

# THE 3RD AAMS CONGRESS & HIPPOCRATES GALA



**ROMA, ITALIA**

**5-10 SEPTEMBER, 2018**

Pontifical University of St. Thomas Aquinas  
Largo Angelicum 1 00184 Rome RM, Italy

**The Role of Oropharyngeal  
Development, From Fetus to Adult:  
Craniofacial Structure and Posture:  
Rehabilitation and Reversal of Epigenetic Mutation**

## Supporting Societies & 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.

[www.aomtinfo.org](http://www.aomtinfo.org)



The AAMS  
welcomes you to



# ROMA, ITALIA

**Academy of Applied Myofunctional Sciences**

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# THE AAMS IS WELCOMING YOU TO ITS 3RD CONGRESS AND HIPPOCRATES GALA

*The 3rd Congress & Hippocrates Gala's organizing committees welcome every one of you and wish you an unforgettable experience in Rome!*



**Marc R. Moeller**  
AAMS Executive Director  
& Congress Co-Chairman

At the break of our 3rd AAMS Congress we find ourselves running as fast as we can. There is a sense of urgency and excitement amongst our global community to develop a foundation so we may transition from an emerging area into a field, including translational research, large, international randomized studies, accreditation of teaching institutions, university degrees, and an independent credentialing board. The AAMS has helped launch and nurture more than a dozen active non-profit scientific societies and has helped develop more than twice that many into advanced stages of formation. There are thus over 35 independent myofunctional therapy groups represented here in Rome. With orofacial myofunctional therapy (OMT) included in committee and task force work with the American Thoracic Society, the European Respiratory Society, the American Dental Association, the International Association of Paediatric Dentistry, and the new standards of care and milestones including OMT from French, German and Brazilian sleep societies, government ministry statements from countries such as Italy and incipient national health coverage from countries such as Korea, it is safe to say that this area of healthcare has tremendous momentum. We are delighted to welcome you to a congress that has a focus on the key opinion leaders, researchers, and pioneering clinicians present who are coming together to see our work flourish.

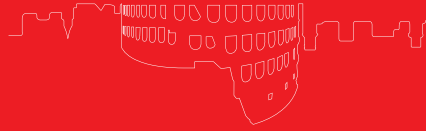


**Irene Marchesan**  
AAMS President  
& Congress Chairperson

The AAMS Board of Directors has the great pleasure to welcome all those who are attending the 3rd AAMS Congress, taking place in Rome, Italy between September 5th and September 10th 2018. I want to thank you immensely for your participation in this great event which was dreamed and realized by Marc Moeller who has a vision of a future greater than anyone I have ever known in my 40 years of the profession. This event will certainly boost Orofacial Myofunctional sciences and therapy worldwide, creating new opportunities for those professionals who work in this area, bringing new working methodologies for all, thus creating new opportunities of action with direct benefits to patients who seek those professionals for help. I thank everyone who in some way worked and volunteered so that this great event could happen. The list is long... Once again, congratulations to all of you, who are here to celebrate this event, to learn more with colleagues who kindly bring to, and share their knowledge with us all, and allowing this great myo-party to be held. Finally, I'm giving my heartfelt gratitude to Marc and Licia, for I am quite certain that, without them, none of this would have been possible.

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





# WEDNESDAY

September 5, 2018

8 am  
9 am  
10 am  
11 am  
12 pm  
1 pm  
2 pm  
3 pm  
4 pm  
5 pm  
6 pm

AM

Aula Minor

S-10

Sala 10

S-11

Sala 11

Symposium

9:00 am - 11:15 am  
Marc Richard Moeller  
Michelle Emanuel  
Gina Weissman

11:00 am - 11:15 am  
Break

11:15 am - 2:30 pm  
Eyal Botzler  
Roberta Martinelli  
Irene Marchesan  
Nicole Archambault

1:15 pm - 2:30 pm  
Lunch

2:30 pm - 5:15 pm  
Hila Robbins  
Patrick Fellus  
Daniel KK Ng  
Maria Pia Villa

4:30 pm - 4:45 pm  
Break

S-12

Sala 12

S-14

Sala 14

S-13

Sala 13

SC

Sala Colonne

C

Chiostro

Coffee Breaks:  
11:00 am - 11:15 am  
4:30 pm - 4:45 pm

- Coffee breaks served in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.



