the science, standards, curricula, measurement, and regulations to protect and continue our growth to bring OMT to those who need it. This 2nd Congress’ presentations, has some of the best and brightest teams looking to help tell that story, and build that future. Late-breaking papers on the correlation of ankyloglossia and maxillary hypoplasia and proposals for new standards of care including OMT for orthognathic surgery, treatment for special needs populations, will not only be premiered here, but there will be discussion, debate, and design for practical means and tools for screening for OMDs across large populations to create awareness and deliver care.

Sunday will see an AAMS Satellite Symposium: Research Priorities For Myofunctional Therapy: Action in Rehabilitation, Dentistry and Medicine: Findings from the 2nd AAMS Congress. Leaders on the cutting edge of their fields of care will join some of the foremost leaders in their fields to explore priorities, focusing in on concrete steps that will catalyse OMT.

Last, but not least, Friday the 3rd the 2nd Hippocrates Gala on the 80th Floor of the Aon Building will be a not miss occasion, where we will celebrate 12 extraordinary leaders and 4 institutions for their mission, vision, and contribution to our field.

The excitement is palpable as we are on the frontier of seeing OMT grow in leaps and bounds. It has been a great and humbling privilege to help shepherd these extraordinary professionals to come together on this historic occasion.

Marc Richard Moeller



Marc R. Moeller
Executive Director and Chairman

Marc Richard Moeller, is the Executive Director and founding Board Chair of the Academy of Applied Myofunctional Sciences (AAMS), who also serves as the Managing Director of the Academy of Orofacial Myofunctional Therapy (AOMT). Marc comes to the field of Orofacial Myofunctional Therapy (OMT) with extensive experience as a senior executive in finance. He has built and bridged strategies across multinational financial conglomerates, with a specialization in joint-venture integration. He feels fortunate to apply this experience as a public health advocate, building bridges in the interdisciplinary profession of OMT to facilitate research and develop curricula. As a graduate of University of California, San Diego, he is based in Los Angeles.

The 2nd Congress & Hippocrates Gala's organizing committee welcome every one of you and wish you an unforgettable weekend in Chicago!

I would like to personally welcome all of you to the Second Congress of the Academy of Applied Myofunctional Sciences (AAMS)

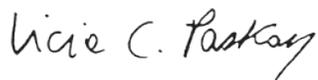
The passion to heal patients and improve one another's professional standards has tied all of us together to the big family of AAMS. What can be a better occasion to share insights and get energized, than meeting all together, learning, exchanging, networking, supporting and cheering at the AAMS Congress in Chicago, March 1st to 5th?

If you go to just one meeting a year, this is it. Don't miss it. Come and learn about how orofacial myofunctional disorders are linked to sleep disorders, dysfunctions in the growth and development of the facial complex, dental and skeletal malocclusion, obesity, and even human evolution.

Come and hear how all the countries, universities, hospitals and associations work together to produce research and create diagnostic protocols and therapeutic modalities, all for the improvement of life quality and reduction of diseases. Come and cheer during the Gala, at the gorgeous Mid-America Club. Celebrate people and organizations who really changed medicine, worldwide, by researching on and applying the principles of myofunctional sciences.

Enjoy Chicago, with its spectacular buildings and great history; share it with your family, colleagues, new friends you meet at the Congress. Let us help you get there. Check the program, the registration page and information about the hotel and transportation. We are here to help you and we'll be happy to see you there.

You'll recognize me. I'll be the one greeting you and welcoming you there.



Licia



Licia Coceani Paskay
AAMS President

Licia graduated from Padua University (Italy) in speech therapy, from Antioch University, Los Angeles with a BA in Gerontology and from Cal. State U. Northridge with a Masters Degree in Communication Disorders and Sciences, but she never stopped learning and pursuing education. Licia is a licensed Speech Language Pathologist in California (with an emphasis in Orofacial Myofunctional Therapy and the management of cognitive disorders) treating patients of all ages, mostly affected by dysphagia or orofacial myofunctional disorders, but also by Multiple Sclerosis, Mild Cognitive Impairment, Parkinson's and Alzheimer's. She found the perfect mixture of inspiring professionals at the Academy of Orofacial myofunctional therapy (AOMT) where she is currently a board member and lecturer and where she has the chance to collaborate and exchange ideas with some of the most remarkable professionals in the world.

Licia shares her passion for knowledge and information by presenting at various events nationally and internationally, using different types of media. She also ponders over every word she writes in several articles on the subject of myofunctional therapy.

Licia works hard but also makes a point to spend quality time with her siblings, with her much adored husband, her funny dog, friends, colleagues, students and with people passionate about learning and doing.

Imperial	Crystal	Chancellor	Regent	Rouge	Regal	Royal	Gala North American
THURSDAY March 2nd (Cont'd)							
3:30-4:00	Darius Loghmanee (cont.OMT & Public Health Symp)	Nicole Archambault		Coffee break	Office	Green room (speaker's preparation)	
4:00-4:30							
4:30-5:00	Panel discussion : expanding the fields of application of myofunctional sciences						
5:00-5:30							
5:30-6:00	WOMS Day Celebration						
6:00-6:30	Evals, CEUs & certif atten.	Evals, CEUs & certif atten.					
6:30-7:00							
FRIDAY March 3rd							
7:00-7:30	Imperial 500	Chancellor 85	Regent 100	Rouge			
7:30-8:00	Symposium on OMT and Obesity -	Symposium Tongue tie and early childhood OMT intervention					
8:00-8:30	Rakesh Bhattacharjee	Eyal Botzer		Exhibit hall (all day)	Office	Green room (speaker's preparation)	
8:30-9:00							
9:00-9:30	Marlei Braude Canterji	Sorush Zaghi					
9:30-10:00							
10:00-10:30	Poster						
10:30-11:00							
11:00-11:30	Christian Guilleminault	Bridget Ingle 45 min Joy Moeller 45 min					
11:30-12:00							
12:00-12:30	Posters (lunch hour)	Lunch hour on your own					
12:30-1:00							
1:00-1:30	Saroush Zaghi	Alison Hazelbaker					
1:30-2:00							
2:00-2:30	Stanley Y Liu	Larry Kotlow					
2:30-3:00	Posters						
3:00-3:30							
3:30-4:00	Audrey Yoon	Marisa Santos					
4:00-4:30							
4:30-5:00	Panel discussion: Public initiatives, social media and technology - Conclusions-AJourn						
5:00-5:30							
5:30-6:00	Evals, CEUs & certif atten.	Evals, CEUs & certif atten.					
6:00-6:30							
6:30-7:00							
6 pm-10 pm Gala							

Imperial	Crystal	Chancellor	Regent	Rouge	Regal	Royal	Gala North American
SATURDAY March 4th							
7:00-7:30	Imperial 500	Crystal 100	Chancellor 85	Regent 100			
7:30-8:00	Symposium on Sleep+OMT	Symposium Ortho+OMT+ standard of care changes	Symp Ortho+OMT+ changes in standard of care	Symposium Multidisciplinary Approaches			
8:00-8:30	Judy Owens 40 min						
8:30-9:00	Leila Gozal 40 min						
9:00-9:30	Maria Pia Villa 40 min			Joy Moeller			
9:30-10:00		Barry Raphael					
10:00-10:30	Posters						
10:30-11:00	Esther Bianchini 45 min	Marileda Tome 45 min	Heidi Widoff 30 min	Irene Marchesan 45 min			
11:00-11:30	Umakanth Khatwa 45min	Sabina Saccomanno 45 min	James Bronson 1 hour	Diana Grandi 45 min			
11:30-12:00							
12:00-12:30	Posters (lunch hour)	Lunch on your own	Lunch on your own	Coffee break	Office	Green room (speaker's preparation)	
12:30-1:00							
1:00-1:30	Maria Pia Villa	Trin Jigomagi and Heisl Vaheer	Naurine Shah	Thierry Gouzland			
1:30-2:00							
2:00-2:30	Melania Evangelisti	Steven Sheldon	William Hang	Ricardo Santos			
2:30-3:00							
3:00-3:30	Posters						
3:30-4:00	Nancy Rothstein 30 min						
4:00-4:30	Panel discussion: Research priorities, wellness paradigms, multidisciplinary education						
4:30-5:00							
5:00-5:30							
5:30-6:00	Evals, CEUs & certif atten.	Evals, CEUs & certif atten.	Evals, CEUs & certif atten.	Evals, CEUs & certif atten.			
6:00-6:30							

SUNDAY March 5th							
7:00-7:30	Crystal 100 classroom	Chancellor 85 theater	Regent				
7:30-8:00	Registration	Registration	Registration				
8:00-8:30							
8:30-9:00							
9:00-9:30	Larry Kotlow and Scott Seagal	Esther Bianchini	"Research Priorities for Myofunctional Therapy" Symposium				
9:30-10:00							
10:00-10:30	Break 15 min	Break 15 min	Break 15 min				
10:30-11:00							
11:00-11:30							
11:30-12:00							

Our Speakers



Nicole Archambault Besson, EdS, MS, CCC-SLP | USA

Nicole is an ASHA board certified speech-language pathologist, orofacial myofunctional therapist, and sleep literacy advocate. She is the founder and executive director of Minds In Motion and a teaching assistant in the Graduate School of Education's Mind, Brain, & Teaching program at Johns Hopkins University. Nicole is an executive committee member of the Academy of Applied Myofunctional Sciences (AAMS), and the myofunctional therapy section leader for the American Academy of Physiological Medicine & Dentistry (AAPMD). She is a national speaker on sleep-disordered breathing (SDB) in pediatrics and has lectured to various professional organizations on orofacial myofunctional disorders (OMDs) as clinical markers for SDB and its overall impact on childhood functions. Nicole has focused her efforts on raising awareness and building collaboration amongst disciplines on their interdisciplinary roles in the screening and management of SDB. She also writes professional articles on this topic. Nicole is a recent graduate of Johns Hopkins University.



Kathy Bassett, BSDH, RDH, MEd | USA

The lead instructor for the Local Anesthesia course at Pierce College-Pacific Northwest Dental Hygiene Institute in Washington State. Her textbook is one recommended by the Western Regional Examining Board as a reference for their exams. Kathy also assists in the Restorative course. She has more than 30 years of practice experience, focused primarily in local anesthesia delivery and restorative expanded functions. Bassett is also a co-author of the textbook Local Anesthesia for Dental Professionals, that will be released in its second edition.



Rakesh Bhattacharjee, MD | USA

Dr. Bhattacharjee is a board certified child specialist of pulmonary and sleep disorders, including sleep apnea and sleep-related breathing problems. He is the director of Pediatric Sleep Medicine at the University of California, San Diego and Rady Children's Hospital. His research focuses on treatment of Pediatric sleep disorders and on cardiovascular impairment in patients suffering from sleep disorders, as well as the impact of childhood obesity on pediatric sleep apnea. He has received multiple awards and grants for his research from notable organizations, including the American Academy of Sleep Medicine, American Thoracic Society, and the American Heart Association.



Esther Bianchini, PhD | Brazil

Dr. Bianchini is a Speech and Language Pathologist (SLP), Master in Communication Disorders (PUC-SP), Ph.D. in Science, Faculty of Medicine of the University of São Paulo (FMUSP), President of the SLP Department of the Brazilian Society of Sleep (ABSono), Professor at the Post Graduation Program in SLP at the Pontifícia Universidade Católica de São Paulo (PUC-SP), Professor at CEFAC – Health and Education, Director of the SLP Rehabilitation Clinic in São Paulo, Brazil, author of scientific articles, books, and book chapters.



Eyal Botzer, DMD | Israel

Eyal Botzer is a DMD from the Hebrew University School of Dental Medicine. He studied in the Post Graduate program in Pediatric Dentistry. He then served as a research fellow at the NYU Dental School, training in a new technique for the treatment of cleft lip and palate at the NYU Medical Center Institute of Craniofacial Reconstructive Plastic Surgery. He then served as the Director of the Pediatric Dentistry Clinic at the Tel Aviv Sourasky Medical Center. Dr. Botzer specializes in pediatric dentistry and the treatment of neonates with craniofacial anomalies. Additionally he engaged in tongue tie research and participated in the first three IATP Summits as a founding member of the IATP. He also co-authored several articles on Tongue Tie and performed over 10 thousand frenotomies on newborns with breastfeeding difficulties.



Normand Boucher, DDS | USA

Dr. Normand Boucher is a board certified orthodontist and an affiliate member of the Angle Society. He practiced as a family dentist for five years before seeking specialty training in orthodontics and periodontics at the University of Pennsylvania. Dr. Boucher was appointed Chief of Orthodontics at Thomas Jefferson University Hospital from 1982-1987. He subsequently established a full-time private practice in Wayne and Westtown in 1987. His teaching responsibilities with the orthodontic department at the University of Pennsylvania reflect the values of his private practice and include teaching diagnosis and treatment planning for the Six Elements of Orofacial Harmony Orthodontics Philosophy. Most recently, Dr. Boucher and the entire clinical staff completed a course in "Myofunctional Therapy" which is the study of the function of the tongue, swallowing, and speech.



Kevin Boyd, DDS | USA

Kevin Boyd is a board-certified pediatric dentist with over 20 years experience delivering outstanding dental healthcare to infants, children, adolescents, and young adults with physical and/or mental disabilities, and other special needs. After graduating from Loyola University's Chicago College of Dentistry in 1986, he attended the University of Iowa for his advanced residency training in Pediatric Dentistry. Dr. Boyd also holds an advanced degree (M.Sc.) in Human Nutrition and Dietetics from Michigan State University where he participated in research projects related to unhealthy eating and how it contributes to tooth decay, obesity and Type 2 Diabetes. His strong academic background in nutritional biochemistry has been instrumental in motivating the importance he places on nutrition as being a key component of each child's dental health plan.



Marlei Braude Canterji, MBG, SLP | Brazil

Marlei Braude Canterji has a BA in chemistry, a degree in speech therapy, and she is a specialist in Orofacial Myology and Neuro-Evolutionary Concept Bobath. She has a master in Biomedical Gerontology from PUCRS, a specialization in Obesity and Weight Loss and she is the speech therapist within the Obesity and Metabolic Surgery Study Group (GECOM) in Brazil. She is a Member of the Brazilian Society of Speech Therapy – SBF, an Associate Member of the Brazilian Society of Bariatric and Metabolic Surgery (COESAS) – SBCBM and a member of the International Federation of the Surgery of Obesity and Metabolic Disorders – IFSO.

Our Speakers



James Bronson, DDS, FBPI | USA

Dr. James Bronson graduated "Cum Laude" from Georgetown University School of Dentistry in 1983. James has General Dental Practices in McLean and Charlottesville, Virginia, and a practice limited to ALF (Airway focused Lingual posture Facial growth guidance) Orthodontics and TMD therapy in Santa Cruz, California. He has published 3 articles on the "ALF Philosophy" and its benefits. In addition, James is founder of the ALF (Airway focused Lingual posture Facial growth guidance) Educational Institute, LLC. He is Director of Clinical Programs, the ALF Educational Institute, LLC Omicron Kappa Upsilon – National Dental Honor Society International, speaker (USA, Canada, Australia, China, Germany, Hungary, Romania, Turkey). He is also a fellow of International Association of Orthodontics, Senior Certified Instructor, and Buteyko Professionals International.



Robert Corruccini, PhD | USA

Robert S. Corruccini, PhD, is Professor Emeritus and Distinguished Scholar of Anthropology Department of Southern Illinois University in Carbondale, IL. Dr. Corruccini has published numerous papers and won various federal research grants concerning cross cultural, fossil, and prehistoric osteological and odontological aspects of human (and nonhuman primate) oral facial growth and variation relative to myological demands.



Linda D'Onofrio, MS, CCC-SLP | USA

Linda is a certified speech-language pathologist specializing in structural and sensory-motor based speech disorders, oromyofunctional and feeding disorders, social cognitive disorders, and developmental speech language disorders. She is a past president of the Oregon Speech-Language Hearing Association. She presents and teaches on these areas of specialty.



Michelle Emanuel, OTR/L | USA

Michelle Emanuel OTR/L has been a pediatric Occupational Therapist for 20 years. She has experience working in the NICU, PICU, CICU, and outpatient arenas. Her specialty ranges from the newborn to precrawling baby, and her focus has been on torticollis, plagiocephaly and oral restrictions and dysfunction. Michelle developed the TummyTime! Method program ten years ago in order to empower and equip parents with home activities to support optimal function and development. Michelle has studied extensively with osteopaths, doctors and leading researchers in her quest to provide the highest quality care. She is currently in private practice in Cincinnati, OH providing evaluation and treatment of posture, movement, connection and oral function, as well as teaching and speaking on the topics of Cranial Nerve Dysfunction, Social Nervous System, Autonomic Nervous System Regulation and Resiliency and more.



Melania Evangelisti, MD, PhD | Italy

Melania Evangelisti, MD, PhD is a pediatrician working at the regional sleep disorders center of the University "Sapienza" of Rome. Her affiliations include the Pediatric Sleep Disease Center, Child Neurology, NESMOS Department, School of Medicine and Psychology, Sapienza University of Rome, S. Andrea Hospital, Rome, Italy.



Mariana Evans, DMD | USA

Dr. Marianna Evans is a Board-certified dual specialist in orthodontics and periodontics. Her multidisciplinary training allows her to manage complex orthodontic and periodontal cases, and focus on early prevention of dental problems using the latest advances in orthodontics and periodontics. Dr. Evans divides her time between private practice, teaching at the University of Pennsylvania Department of Orthodontics and clinical research. She founded her private practice, Infinity Dental Specialists, in 2010 and is currently advancing new research in 3-D imaging, palatal expansion and periodontal regeneration. As a published researcher, Dr. Evans frequently lectures around the world on orthodontics, periodontics and dental implants. At home, she co-founded the OrthoPerio Institute, which provides courses on developments in orthodontics, periodontics and dental implants to both clinicians and their staff.



Patrick Fellus, MD | France

Patrick Fellus, MD specializes in dentofacial orthopedics; . He serves as the President of the French Pediatric Orthodontic Society, and works at the University Hospital Robert Debré in Paris. He published several peer reviewed articles on various subjects including orofacial myofunctional disorders in French journals.



Brigitte Fung, PT | Hong Kong

Brigitte Fung graduated with a professional diploma in physiotherapy. Master degree in science of exercise and nutrition science was granted in 2003. She is also a certified Lymphatic Therapist and Orofacial Myofunctional Therapist. She was also the clinical educator of the master of physiotherapy in China. She was presented the olden Jubilee Award by Hong Kong physiotherapy association in 2013 for recognising the contribution to the profession. Recently she has been actively involved in providing service to children with a special interest in the research and management of sleep disordered breathing and dysfunctional breathing with Orofacial myofunctional therapy and Buteyko breathing reeducation.

Our Speakers



Thierry Gouzland, PT, OMT | France

Thierry Gouzland is a physiotherapist with an exclusive practice in OMT at the Polyclinique Bordeaux Tondu, in France. He is a holder of a university degree in crano-facial anatomy and in sciences of movement analysis. He is also qualified in structural osteopathy. For many years he worked in different fields of myofunctional therapy as OSA, posture, facial growth, bariatric and orthognathic surgery. As a professor he teaches at IFMK of Bordeaux and Dax, and at the University of Bordeaux, for the degree in crano-maxillo-facial reeducation at the faculty of medicine. He is author of scientific articles and book chapters. He is the current Vice President of the International Society of Tongue Kinesitherapy SIKL.



David Gozal, MD | USA

David Gozal, MD, is a leading expert in the treatment of pediatric sleep disorders, the developmental neurobiology of respiratory control, and sleep-disordered breathing. He is known as a pioneer in the study of childhood sleep problems, and the relationships between sleep disorders and neurobehavioral, cardiovascular, and metabolic disease. Dr. Gozal also has held prominent positions in many professional societies. He is currently associate editor of the American Journal of Respiratory and Critical Care Medicine, deputy editor of the journals Sleep and Frontiers in Neurology, serves on the editorial board of several scientific publications and as a reviewer for more than 30 journals. An accomplished author and speaker, he has published more than 430 peer-reviewed articles, over 100 book chapters and reviews, edited two books, and lectured at scientific meetings around the world.



