

Tongue-Tie (website version)

Tongue-tie (ankyloglossia) is a congenital condition that restricts the tongue's range of motion. With tongue--tie, an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue's tip to the floor of the mouth. A child who has tongue--tie can have difficulty sticking out their tongue or touching it to the roof of their mouth. Depending on the degree of tongue-tie it can also affect the way a child eats, speaks, swallows and it may interfere with breastfeeding. In addition tongue-tie can impair the proper growth and development of the palate as well as the function and formation of the jaw - both mechanically and aesthetically. Sometimes the lingual frenulum loosens over time and tongue-tie resolves on its own. In other cases, tongue-tie persists without causing noticeable problems.

There are varying types of "standard" intervention suggested for ankyloglossia. Some experts believe that people with ankyloglossia can compensate in their speech for limited tongue range of motion. At times compensatory strategies can be a way to counteract the adverse effects of ankyloglossia. Orofacial Myology specialists typically perform non-surgical treatments for ankyloglossia when speech deficits are involved. These treatments incorporate exercises to strengthen and improve the function of the facial muscles and thus promote proper function of the face, mouth and tongue. Intervention for ankyloglossia does sometimes include surgery in the form of frenotomy (also called a frenectomy or frenulectomy) or frenuloplasty. This may be done by laser or standard surgical protocols. An alternative to surgery for children with ankyloglossia is to take a wait and see approach. It has been reported that it is possible for the frenulum to naturally recede during the process of a child's growth between six months and six years of age.

The first goal of the chiropractor is to determine the degree of tongue--tie and how it affects proper function and development. The most common symptoms parents will note in their child include: difficulty lifting the tongue to the upper teeth or moving the tongue from side to side, trouble sticking out the tongue past the lower front teeth, the tongue appears notched or heart shaped when stuck out, nursing or sucking issues, constant drooling, difficulty swallowing, and digestive issues such as colic or reflux (due to sucking air during nursing because of an improper or incomplete ability to latch). In older children speech issues, gaps or spaces between their lower or upper

front teeth, complaints of tongue discomfort or the inability to get their tongue to reach their back teeth are common.

Proper function of the tongue is important in creating normal development of the palate, facial bones and structure of the skull. In dealing with tongue-tie from a chiropractic viewpoint several parameters should be considered and evaluated.

Factors regarding Tongue-Tie

- Where is the tongue -tie
 - o Posterior
 - o Middle
 - o Anterior
- Symptoms involved
 - o Nursing issues
 - o Excessive drooling
 - o Digestive issues
 - o Dentition
 - o Sinus congestion
 - o Speech issues (older children)
 - o Sleep problems
 - o Misshapen head (plagiocephaly)
 - o Jaw problems
 - Chewing, swallowing or sunken chin appearance

Conservative chiropractic cranial care is often the least invasive and most effective way to deal with the majority of tongue-tie cases. A comprehensive evaluation, by an experienced chiropractor, of the tongue, palate, function of the jaw and cranial bones will give the practitioner, parent and child the greatest opportunity to resolve the repercussions associated with this condition. It will also help determine if more invasive procedures are necessary. Whether or not to have surgical intervention instead of more conservative care is often a factor of the severity of the symptoms and the position of the Tongue-Tie. The more anterior the Tongue-Tie is, the less mobile the tongue will be and the greater the chance of developmental or symptomatic problems to be present. If the Tongue-Tie is posterior or medial chiropractic cranial care will most likely be the best choice for an optimum outcome.

We at Wellesley Chiropractic Office have over 35 years of experience in pediatrics, cranial adjusting and family care. If your child has been diagnosed with Tongue-Tie, even if surgical release has been

performed, we will evaluate the functional aspects of your child's spine and cranium and recommend appropriate care if necessary.