# THURSDAY

September 6, 2018

	AM	S-10	S-11	S-12	S-14	S-13	SC	C
	Aula Minor	Sala 10	Sala 11	Sala 12	Sala 14	Sala 13	Sala Colonne	Chiostro
8 am		Workshop	Workshop	Workshops	Workshop		Symposium	
9 am					9:00 am - 11:15 am Steven Lin Samantha Weaver	Speakers Preparedness Room 9:00 am - 6:00 pm	9:00 am - 1:15 pm Symposium-Part 2	Coffee Breaks: 11:00 am - 11:15 am 4:30 pm - 4:45 pm
10 am								
11 am							11:00 am - 11:15 am Break	
12 pm							Symposium-Part 2 (Cont.)	
1 pm								
2 pm							1:15 pm - 2:30 pm Lunch	
3 pm								
4 pm								
5 pm								
6 pm								

- Coffee breaks served in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.
- Certificates of Attendance, Evaluation forms and sign-out sheets (for CEUs) are available at the end of each workshop.



# FRIDAY

September 7, 2018

8 am  
9 am  
10 am  
11 am  
12 pm  
1 pm  
2 pm  
3 pm  
4 pm  
5 pm  
6 pm

AM	S-10	S-11	S-12	S-14	S-13	SC	C
Aula Minor	Sala 10	Sala 11	Sala 12	Sala 14	Sala 13	Sala Colonne	Chiostro
9:00 am - 9:30 am OPENING Maria Pia Villa 30'							
10:00 am - 11:00 am Paola Pirelli 30' A. Palomini 30'	10:00 am - 11:00 am Steve Lin 11:00 am - 11:15 am Break	10:00 am - 11:00 am Yue Weng Chu 11:00 am - 11:15 am Break	10:00 am - 11:00 am Thierry Gouzlan 11:00 am - 11:15 am Break	11:00 am - 11:15 am Break			
11:15 am - 12:15 pm Ludovico Messineo	11:15 am - 12:15 pm Trini Jagomagi	11:15 am - 12:15 pm Athanasios Zavas	11:15 am - 12:15 pm Sharon Moore 30' Poster 30'	11:15 am - 12:15 pm Corinne Thery			Posters 9:00 am - 5:00 pm *See program for oral presentations
12:15 am - 1:15 pm M. Mejia Guerrero	12:15 pm - 1:15 pm Miho Imamura	12:15 pm - 1:15 pm Victor Abdullah	12:15 pm - 1:15 pm Esther Bianchini	12:15 pm - 1:15 pm Michele Emanuel			Coffee Breaks: 11:00 am - 11:15 am 4:30 pm - 4:45 pm
1:15 pm - 2:30 pm Lunch	1:15 pm - 2:30 pm Lunch	1:15 pm - 2:30 pm Lunch	1:15 pm - 2:30 pm Lunch	1:15 pm - 2:30 pm Lunch	Speakers Preparedness Room 9:00 am - 6:00 pm	Exhibitors 9:00 am - 6:00 pm	
2:30 pm - 3:30 pm Florence Sekito	2:30 pm - 3:30 pm James Bronson	2:30 pm - 3:30 pm Cris Simmons	2:30 pm - 3:30 pm Daniel Ng	2:30 pm - 3:30 pm Heidi VanRavenhorst-Bell			
3:30 pm - 4:30 pm Steve Carstensen	3:30 pm - 4:30 pm Thierry Gouzlan	3:30 pm - 4:30 pm Timothy Bromage	3:30 pm - 4:30 pm Regina Leung	3:30 pm - 4:30 pm Posters: Min-Keung Song 30' N. Archambault 30'			
4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break			4:45 pm - 5:00 pm Poster Presentation Lin-in Lim
		4:45 pm - 5:45 pm Rosalba Courtney	4:45 pm - 5:45 pm Brigitte Fung	4:45 pm - 5:15 pm Hyung Chae Yang			