Diana Grandi, MS, SLP | Spain

Diana Grandi has a Master's Degree in Bioethics and Law, and a BA in Speech Language Therapy. She has been the Vice Dean of the Collegi de Logopedes de Catalunya from 2001 to 2015, and its Technical Director from 2007 to 2013. Currently, she is the Coordinator of the Master's Degree in Orofacial Motricity-Univ. Central de Catalunya. She has been a Member of the Executive Committee for the I Symposium on Orofacial Myofunctional Therapy (SIAMO) in Portugal, 2015, and will be the same for the 2nd Symposium (II SIAMO) in Spain, 2017. She is a Member of the International Committee of the World Orofacial Motricity Day in representation of Spain. She's the author of articles and chapters of books and co-author of various orofacial interdisciplinary evaluation protocols.



Christian Guilleminault MD, PhD | USA

Dr. Christian Guilleminault is a physician and researcher in the field of sleep medicine who played a central role in the early discovery of obstructive sleep apnea and has made seminal discoveries in many other areas of sleep medicine. Guilleminault continues to be a prolific researcher in the field of sleep medicine and has authored over six hundred articles in peer-reviewed medical journals to date and has won several awards for his research in the field of sleep medicine. He was a founding member of the Association of Sleep Disorders Centers in 1975 and was elected to be the first editor of the journal Sleep in June 1976, a role in which he continued to serve until 1997. He continues to practice clinical medicine and contribute to research endeavors at the Stanford Center for Sleep Sciences and Medicine.



William Hang, DDS | USA

After completing his orthodontic training at the University of Minnesota, Dr. Hang joined the faculty there to teach orthodontics. In 1981, Dr. Hang embarked on a global quest for a better way to do orthodontics. He moved to Southern California and developed a truly unique orthodontic practice with strong emphasis on facial aesthetics achieved with innovative early treatment and adult treatment. Approximately 15 years ago he noticed the significant positive effect some of his treatments were having on the airway. He was the Founding President of the North American Association of Facial Orthotropics®, is a board member of the AAPMD, and is an advisor to the Academy of Orofacial Myofunctional Therapy. A pioneer in bringing orthodontics into the Post-Retraction Era, he has identified the Extraction Retraction Regret Syndrome™.



Alison Hazelbaker, PhD, IBCLC | USA

Dr. Hazelbaker has been a therapist for over 30 years. She specializes in cross-disciplinary treatment and to that end has taken training in several modalities to best assist her clients. She is a certified Craniosacral Therapist, a Lymph Drainage Therapy practitioner, a Tummy Time™ Trainer, a Rhythmic Movement practitioner and an International Board Certified Lactation Consultant. She runs a private practice in Columbus, Ohio. Her original research on tongue-tie, done in 1993, has changed clinical practice both in the USA and abroad. She authored the Assessment Tool for Lingual Frenulum Function (ATLFF) during her Master's Degree program, eventually earning recognition by the Academy of Breastfeeding Medicine and the American Academy of Pediatrics. She is recognised as an expert on infant sucking issues and the treatment. Dr. Hazelbaker has performed over 7000 infant treatments. She had written, "Tongue-tie: Morphogenesis", and "Impact, Assessment and Treatment".



Miho Imamura PhD DDS | Japan

Miho Imamura, DDS, PhD is a 1986 graduate of the Nippon dental school in Tokyo, Japan. She's a graduate of the Japan University orthodontic course (1986-1988). In 1988 to 2002 she studied preventive dentistry research at the Des Moines Collage in Iowa, USA. In 2003 she opened the M.I.H.O.orthodontic clinic (private clinic in Kofu Japan) where she currently works. She is a professional certificated board member of the Japan orthodontic association and the Japan adult orthodontic association. Dr. Imamura is a founder and board member of the Japanese Society for Oral Myofunctional Therapy.



Bridget Ingle, RN, RM, IBCLC | Australia

Bridget Ingle lives in Queensland Australia. She has been working in a busy private practice for 25 years as an International Board Certified Lactation Consultant. In 2013, Bridget studied orofacial myology and incorporates myofunctional therapy into her work with infants and children. Her special interest is supporting mothers and babies with complex breastfeeding challenges such as cleft palate, Down Syndrome, suck dysfunction, tongue tie or recovery to achieve optimal function following frenectomy procedures. Bridget is Co Founder of the Australasian Society for Tongue and Lip Ties.

Our Speakers



Triin Jagomagi, PhD, MSc | Estonia

Triin graduated from the University of Tartu, Estonia in 1993 with DDS in stomatology, soon after that from University of Kuopio, Finland with master's degree (MSc) in Orthodontics in 1995. In 2005 she got a diploma of Membership in Orthodontics (MOrth RCSEd) by the Royal College of Surgeons of Edinburgh, UK. In January, 2012, she acquired PhD in medicine from the University of Tartu, Estonia. Currently she works as Associate Professor and Researcher at the Institute of Dentistry by the University of Tartu, the same time also being head of the orthodontic postgraduate training. She supervises 4 PhD students of Medical Faculty of Tartu University: 2 from Vietnam, 2 from Estonia.



Sharon Keenan, PhD | USA

Dr. Keenan is the founder, director and one of the principal lecturers at The School of Sleep Medicine, Inc. in Palo Alto, CA. She also served as principal lecturer at the University of Sydney Department of Medicine in Sydney, Australia from 1986 to 2010. She has been an invited speaker throughout North America, Europe, Asia and South America. She has contributed chapters to numerous books and has presented papers and abstracts on polysomnography both nationally and internationally. She served as president of the Association of Polysomnographic Technologists from 1983 to 1991 and is the recipient of the Weitzman Award for Outstanding Contributions and Dedication to the Association of Polysomnographic Technologists and the William C. Dement award for outstanding leadership at Stanford University Sleep Disorders Research Center.



Leila Keirandish-Gozal, MD | USA

Dr. Leila Kheirandish-Gozal is the director of pediatric clinical sleep research at the University of Chicago. Her research activities revolve around pediatric sleep disordered of breathing, with particular focus on major areas of vascular morbidity associated with pediatric OSA. Her previous research has provided new concepts and methodologies and identified causative links between pediatric sleep disordered breathing and its morbid cardiovascular consequences. She is a member of, and covers many positions in, the International Pediatric Sleep Association (IPSA) the American Thoracic Society (ATS), the Assembly on Sleep & Respiratory Society, Neurobiology, and the Illinois Sleep Society. She is editor or part of the editorial board of several prestigious journals. Dr. Kheirandish-Gozal has extensively published over 130 articles in prestigious peer reviewed journals, and is regularly an invited speaker at national and international meetings.



Umakanth Khatwa, MD | USA

Dr. Umakanth Khatwa is a graduate of Karnataka Institute of Medical Sciences in Hubli, Karnataka, and completed his pediatrics residency at the All India Institute of Medical Sciences in New Delhi. He came to United States and completed his pediatric residency at The Weil Cornell Medical School's Lincoln Medical Center in New York. He went on to complete his fellowships in pediatric pulmonology at Harvard Medical School and Boston Children's Hospital, and sleep medicine at Harvard Medical School and Beth Israel Deaconess Medical Center in Boston. Dr. Khatwa is certified in pediatrics, pediatric pulmonology and sleep medicine. He is currently faculty at Harvard Medical School and actively involves in teaching medical students and residents. He is the Director of Sleep Laboratory at Boston Children Hospital and co-director for Program for Sleep Apnea and Sleep Surgery, and Primary Ciliary Dyskinesia Program.



Lawrence Kotlow, DDS | USA

Dr. Umakanth Khatwa is a graduate of Karnataka Institute of Medical Sciences in Hubli, Karnataka, and completed his pediatrics residency at the All India Institute of Medical Sciences in New Delhi. He came to United States and completed his pediatric residency at The Weil Cornell Medical School's Lincoln Medical Center in New York. He went on to complete his fellowships in pediatric pulmonology at Harvard Medical School and Boston Children's Hospital, and sleep medicine at Harvard Medical School and Beth Israel Deaconess Medical Center in Boston. Dr. Khatwa is certified in pediatrics, pediatric pulmonology and sleep medicine. He is currently faculty at Harvard Medical School and actively involves in teaching medical students and residents. He is the Director of Sleep Laboratory at Boston Children Hospital and co-director for Program for Sleep Apnea and Sleep Surgery, and Primary Ciliary Dyskinesia Program.



Meir Kryger, MD, FRCPC | USA

Meir Kryger joined the Yale School of Medicine and the VA Connecticut Health System, November 2011. Previously he was Professor of Medicine, University of Manitoba where he established the first clinical laboratory studying patients with sleep breathing problems in Canada. Dr. Kryger has published more than 200 research articles and book chapters. He is the chief editor of the most widely used textbook in sleep medicine, The Principles and Practice of Sleep Medicine, currently in its 5th edition and he is the author of A Woman's Guide to Sleep Disorders, the Atlas of Clinical Sleep Medicine, and Kryger's Sleep Medicine Review. He is boarded in Internal Medicine, Pulmonary Medicine and Sleep Medicine and is a Fellow of the Royal College of Physicians of Canada. He has been president of both the Canadian Sleep Society and the American Academy of Sleep Medicine. He is on the Board of Directors of the National Sleep Foundation in Washington, D.C., and served as Board. of Sleep Medicine.



Lois Laynee, PhD | USA

Lois Laynee's passion for the health and wellness of others is demonstrated by the dedication she showed to receive degrees and accreditation as numerous as Ph.D. MBA, OM, RDH, RBC, CPEP, FMS, and SFMA. She is a dynamic pioneer and passionate lecturer in the fields of Education, Sleep Apnea, Scar Release Healing and Cranio Facial Neuro development. In addition to heading the Laynee Restorative Breathing Method™, Lois is also the CEO of AZ Sleep Apnea Center PLLC, and a speaker and educator of oxygen wellness and the creator of the Laynee Restorative Breathing Method™. By combining her decades of clinical experience with the Laynee Restorative Breathing Method™, she offers help for clients at all stages of life.



Stanley Liu, MD, DDS | USA

Dr. Liu boarded at The Lawrenceville School before attending Stanford as an undergraduate student. He received his medical and dental degrees at the University of California-San Francisco (UCSF). During predoctoral training, he spent one year at the NIH as a Howard Hughes Medical Institute (HHMI) Research Scholar (Cloister Program). He also completed the UCSF Advanced Training in Clinical Research (ATCR) fellowship. After maxillofacial surgery residency at UCSF, Dr. Liu completed his sleep surgery fellowship at Stanford with the Department of Otolaryngology and Dr. Robert Riley. Dr. Liu has expertise in orthognathic surgery (particularly surgery-first orthognathic surgery), esthetic facial bone contouring, and repair of complex primary and secondary facial trauma. Dr. Liu has lectured extensively in the U.S. and internationally on sleep apnea surgery.

Our Speakers



Darius Loghmanee, MD, FAAP, FAASM | USA

Dr. Darius Loghmanee, MD FAAP FAASM, Director of the Pediatric Sleep Service Line of the Advocate Medical Group, consisting of 16 hospitals and 350+ locations in the the greater Chicago area. He received his medical degree from the University at Buffalo School of Medicine. He did his postgraduate training at Rush University Medical Center where he completed a combined residency in Internal Medicine and Pediatrics and trained as a fellow in the Sleep Disorders Center. After his training he spent seven years at the Ann and Robert H. Lurie Children's Hospital of Chicago where he evaluated and treated children with sleep disorders and served as the Associate Director of the Sleep Medicine Center. He believes that sleep is an essential aspect of wellness and is interested in learning about how a growing number of health care providers can support families, health care providers, and communities in their efforts to optimize sleep in children and adolescents.



Martha Macaluso, RDH, MLT, MSEd | USA

Martha is a practicing Registered Dental Hygienist, Researcher, Myofunctional Therapist, Dental Hygiene Educator and holds a degree in Medical Laboratory as well as in Health Education. She received her degree in Dental Hygiene from Farmingdale State University and specializes in Myofunctional Therapy through the Academy of Orofacial Myofunctional Therapy (AOMT). Martha is adjunct faculty at New York University College of Dentistry, where she teaches dental hygiene clinic. She is also faculty for the AOMT where she teaches myofunctional therapy. She is also a founding member, and sits on the board of The Academy of Applied Myofunctional Sciences, as well as a member of the International Functional Association.



Ruth Marsiliani, BA, RDH, FBPI | USA

Ruth has over 23 years of experience in the dental field and as a Registered Dental Hygienist. She graduated from New York City College of Technology. Her specialized training in Myofunctional Therapy began with the International Association of Oral Myology (IAOM), and continued with comprehensive courses through the Academy of Orofacial Myofunctional Therapy (AOMT). Her training has also expanded her knowledge about sleep disorders in general, especially those which occur alongside SBD. Ruth was trained by Patrick McKeown in Buteyko/ Breathing Re-education, and is working towards her certification. Currently, she is pursuing a Masters in Neuroscience and Developmental Disabilities through the City University of New York, College of Staten Island. Ruth is an adjunct lecturer for both New York University College of Dentistry and New York City College of Technology (CUNY), and is also faculty at the Academy of Orofacial Myofunctional Therapy.



Patrick McKeown, MA, BBE | Ireland

After receiving accreditation from Dr. Konstantin Buteyko in 2002, Patrick has spent the last 13 years reaching out to thousands of children and adults who suffer unnecessarily due to the asthma, sleep disordered breathing and dysfunctional breathing patterns. His latest book is titled "The Oxygen Advantage" and explores improving sports performance by addressing dysfunctional breathing patterns and simulating high altitude. Patrick is Clinical Director of the Buteyko Clinic International and Chairman of its Advisory Board. Patrick's professional memberships include Fellow of The Royal Society of Biology, Full member of the Physiological Society and Academy of Applied Myofunctional Sciences.



Joy Moeller, RDH, BS | USA

Joy Lea Moeller, BS, RDH is a leader in the field of Orofacial Myofunctional Therapy, lecturing and teaching courses around the world for more than 25 years. Joy is on the board of the ASAA (American Sleep Apnea Association). She is a founder and Director of the Academy of Orofacial Myofunctional Therapy and a founding Director of the Academy of Applied Myofunctional Sciences.



Marc Moeller, BA | USA

Marc Richard Moeller, is the Executive Director and founding Board Chair of the Academy of Applied Myofunctional Sciences (AAMS), who also serves as the Managing Director of the Academy of Orofacial Myofunctional Therapy (AOMT). Marc comes to the field of Orofacial Myofunctional Therapy (OMT) with extensive experience as a senior executive in finance. He has built and bridged strategies across multinational financial conglomerates, with an specialization in joint-venture integration. He feels fortunate to apply this experience as a public health advocate, building bridges in the interdisciplinary profession of OMT to facilitate research and develop curricula. As a graduate of University of California, San Diego, he is based in Los Angeles.



Sharon Moore, BS, SLP | Australia

Sharon Moore Speech Pathologist has 30 years of clinical experience as a Speech Pathologist in Australia and overseas, across a range of clinical settings, including: Education Department, Child Psychiatry, Independent Schools Board, Cochlear Ltd., Private Practice, School for Hearing Impaired, The Canberra Hospital and St Thomas' Hospital in Westminster, London. She has worked with adults, teens and children, with a wide range of communication and swallowing disorders. Sharon has been lecturer by invitation at Flinders University S.A., University of Adelaide S.A., Macquarie University Sydney, Australian Society of Orthodontics, Dental Hygiene Association of Australia Inc, Australian Dental and Oral Health Therapists Association and numerous local forums in the ACT.



Maurice Ohayon, MD, PhD | USA

Dr. Maurice Ohayon is Chief of the Division of Public Mental Health and Population Sciences and Professor in the Department of Psychiatry and Behavioral Science for the Stanford University School of Medicine. Dr. Ohayon is widely published in scholarly journals on topics ranging from chronic insomnia in depression and anxiety disorders to the pathology of confusional arousals. Dr. Ohayon completed his medical and psychiatry studies at Aix-Marseille II University, with his residency in psychiatry at Psychiatre des Hopitaux, Assistance Publique de Marseille. He completed a doctor of science degree in mathematics and computer sciences at Aix-Marseille III University and a doctor of philosophy degree in biology at Claude-Bernard University. He is the John-Arrillaga Principal Investigator of Sleep and Psychiatry Epidemiology, Arrillaga Foundation.

Our Speakers



Melody Ouyoung, MS, CCC-SLP | USA

Melody has specialties in early intervention in children and adult who have both speech/voice and swallowing problems conducted swallowing and voice rehabilitation for children, head and neck cancer and Parkinson patients both locally, national and international for many years. Myofunctional Therapy is very beneficial for people who have problems in speech, swallowing, breathing, jaw, facial pain and sleep apnea. With specialities in different areas, broad clinical expertise to help patients in wide range of problems listed above and clients to achieve positive outcome.



Judy Owens, MD | USA

Dr. Owens chairs the pediatric section of the American Academy of Sleep Medicine. In 2005 and 2006, she was a spokesperson for the National Sleep Foundation "Sleep in America" poll. She is a founding member of the Board of Directors of the Society of Behavioral Sleep Medicine. Dr. Owens is co-author of Take Charge of Your Child's Sleep: The All-in-One Resource for Solving Sleep Problems in Kids and Teens for parents and A Clinical Guide to Pediatric Sleep for healthcare professionals. She is the recipient of many awards, including a 5-year NIH grant in sleep education, and the AASM 2006 Excellence in Education Award. She is board certified in developmental/behavioral pediatrics and sleep medicine, and is the author of more than 75 original research and review articles in peer-review journals, chapters, and books on the topic.



Cynthia Peterson, PT | USA

Cynthia Peterson is a physical therapist and works at Canyon Rim Physical Therapy where the physical therapists have over 50 years combined experience in treating head neck and jaw disorders. At Canyon Rim Physical Therapy, patients are individually evaluated and treated hands-on by PTs who have dedicated their careers to treating these disorders; patients are also educated and empowered on the hurtful habits that may be contributing to their symptoms. Patients attend a two hour group class or can spend an entire hour one on one with Cynthia, who helps them identify problematic postures and habits empowering them with skills to replace hurtful habits with healthy ones for long term relief.



Maria Pia Villa, MD | Italy

From March 2005 to present, Maria holds the post of Professor of Pediatrics at the Faculty of Medicine and Psychology, University of Rome "Sapienza" at the Hospital Santi Andrea. She has fellows and graduate students in the writing of dissertations and specialization in the degree course in Medicine and Surgery, and in graduate school in the Pediatric Clinic. Since November 2003, she has been Director of the School of Specialization in Faculty of Medicine and Psychology, University of Rome 'La Sapienza'. She is also president for the course in Nursing as well as the course in Nursing Pediatric for the Faculty of Medicine and Psychology at the University of Rome "La Sapienza".



Barry Raphael, DDS | USA

Barry has been an orthodontist in Clifton, New Jersey for over thirty years. He is the owner of the Center for Integrative Orthodontics and the newly opened Center for Integrative Education. His concentration on airway-focused orthodontics came late in his career, but has now dramatically changed the way he practices. He teaches these concepts at the Mt. Sinai School of Medicine in New York City, on the lecture circuit and at the Center. Barry is a Past-President of the Passaic County Dental Society and Vice-President elect of the New Jersey Association of Orthodontists. He serves on the boards of the American Academy of Physiological Medicine & Dentistry and the Academy of Oral Myofunctional Therapy. Barry and Dr. Mark Cruz are co-hosts of the Airway and Facial Development Collaboration on Spreecast. He also chairs the New Jersey division of the AAO Donated Orthodontic Services program.



Nancy Rothstein, MBA | USA

As a Sleep Ambassador, Nancy Rothstein consults and lectures on Sleep Wellness to corporations, the travel industry, universities, schools and organizations. She has an MBA from the University of Chicago and teaches an online course on Sleep Wellness at NYU. Her book, My Daddy Snores (Scholastic), has sold over 380,000 copies and has a companion website.



Sabina Saccomanno, MD | Italy

Sabina Saccomanno is a dentist specialized in orthodontics. She teaches orthodontics, continuing education courses, and dentistry to 4th and 5th year students. She also serves as the Chair of the level II Master in Comprehensive Orthodontic Therapy program at the Catholic University of Sacro Cuore in Rome, Italy. Also for the Sacro Cuore, she teaches a course on dysfunctions of the orthognathodontic system in children at the faculty of Medicine and for the degree in dental hygiene. For the Policlinic Gemelli in Rome, she is responsible for all the orthodontic-myofunctional therapy treatments. She has authored several articles and books focusing on issues related to Down Syndrome as well as myofunctional therapy, and lectured extensively on these subjects.