- Coffee breaks served in the Chiostro.
- Exhibitors available all day in the Sala Colonne.
- Posters available Fri-Sat-Sun 9am-5pm in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.
- Evaluation forms, sign-out sheets, Certificate of Attendance are available Fri-Sat-Sun from 4:30 to 6:00 pm



# SATURDAY

September 8, 2018

	AM	S-10	S-11	S-12	S-14	S-13	SC	C
	Aula Minor	Sala 10	Sala 11	Sala 12	Sala 14	Sala 13	Sala Colonne	Chiostro
8 am								
9 am	9:00 am - 10:00 am Visasiri Tantrakul	9:00 am - 10:00 am Virginia Johnson	9:00 am - 10:00 am Roberta Martinelli		9:00 am - 10:00 am Kevin Boyd			
10 am	10:00 am - 11:00 am Farhan Shah	10:00 am - 11:00 am Posters: Fabio Scoppa 30' Giuseppe Messina 30'	10:00 am - 11:00 am Giovanni Olivi & Daniela Genovese		10:00 am - 11:00 am Kevin Boyd			
11 am	11:00 am - 11:15 am Break	11:00 am - 11:15 am Break	11:00 am - 11:15 am Break		11:00 am - 11:15 am Break			
12 pm	11:15 am - 12:15 pm Esther Bianchini & Miguel Meira e Cruz	11:15 am - 12:15 pm Fabio Scoppa	11:15 am - 12:15 pm Sorush Zaghi		11:15 am - 12:15 pm Carlos Torre			
1 pm	12:15 am - 1:15 pm Audrey Yoon	12:15 am - 1:15 pm Giuseppe Messina	12:15 am - 1:15 pm Gina Weissman	Speakers Preparedness Room 9:00 am - 6:00 pm	12:15 am - 1:15 pm Patrick McKeown & James Metz			
2 pm	1:15 pm - 2:15 pm Lunch	1:15 pm - 2:15 pm Lunch	1:15 pm - 2:15 pm Lunch		1:15 pm - 2:15 pm Lunch		Exhibitors 9:00 am - 6:00 pm	
3 pm	2:30 pm - 3:30 pm Venkata Koka	2:30 pm - 3:30 pm Min Zhu	2:30 pm - 3:30 pm Eyal Botzer		2:30 pm - 3:30 pm Luis Ruiz Guzman 30' Sharon Moore 30'			
4 pm	3:30 pm - 4:30 pm Melania Evangelisti	3:30 pm - 4:30 pm E Favetti & RX Dejean 30' S. Valcu - Pinkerton 30'	3:30 pm - 4:30 pm Luis Ruiz-Guzman 30' Luis Ruiz-Guzman 30'		3:30 pm - 4:30 pm Joy Moeller			
5 pm	4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break	4:30 pm - 4:45 pm Break		4:30 pm - 4:45 pm Break			
6 pm	4:45 pm - 5:45 pm Van Thai Nguyen	4:45 pm - 5:45 pm Patrick Fellus	4:45 pm - 5:45 pm Irene Marchesan		4:45 pm - 5:45 pm Diana Grandi			

- Coffee breaks served in the Chiostro.
- Exhibitors available all day in the Sala Colonne.
- Posters available Fri-Sat-Sun 9am-5pm in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.
- Evaluation forms, sign-out sheets, Certificate of Attendance are available Fri-Sat-Sun from 4:30 to 6:00 pm