Marisa Santos, DDS | Argentina

Dr. Marisa Santos is a dentist, an orthodontist and a professor at Maimonides University in Buenos Aires, Argentina. She has been working with children for more than 20 years, always talking care of the airway. In 2010, she decided to go to London get a Diploma in LSFO with John Mew. She works in her professional practice and attends local University talks about facial growth in children. In the last five years, she has been working successfully with early and interdisciplinary teams.

Our Speakers



Ricardo Santos, PhD(c) | Portugal

Ricard Santos is a lecturer at the School of Allied Health Technologies – Polytechnic Institute of Oporto (Portugal) and EPAP Institute (Lisbon, Portugal), as well as a researcher at the Sleep Medicine Center of Cuf Hospital (Oporto, Portugal). His contributions to the field of myofunctional therapy are extensive. Mr. Santos has been published in numerous scientific journals, and serves as a reviewer for journals in myofunctional therapy. He has been the recipient of four scientific awards in the field. By invitation, Mr. Santos is an International Member of the Phonoaudiology Committee of the Brazilian Sleep Association. Currently, he is the President of the Portuguese Speech Therapy Society.



Eugene Santucci DDS, MA, FACD | USA

Associate Professor, Department of Restorative Dentistry, Arthur A. Dugoni School of Dentistry Course Director, Dental Sleep Medicine, Mini- Residency, Arthur A. Dugoni School of Dentistry Content Coordinator, Dental Sleep Medicine, Arthur A. Dugoni School of Dentistry Fellow of the American College of Dentists



Naurine Shaw, BDS, COM | Canada

As the first Certified Oral Myologist in Calgary, Canada, Naurine has been working in dentistry for over 15 years. She is currently working with multiple dentists, 3 orthodontists and periodontal surgeons doing oral muscle function therapy.



Stephen Sheldon, MD | USA

Dr. Sheldon is board-certified in both pediatrics and sleep disorders medicine. He has served as a member of the board of directors and was Secretary/Treasurer of the American Academy of Sleep Medicine. He has been a faculty member of the National Sleep Medicine Course (sponsored by the AASM) and is course director of the Advanced Pediatric Sleep Medicine Program of the Atlanta School of Sleep Medicine, Northside Hospital, Atlanta, Georgia.



Valery Sinkus, PT | USA

Valerie graduated from the University of Southern California Physical Therapy School in 1975. This journey has included extensive training in many manual therapy techniques and exercise approaches with a neuroscience basis. She has been a practicing craniofacial therapist for 20 years, with specialized training in pediatrics and obstetrics. And she is also a certified fascial manipulation therapist. She has served as the physical therapy consultant for the White Memorial Craniofacial Pain Department, nine years on the Physical Therapy Board of California, clinical instructor for students and PTs, and working and traveling with Olympic track and field athletes to World competitions, including several Summer Olympics. After 30 years as the owner/director of Professional Physical Therapy Associates, she sold her private practice in 2013. She is now focusing on applying her 40 yrs of acquired skills in treating patients with airway and oral myofunctional issues, using her multidisciplinary approach of manual therapy and exercise.



Corinne Thery-Dumeix, MD | France

Born on February 27, 1960 in Toulouse, Corinne is Member of the French Society of Orthodontics, and obtained the State diploma of Dental Surgery in Nice on May 13, 1986. She later obtained the Certificate of Clinical Studies Special mention Orthodontics in Marseille on January 25, 1994. She has worked for Professor Guy Perrier d'Arc in Nice, and she sat in the Var La Seyne sur Mer where she has been in private practice orthodontics since 1988. She specializes in early orthodontic treatments before the age of 6. She has worked as a trainer in the International Telecrane club of Dr Marie-Josèphe Deshayes at training workshops of Doctor Marie-Josèphe Deshayes on the cranial exploration and early orthodontic treatment of the asymmetries.



Marileda Tome, Phd, SLP | Brazil

Marileda Tomé holds a degree in Speech and Hearing Therapy from the Federal University of Santa Maria, Brazil (1995), a Master's Degree in Human Communication Disorders from the Federal University of Santa Maria (1998) and a PhD in Rehabilitation of Human Communication Disorders from the University of São Paulo, Brazil (2006). She is currently a professor at the University of the Vale do Itajaí (Brazil), teaching advanced courses in the area of scientific methodology and orofacial motricity. She is a member of the core instructors constituting the Speech Therapy Course at Univali, a representative of the Speech Therapy course at the ProPet Health Commission of Univali, and Leader of the Research Group of the CNPQ Studies in Communication and Health. She is the Scientific Director of the Brazilian Society of Speech Therapy (SBFa) for the term 2014-2016.



Heisl Vaher, MD | Estonia

Heisl Vaher, MD is currently working as a otorhinolaryngologist, head sleep-doctor and surgeon in the Unimed United Clinics. She is a board certified somnologist (ESRS). Her main fields of research include pediatric sleep breathing disorders. She has published various articles in medical journals and is always an invited speaker at several conferences. She is also an active board member of numerous Estonian professional associations and is one of the founders of the Nordic Association for Myofunctional Therapy (NAMT). Since 2015 Heisl Vaher and Triin Jagomägi have been strongly involved with teamwork in treatment of orofacial functional disorders in cooperation with orthodontists, SLP, ENT and pediatric sleep medicine doctors.

Our Speakers



Anastazia Vasileiu, DDS | Greece

Anastazia Vasileiu, DMD has been in private practice in Greece since 2010. She graduated from the Carol Davila University of Medicine Bucurest, Romania in 2001. She explored connections body-mind as she trained in fascial manipulation with a technique called Rejuvence. In 2009 she trained in addressing childhood perceptual capacity disorders and in 2010 she completed courses in Ayurvedic Health and Nutrition. She then became interested in myofunctional therapy and in recent years she attended several international courses and meetings, including a course on OroMyofunctional Therapy with the AOMT in Los Angeles, CA and one in Lisbon, Portugal.



Pia Villanueva, PhD, DDS | Chile

Pia Villanueva is an Associate Professor in the School of Speech and Hearing Services at the University of Chile and a clinical speech and language pathologist. She has over fifteen years of research history on the Robinson Crusoe Island and has built strong relationships with the island authorities across the city hall, education and clinical services. On the mainland, she has a proven track record in the assessment of language difficulties and their treatment and has published extensively in this field.



Peter Vitruk, PhD | USA

Dr. Peter Vitruk earned his PhD degree in Physics in the late 1980s, and since then he held a variety of physics research and technology development positions around the globe, including with Academy of Sciences in the former USSR (till 1991), Heriot-Watt University in Edinburgh, UK (till 1995), and laser manufacturers Synrad Inc and Luxar/Lumenis Inc in Seattle, USA (till 2002). During the 2000s Dr. Vitruk co-founded Luxarcare LLC and LightScalpel LLC - laser service, technology development and laser manufacturing companies near Seattle, which he presently operates. He is a Member of The Institute of Physics, UK; a Diplomate of and a Director with the American Board of Laser Surgery, USA; a Member of the Science and Research Committee, Academy of Laser Dentistry, USA.



Heidi Widoff, RDH, COM | USA

Heidi Widoff has been a registered dental hygienist for over 30 years in various dental offices throughout the country. She began Oral Facial Health Care in Agoura Hills, Ca practicing Orofacial Myofunctional Therapy since 2006. She specializes in OMD's, habit elimination and various breathing techniques. She is a founding member of the Academy of Applied Myofunctional Sciences and recently has begun teaching with the Academy of Orofacial Myofunctional Therapy.



Hideharu Yamaguchi, DDS | Japan

Dr. Hideharu Yamaguchi received his D.D.S. degree in 1967 and his Ph.D. degree in 1971 from Tokyo Dental College, Chiba, Japan. Dr. Yamaguchi is an Associate Professor in the Department of Orthodontics at Tokyo Dental College. He has been involved in research related to the recording of border and chewing movement, TMD and MRI before and after orthodontic treatment. He is a certified orthodontic instructor of the Japan Orthodontic Society.



Audrey Yoon, DDS, MS | USA

Dr. Audrey Yoon is a dual trained sleep orthodontist and pediatric dentist. She completed her orthodontic, pediatric and craniofacial training at the University of California, Los Angeles (UCLA), the nation's pre-eminent program of its type. She obtained a Master of Science degree in Oral Biology with honors, completing extensive research in obstructive sleep apnea. Due to her expertise and high accolades, she was invited to join UCLA faculty. Dr. Yoon is a collaborative team member at Stanford Medical Center in the sleep apnea research. She has worked with Dr. Christian Guilleminault and Dr. Stanley Liu on a pioneering technique, performing maxillary distraction osteogenesis in adults for the treatment of obstructive sleep apnea (OSA). Dr. Yoon also has developed a surgery-first orthodontic protocol for Maxillomandibular Advancement Surgery. She is also an expert on the customized oral appliance/distractor device design. Active areas include craniofacial growth modification, frenulum inspection and myofunctional therapy.



Soroush Zaghi, MD | USA

Dr. Zaghi graduated from Harvard Medical School and completed a 5-year residency training in Head and Neck Surgery at UCLA. He completed Sleep Surgery Fellowship as Clinical Instructor of Otolaryngology at Stanford University. The focus of his specialty training is on Sleep Endoscopy, CPAP Optimization, Myofunctional Therapy, Frenuloplasty, Nasal Surgery, Throat Surgery, and Maxillofacial Surgery for the treatment of nasal obstruction, snoring, upper airway resistance syndrome, and obstructive sleep apnea. He is very active in clinical research relating to sleep disordered breathing with over 50 peer-reviewed journal articles relating to neuroscience, head and neck surgery, and obstructive sleep apnea.



Lilyana Zmijak, SLP | USA

Lilyana Zmijak is an ASHA board certified speech-language pathologist with an interest in interdisciplinary evaluation and treatment of the stomatognathic system, orofacial myofunction, respiration and neuromuscular reeducation. She holds a PhD in Communication Sciences and Disorders from Wichita State University with specialty in voice disorders. Lilyana is a faculty member of the Academy of Orofacial Myofunctional Therapy (AOMT) and has previously held faculty positions at SUNY- Plattsburgh and Florida Atlantic University.

AAMS' 2nd Hippocrates Gala

Friday, March 3, 2017 at the Mid-America Club in Chicago

200 East Randolph Drive, 80th Floor, Chicago, Illinois 60601

6:00pm VIP Reception (Sponsors, Awardees, Benefactor and Champion Packages)

7:00pm General Reception

IMPORTANT NOTICE! In order to access the AON Building you MUST have with you the conference badge plus a drivers license or a passport and check in with the building security in the Lobby. This is a secure building and you'll not be able to get the gala floor without proper identification.

Join us at the gorgeous Mid-America Club in Chicago to celebrate some of the brightest stars in the firmament of myofunctional sciences. It will be a beautiful night with a VIP cocktail hour, delicious dinner, dancing, music and a stunning view from the 80th floor of the AON Building. (One of the tallest in Chicago, next door to the Fairmont Hotel) Help us celebrate our leaders who fight to make the world a better place, spotlighting distinguished achievement and fund raising objectives of the AAMS.

Pre-registration is preferred and can be done online at <https://aamsinfo.org/2017-gala>

If you wish to attend the gala but did not pre-register, you can do so at the Mid-America Club.

Just bring your congress badge plus your drivers license or passport.

We will have a registration table to take your payment on the 80th floor.

BENEFACTOR PACKAGE \$500

Includes all of the benefits from the other packages below as well as a recognition in the gala program.

CHAMPION PACKAGE \$250

6-7pm (+7-10pm Gala Banquet Dinner) Cocktails and Jazz with our distinguished congress chairs Christian Guilleminault PhD, Irene Marchesan PhD, and Maria Pia Villa PhD as well as other honored guests, award ceremony.

TRAILBLAZER PACKAGE \$125

7-10pm Gala Banquet Dinner and dancing at the Mid-America Club as well as the award ceremony.

2017 AWARDS

AAMS Centres of Light Award for Interdisciplinary Leadership in Advancing Medicine Via Myofunctional Therapy

Lurie's Children Hospital – Chicago Illinois, USA

For having trained most of the speech-language pathologists to identify and treat OMDs. Now pediatric patients are examined not only for emergency treatments but also to identify signs and symptoms of possible dysfunctional breathing, sucking, chewing and swallowing.

Sant' Andrea Hospital – Rome, Italy

For having done research in myofunctional therapy while treating children with OMDs and various other co-morbidities such as hypertrophic tonsils and adenoids, sleep disordered breathing, or craniofacial anomalies.

Aui Aui Nordic Sleep Center - Tallin, Estonia

For training its staff in recognizing OMD in patients and implementing an appropriate multidisciplinary treatment. Unimed has been organizing multidisciplinary meetings, generating research and OMT training for other professionals.



The 2017 AAMS Lights on the Horizon Award

For Great Promise in Interdisciplinary Leadership in the Advancement of Medicine Involving Myofunctional Therapy

Advocate Hospital Group - Chicago, IL USA



The 2017 AAMS Rising Research Stars in Myofunctional Therapy go to:

Brigitte Fung, PT from Kwong Wah Hospital , Hong Kong, China

Stanley Liu, MD from Stanford University, USA

Audrey Yoon, MD from UCLA School of Dentistry, USA

Sabina Saccomanno, MD from Catholic University Sacred Heart, Rome, Italy

Soroush Zaghi, MD from Stanford University, USA

Dress code:

"black tie optional or elegant"

All these researchers have been working on protocols, applying myofunctional therapy in different areas of health but most importantly they have been doing research to further move ahead the field of myofunctional sciences, world wide.

2017 AAMS Hippocrates Award
For Lifetime Achievement in Contribution to Medicine Via Myofunctional Therapy
Professor Maria Pia Villa, MD
Rome, Italy

SPONSORED BY



Since March 2005 to present Dr. Villa has been holding the post of Professor of Pediatrics at the Faculty of Medicine and Psychology, University of Rome "Sapienza" at the Hospital Sant' Andrea. She has followed graduate students in the writing of dissertations and specialization in the degree course in Medicine and Surgery, and in graduate school in the Pediatric Clinic Since November 2003 she has been Director of the School of Specialization in Pediatrics, Faculty of Medicine and Psychology, University of Rome 'La Sapienza'. She is also president for the course in Nursing as well as the course in Nursing Pediatric for the Faculty of Medicine and Psychology at the University of Rome "La Sapienza". She has been a pioneer in connecting OMDs to sleep disorders and therefore supporting the use of myofunctional therapy as a treatment option. Her efforts to establish myofunctional therapy as a standard of care at Hospital Sant' Andrea, touching all disciplines that have a role in myofunctional therapy, as well as extensive committee work with advocacy of OMT (such for pediatric sleep guidance in the European Respiratory Society), along with pioneering research have all been instrumental in having the Italian Ministry of Health including Myofunctional Therapy within the recommended therapeutic options for pediatric sleep apnea and snoring.

2017 AAMS Madame Marie Curie Award
For Contributions to Science Via Myofunctional Therapy
Esther Bianchini, PhD
São Paulo, Brazil

SPONSORED BY



Dr. Bianchini is a Speech and Language Pathologist (SLP); Master in Communication Disorders (PUCSP); Ph D. in Science, Faculty of Medicine of the University of Sao Paulo (FMUSP) ; President of the Myofunctional Therapy Department of the Brazilian Society of Sleep (ABSono), she was instrumental in ABSono becoming the first major national medical association or society adopting myofunctional therapy as a standard of care for sleep apnea in November 2015 and helped lead the way for ABSono providing the 1st national credential for myofunctional therapist qualifications to work with sleep disordered patients; Professor at the Post Graduation Program in Speech Language Pathology at the Pontifical Catholic University (Pontificia Universidade Catolica) of Sao Paulo (PUC-SP); Professor at CEFAC - Health and Education; Director of the SLP Rehabilitation Clinic in Sao Paulo, Brazil; a pioneering leader and author of scientific articles, books, and book chapters on subjects such as TMJD, surface electromyography and objective measurements, orofacial pain, swallowing disorders, effectiveness of OMT exercises and much more.

2017 AAMS Louis Pasteur Award
For Courage and Leadership in Advancing Medicine via Myofunctional Therapy.
Toshihide Ohno, DDS, DDSc
Yokohama, Japan

SPONSORED BY



Dr. Toshihide Ohno received his Phd in Orthodontics and Dentistry in 1966 and began working as a part-time lecturer at his alma mater in Yokohama 1968-1970, opening his orthodontic practice in 1970. After taking a MFT course in 1978 in Tucson, Arizona with Richard Barrett, he was inspired to undertake efforts to have MFT come to Japan with a vision for it being an essential part of orthodontics and thus all of dentistry. Barrett came twice more and then Dr. Ohno helped organize courses in Tokyo with William Zickefoose from California, upon Barrett's retirement, beginning in 1981. Offered yearly, the 25th course in Tokyo was held in the fall of 2016, involving the training of over 3,500 dental hygienists and dentists over the last 38 years. Dr. Ohno published his first book on MFT in 1989, subsequently publishing 5 additional orthodontic and myofunctional therapy textbooks and served as President of the Japanese Society of Orthodontics. Since retiring in 2014, he has been a director of the Dental Museum of the Kanagawa Dental Association and published 3 books on the history of Japanese and Western dentistry. He is a founding board member of the Japan Society for Oral Myofunctional Therapy.

2017 Irene Marchesan Award
For Institutional Advancement in Medicine With Myofunctional Therapy
Licia Coceani Paskay, MS, CCC-SLP
Los Angeles, California

SPONSORED BY



First President of the AAMS, for participating in the creation of an entity that promotes research on OMDs and fosters connections between universities, clinics and professionals also worldwide. From her OMT beginnings close to 30 years ago to the present day Licia has striven to bring myofunctional therapy into the mainstream and to make sure that myofunctional sciences are embraced academically with evidence-based research. She has always strongly believed in the great benefits of myofunctional therapy and in the international and multidisciplinary exchanges of information, which ultimately benefit the reason why we are in business: our patients. Licia works hard but also makes a point to spend quality time with her siblings, with her much adored husband, her funny dog, friends, colleagues, students and with people passionate about learning and doing.

2017 De Materia Medica Award
For Lifetime Achievement and Significant Precedent in Advancing Medicine Through Publishing
Meir Kryger, MD, FRCPC
Yale School of Medicine

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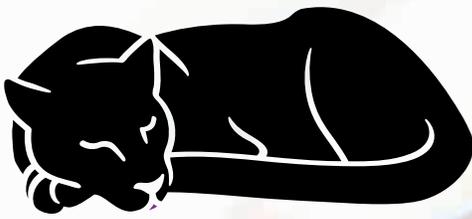
For Dr. Kryger's lifelong accomplishments in advancing medicine include 30 years of editing the core textbook for sleep medicine, Principles and Practice of Sleep Medicine, the 6th Edition of which includes 2 chapters establishing myofunctional therapy as an important standard of care in the treatment of sleep disorders. Meir Kryger joined the Yale School of Medicine and the VA Connecticut Health System, November 2011. Previously he was Professor of Medicine, University of Manitoba where he established the first clinical laboratory studying patients with sleep breathing problems in Canada. Dr. Kryger has published more than 200 research articles and book chapters. He is the chief editor of the most widely used textbook in sleep medicine, The Principles and Practice of Sleep Medicine, currently in its 5th edition and is the author of A Woman's Guide to Sleep Disorders, the Atlas of Clinical Sleep Medicine, and Kryger's Sleep Medicine Review. He is boarded in Internal Medicine, Pulmonary Medicine and Sleep Medicine and is a Fellow of the Royal College of Physicians of Canada. He has been president of both the Canadian Sleep Society and the American Academy of Sleep Medicine. He is on the Board of Directors of the National Sleep Foundation in Washington, D.C., and served as Board. of Sleep Medicine.

2017 Florence Nightingale Award
For Vision, Enterprise, and Passion in Establishing the Profession of Myofunctional Therapy
Barbara Greene
Santa Barbara, California

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Therapist, teacher, speaker and author Barbara J. Greene was first trained in myofunctional therapy by the visionary teachers Daniel Garliner, MA, and Roy Langer, PhD, at their Institute of Myofunctional Therapy in Coral Gables, Florida. She began her practice in 1971 while pursuing further study with other notable therapists, including Richard Barrett, MA, in Tucson, Arizona, and William Zickefoose, BA, COM, in Sacramento, California. Since then, Barbara has helped hundreds of children and adults correct their myofunctional disorders by guiding them through a simple, year-long therapeutic program to establish and maintain proper orofacial function. Eventually, she became a teacher herself, training therapists, consulting dental practices and coordinating the Pacific Coast Study Club for many years. She currently leads the Southern California Myofunctional Therapy Study Club at White Memorial Hospital, Los Angeles. Highly regarded by colleagues and patients alike, Barbara is considered one of the foremost therapists practicing in the US today.



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Ref.: Fleetham et al., (2006). Canadian Thoracic Society Guidelines

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– Kim

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Together, we all are Advocate.

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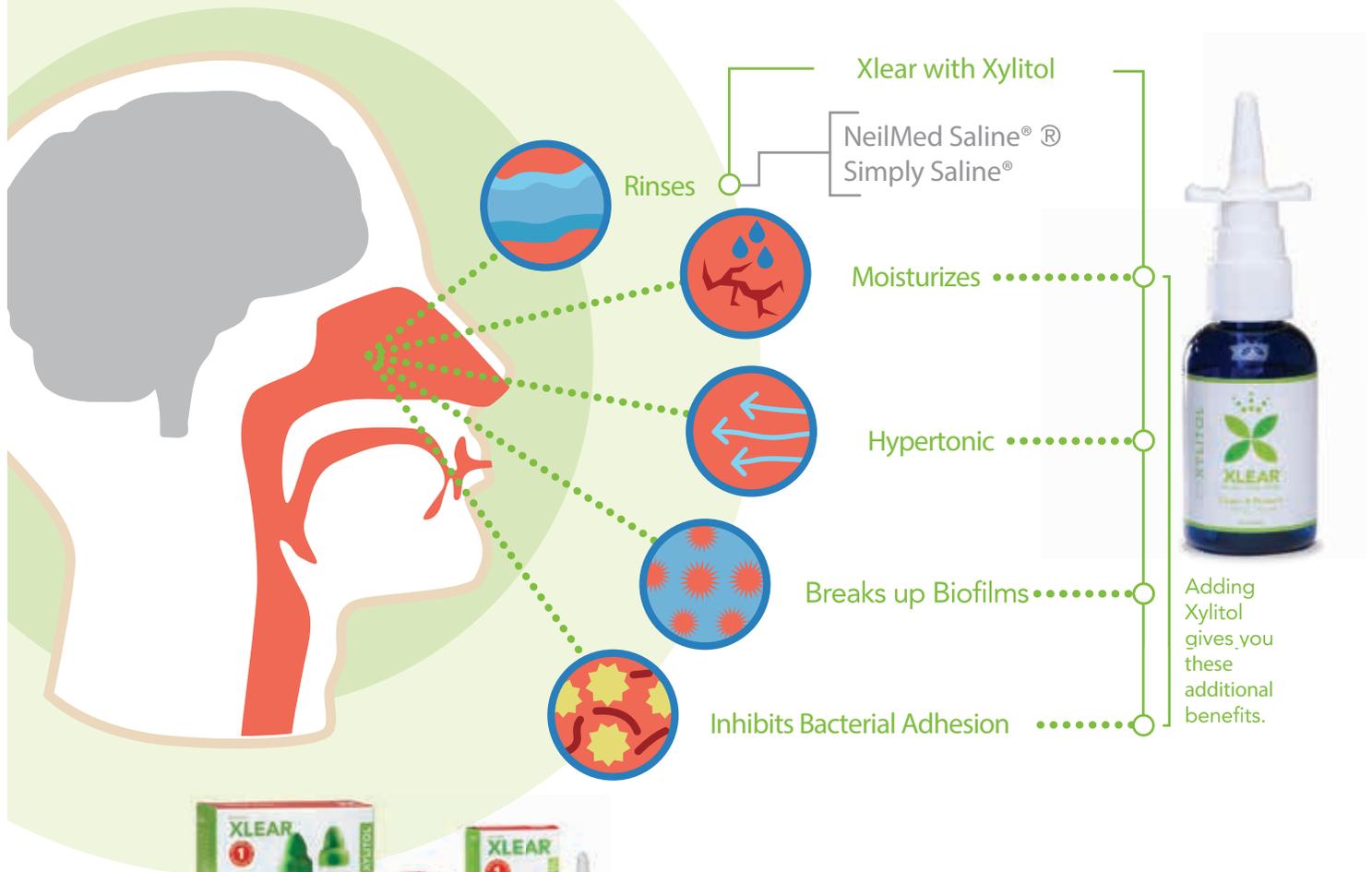


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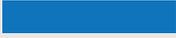
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Congress Meeting Rooms

The Fairmont Chicago Millennium Park Hotel



- Imperial 
- Crystal 
- Chancellor 
- Regent 
- Rouge 
- Regal 

Workshops

1:00pm-5:00pm

Wednesday March 1st

Crystal

Irene Marchesan, PhD SLP | Brazil



Learning Outcomes:

- 1) Examine various OMDs, especially the ones related to restricted lingual frena
- 2) Apply the Marchesan's and the Martinelli's protocols for restricted lingual frena
- 3) Compare, contrast and objectively measure normal, abnormal and borderline lingual frena

Restricted Lingual Frenum: Diagnosis and Management

Dr. Marchesan will propose and explain the frenulum protocols for babies, children and adults. She will show many videos and photos to teach how professionals can differentiate normal from altered frenulum. She will talk about the differences between anatomical frenulum alteration and functional alterations and what to do when the frenulum is altered anatomically but does not have any functional alteration. Borderlines cases will be discussed, too.

Chancellor

Sharon Keenan, PhD | USA



Learning Outcomes:

- 1) Review characteristics of normal vs. disordered breathing
- 2) Compare different strategies to manage or treat sleep disorders
- 3) Identify the benefits of applying myofunctional therapy in the multidisciplinary approach to sleep disorders

Sleep Disorders Bootcamp.

We spend approximately one third of our lives asleep. The understanding of sleep and sleep disorders has been expanding since the seventies. Increased awareness about sleep disorders started as a result of the recognition of breathing problems during sleep (sleep apnea). After diagnostic tests and treatments options for sleep apnea were established, our ability to recognize the importance of healthy sleep and the consequences of lack of sleep expanded globally. Now, we are excited to learn about orofacial myofunctional therapy as an adjunctive, powerful treatment for breathing disorders during sleep. A new era begins.

Regent

Eyal Botzer, DMD | Israel



Learning Outcomes:

- 1) Identify the characteristics of a restricted lingual frenum
- 2) Compare procedure and methods
- 3) Review medical and therapeutic follow ups for best long term results and patient comfort

Surgical techniques for infant frenectomies. A practical workshop including live surgeries.

In this workshop Dr. Botzer will compare various techniques for a lingual frenum release, along with pre-op care and post-op care. He will present cases ranging from new born babies to children, explaining the rational of the procedure, details of the follow ups, possible complications, and long term benefits in a multidisciplinary approach.

8:00 - 6:00pm	Exhibit Hall Open All Day	Rouge
7:30 - 8:30am	AAMS Membership General Meeting	Imperial
8:30 - 9:00am	Welcome Christian Guillemineault, Licia Paskay, Marc Moeller, Irene Marchesan, Maria Pia Villa	Imperial
	Symposium: Craniofacial Anthropological Perspective on OMDs	Imperial

LUNCH TIME
12:00-1:00

POSTER SESSIONS
10:00-10:30
12:00-12:30
3:00-3:30
5:30-6:00

Exhibit hall open all day

All coffee breaks are in the Rouge Room-Exhibit Hall everyday at 10am and 3pm

Evaluation forms, sign-out sheets for CEUs, certificate of attendance (if needed) 6:00-6:30

9:00 - 10:00am	Robert Corruccini, PhD USA 	Implications of the Human Evolutionary Past for Facial Myofunctional Variation	
	Learning Outcomes:		
	1) Identify aspects of the human evolutionary past that reflect on common contemporary occlusofacial disorders.	Modern human physiology of chewing and swallowing has been tremendously impacted by the relatively very recent industrialization of food processing and dietary globalization. This transition has been more drastic than that due to the earlier development of agriculture. Prior to that the ancestors and the early representatives of the human species subsisted by foraging, with minimal food preparation prior to ingestion. This change, having happened so recently, has not allowed for much genetic adaptation, therefore we humans still inhabit a Paleolithic, that is "Stone Age" body. The transition explains the rise of many modern diet-related and activity-related "mismatch" diseases from heart disease to obesity, from malocclusion to sleep apnea and many others. An appreciation of the human evolutionary background should help direct and inform research into the cause and treatment of many "mismatch" diseases including many of a myofunctional and occlusofacial nature.	
	2) Link together the connections between craniofacial growth and development, orthodontics, orthognathic surgery and myofunctional therapy.		
	3) Identify the relationships between malocclusion, face, growth, mastication, diet, and texture.		
10:30 - 11:15am	Kevin Boyd, MSc USA - Robert Corruccini, PhD USA 	Pre-industrial Fetal and Infant/Early Childhood Craniofacial Growth and Development	
	Learning Outcomes:		
	1) Describe the concept of non-communicable diseases (NCDs) and how they differ from communicable or genetic diseases.	Non-communicable diseases, a.k.a. disease of civilizations or Western diseases, can be systemic in nature or have an oral origin such as cavities or parodontitis. Individuals with certain malocclusion phenotypes (high/narrow palate, retro positioned mandibles, open bites-cross bites etc) tend to be at greater risk for developing SDB/OSA and chronic mouth breathing patients with OSA tend to develop worsening malocclusion. NCD that once were seen in older adults now are seen in early infancy and childhood. In particular, malocclusion is not just a cosmetic disorder, an aspect that gets most of the attention when other more crucial aspects, such as a restricted maxilla, low resting tongue, retrognathic mandible or cross bite can be identified and treated in early childhood. These NCD can impact sleep and breathing, which are now associated in children with possible learning and behavioral issues. Evidence will be presented that some airway-centric, non-retractive orthodontics and dentofacial orthopedic treatments, when implemented in early childhood, can lead to better functions, better breathing and better tongue resting position, especially during sleep.	
	2) Link malocclusions with predisposition for poorer health, if it's not identified in early childhood.		
	3) Apply myofunctional therapy as early in life as possible to mitigate the effects of orofacial myofunctional disorders.		
11:15 - 12:00pm	Marianna Evans, USA 	Evolution of Facial Form and Function with 3D CBCT Documentation: A Call to Action!	
	Learning Outcomes:		
	1) Identify the OMDs that impact sleep in children.	Orofacial myofunctional disorders (OMDs) may be considered as Non Communicable Diseases (NCD), which can be also described as diseases of civilization. OMDs are linked to skeletal and morphological changes, such as a restricted maxilla, that also contribute to other NCDs like sleep disorder breathing and obstructive sleep apnea. Dr. Evans will discuss how to use CBCT images and clinical exam to identify patients with skeletal deficiencies contributing to SDB/OSA. She will also discuss the therapy protocol that is used in her practice to improve airway craniofacial and architecture in young and very young children. This section will also include content about how to fabricate and deliver fixed palate expanders and criteria for implementing reverse-pull face masks for maxillary sagittal deficient patients.	
	2) Describe the impact of a narrow maxilla on orofacial functions.		
	3) Describe the procedure and tools to expand the maxilla to restore orofacial functions and improve or eliminate SDB/OSA in children.		

Symposium: Expanding Applications of OMT Crystal

10:30 - 11:15am	Derek Mahony, BDS, MscOrth Australia 	Eustachian Tube Dysfunction and Tinnitus: A New Role for OMT	
	Learning Outcomes:		
	1) Discriminate between two main tinnitus/Eustachian abnormalities that may occur in patients	What is the relationship between Eustachian Tube Dysfunction and tinnitus? Can it cause or accentuate tinnitus? And how can it be relieved? The human Eustachian tube is of immense importance in regulating the cavity of the middle ear as well in contributing to voice modulation. The tensor tympani muscle, the muscle connecting the tympanic membrane with the upper end of the Eustachian tube, opens the normally-closed isthmus by yawning and swallowing. In terms of swallowing, the most common form of activation, it is estimated that about every third or fourth swallow causes the tensor tympani to open the isthmus area so that the otherwise air-tight middle ear cavity can equalize air-pressure to that of the external auditory canal (EAC) side of the tympanic membrane. An abnormal swallowing pattern, possibly related to a narrow palate, and/or a tongue thrust habit, could affect the normal function of the Eustachian Tube. This lecture will discuss how oral myology, combined with maxillary arch development, may help to reduce the symptoms of Tinnitus.	
	2) Identify various common oro-nasal or systemic conditions that may cause Eustachian tube dysfunctions		
	3) Compare various evaluation and treatment options according to underlying etiology and professional expertise		

LUNCH TIME
12:00-1:00

POSTER SESSIONS
10:00-10:30
12:00-12:30
3:00-3:30
5:30-6:00

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Evaluation forms, sign-out sheets for CEUs, certificate of attendance (if needed) 6:00-6:30

<p>11:15 - 12:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify the importance of airway plasticity and the burden of flow limitation in children. 2) Identify the burden of untreated sleep disordered breathing in children. 3) Implement preventive strategies to limit or eliminate the burden of SDB in children. 	<p>Rakesh Bhattacharjee USA</p> <p>A Call for OMT in Pediatric Hospital Care for Early OSA & Craniofacial Intervention</p> <p>The context of OMT preventing obstructive sleep apnea in children represents a novel but possible meaningful strategy in the treatment of OSA. Given the plasticity of the airway related to child growth, the potential role of OMT will be discussed. The challenges posed by upper airway resistance in young children will be presented, the burden posed by sleep disordered breathing including OSA on normal childhood growth and development will also be introduced. Taken together, the potential application of OMT as a preventative strategy will be suggested.</p>	
<p>1:00 - 2:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Recognize the signs and symptoms of a number of oromyofunctional, speech, and sensory-motor disorders, and possible underlying causes and co-occurring disorders. 2) Prioritize care within and outside an individual scope of practice. Create a timeline of objectives considering sensory profile, oral-facial development, cognitive development, and external support. 3) Teach to the individual and not the disability and create an individualized plan of care. 	<p>Linda D’Onofrio, MS, CCC-SLP USA</p> <p>Teaching Oromyofunction & Articulation to Special Populations</p> <p>An articulation, feeding, or oromyofunctional disorder may stand alone, or be the symptom of another underlying disorder, and they can co-occur with a variety of other physical, craniofacial, and neurodevelopmental disorders. Many children, teens, and adults spend years treating the symptoms, like distorted articulation or tongue thrust, with minimal progress. A thorough differential diagnosis, a prioritized multidisciplinary treatment plan, and individualized care can help produce more effective outcomes. This lecture will briefly review symptoms and possible underlying disorders and discuss how to incorporate oral-facial development, sensory profile, cognitive development, and environmental challenges into treatment planning. Defined goals, objectives and treatment strategies will be outlined to help individualize patient care.</p>	
<p>2:00 - 3:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify characteristics of Down Syndrome. 2) Compare normal and disordered orofacial functions. 3) Implement myofunctional exercises to improve orofacial functions. 	<p>Sabina Saccomanno, MD Italy</p> <p>Specific Myofunctional Therapy Protocol in Children with Down Syndrome</p> <p>Down syndrome, also known as trisomy 21 or mongolism, is a genetic disorder characterized by a chromosome abnormality which causes physical and mental growth delays. In these patient it is possible to observe a great multitude of occlusal, functional, postural and muscular alterations. We developed a clinical protocol which gave us excellent results in the improvement of muscular tone, and respiratory and swallowing functions. The 10 more cooperative patients have been selected from a sample group of 30 children with Down Syndrome and they were given a practical and reproducible protocol of exercises. The rehabilitative method is based on J.Wolff’s principle expressed in late 80’ “Form follows function”, meaning that the maxillary bone’s growth is closely related to their functions in chewing, swallowing, breathing and phonation. After 3 months of speech therapy all the patients succeeded in obtaining a significant improvement of the muscular tone and the oral closure with progress in breathing and speech. In light of the obtained results, we can affirm the importance of a precise speech associated protocol. The therapy limits consists in the exclusion of the non-cooperative patients and in the strict compliance for these exercises.</p>	
<p style="text-align: center;">Symposium: OMT and the Nervous System</p> <p style="text-align: right;">Chancellor</p>		
<p>10:30 - 11:15am</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Describe the cortical and subcortical structures and pathways. 2) Identify their implication in swallowing and other orofacial functions. 3) Review the neurological transitional steps of swallowing from infancy to adulthood. 	<p>Patrick Fellus, MD France</p> <p>From Suction Deglutition to Swallowing Deglutition by Cortical or Subcortical Networks</p> <p>Dropping the suction deglutition is necessary to build a physiological occlusion. It occurs by itself for 60% of children around four years old; it is in this sample of children that we will find the ones who will never need any orthodontic treatment. When the child requires one, acquiring a good swallowing is going to reduce the duration of the treatment but also ensure the stability of the results and avoid the risk of relapse. This change of the swallowing program can be either done cortically or subcortically, but the results will be different. According to Eric Kandel, Nobel Price of Medicine in 2000, when this action comes from the cortical area we have a stimulation of neurotransmitters in our synapses, and when it comes from the subcortical area we have a creation of new synapses.</p>	
<p>11:15 - 12:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify simple lifestyle changes that can be taught to parents to promote proper orofacial functions since birth 2) Link orofacial dysfunctions to body posture and craniofacial asymmetries 3) Promote correct orofacial functions to positively influence general health 	<p>Anastasia Vasileiu, DDS Greece</p> <p>Mouth Close Campaign for Symmetrical and Healthy Children</p> <p>In our presentation we are going to highlight the importance of educating mothers in order to teach their newborns from the first day of their lives how to become nasal breathers; how to promote correct swallowing and chewing in childhood; and how these functions affect growth, body symmetry and general health. Body systems are connected and interdependent. Breathing, swallowing and chewing are important functions that can influence not only the overall physiological reaction and adaptation of the organism but also determine body symmetry and posture.</p>	
<p>1:00 - 2:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify common types of manifestations of the Autonomic Nervous System (ANS). 2) Include assessment of the ANS during patients intake. 3) Implement strategies to include the ANS in therapeutic sessions 	<p>Lois Laynee, PhD USA</p> <p>Creating the Brightest Future for Midline Anomalies</p> <p>What is behind those involuntary movements? What is disrupting sleep? What is limiting feeding abilities? Why can’t those lips stay together? What drives emotional dysregulation? The Autonomic Nervous System! Learn how any limitation within the function of the 12 cranial nerves impacts the global ability of the autonomic nervous system. This could be the missing piece in supporting optimal outcomes for all therapeutic practices: The neurophysiology of the 12 cranial nerves, Neurosequencing significance, and creating optimal environmental support for the Autonomic Nervous System.</p>	

LUNCH TIME
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POSTER SESSIONS
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2:00- 3:00pm

Michelle Emanuel, OTR/L | USA



Learning Outcomes:

- 1) Describe 3 clinical findings of oral dysfunction.
- 2) Identify 3 treatment strategies for optimizing jaw and tongue posture.
- 3) Identify 3 ways in which movement and myofunctional therapy work together to promote optimal oral function.

Bringing Myofunctional Therapy to Precrawling Babies: Optimizing Oral Function and Posture from the first breath

In this presentation, Michelle will outline oral and developmental dynamics of the newborn to precrawling infant. She will discuss clinical findings of oral dysfunction and dynamics, altered tongue and jaw posture, and the vital role of Movement in optimizing baby's function.

3:30 - 4:30pm

Nicole Archambault Besson, MS, CCC-SLP | USA



Learning Outcomes:

1. Relate 5 areas of impact to the limbic and PFC areas of the brain secondary to SDB and their relationship to myofunctional therapy.
2. Explain at least 3 methods to recognize clinical signs of dysfunction in the limbic and PFC areas of the brain.
3. Describe 5 techniques to enhance limbic and PFC functioning for optimal myofunctional therapy outcomes.

Emotions and Executive Functions: Integrating the Limbic System and the Prefrontal Cortex in Myofunctional Therapy

Today, children with sleep-disordered breathing (SDB) comprise a significant portion of myofunctional therapists' caseloads. A growing body of scientific research continues to illuminate the deleterious consequences of SDB upon childhood functions. With this in mind, it is critical to consider the neuroanatomical and neurofunctional sequela of SDB, specifically to the areas of the limbic system and prefrontal cortex (PFC): two areas of the brain closely intertwined and critical to emotions and executive function (EF) skills (ie., attention, memory, problem solving, self-monitoring, planning and organization). Historically, these areas have not been considered in myofunctional therapy programs. This presentation will examine: (a) the neurological underpinnings of emotional and EF skill dysfunctions in the presence of SDB, (b) their impact to children's progression through myofunctional therapy, and (c) offer methods to recognize clinical signs of dysfunction in the limbic and PFC areas of the brain. Finally, this presentation will explore techniques to enhance children's development of the aforementioned structures and functions in order to optimize myofunctional therapy outcomes.

Symposium: OMDs and Public Health

Imperial

1:00 - 1:30pm

Maurice Ohayon, MD, PhD | USA



Learning Outcomes:

- 1) Describe the steps needed for any disorder to be included in the International Classification of Diseases (ICD)
- 2) Explore ways in which Orofacial Myofunctional Disorders can be better defined in the ICD and myofunctional therapy better define in the CPT coding system.
- 3) Establish a framework that draws on current research to guide future applications of various aspects of myofunctional therapy and related sciences.

Myofunctional Therapy and Public Health

In order to be effective, myofunctional therapy needs to become mainstream, which implies not only intensifying research over its application, but also it requires identifying the prevalence and incidence of orofacial myofunctional disorders in the general population. With a better grasp of the extent in which these disorders are present in the population, the creation of appropriate disease and therapeutic procedure codes could then facilitate their inclusion in the current healthcare system. The challenges of achieving this inclusion, and some possible solutions, including intitutional partnerships, are explored in the course of this presentation.

1:30 - 1:45pm

Meir Kryger, MD, FRCP (C) | USA



Learning Outcomes:

- 1) Review scientific literature on myofunctional therapy and sleep disorders
- 2) Propose a pathway to increase EBPs in myofunctional sciences
- 3) Identify multidisciplinary publishing venues for myofunctional sciences

Building a Field of Medicine: Scientific Literature and Texts.

This presentation is based on Dr. Kryger's over 30 years experience in scientific publishing, where developments in the field of sleep disorders advanced by leaps and bounds. The proper inclusion of myofunctional therapy among the therapeutic options for patients with sleep disorders requires diffusion of information in highly regarded peer-reviewed journals and book. The steps to achieve those levels of inclusion and ways to increase scientific awareness about the benefits of myofunctional therapy are included in this presentation.

1:45 - 2:00pm

Marc Moeller, BA | USA



Learning Outcomes:

- 1) Review the chain of historical events that leads to the current standard of care in myofunctional therapy
- 2) Compare and contrast former and new applications of myofunctional sciences
- 3) Establish connections between international research outcomes and their clinical application.

Connecting Countries, Universities and Clinicians: Importance of Networking and Advocacy in Myofunctional Sciences

Myofunctional sciences are evolving by leaps and bounds, thanks to technology but also thanks to a constant and tireless weaving of contacts. Myofunctional sciences need researchers, clinicians and patient advocates to work together and gather information in a multidirectional fashion, creating an ever deeper network of ties that connect universities and clinicians worldwide. More applications of myofunctional therapy require more studies and more applications of protocols and evidence based treatments. It's an ever expanding team effort.

2:00 - 2:30pm

Ricardo Santos, PhD(c) | Portugal



Learning Outcomes:

- 1) Identify early OMDs that might negatively influence proper craniofacial development.
- 2) Involve local and national health organizations in identify OMDs.
- 3) Apply local experience to solve or manage global aspects of health.

OMT Within a Larger Public Health Context

Orofacial myofunctional sciences are not "emerging" anymore. They are well established by an increasingly solid body of worldwide research and clinical applications. Considering the long term negative effect of OMDs on growth and development of orofacial structures, sleep and nasal breathing, it is of paramount importance to have an ever early identification of OM Disorders, such as insufficient nasal breathing, poor latching, open mouth posture, poor chewing, restricted lingual frenum and more. Some Portuguese and international initiatives will be presented, on how to include OM Therapy in the much larger and more complex discourse of public health.

<p>2:30 - 3:00pm</p> <p>Learning Outcomes: 1) List common OMDs linked to SDB/OSA 2) Identify common protocols for SLPs to use with patient showing signs and symptoms of SDB/OSA 3) Present some multidisciplinary approaches to managing patients with SDB/OSA</p>	<p>Sharon Moore, BS, SLP Australia</p> <p>Calling all Speech Pathologists: Sleep Disorders are in Your Face</p> <p>This presentation will illustrate some common protocols available to speech-language pathologists to identify OMDs involved in SDB/OSA to create objective baseline and monitor progress in therapy.</p>	
<p>3:30 - 4:30pm</p> <p>Learning Outcomes: 1) List at least two limitations traditional care models impose on population health efforts. 2) Describe the role of education in a population health effort. 3) List at least two protagonists in efforts to make OMT available to a cohort of children</p>	<p>Darius Loghmanee, MD, FAAP, FAASM USA</p> <p>Moving Toward a Scalable Approach to Orofacial Myofunctional Screening and Treatment: Lessons from Population Sleep Health.</p> <p>The deleterious impact of poor sleep health on neurocognitive, physical, and emotional function in children has been clearly established, and population based efforts to optimize sleep health are being developed to respond to this public health crisis. Growing awareness of the impact that orofacial myofunctional disorders have on child development has demonstrated the need for a similar population based approach. This presentation will share some of the insights gained from initial efforts to optimize pediatric sleep health in a cohort of 80,000 children, and suggest how those insights might be applied to a population health approach to orofacial myofunctional screening and treatment.</p>	
<p>4:30 - 5:30pm PANEL DISCUSSION: Expanding the Fields of Application of Myofunctional Sciences Imperial</p>		




WORLD OROFACIAL MYOFUNCTIONAL SCIENCES DAY
FEBRUARY 17TH

Join us for the kick off to the **2017 YEAR OF TONGUE-TIE AWARENESS**

Irene Marchesan (Brazil), Diana Grandi (Spain), Ricardo Santos (Portugal), Pia Villanueva (Chile), Eliana Rivera (Colombia) and Licia Paskay (USA), all signatories of the WOMSD initiatives, will be sharing a special presentation of some of the projects and ideas implemented in various nations, to raise awareness of the repercussions of a restricted lingual frenum.

LUNCH TIME
12:00-1:00

POSTER SESSIONS
10:00-10:30
12:00-12:30
3:00-3:30
5:30-6:00

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Symposium: OMT and Obesity

Imperial

8:00 - 9:00am

Rakesh Bhattacharjee, MD | USA 

Learning Outcomes:

- 1) List the 3 Ps of pediatric OSA: prevalence, its presentation and pathophysiology
- 2) Review the supporting evidence for current treatments and links between OSA and obesity
- 3) Include OMT in the treatment protocols of children with obesity and OSA.

Pediatric OSA, OMT & Obesity

OSA is estimated to affect 2-3% of all children, with an increased prevalence reported in obese children. The first line of treatment for OSA in children remains adenotonsillectomy, however recent emerging evidence reveals that this treatment has limited efficacy in certain populations, including obese children. Accordingly, there becomes a need for additional therapeutic strategies, and in this context the role of OMT will be discussed.



9:00 - 10:00am

Marilei Braude Canterji, PhD | Brazil 

Learning Outcomes:

- 1) Link obesity with orofacial myofunctional disfunctions
- 2) Identify therapeutic modalities in treating patients post bariatric surgery
- 3) Coordinate therapeutic plans with a team to address the various orofacial issues related to bariatric surgery

OMT With Morbid Obesity and Bariatric Surgery: A New Standard of Care

Obesity is a chronic disease of multifactorial etiology that is characterized by a greater accumulation of adipose tissue in the organism. Associated to genetic predisposition and environment factors, it is a serious public health problem. This disease can lead to compromised health, rising the risk of death and diseases like hypertension, orthopedic and respiratory problems, hypopnea and obstructive sleep apnea, and type 2 diabetes mellitus among others. After Bariatric Surgery the patient undergoes an abrupt change in the diet, and orofacial myofunctional therapy can help to make this process of dietary modification much easier. Myofunctional balance is accomplished with adequate performance of the functions of sucking, chewing, swallowing and breathing. The orofacial myofunctional therapy care is started before the surgical procedure with evaluation and guidance on aspects related to myofunctional functions. It is essential that the weight loss mechanism for the chosen technique is well explained by the team members and understood by the patient, otherwise episodes of regurgitation and vomiting may occur, leading to nutritional inadequacies such as iron, calcium, vitamins and proteins deficiencies. To minimize the effects mentioned above, postoperative special care is needed with proper eating habits such as learning proper intake mode and the proper way to chew. Another relevant aspect to be considered is the increase in life expectancy, so we must be more attentive to the bariatric population, considering that during aging, changes occur in the functional capacity of the muscles and ligaments, causing alterations in the performance of orofacial functions.



Symposium: ENT, OMT, SDB

Imperial

10:30 -12:00pm

Christian Guillemainault MD, PhD | USA 

Learning Outcomes:

- 1) Review scientific literature regarding a restricted lingual frenum
- 2) Connect a restricted lingual frenum with sleep disordered breathing
- 3) Establish a new standard of care that encompasses proper assessment of the lingual frenum.

A Case for Myofunctional Therapy As A Standard of Care for Pediatric OSA

Dr. Guillemainault will present some recently published studies from Stanford University, where he and his team of multidisciplinary specialists have suggested that a restricted lingua frenum may be one of the phenotypes of sleep disordered breathing in babies and children. The repercussions of sleep disordered breathing (SDB), especially of obstructive sleep apnea (OSA), are felt throughout life. Therefore, proper identification of a restricted lingual frenum is within reach of physicians and health care professionals and the consequences of ignoring this oral feature can be quite detrimental for patients of all ages.



1:00-2:00pm

Soroush Zaghi, MD | USA 

Learning Outcomes:

- 1) To recognize the limitations of the current sleep-medicine guidelines in terms of surgical and non-surgical treatment options available for OSA.
- 2) To review "Levels of Evidence", strength and limitations of the current research that supports interdisciplinary perspectives to treatment.
- 3) To apply a basic screening clinical exam, to most effectively communicate initial findings to other providers and to make the appropriate referrals for each patient.

What is a "Sleep Surgeon"? How can I get the ENT's or Oral Surgeons in my Community to Help my Patients with Sleep and Frenulum Disorders?

Effective treatment of obstructive sleep apnea and guidance of airway development requires an interdisciplinary approach that recognizes that there are both functional and structural issues that need to be addressed to achieve the most optimal outcomes. In this lecture, the established rigid guidelines from the fields of sleep medicine and ENT surgery are presented and challenged. Because an entire team of highly trained professionals from all different backgrounds working together is paramount to improving patient outcomes, Dr. Zaghi will discuss the perils and pitfalls to be aware of when developing a working relationship with the surgeons and sleep physicians in your community.



2:00 - 3:00pm

Stanley Liu, MD, DDS | USA 

Learning Outcomes:

- 1) Identify myofunctional therapy as a key factor to facial skeletal development, and maintenance of any maxillofacial reconstruction.
- 2) Compare active versus passive improvement in muscle tone of the tongue: myofunctional therapy and hypoglossal nerve stimulation.
- 3) Examine the frenulum and tongue mobility as key factors to improve bite, breathing, and beauty.

From Airway Reconstruction to Re-education: Revitalizing Sleep Surgery with Myofunctional Therapy

I will take you through an exciting evolution of sleep surgery with an algorithm that restores form and function of the upper airway. Distraction osteogenesis maxillary expansion (DOE), maxillomandibular advancement (MMA), and upper airway stimulation (Inspire) serve as keystones to this effort. To complete the algorithm, myofunctional therapy (MFT) and its key surgical intervention - frenuloplasty, will be presented as the keys to re-educate and revitalize the upper airway.



LUNCH
TIME
12:00-1:00

POSTER
SESSIONS
10:00-10:30
12:00-12:30
3:00-3:30
5:30-6:00

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sign-out
sheets for
CEUs,
certificate of
attendance
(if needed)
6:00-6:30

3:30 - 4:30pm

Audrey Yoon, DDS, MS | USA

**Learning Outcomes:**

- 1) Identify the relationship between the width of the palate and a restricted lingual frenum.
- 2) Measure the tongue mobility using two different protocols.
- 3) Compare strategies to increase tongue mobility and maxillary width.

Distraction Osteogenesis Maxillary Expansion and Ankyloglossia in Sleep Apnea

An important element of the obstructive sleep apnea (OSA) pathophysiology involves maxillofacial anatomic risk factors. A narrow maxilla with a high arched palate has been correlated with increased nasal airflow resistance and with increased potential of developing OSA. In the pediatric population, rapid maxillary expansion (RME) addresses transverse hypoplastic maxilla by bony expansion along the midpalatal suture, resulting in increased nasal cavity volume and reduced nasal airflow resistance. A significant subset of children with hypoplastic maxilla also presents with ankyloglossia. We report the results of our recent study, ankyloglossia as a risk factor for maxillary hypoplasia, and discuss the association between measures of tongue-mobility to the development of the maxillofacial skeleton as characterized by the physical dimensions of the maxilla, mandible, and position of the hyoid bone. We also introduce Distraction Osteogenesis Maxillary Expansion (DOME) for adults with OSA, a minimally invasive surgical-orthodontic procedure that addresses maxillary transverse deficiency with simultaneous increase in nasal cavity volume. Using maxillary expander devices secured by mini-implants into the hard palate, surgical osteotomies are minimized for predictable expansion of the maxilla. We report results of the first 50 OSA patients at Stanford who underwent DOME, with emphasis on safety and efficacy along with recommended post-op myofunctional therapy protocol.

4:30 - 5:15pm

PANEL DISCUSSION: Expanding the Fields of Application of Myofunctional Sciences

Imperial

Symposium: OMT, Posture and Breathing

Crystal

8:00 -9:00am

Valery Sinkus, BS | USA

**Learning Outcomes:**

- 1) Review the anatomy and function of the fascial system in the human body.
- 2) Describe how we lose mobility in our fascia, and how this impacts posture and tongue functions.
- 3) Assess if limited tongue mobility and function are due to the lingual frenum or fascia, and make the appropriate referral to assist in restoring fascial mobility.

Myofunctional Therapy, Frenum Release and Posture: The Critical Role of Fascia

The fascia envelops our muscles, organs, and bones as well as it creates a tensegrity system within the human body. Research about the fascial system had grown exponentially the last 10 years and we now know so much more about the structure and function of the fascial system within our bodies. So what happens when we have injuries, birth trauma, or surgeries? The fascial system develops compensations which translate into loss of gliding mobility of the fascia and the dura. That can result in pain, posture dysfunctions and even loss of the ability to lift the tongue to the roof of the mouth. I will show how the toes are connected to the tongue. I'll explain how loss of glide within the fascial system can contribute to GI reflux, breathing difficulties, postural dysfunction, chronic musculoskeletal pain, as well as impaired tongue elevation, mobility and function. Having a better understanding of the fascial system will then assist us in making decisions about whether our patients need body work to restore fascial mobility to assist in better tongue mobility and function, maybe preventing the need for a frenectomy, or to promote better functional result with a frenectomy.

9:00 - 10:00am

Patrick McKeown, MA, BBE | Ireland

**Learning Outcomes:**

- 1) Examine the prevalence of oral breathing, and identify the comorbidity effects
- 2) Perform techniques to help establish nasal breathing
- 3) Deliver breathing retraining guidelines to help restore physiologically normal breathing

The Critical Role of Myofunctional Therapy in Breathing: Performance Essentials

Listen to the breathing of someone who is snoring and you will find it to be noisy and often through the mouth. If the person has obstructive sleep apnoea, you may hear a snore followed by complete silence as they stop breathing for a period of up to one minute – or sometimes more. Both snoring and sleep apnoea are forms of sleep-disordered breathing, and can be improved and corrected by practising simple breathing exercises designed to change breathing habits both day and night. When breathing becomes calmer and lighter, an individual's sleep and overall health will dramatically improve. Join author Patrick McKeown as he demonstrates Breathing Re-Education exercises to decongest the nose and reset the respiratory centre towards a normal breathing volume. Within a few minutes, you will experience activation of your parasympathetic nervous system as well as improved blood circulation.

10:30 -11:15am

Pia Villanueva, PhD, DDS | Chile

**Learning Outcomes:**

- 1) Identify correct patterns of posture, food consistencies and tools to feed your child from day one.
- 2) List good oral habit that we have to promote in our children.
- 3) Explain the benefits of applying the protocol for Inclusion of Appropriate Oral Habits.

Good Oral Habits Since Day One

To contribute in the prevention of orofacial myofunctional disorders and avoiding the occurrence of bad oral habits, I have mostly focused on changing a pattern: from "evaluation and treatment of bad oral habits" to "prevention and early stimulation of appropriate oral habits". While working with children and their parents, we must promote themes that are not commonly well known, such as the evolution of feeding and speech, and the inclusion of appropriate oral habits. The Inclusion of Appropriate Oral Habits is a protocol intended to assist the prevention of organic, functional and sometimes psycho-emotional alterations, associated with bad oral habits. This tool may be useful to the community of OM therapists to be applied in clinics, schools, kindergartens and mothers' associations.

11:15 -12:00pm

Corinne Thery-Dumeix, MD | France

**Learning Outcomes:**

- 1) Identify Diagnose Tools.
- 2) Identify the benefits of very early orthopedic treatment.
- 3) Apply orthopedic therapy to assist management of Sleep-Disordered-Breathing; describe treatment goals.

Orthopedic Treatment Before the Age of Six on Patients Suffering from Sleep Disordered Breathing

Dentofacial orthopedists seem to be positioned ideally to provide treatment for a large percentage of patients suffering from Sleep Disordered Breathing. Early detection (prior the age of six) of this problem is important, and prognosis depends on it. The main goal of early treatment, along with focusing on proper nasal breathing, is to induce as soon as possible a new reshaping and symmetrical temporal bone remodeling of the glenoid fossa. This involves substantial mastication and over time it enables the reduction of the mandibular angle. By harmonizing the masticatory function, the occlusal forces distribute nicely between the two arches allowing the cranial bones to complete their growth along a more balanced remodeling trajectory. Widening our therapeutic goal to an early functional optimization of the facial-maxilla-dental structures will help us to achieve the best orthopedic results improving SDB.

LUNCH TIME
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Evaluation forms, sign-out sheets for CEUs, certificate of attendance (if needed) 6:00-6:30

1:00-2:00pm

Learning Outcomes:

- 1) Review a study on loads affecting the maxilla
- 2) Connect the concept of loads to chewing and oral habits
- 3) Support the preventative benefits of oral habit cessation

Hideharu Yamaguchi, DDS | Japan

Malocclusion Associated with Abnormal Function and Habitual Posture - Researching for the Clinical Evidence

Lateral loads imposed on the maxillofacial region by habitual posture may cause deformity and lateral shift of the mandible. These loads were measured and recorded with a small, highly sensitive pressure sensor and an oscillographic recorder. Twenty adult males were enrolled, and 12 different postures were examined. When the subjects lay prone or rested the lateral part of the chin on the hand, forces ranging from 15 to 43.7N were applied to the face. Pressure loads on the anterior palate were measured in growing subjects with the habit of thumb sucking. Their recordings showed a wavelike pattern with 4 pressure peaks at 87, 64, 81 and 61 kPa over a period of 12 seconds. The anterior region was periodically placed under 20-92 kPa of pressure in other subjects. These high levels of pressure, applied frequently for a total of several hours per day over several years, may become impact force acting on the anterior palate. It would be no surprise if these habits caused occlusal abnormalities such as maxillary protrusion and open bite.



2:00-3:00pm

Learning Outcomes:

- 1) Describe how, without traditional orthodontic and only with a MFT approach we can improve malocclusion & stability
- 2) Apply early treatment and observation control in young patients to increase long term stability of results.
- 3) Combine the orthodontic treatment with myofunctional treatment to improve and stabilize oral functions.

Miho Imamura, PhD, DDS | Japan

Myofunctional Orthodontic Treatment with MFT for the Long Term Stability

We need to think about the long term stability of each patient's function before, after and also during treatment. We always have to treat orthodontics along with MFT to achieve and maintain long stability. We need to think about morphology and function for the stability of the results of orthodontic treatment from the point of view of MFT. Therefore, this presentation will discuss cases in which we applied a MFT approach with orthodontics achieving long term stability of each patient.



3:30-4:30pm

Marisa Santos, PhD, DDS | Argentina

Learning Outcomes:

- 1) Identify the advantages of early orthodontics within a interdisciplinary team
- 2) assess the improvement of the airway after rapid maxillary expansion (RME)
- 3) assess the need of myofunctional therapy in all early treatments

Early Intervention in Orofacial Dysfunctions

Early preventive orthodontic treatment gives the child the chance of improving general health, correcting body posture, improving airway and helping with the treatment of OSA. The Orthodontic community has a great responsibility with the growing patient. In view of the positive outcome of orthodontic treatment using rapid maxillary expansion (RME) on sleep-disordered breathing, it's very important to inform patients and pediatricians that creating and ideal archform is a very important step in the interdisciplinary treatment of OSA. The role of the mouth in the pathogenesis of OSA in terms of mandibular malposition, dental malocclusion, high arched palate is of extreme importance. For these reasons an early orthodontic and myofunctional intervention is so useful. Working on prevention with professionals of other disciplines is often hard to achieve but preventing OSA still needs the intervention of the orthodontist as it is very difficult to treat mouth breathers with a crossbite or an anterior cross bite. Starting an interdisciplinary approach as soon as possible would be the best option.



Symposium: Tongue tie, Early Childhood OMT Intervention Chancellor

8:00 - 9:00am

Eyal Botzer, DMD | Israel

Learning Outcomes:

- 1) Review connections between a tongue tie in newborns and breastfeeding difficulties
- 2) Review protocols to identify degrees of a lingual frenum restriction
- 3) Establish a multidisciplinary protocol to properly manage a restricted lingual frena

Restricted Lingual Frenum-Surgery and Management

A restricted lingua frenum impacts breast feeding, growth and development of the orofacia complex, oral hygiene, chewing, swallowing, sleep breathing and sometimes speech. However, only recently has this seemingly small feature of the oral cavity been getting proper attention. Dr. Botzer and his team have performed thousands of frenectomies on patients with and without craniofacial anomalies. In this presentation he will share his experience and recommendations for a successful management of a restricted lingual frena.



9:00 - 10:00am

Soroush Zaghi, MD | USA

Learning Outcomes:

- 1) Recognize the relationship between the lingual frenulum, tongue mobility, and tongue base obstruction in upper airway resistance syndrome.
- 2) Use the tongue range of motion ratio as a screening tool for tongue-tie.
- 3) Explain the importance of myofunctional therapy as an essential component in optimizing the results of surgical treatment.

Restrictive Lingual Frenulum as a Phenotype for Upper Airway Resistance Syndrome and Obstructive Sleep Apnea

Upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA) are related to the abnormal collapse of the upper airway during sleep. The key to a successful outcome of treatment is proper diagnosis to address the specific sites and patterns of airway obstruction. The lingual frenulum plays an important role in tongue mobility as well as for the development of maxillofacial skeleton, which in turn defines the foundation, dimensions, and patency of the nasal and oropharyngeal airway. This presentation explains the role of the restrictive lingual frenulum to perpetuate the following phenotypes of obstructive sleep apnea: (1) pediatric sleep-disordered breathing, (2) upper airway resistance syndrome, (3) and adult obstructive sleep apnea related to tongue base collapse and/or maxillary hypoplasia. The tongue range of motion ratio (TRMR) frenulum screening tool will be presented. Case studies will be presented to demonstrate surgical technique and to underscore the importance of pre- and post-operative myofunctional therapy in the care of these patients.



<p>10:30 -11:15am</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify signs and symptoms of orofacial myofunctional disorders (OMDs) from day one. 2) Project over time the possible structural and functional consequences of OMDs. 3) Establish a preventative & therapeutic multidisciplinary program to manage and resolve OMDs. 	<p>Joy Moeller, RDH, BS USA</p> <p>Myofunctional Approach for Children 0 to 5 years of Age</p> <p>Because we are identifying myofunctional pathology in adults and children as a major health problem, prevention and early intervention is critical to minimizing the problems that may occur. This presentation will identify therapeutic measures to reverse the process of these disorders. We will discuss ways in which we can easily reverse patterns and guide proper growth and development working in a collaborative team. Minimal procedures done by physicians and dentists to assist in this guidance will also be discussed.</p>	
<p>11:15 -12:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Summarize biomechanical activities of optimal breastfeeding. 2) Identify breastfeeding challenges which are assisted by myofunctional support. 3) Describe myofunctional support strategies to assist the infant with breastfeeding challenges. 	<p>Bridget Ingle, RN, RM, IBCLC Australia</p> <p>Applying Myofunctional Support for the Breastfeeding Dyad</p> <p>Breastfeeding is a dynamic process which requires highly synchronised orchestration of movements and functions. Under optimal circumstances, the infant is able to achieve this with little effort. This lecture will briefly present common circumstances of low global/oral muscle tone, asymmetry and oral restrictions which impact on breastfeeding effort and outcome. Infants can be successfully supported to achieve optimal breastfeeding functional outcomes by applying appropriate myofunctional strategies while they develop competence in each area of development.</p>	
<p>1:00-2:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Describe a normal and a restricted lingual frenum 2) Compare a truly restricted frenum with a look-alike 3) Apply an appropriate screening protocol to assess various degrees of frenum restriction 	<p>Alison Hazelbaker USA</p> <p>The Faux tie: When is Tongue-tie NOT a tongue-tie?</p> <p>Has the incidence of tongue-tie gone up or are we seeing more cases of “tongue-tie” because of poor differential diagnosis? In this presentation, Dr. Hazelbaker describes the differences between actual tongue-tie and sucking issues that can appear to be tongue-tie due to structural issues that pull the tongue back in the pharynx. She provides the conceptual framework for such an occurrence and shows both pictures and video that help the participant grasp the differences between the two and how to distinguish a true tie from a faux tie in his or her clinical setting.</p>	
<p>2:00-3:00pm</p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1) Identify the proper use and safety of dental lasers in the treatment of lip and tongue-ties in breastfeeding. 2) Ability to explain how the tongue affects infant health with regards to gastroesophageal reflux and sleep apnea. 	<p>Larry Kotlow, DDS USA</p> <p>Merging of Medicine and Dentistry in Treating Infants and Toddlers</p> <p>Dr Kotlow will discuss how and why it is important to work as a team to diagnose and treat tethered oral tissues (TOTS) early; and how we need to eliminate the red tape and confusion which results in delaying infants from getting appropriate care and intervention when symptoms and clinically evident TOTS are present</p>	



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Level 1: Early Treatment of SDB, and other cranial/mandibular deficiencies starting at 2 years of age to encourage proper arch development, tongue posture, lip seal, and nasal breathing.

Level 2: Mixed Dentition to Adult to encourage proper dental arch form and size, to open the nasal and pharyngeal airways, to improve tongue posture, and to improve lip seal.

Level 3: Adjunctive Treatment in OSA (with CPAP or Bipap), TMD, Extraction Site Recovery, and Special Needs to encourage arch shape remodeling, to improve tongue posture, lip seal, and nasal breathing.



James M. Bronson, DDS, FIAO, FBPI Founder and Director of Clinical Programs the AEI

Fellow International Association for Orthodontics / Senior Certified Instructor IAO

A2TH4U@gmail.com 703-506-9805 www.alfeducationalinstitute.com

LUNCH
TIME
12:00-1:00

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SESSIONS
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Symposium: Sleep Issues and OMT

Imperial

8:00 - 8:40am

Judy Owens, MD | USA 

Learning Outcomes:

- 1) Describe the clinical presentation and sequelae of sleep-related breathing disorders in children
- 2) Identify the role of PSG in diagnosing childhood SRBD
- 3) List emerging treatment modalities for OSA in children

Overview of Pediatric Sleep Related Breathing Disorders

This presentation will serve as an introduction to clinical aspects of sleep related breathing disorders (SRBDs) in children. These include definitions of these disorders, epidemiology, pathophysiology, risk factors and presenting symptoms. The diagnostic evaluation portion will discuss screening for SRBDs and the role of diagnostic tools, including polysomnography. Current available treatment options, including medical and surgical treatments, will be reviewed. Emphasis will be placed on the developmental context regarding the outcomes of SRBDs in the pediatric population.



8:40 - 9:20am

Leila Keirandish-Gozal, MD | USA 

Learning Outcomes:

- 1) Identify common SDB/OSAs in children.
- 2) Compare therapeutic methods for SDB/OSA.
- 3) Review scientific literature on this subject.

Pediatric Obstructive Sleep Apnea: What can be done?

The presentation will focus on available treatment methods based on the available research.



9:20 - 10:00am

Maria Pia Villa, MD | Italy 

Learning Outcomes:

- 1) Myofunctional exercise increase tongue tone
- 2) There is a causal relationship between tongue tone and sleep disordered breathing
- 3) How objectively measures tongue and lip strength and endurance.

Orthodontic Treatment Options and Myofunctional Therapy in Children with SDB

An orthodontic treatment is indicated in children with obstructive sleep apnea syndrome (OSAS) and craniofacial alterations. Oral appliances may improve upper airways patency during sleep. Especially RME which is a dentofacial orthodontic appliance used in young patients with constricted maxillary arches and OSAS. The orthodontic intervention usually begins after the 4th year of life, and the device is usually removed 12 months later. Best results in relieving OSAS are achieved when an orthodontic treatment is started as early as symptoms appear. But despite improvements in AHI after RME a residual OSAS was present in 68% of patients after orthodontic treatment. Data in the literature suggest that myofunctional therapy (MT) may be able to play a role in the treatment of children with sleep disordered breathing (SDB). Oral breathing and lip hypotonia may be the cause of residual OSAS. It may therefore be possible to supplement medical and surgical treatment with oropharyngeal exercises in order to re-establish nasal breathing, normal lip posture, and restore the correct swallowing pattern. The exercises that we propose are easily taught, but the parents' cooperation is essential. It is important to consider the family's psycho-sociocultural level, as well as to educate and motivate the family. We believe that all children with OSAS who have received any kind of treatment for OSAS should undergo a oropharyngeal evaluation.



10:30 - 11:00am

Esther Bianchini, PhD | Brazil

Learning Outcomes:

- 1) identify the advantages of early functional approach to diagnosis and treatment of TMD within an interdisciplinary team
- 2) understand how the surface electromyography can help to define diagnosis and the type of treatment for their TMJ patients such as biofeedback, botulin toxin, orthodontics procedures and OMT.
- 3) know, choose and apply the main orofacial exercises for TMD patients, as well as the relief maneuvers associated with interdisciplinary treatments.

Different Approaches of Orofacial Myofunctional Therapy (OMT) in OSA Patients

Considered as an interdisciplinary approach, OMT is a very important type of treatment for TMD patients. Functional changes in breathing, chewing, swallowing, and also in speech may interfere with the balance of the temporomandibular joints. When associated with surface electromyography procedures, OMT is a conservative, non-invasive technique that can help prevent, diagnose, and treat a very common disturbance, orofacial pain. The relationships between temporomandibular joints (TMJ) structures, muscle activity and neural control should be analyzed in order to choose the best procedures. SEMG can help define the diagnosis and the type of treatment such as biofeedback, botulin toxin, orthodontics procedures and OMT. After the diagnosis, the most relevant orofacial exercises for TMD patients, as well as the relief maneuvers may be chosen. These exercises will be demonstrated during the workshop. As a bonus, the workshop will demonstrate the strong relationship existing between TMD and Sleep Disorders. Treating these two disturbances should emphasize nasal breathing and oral posture during sleep. The necessity of TMJ's examination and care is indispensable before selecting Intraoral devices for treatment of obstructive sleep apnea.



11:00 - 11:30am

Umakanth Khatwa, PhD | USA 

Learning Outcomes:

- 1) Identify the basic approach and various options in management of obstructive sleep disordered breathing in children
- 2) Explore the concept of multidisciplinary approach in treatment
- 3) Identify the challenges and gaps in current management and how to approach these patients.

Treatment Modalities For Obstructive Sleep Disordered Breathing in Children:

Knowing the importance of multidisciplinary management of sleep disordered breathing in children and drawing from his clinical experience at Boston Children's Hospital Program for Sleep Apnea and Sleep Surgery, Dr. Khatwa will present an approach to multidisciplinary management of Obstructive Sleep Disordered Breathing in children. He will focus on both medical and surgical approaches and discuss the challenges and gap in current management strategies.



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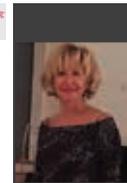
Learning Outcomes:

- 1) Myofunctional exercises increase tongue tone
- 2) There is a causal relationship between tongue tone and sleep disordered breathing
- 3) How objectively measures tongue and lip strength and endurance.

Maria Pia Villa, MD (Italy)

Frenum Evaluation in Children with and Without Sleep Disordered Breathing

Data in the literature suggest that myofunctional therapy (MT) may be able to play a role in the treatment of children with sleep disordered breathing (SDB). We investigated the effectiveness of MT in reducing respiratory symptoms in children with SDB by modifying tongue tone. Polysomnographic recordings were performed at baseline to assess obstructive sleep apnea (OSA) severity in 54 children (mean age 7.1 ± 2.5 years, 29 male) with SDB. Patients were randomly assigned to either the MT or no MT group. Myofunctional evaluation tests, an assessment of tongue strength, tongue peak pressure and endurance using the Iowa Oral Performance Instrument (IOPi), and nocturnal pulse-oximetry were performed before (T0) and after 2 months (T1) of treatment. MT reduced oral breathing (p<0.0002) and lip hypotonia (p<0.003), restored normal tongue resting position (p<0.04) and significantly increased mean tongue strength (, p=0.000), tongue peak pressure (p= 0.000) and endurance (p= 0.01) in children with SDB. Moreover, mean oxygen saturation increased (p=0.000) and the oxygen desaturation index decreased (p=0.001) after MT. Oropharyngeal exercises appear to effectively modify tongue tone, reduce SDB symptoms and oral breathing and increase oxygen saturation, and may thus play a role in the treatment of SDB.



2:00 - 3:00pm

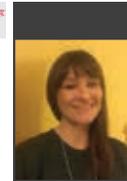
Learning Outcomes:

- 1) Integrate medical and surgical treatments for OSA in children with Myofunctional Therapy.
- 2) Promote restoration of a normal resting posture of the tongue; appropriate oral, lingual and facial muscle patterns; nasal breathing; normal lip posture and a correct swallowing pattern.
- 3) Promote standardized simplified protocols for myofunctional Treatment

Melania Evangelisti, MD | Italy

Standardized Myofunctional Exercises in Children With Sleep Disordered Breathing

Sleep disordered breathing (SDB) is an upper airway dysfunction that occurs during sleep and is characterised by snoring and/or a greater respiratory effort caused by increased upper airway resistance and pharyngeal collapsibility. Obstructive sleep apnea (OSA) is the most severe clinical type of SDB and the most common cause of OSA is adenotonsillar hypertrophy, though other anatomical and neuromuscular factors such as craniofacial dysmorphism, obesity and hypotonic neuromuscular disease are also involved. Adenotonsillectomy (AT) remains the first-line treatment in children with adenotonsillar hypertrophy even if recent evidence suggests that the outcome of this surgical procedure may not be as favorable as expected and that residual OSA persists in some cases. Alternative treatments for OSA include orthodontic treatment, mandibular advancement, and weight loss. These treatments correct the oropharyngeal structure but may have no effect on either functionality or neuromuscular disorders. Oropharyngeal exercises may improve stomatognathic function and reduce neuromuscular impairment and may be considered as complementary therapy to adenotonsillectomy to effectively treat pediatric OSA. It may therefore be possible to supplement medical and surgical treatment with oropharyngeal exercises in order to re-establish nasal breathing, normal lip posture, and restore the correct swallowing pattern. The literature contains few studies designed specifically to investigate the effectiveness of orofacial re-education in OSA and we propose a standardized simplified protocol that could be more easily incorporated into daily activities of children and their family.



3:00-3:30pm

Learning Outcomes:

- 1) Share with patients basic sleep science and education as an essential foundation for understanding why sleep matters
- 2) Offer a pathway for patients to seek professional care for diagnosis and treatment of a possible sleep disorder
- 3) Offer a pathway for patients to seek professional care for diagnosis and treatment of a possible sleep disorder LCP 1-5

Nancy Rothstein, MBA | USA

Sleep: Essential for Health & Life

This lecture will address why sleep is essential for health and for life. Inadequate sleep quality and quantity have extensive ramifications, for health, productivity, and optimal functioning. Research confirms that healthy sleep can mitigate and/or prevent myriad comorbidities, health risks and developmental/functional deficits associated with poor sleep for people of all ages. Strategic solutions for sleep improvement can empower individuals to make shifts to sustainably improve and optimize their sleep quality and quantity. Understanding how sleep impacts your waking hours reinforces a commitment to and respect for healthy sleep.



4:30 - 5:30pm

PANEL DISCUSSION: Research priorities, wellness paradigms, multidisciplinary education Conclusion

Imperial

Symposium: Ortho+OMT+ Standard of Care Changes

Crystal

9:00 - 10:00am

Learning Outcomes:

- 1) Identify the benefits to structures and functions of a preventative approach to OMDs.
- 2) Promote healthy lifestyle and therapy to optimize nasal breathing and orofacial functions.
- 3) Establish a paradigm of collaboration between orthodontists and OMTs to better manage and resolve OMDs as early as possible.

Barry Raphael, DDS | USA

Integrative Myofunctional Orthodontics: Mixed Modalities in Practice

In a multidisciplinary management, this presentation will focus on a treatment algorithm which starts with habit correction (OMT or Myofunctional ortho), then growth enhancement or skeletal restructuring, and finally multidisciplinary care. This presentation illustrates eight categories including OMT, Breathing Repatterning, Cranial and fascial work, releasing tethers, and more. Dr. Raphael will also present how he works with his two OMT's (one RDH, one SLP), and the role of the health educator in teaching healthy habits within his practice. As an orthodontic specialist of 33 years, Dr. Raphael changed the direction of his practice at year 27 to include airway and myofunctional priorities in both assessment and treatment and now he teaches about making that transition to dentists and orthodontists both in the US and abroad.



LUNCH TIME
12:00-1:00

POSTER SESSIONS
10:00-10:30
12:00-12:30
3:00-3:30
5:30-6:00

Exhibit hall open all day

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Evaluation forms, sign-out sheets for CEUs, certificate of attendance (if needed) 6:00-6:30

10:30-11:15am

Marileda Tome, PhD, SLP | Brazil



Learning Outcomes:
1) Recognize several fields in which the OM Specialist can be involved.
2) Explain the importance of a myofunctional assessment as an essential component in optimizing the results of different SPL treatments.
3) Identify the importance of considering some OM disorders associated to communication problems.

Myofunctional Therapy as a Core Aspect of Speech Language Pathology
According to the Oral Motor Department of the Brazilian Speech and Language Pathology Society, the Speech-Language Pathologist (SLP) who works in the Orofacial Myofunctional field has the ability to promote and prevent health issues related to myofunctional systems, such as breathing, sucking, chewing, swallowing and speech. Professionals in the OM field are familiar with diagnosis of and intervention in disorders involving the myofunctional system, its functions, and many etiologies, such as bad oral habits; craniofacial deformities and syndromes; dento-occlusal and maxillo-mandibular discrepancies; some special conditions such as a restricted lingual frenulum; respiratory disorders and conditions; temporomandibular joint disorders and orofacial pain; orofacial injuries; and the natural process of aging, among others. Population at different ages may need SPL treatment and should be also evaluated for OM dysfunctions. Many of those dysfunctions are related to communication problems and speech disorders with diverse etiologies. Therefore, prudent and informed judgment is needed in diagnosing clinical conditions, which need to be evaluated and addressed with a treatment sequence, establishing priorities for each phase of the therapy. The clinical case studies presented will support the role of identifying OM problems within speech disorder treatments.

11:15 - 12:00pm

Sabina Saccomanno, MD | Italy



Learning Outcomes:
1) Identify characteristics of Down Syndrome
2) Compare normal and disordered orofacial functions
3) Implement myofunctional exercises to improve orofacial functions.

A Proposal for New Standards of Care in Orthodontics and Inclusion of OMT
It's necessary to start from the concept that it's the function that creates the organ and it is important to prevent the disease. But how? By promoting the development good breathing, swallowing, and chewing. It's paramount to focus preventative care on children in the zero to three years range. It is important to start with breastfeeding, avoiding or correcting bad oral or nasal habits, providing the child with foods that have a certain consistency and not just soft ones, in order to allow and promote the proper development of breathing, chewing, and swallowing. If those functions haven't been properly promoted and established, then therapy to restore those functions ought to start between the ages of six and twelve.

1:00 - 2:00pm

Triin Jagomagi, PhD, MSc and Heisl Vaher, MD | Estonia



Learning Outcomes:
1) Identify very early signs and symptoms of orofacial myofunctional dysfunctions
2) Connect with other professionals for a better treatment of young children
3) Include myofunctional therapy as a strategy to promote correct growth and development of the orofacial structures.

An Ideal Allied Team Model for Orthodontic, Craniofacial, and OSA Intervention: OMT Centered Care
The main functions of maxillofacial system are suction, deglutition, chewing, breathing, speech and mimics. If those functions do not work properly, then the growth of maxillofacial system will also be disturbed. The sooner we discover and treat the faulty function, the smaller amount of damage will linger. Since the earliest children are being brought to the orthodontist appointment at the age of 7 or 8, orthodontists get a chance to diagnose a function disorder too late. Most of the children visit an orthodontist for the first time at the age of 11-13. If you discover a proper function anomaly only at the teenage years, then treating this problem at this age is more difficult than when a child is 1-3 years old. Three years ago we started educating (in co-operation with the University of Tartu) the kindergarten speech and language therapist about orofacial functional disorders. Due to good co-operation between different specialists, we can diagnose orofacial functional disorders earlier in every year.

1:00 - 2:00pm

Stephen Sheldon, DO, FAAP | USA



Learning Outcomes:
1) Describe the biology of circadian rhythms in adolescents.
2) Discuss the consequences of sleepiness due to early school start times.
3) Describe the factors associated with increased sleepiness during adolescence.

Biology of Adolescent Sleep: What if He's not Simply Lazy?
Pediatricians recognize insufficient sleep as an important public health issue that can significantly affect academic success. Many schools begin prior to 08:00 requiring vulnerable adolescents to wake early. Academic, social, screen-time, and extracurricular over scheduling cause insufficient sleep. Problem sleepiness for teens can result in poor school performance, illness, absenteeism, mood disorders, motor vehicle accidents, and inappropriate stimulant use.

Symposium: Orthodontics, ENTs, Standard of Care in OMT

Chancellor

10:30 - 11:00am

Heidi Widoff, RDH, COM | USA



Learning Outcomes:
1) Examining the mandibular and maxillary frena for restriction.
2) Identify a restricted frenum and poor dental hygiene as contributors of recession and bone loss.
3) Apply myofunctional therapy to improve gingival health.

Gingival Recession: Can Myofunctional Therapy Make a Difference?
There are many factors that contribute to periodontal disease and gingival recession. Crowding, a misplaced tooth, or malocclusion can contribute to poor oral hygiene, gingival inflammation and bone loss. But there are other etiologies and modalities to be factored in that contribute to gingival recession. In a healthy dentition gingival recession or bone loss can also be attributed to muscle dysfunction. Through a combination of dental and myofunctional examinations we can identify and recognize the tight or restricted frenums, clenching/bruxing, open mouth rest posture and breathing and other orofacial habits. Myofunctional therapists as part of a team approach can help in restoring gingival recession with therapeutic techniques.

11:00-12:00pm

James Bronson, DDS, FBPI | USA



Learning Outcomes:
1) To recognize the 9 cranial morphological signs & symptoms of Sleep Disorder Breathing.
2) An Introduction to the ALF Philosophy - Airway focused/Lingual Posture/ Facial growth guidance.
3) To appreciate the synergy of the ALF appliances and OMT

A clinicians guide to 9 cranial morphological indicators for SDB, and Early Treatment of SDB with the ALF (Advanced Light Force) appliances and OMT.
To create awareness of specific early cranial morphological indicators for Sleep Disorder Breathing, and to present a combination treatment modality of the ALF (Advanced Light Force) appliance and Oral Myofunctional Therapy. (keywords: photos, clinical examinations, CBCT, ALF, OMT, SDB)

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(if needed)
6:00-6:30

1:00 - 2:00pm

Learning Outcomes:

- 1) Assess & treat muscle function disorders in both interceptive & adult orthodontics and what to look for.
- 2) Identify roadblocks rooted in muscle dysfunction that affect orthodontic treatment.
- 3) Incorporate MFT into the orthodontic treatment planning and how to present it/sell it.

Naurine Shah, BDS, COM | Canada



Oral Muscle Dysfunction and Orthodontics

For years orthodontics has been focused on aesthetics and getting tooth relations fixed. Relapse and repeat orthodontics have questioned the role muscles play in keeping the bite in equilibrium. This presentation will therefore look at various cases and treatment progression with the help of Muscle Function Therapy.



2:00 - 3:00pm

Learning Outcomes:

- 1) rest oral posture is the most important concept dentists never learned in school.
- 2) the anteroposterior and lateral planes of space must be treated simultaneously to develop the face and airway.
- 3) the tongue does not adapt to retraction even though dentists were taught that it does.

William Hang, DDS, MSD | USA



AIRWAY-kening (TM) Orthodontic and Myofunctional Therapy

With poor facial balance and OSA in young children producing permanent brain damage in just one night and OSA in adults placing patients at risk for virtually every chronic disease with possible early demise, the stakes for optimizing facial development and airway have never been higher. Is "managing" airway problems the best we can do? What if we could offer patients common sense ways to increase their tongue space/airway, perhaps eliminating their breathing problems? Expansion of the maxilla is the knee jerk response we hear for addressing OSA, but that is merely a start. Techniques for optimizing forward facial development to increase the airway starting as early as age 3 will be outlined. Non-traditional approaches to develop the face and airway in teenagers will be contrasted with more traditional treatment. Patients who have undergone previous retractive orthodontics have options which have been shown to eliminate OSA by increasing the airway. The role of the dental profession is to make space for the tongue so the myofunctional therapist can train the tongue! Just making the space is not enough! Often just training the tongue is not enough! The professions must work together to attain the best result for many patients.



Symposium: Multidisciplinary Approaches to OMDs and Protocols

Regent

9:00 - 10:00am

Learning Outcomes:

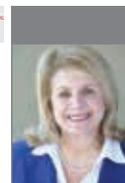
- 1) Learn some skills working with infants to restore normal function
- 2) Understand the importance of Early Intervention: even in utero
- 3) Identify signs and symptoms of when an ENT needs to be involved in treatment of myofunctional pathology

Joy Moeller, RDH, BS | USA USA



OMT For Aerodigestive and Chewing Problems: Working with ENTs, Dentists and Gastroenterologists

Looking at the whole body and results of OMDs, we must include the value of proper preparation and consistency of our foods. The ability to properly masticate our foods involves proper breathing, eustachian tube function and dental occlusion as well as function of the chewing muscles and the ability of the tongue to have the proprioception to detect whether or not the food is the correct consistency to swallow. This lecture will discuss sham chewing as a pre-treatment for myofunctional therapy. Also included in this lecture is information on proper food selection as the patient moves into decisions of what new choices of healthy foods they can now functionally chew.



10:30 - 11:15am

Learning Outcomes:

- 1) Identify SLP roles in OMT in Brazil
- 2) List areas of competency and application of OMT in medicine
- 3) Identify future areas of application of OMT

Irene Marchesan, PhD SLP | Brazil



Application of Myofunctional Therapy in Various Fields of Medicine

Myofunctional therapy is only one field where SLPs works in Brazil. This is an interdisciplinary area because assessment and therapy is developed with dentistry and ENTs. To improve the quality of OM, many directions were followed, research on effective timing of therapy, research to check the effectiveness of therapy, new protocols with scores have been published and new clinical practices were developed. Books, chapters and papers have been published in each field, scientific meetings have been held throughout Brazil to improve the quality of OM. There are now specialists for each of the following fields: Temporomandibular Joint Disorders (TMJ), Alterations after orthognathic surgery, Obstructive Sleep Apnea Syndrome (OSA), Malformation and syndromes with craniofacial alterations; Gerontology; HIV; Facial paralysis; High-risk infant, Head and neck burns; Facial trauma, Speech alterations due to mechanical and/or neuromuscular causes, Alterations after bariatric surgery, Facial aesthetics among others. ABRAMO - Brazilian OM Association - was founded aiming to promote OM meetings and spread recent scientific findings.



11:15 - 12:00pm

Learning Outcomes:

- 1) Perform a quick and easy clinical screening procedure for subsequent etiological treatment
- 2) Collaborate in the unification of concepts and the technical language used by different professionals, in order to facilitate and stimulate inter-professional communication.
- 3) Determine the post treatment outcome and determine patient discharge within the care team.

Diana Grandi, MS, SLP | Spain



Protocol for Detection of Snoring and Sleep Disordered Breathing in Adults

Snoring and OSAHS as public health problems need to be detected and treated as soon as possible. Many people who suffer from these disorders don't take notice of them until their health and life quality becomes seriously affected, in the personal and family, as well work and social areas. The Screening Snoring and OSA Protocol for Adults was designed by a professional interdisciplinary group, and it facilitates screening through the observation of 12 factors associated with the presence of snoring and/or OSA symptoms, from the clinical point of view. It is important to determine the etiology of the problem, and then refer the patient to the proper professionals involved with the cause and symptoms, so that they carry out the complete assessment, proper diagnosis and treatment. Early detection enables early treatment, reduces healthcare costs and prevents the worsening of the disease.



1:00 - 2:00pm

Thierry Gouzland, PT, OMT | France

Learning Outcomes:

- 1) Describe a useful score of the oro-maxillo facial area
- 2) Use the Oro-Facial Score to assess the clinical case and follow its evolution
- 3) Communicate easily with the other members of the multi-disciplinary team through the Oro-Facial Score

Anatomical and functional score of the oro-facial system : presentation and interest in an interdisciplinary team. Using an Application

Nowadays the management of the patient is more and more often multidisciplinary, in ortho-surgical protocols as well as in sleep apnea or other cases. It is then interesting and necessary to have effective communication tools between different actors : orthodontists, maxillofacial surgeons, therapists, ENT ...The development of an anatomical and functional score app of the oro-maxillo-facial (OFS) area provides an easy way to assess, monitor and exchange information with common language for different practitioners. Including scoring in an application makes things even more functional for the team and more fun and significant for the patient.



2:00 - 3:00pm

Ricardo Santos, PhD(c) | Portugal

Learning Outcomes:

- 1) Identify OMDs that affect negatively sleep
- 2) Review assessment protocols for OMDs
- 3) Review Assessment protocols specific for OSA or sleep disordered breathing (SDB).

New Protocols for the Screening of Myofunctional Disorders as Clinical Markers for OSA for SLPs

Speech-language pathologists (SLPs), among other professionals, are able to identify signs and symptoms of orofacial myofunctional disorders. Lately, sleep disorders such as snoring and obstructive sleep apnea (OSA) have received more attention because of their strong link with orofacial dysfunctions. In many countries, such as Brazil, Portugal or the US, protocols for assessment of orofacial dysfunctions have been generated, validated, revised and exchanged and now the emphasis is to refine specific protocols to target patients with easily identifiable clinical markers of sleep disorders, so that more patients can receive the treatment they need.



IMPORTANT PARENT INFORMATION

ACHIEVING STRAIGHTER TEETH THE NATURAL WAY

Children aged 5-15

Three out of four children have crooked teeth and incorrectly developing jaws. As parents, we can notice our child's crooked teeth from an early age, sometimes as young as three. The professional advice has been to wait until all the permanent teeth have come through only to have some of those healthy teeth extracted and braces fitted. While effective in the short term, this approach can often result in the teeth crowding up again as it does not address the root causes. There is now a more natural way to achieve straight teeth and well-developed jaws, by taking a preventative pre-orthodontic approach to setting up your child for a life without braces.



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A vast majority of today's children have crooked teeth, but what if you could train your child to have a straighter smile, prevent crowded teeth, improve their jaw development, breathing and even sleep? Modern research has shown that crooked teeth are not genetic, rather a result of bad oral habits such as mouth breathing as well as incorrect tongue and swallowing habits, which begin in early childhood and prevent proper jaw development.

Now used in over 100 countries worldwide, Myobrace® treatment takes a proactive and modern preventative orthodontic approach and can offer long-term results. Traditional orthodontics is excellent at straightening teeth but once the braces come off, a retainer is usually required for the teeth to stay straight. By addressing the root of the problem, Myobrace® offers lasting health benefits beyond just a straighter smile.

If you are interested in finding out more, the first step will be to evaluate your child, looking closely at poor oral habits as well as dental and facial development. Once the child has been assessed, a plan is developed and treatment can begin. If your child is showing symptoms like breathing with their mouth open or perhaps they are having restless sleep, Myobrace® might just be the natural solution you've been looking for.

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STRAIGHT TEETH THE NATURAL WAY



Crystal

Lawrence Kotlow, DDS | USA



Treatment of Tethered oral tissues using lasers. A comparison of different wavelengths and which laser is best for your type of practice

The workshop will be conducted using keynote presentations using slow motion videos and photographs of functions, dysfunction and management of Tethered Oral Tissues (TOTs). After the discussion, a hands on using various lasers will be available to use and see how different wavelengths work. Local dentists will treat a few live patients under the direction of the course presenters.

LEARNING OUTCOMES

- 1) Observe how to safely and easily revise Tethered oral tissues using various laser wavelengths and determine which laser would be best for your practice
- 2) Determine how to avoid problems during the surgical procedure and how to handle them efficiently and quickly.
- 3) Review how post surgical active wound management, using Bodyworkers, OMTs and others, along with proper post surgical exercises, enhances successful surgical results.

Peter Vitruk, PhD, MInstP, CPhys, DABLS



Laser Frenectomy: The Myths and Science of Soft Tissue Surgical Lasers

Properly diagnosed lip- and tongue-ties can be safely and efficiently released with the surgical lasers with predictable and repeatable tissue response, fast ablation and instant hemostasis. Widely proliferated myths about soft tissue surgical lasers will be examined through reviewing the science of laser-tissue interaction for Erbium and CO2 lasers as well as for non-laser hot tip dental diode devices. Also reviewed will be the speed and precision of laser release, minimal collateral damage, clear and bloodless operating field, and reduced postoperative pain with less wound contraction and reduced scarring in comparison to scalpel incisions.

We are honored to have Light Scalpel and the Academy of Laser Dentistry Sponsor this workshop



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Chancellor

Esther Bianchini, PhD | Brazil



Myofunctional therapy, TMD and EMG

Obstructive Sleep Apnea is recognized as an important public health problem. Early functional approach matters for correct diagnosis and treatment within an interdisciplinary team including common comorbidities such as TMD and the severity of OSA.

In recent years the literature points to scientific evidence of the benefits of OMT. The first publications showed the approaches for OMT, initially as an isolated treatment.

OMT may change soft tissue structures such as tongue fat reduction as well as improve tonus and flexibility of the oropharyngeal muscles. OMT can also reduce the undesirable side effects of some treatments, allowing greater adherence to them.

The exercises, the functional points and the results will be demonstrated by case reports.

LEARNING OUTCOMES

- 1) identify the types of Sleep Disorders that the OMT can help, as well as the advantages of early functional approach for correct diagnosis and treatment of OSA within an interdisciplinary team including common comorbidities such as TMD;
- 2) understand how the OMT can reduce the tongue fat and improve the oropharynges muscles to benefit sleep quality
- 3) choose and apply specific orofacial exercises for OSA patients, depending on the correct approach: isolated OMT or associated with interdisciplinary treatments (CPAP; Intraoral appliances; Hypoglossal Nerve Stimulation)

We are honored to have Bio Research Sponsor this workshop



Regent

**Research Priorities For Myofunctional Therapy:
Action in Rehabilitation, Dentistry and Medicine**

Co-chaired by David Gozal and Maurice Ohayon
Facilitated by Marc Richard Moeller



[Findings From The 2nd AAMS Congress](#)

- 8:30 **Opening Statements:**
Maurice Ohayon & David Gozal: Research Priorities to Establish Myofunctional Therapy as a Field of Medicine
- 8:40 **Discussion:**
David Gozal, MD: Myofunctional Therapy: What we Know and What we Need to Know
- 9:00 **Research Priorities For Myofunctional Therapy:**
Marc Richard Moeller: Tools Right Before Our Eyes, In Our Grasp, and Actionable Today
- 9:15 **Priorities and Learning Outcomes In Rehabilitation:**
Moderators: Licia Coceani Paskay, Ricardo Santos
Breathing: Patrick McKeown
Speech Language Pathology: Lilyana Zmijak, Melody Ouyoung, Irene Marchesan
Physical Therapy: Bridget Fung, Cynthia Peterson, Valerie Sinkus, Thierry Gouzland
- 10:10 **BREAK**
- 10:20 **Priorities and Learning Outcomes in Dentistry:**
Moderators: Gene Santucci, Normand Boucher
Pediatric Dentistry: Audrey Yoon, Kevin Boyd, Eyal Botzer
Dental Hygiene: Joy Lea Moeller, Kathy Basset, Martha Macaluso, Ruth Marsiliani
Orthodontics: Triin Jagomagi, Miho Imamura, Sabina Saccomano, Audrey Yoon
- 11:15 **Priorities and Learning Outcomes in Medicine:**
Moderators: David Gozal, Meir Kryger,
Otolaryngology and Surgery: Soroush Zoghi, Stanley Liu, Hasel Vaher, Darius Loghmanee
Sleep Medicine: Maria Pia Villa, Judy Owen, Stephen Sheldon,
Rakesh Battacharjee, Umakanth Katwa
- 12:15 **Learning Outcomes From the 2nd AAMS Congress**
Maurice Ohayon, Irene Marchesan, David Gozal, Marc Richard Moeller



Each specialty in the symposium will discuss priorities for research in myofunctional therapy that will further establish the field and be challenged to determine findings from the 2nd AAMS Congress, and to discuss variations on design of a universal, simple clinical screening tool for their specialty to screen for a subset of orofacial myofunctional disorders (OMDs) that are clinical markers or phenotypes for sleep disorders. It is an AAMS research priority to create and validate such simple screening tools.

There is currently such a project in design stage at Stanford School of Medicine's Stanford Sleep Epidemiology Research Center (SSERC) that will work to gain consensus and clarity around a subset of Orofacial Myofunctional Disorders (OMDs) related to sleep and then to establish their prevalence in the US general population. The aim for this first phase is to establish a foundation and a sense of urgency for the field of orofacial myofunctional therapy (OMT) as a standard of care for sleep issues as well as a treatment for the prevention of sleep disorders.

This will be a foundational phase of this ongoing project which we imagine will lead to committees at a number of universities and scientific societies related to orofacial myofunctional therapy sleep medicine. Additional phases of this project, concurrent in development, will have a public health focus that will include the creation of, validation of, and roll-out of screening tools, to detect OMDs (beginning with OMDs as clinical markers for sleep disorders) for allied health professionals (with variation of a fundamental screening tool crafted and validated specifically for ENTs, pediatricians, pediatric dentists, oral surgeons, orthodontists, general dentists, dental hygienists, sleep specialists, NICU nurses, school based nurses, physical therapists, occupational therapists, and speech-language pathologists).

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We in the society also wish to congratulate you Licia on your retirement and we look forward to many late-morning sleep-ins and long walks to chase squirrels.

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Marianna Evans, DMD, DABP, DABO
Associate Clinical Professor at the University of Pennsylvania
Founder of the OrthoPerio Institute
Newtown Square, PA



"As a pediatric dentist with 15 years of laser experience, including diode and erbium classes of lasers, I now exclusively use the LightScalpel CO₂ laser for every infant soft tissue surgery. The adjustments for various tissue types and the exact precision of ablation are unparalleled. No other laser allows for this fine surgical control. I would never treat a patient with any other laser."

Martin A. Kaplan, DMD, DABLS
Director of Dental Laser Education and Development at the American Board of Laser Surgery
Member of the American Academy of Pediatric Dentistry, the Massachusetts Academy of Pediatric Dentistry, the American Dental Association, the Academy of Laser Dentistry, the Massachusetts Dental Society, and the Academy of Sports Dentistry
Stoughton, MA



"The LightScalpel is the finest instrument I have used for performing tongue- and lip-tie surgeries as well as many other procedures. I use it at least four times a day. Before, we were using a diode laser and it doesn't even compare. Before, a frenectomy would take around a minute or more. Now with the LightScalpel, it's about 20 seconds. The moms report less pain for their babies (they eat better and are less fussy). In addition, the service from the company is first class. I had an issue with the laser after the first month, which they told me is rare, but they overnight shipped another unit and repaired mine at no cost. They are easy to contact and ask questions, and Gail, the sales rep, flew to our office for a no obligation test drive which was a great help. She showed us how to set it up and made sure we were comfortable with the settings. She helped us get comfortable using it on nine patients while she was there coaching us and showing us the features. When I have any questions, Peter, the owner, is very accessible and responds promptly. An all-around classy company that stands by their great product."

Richard Baxter, DMD, MS, DABPD
Board Certified pediatric dentist, Dipl. of the American Board of Pediatric Dentistry,
Member of the American Academy of Pediatric Dentistry,
the Alabama Dental Association, and the American Dental Association
Pelham, AL

News and Research

Orofacial Myofunctional Therapy has existed in some form in some countries for many decades. Only recently has it started to gain academic attention at the top levels of healthcare research.

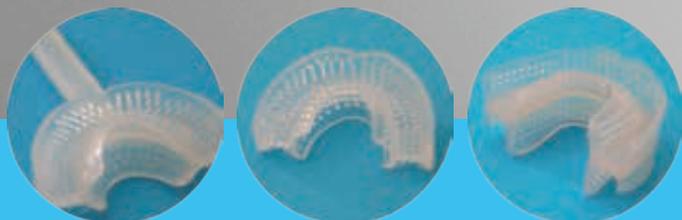
AAMS leads the future of myofunctional therapy through global networking, "cross-pollination" of research and therapy methods applied to many health care areas, with the vision to bring this important field into becoming a standard of care.

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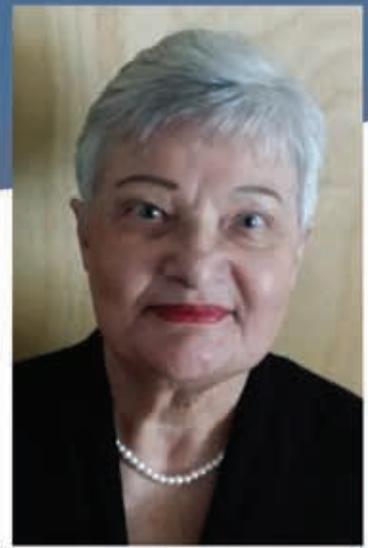
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Barbara J. Greene



Barbara is the proud recipient of the AAMS' 2017 Florence Nightingale Award For Vision, Enterprise, and Passion in Establishing the Profession of Myofunctional Therapy.



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Rakesh Bhattacharjee MD

Financial—Dr. Bhattacharjee has no relevant financial relationship to disclose. **Non-Financial**—Dr. Bhattacharjee has no relevant non-financial relationships to disclose.

Esther Bianchini PhD

Financial—Dr. Bianchini receives a salary or honoraria from PUC-SP University, CEFAC. She is the owner of a clinic for which she receives financial compensation. She also receives royalties from 2 books. Some traveling expenses were reimbursed by the AAMS. **Non-Financial**—Dr. Bianchini is president of the SLP Department of the Brazilian Society of Sleep (ABSono) and is a member of SBF, ABRAMO, AAMS, and IAOM. She serves on the editorial board of the CEFAC Journal and CoDAS.

Eyal Botzer DMD

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Kevin Boyd DDS

Financial—Dr. Boyd is an instructor in the residency-training program in Pediatric Dentistry at Lurie Children's Hospital for which he receives honoraria. He is in private practice. He also received a conference registration and some traveling expenses reimbursed by the AAMS. **Non-Financial**—Dr. Boyd is a member of Lurie Children's Hospital Craniofacial Anomalies and Sleep Medicine teams. He is on the Board of the American Academy of Physiological Medicine and Dentistry (AAPMD), and he has a Consulting Scholar position at the U Penn Museum's section of Anthropology.

Marlei Braude Canterji MBG, SLP

Financial—Mrs. Braude Canterji had some travel expense paid by the AAMS and has no other relevant financial disclosure. **Non-Financial**—Mrs. Braude Canterji has no relevant non-financial relationships to disclose.

James Bronson DDS, FBPI

Financial—Dr. Bronson is the founder and owner of ALF Educational Institute, LLC, which provides training on the ALF appliance. ALF-EI is also a sponsor of the AAMS Congress. **Non-Financial**—Dr. Bronson has no relevant non-financial relationships to disclose.

Robert Corruccini PhD

Financial—Prof. Corruccini has some traveling expenses paid by the AAMS and no other relevant financial disclosure. **Non-Financial**—Prof. Corruccini has no relevant non-financial relationships to disclose.

Linda D'Onofrio MS, CCC-SLP

Financial—Linda D'Onofrio has no relevant financial disclosure. **Non-Financial**—Linda D'Onofrio has no relevant non-financial relationships to disclose.

Michelle Emanuel OTR/L

Financial—Mrs. Emanuel created and works for TummyTime! Method and Whole Body LLC which she owns. **Non-Financial**—Mrs. Emanuel retains the rights for the name and brand Tummy Time!

Melania Evangelisti MD

Financial—Dr. Evangelisti has no relevant financial disclosure. **Non-Financial**—Dr. Evangelisti has no relevant non-financial relationships to disclose.

Mariana Evans DMD

Financial—Dr. Evans is the owner of a private practice Infinity Dental Specialists in which she uses 3-D imaging and practices palatal expansion. She co-founded the OthoPeio Institute that provides professional courses. **Non-Financial**—Dr. Evans has no relevant non-financial relationships to disclose.

Patrick Fellus MD

Financial—Dr. Fellus is the creator and owner of the oral device FroggyMouth for oral functions rehabilitations. **Non-Financial**—Dr. Fellus has no relevant non-financial relationships to disclose.

Thierry Gouzland PT, OMT

Financial—Thierry Gouzland is an independent contractor with Polyclinique Bordeaux Tondu for which he receives financial compensation. He received some travel expense reimbursement from the AAMS, and congress registration was waived by the AAMS. **Non-Financial**—Mr. Gouzland is Vice President and Board Member of the SIKL Societe Internationale de Kinesitherapie Linguale.

Leila Keirandish-Gozal, MD

Financial—Dr. Keirandish-Gozal is the Director of the Clinical Sleep Research at the Pediatric Department of University of Chicago. **Non-Financial**—Dr. Keirandish-Gozal is She is an executive board member of the International Pediatric Sleep Association (IPSA) and serves as the program committee member at the American Thoracic Society (ATS) Document Development and Implementation Committee, assembly on Sleep & Respiratory Society, Neurobiology as well as the board of directors at the Illinois Sleep Society. She is the associate editor of Frontiers in Neurology - Chronobiology and Sleep Medicine and editorial board member of the American Journal of Respiratory and Critical Care Medicine (AJRCCM), The Scientific World Journal, Sleep Medicine and Journal of Clinical Sleep Medicine.

David Gozal, MD

None to disclose

Diana Grandi MS, SLP

None to disclose

Christian Guilleminault MD, DBiol

Financial—Dr. Guilleminault is a Professor of Psychiatry and Behavioral Sciences at Stanford Center for Sleep Sciences and Medicine, for which he receives a salary. He receives congress registration waived from the AAMS. **Non-Financial**—Dr. Guilleminault has no relevant non-financial relationships to disclose.

William Hang DDS, MSD

Financial—Dr. Hang is principal instructor in the Biobloc Orthotropics Mini-Residency for which he is compensated. He receives royalties from a patient on an orthodontic appliance and clasps. He has his own company for which he receives various compensations. **Non-Financial**—Dr. Hang is a board member of NAAFO (North American Association of Functional Orthodontics). He's an advisor for the AOMT (Academy of Orofacial Myofunctional Therapy) and the AAMS (Academy of Applied Myofunctional Sciences). He is an advisor for the AAPMD (American Academy of Physiological Medicine and Dentistry).

Alison Hazelbaker PhD, IBCLC

Financial—Dr. Hazelbaker owns Aidan and Eva Press and PanSophia Press, LLC. **Non-Financial**—Dr. Hazelbaker has no relevant non-financial relationships to disclose.

Miho Imamura PhD, DDS

Financial—Dr. Miho Imamura is the inventor and/or contributor to the original MFT support devices named M.I.H.O. devices and the expansion appliance named MIHO's expansion. She is in private practice. She received some travel expense refund from the AAMS, and congress registration was waived by the AAMS. **Non-Financial**—Dr. Miho Imamura is on the advisory board and is a member of the Japan Society for Oral Myofunctional Therapy.

Bridget Ingle RN, RM, IBCLC

Financial—Bridget Ingle has no relevant financial disclosures. **Non-Financial**—Bridget Ingle has no relevant non-financial disclosures.

Triin Jagomagi PhD, MSc

Financial—Dr. Jagomagi has no relevant financial disclosures. **Non-Financial**—Dr. Jagomagi has no relevant non-financial disclosures.

Sharon Keenan PhD

Financial—Dr. Keenan has ownership interest in The School of Sleep Medicine, Inc. She also receives honoraria from the AOMT for lectures and courses. **Non-Financial**—Dr. Keenan has no relevant non-financial relationship to disclose.

Umakanth Khatwa MD

Financial—Dr. Khatwa has no relevant financial relationships to disclose. **Non-Financial**—Dr. Khatwa has no non-financial relationships to disclose.

Larry Kotlow DDS

Financial—Dr. Kotlow assisted in the development of a variety of laser products, including Innovative optics (laser glasses), T4M (videos and webinars), Schick (Serona digital radiography). He is an investor in the development of the Solea CO2 laser and, as such, he is also on their professional advisory board. For all of these, he has been a beta tester of new products for which he received honoraria. He received an honorarium/supplies from the AAMS, and congress registration was waived for his participation. **Non-Financial**—Dr. Kotlow is a member and volunteer for various professional organizations.

Meir Kryger, MD, FRCPC

Financial—Dr. Kryger is the chief editor of *The Principles and Practice of Sleep Medicine*, currently in its 5th edition, and is the author of *A Woman's Guide to Sleep Disorders*, the *Atlas of Clinical Sleep Medicine*, and *Kryger's Sleep Medicine Review*. **Non-Financial**—Dr. Kryger is on the Board of Directors of the National Sleep Foundation in Washington, D.C.

Lois Laynee PhD

Financial—Dr. Laynee is the founder and owner of Laynee Enterprises LLC, which owns the trade marks for Laynee Restorative Breathing and for Laynee Restorative Breathing Institute. **Non-Financial**—Dr. Laynee is an unpaid board member of the American Academy of Physiological Medicine and Dentistry (AAPMD).

Stanley Liu MD, DDS

Financial—Dr. Liu is co-director of the Stanford Sleep Surgery Fellowship Program. **Non-Financial**—Dr. Liu is a member of the Sleep Disorders Committee, American Academy of Otolaryngology-Head and Neck Surgery.

Darius Loghmanee MD, FAAP, FAASM

Financial—Yes **Non-Financial**—N/A

Derek Mahony BDS, MscOrth

Financial—Dr. Derek Mahony has no relevant financial disclosures. **Non-Financial**—Dr. Mahony has no relevant non-financial relationships to disclose.

Irene Marchesan PhD SLP

Financial—Dr. Marchesan is the co-author and editor of *Motricidade Orofacial* for which she receives royalties. She is a Principal of the CEFAC Institute for which she receives compensation. She received some travel expense reimbursement from the AAMS. **Non-Financial**—Dr. Marchesan is the President of the Brazilian Speech Pathology Society (Sociedade Brasileira de Fonoaudiologia). She is on the board of the Brazilian Myofunctional Therapy Association (Associação Brasileira de Motricidade Orofacial), the Academy of Orofacial Myofunctional Therapy, and the Academy of Applied Myofunctional Sciences.

Patrick McKeown MA, BBE

Financial—Mr. McKeown is the principal lecturer for Buteyko Clinic International, receiving a salary. He is a lecturer for the AOMT (Academy of Orofacial Myofunctional Therapy), for which he receives honoraria. He receives royalties from 2 books. **Non-Financial**—Mr. McKeown has no relevant non-financial relationships.

Joy Moeller RDH, BS

Financial—Ms. Moeller is the author of *Tucker the Tongue Finds His Spot* for which she receives royalties and is on the faculty of the Academy of Orofacial Myofunctional Therapy for which she receives honoraria. She is also in private practice. **Non-Financial**—Ms. Moeller is on the Medical Committee of the American Sleep Apnea Association, the Board of the AAMS (Academy of Applied Myofunctional Sciences) and the board of the AAPMD (American Academy of Physiological Medicine and Dentistry).

Marc Moeller BA

Financial—Marc Moeller is the Managing Director and main shareholder for the AOMT (Academy of Orofacial Myofunctional Therapy) for which he is compensated. **Non-Financial**—Mr. Moeller is the Board Chair and Executive Director of the AAMS (Academy of Applied Myofunctional Sciences) and on the Sleep and Respiratory Neurobiology Education Committee of the American Thoracic Society. He is a member of various professional organizations worldwide.

Sharon Moore BS

Financial—Mrs. Moore is the owner of Wellspoken, a speech pathology practice. **Financial**—Mrs. Moore is an advisor for AOMT.

Maurice Ohayon MD, PhD

Financial—Dr. Ohayon is the Director of Stanford Sleep Epidemiology Research Center (SSERC) and Chief, Division of Public Mental Health and Population Science. **Non-Financial**—Dr. Ohayon has no relevant non-financial relationship to disclose.

Judy Owens MD

Financial—Dr. Owens has no relevant financial disclosures. **Non-Financial**—Dr. Owens has no relevant non-financial relationships to disclose.

María Pia Villa MD

Financial—Dr. Villa had some travel expenses paid by the AAMS and has no other relevant financial disclosures. **Non-Financial**—Dr. Villa has no relevant non-financial relationships to disclose.

Barry Raphael DDS

Financial—Dr. Raphael is a paid lecturer for Myofunctional Research Corporation with no further financial interest. He's the owner of the Raphael Center for Integrated Education. **Non-Financial**—Dr. Raphael has no relevant non-financial relationships to disclose.

Nancy Rothstein MBA

Financial—Nancy Rothstein has no financial conflicts of interests to disclose. **Non-Financial**—Mrs. Rothstein has no non-financial conflicts of interest to disclose. LCP 1-5

Sabina Saccomanno MD

Financial—Dr. Saccomanno is an independent contractor and receives speaking fees from Università Cattolica del Sacro Cuore, in Rome, Italy. **Non-Financial**—Dr. Saccomanno is a volunteer member of the association "Il Cigno" for people with cranosynostosis, for which she is an orthodontic contributor and researcher.

Marisa Santos DDS

Financial—Dr. Marisa Santos is a salaried instructor at the Maimonides Universidad in Buenos Aires, Argentina. **Non-Financial**—Dr. Santos has no relevant non-financial relationships to disclose.

Ricardo Santos PhD(c)

Financial—Dr. Ricard Santos is a salaried instructor at the Escola Superior de Tecnologia da Saude do Porto - IPP, Instituto EPAP | Ensino Pos-Graduado e Profissional, Grupo Trofa Saude. He received some travel expense reimbursement from the AAMS, and congress registration was waived by the AAMS. **Non-Financial**—Dr. Santos has no relevant non-financial relationships to disclose.

Naurine Shah BDS, RDA, COM

Financial—Mrs. Shah has no relevant financial relationships to disclose. **Non-Financial**—Mrs. Shah has no relevant non-financial relationships to disclose.

Steven Sheldon DO, FAAP

Financial—Dr. Sheldon receives research support for Lurie Children's Hospital from Jazz Pharmaceuticals, for being the principal investigator of a clinical trial on Sodium Oxybate in Narcolepsy/Cataplexy in children. **Non-Financial**—Dr. Sheldon has no relevant non-financial relationships to disclose.

Valery Sinkus PT

Financial—Mrs. Sinkus received speaker fees from the AOMT. **Non-Financial**—Mrs. Sinkus has no relevant non-financial relationships to disclose.

Corinne Thery-Dumeix MD

Financial—Dr. Thery-Dumeix has no relevant financial relationships to disclose. **Non-Financial**—Dr. Thery-Dumeix has no relevant non-financial relationship to disclose.

Marileda Tome PhD, SLP

Financial—Dr. Tome' has no relevant financial relationships to disclose. **Non-Financial**—Dr. Tome' has no relevant non-financial relationship to disclose.

Anastasia Vasileiu DDS

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María Pia Villa MD

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Pia Villanueva PhD, DDS

Financial—Dr. Villanueva has no relevant financial relationships to disclose. **Non-Financial**—Dr. Villanueva has no relevant non-financial relationships to disclose.

Heidi Widoff RDH

Financial—Mrs. Widoff receives an honorarium for teaching from AOMT. **Non-Financial**—Mrs. Widoff has no relevant non-financial relationships to disclose.

Hideharu Yamaguchi DDS

Financial—Dr. Yamaguchi has no relevant financial relationship to disclose. **Non-Financial**—Dr. Yamaguchi has no relevant non-financial relationship to disclose.

Audrey Yoon DDS, MS

Financial—Dr. Yoon has no relevant financial relationships to disclose. **Non-Financial**—Dr. Yoon has no relevant non-financial relationships to disclose.

Soroush Zaghi MD

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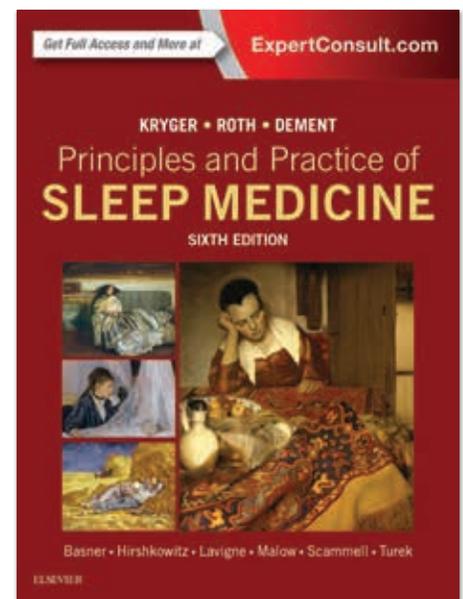
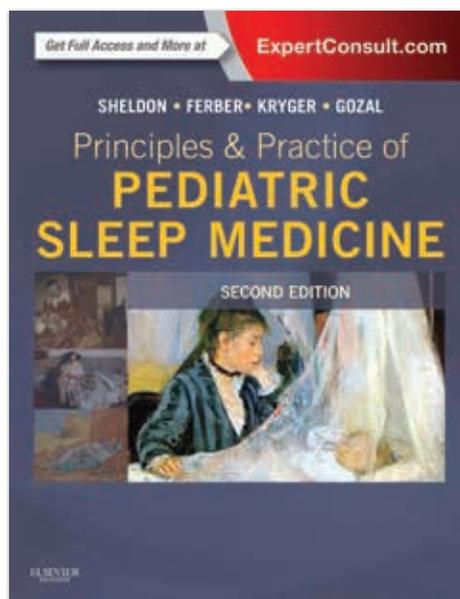
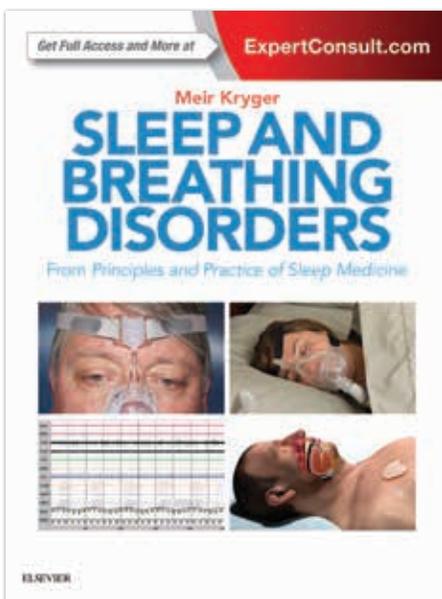
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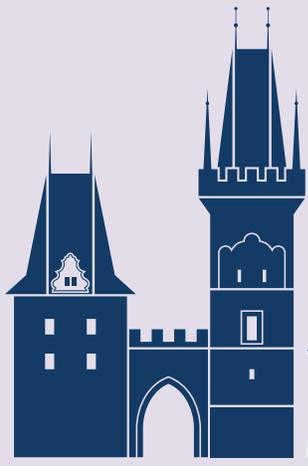
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Speakers:

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Stanley Liu Stanford, USA

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Maria Pia Villa, Sapienza University of Rome, Italy

Esther Bianchini PUC University of Sao Paulo, Brazil

David Gozal, University of Chicago, USA

Oliviero Bruni, Sapienza University of Rome, Italy

Joy Lea Moeller, AOMT, USA

Audrey Yoon, University of California, Los Angeles, USA

Stacey Quo, University of California, San Francisco, USA

Daniel Kwok-Keung Ng, Chinese University, Hong Kong

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