# SUNDAY

September 9, 2018

	AM	S-10	S-11	S-12	S-14	S-13	SC	C
	Aula Minor	Sala 10	Sala 11	Sala 12	Sala 14	Sala 13	Sala Colonne	Chiostro
8 am								
9 am		9:00 am - 10:00 am Reza Movahed	9:00 am - 9:30 am C. Guillemínault 9:30 am - 10:00 am Almiro Machado Jr	Speakers preparedness room 9:00am - 2:30pm. Meetings room	9:00 am - 10:00 am Cinzia Castronovo	Room Not Available	Exhibitors 9:00 am - 6:00 pm	Posters 9:00 am - 5:00 pm *See program for oral presentations  Coffee Breaks: 11:00 am - 11:15 am 4:30 pm - 4:45 pm
10 am		10:00 am - 11:00 am Andres Koster Risto Valkjarv	10:00 am - 11:00 am William Hang		10:00 am - 11:00 am Marisa Santos			
11 am		11:00 am - 11:15 am Break	11:00 am - 11:15 am Break		11:00 am - 11:15 am Break			
12 pm		11:15 am - 12:15 pm M Antonio Da Silva 30' Sabina Saccomanno 30'	11:15 am - 12:15 pm Paul Ehrlich & Sandra Kahn	Speakers preparedness room 9:00am - 2:30pm. Meetings room	11:15 am - 12:15 pm Patrick McKeown	Room Not Available	Exhibitors 9:00 am - 6:00 pm	
1 pm	Room Not Available	12:15 am - 1:15 pm (Poster) A. Vasileiou 30' Cynthia Peterson 30'	1:15 am - 1:15 pm Derek Mahony		12:15 am - 1:15 pm Eliana Rivera 30' Heriberto Rangel 30'			
2 pm		1:15 pm - 2:15 pm Lunch	1:15 pm - 2:15 pm Lunch		1:15 pm - 2:15 pm Lunch			
3 pm			2:30 pm - 3:30 pm Symposium - Moderator: Marc Richard Moeller	Speakers preparedness room 9:00am - 2:30pm. Meetings room		Room Not Available	Exhibitors 9:00 am - 6:00 pm	
4 pm			3:30 pm - 4:30 pm Maria Pia Villa James Beddows					
5 pm			4:30 pm - 4:45 pm Break 4:45 pm - 5:45 pm Athanasios Zavras Candy Sparks					
6 pm								

- Coffee breaks served in the Chiostro.
- Exhibitors available all day in the Sala Colonne.
- Posters available Fri-Sat-Sun 9am-5pm in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.
- Evaluation forms, sign-out sheets, Certificate of Attendance are available Fri-Sat-Sun from 4:30 to 6:00 pm

- Coffee breaks served in the Chiostro.
- Exhibitors available all day in the Sala Colonne.
- Posters available Fri-Sat-Sun 9am-5pm in the Chiostro.
- Lunch on your own: 1:15-2:30 pm.
- Evaluation forms, sign-out sheets, Certificate of Attendance are available Fri-Sat-Sun from 4:30 to 6:00 pm





# MONDAY

September 10, 2018

8 am  
9 am  
10 am  
11 am  
12 pm  
1 pm  
2 pm  
3 pm  
4 pm  
5 pm  
6 pm

AM	S-10	S-11	S-12	S-14	S-13	SC	C
Aula Minor	Sala 10	Sala 11	Sala 12	Sala 14	Sala 13	Sala Colonne	Chiostro
	Workshop	Workshop	Workshop				
	9:00 am - 11:15 am William Hang, Reza Mohaved & Joy Moeller	Room Not Available		9:00 am - 11:15 am Patrick McKeown & James Metz	Room Not Available		
	11:00 am - 11:15 am Break			11:00 am - 11:15 am Break			
	11:15 am - 1:15 pm William Hang, Reza Mohaved & Joy Moeller	Room Not Available		11:15 am - 1:15 pm Patrick McKeown & James Metz			
	1:15 pm - 2:30 pm Lunch			1:15 pm - 2:30 pm Lunch			
	2:30 am - 4:00 pm William Hang, Reza Mohaved & Joy Moeller	Room Not Available		2:30 am - 4:00 pm Patrick McKeown & James Metz			
	4:30 pm - 4:45 pm Break			4:30 pm - 4:45 pm Break			
							Coffee Breaks: 11:00 am - 11:15 am 4:30 pm - 4:45 pm

- Coffee breaks served in the Chiostro.
- Lunch on your own: 1:15-2:30 pm. (You have it 1:15-2:15)
- Certificates of Attendance, Evaluation forms and sign-out sheets (for CEUs) are available at the end of each workshop.

## Our Speakers



### Victor Abdullah, MD | Hong Kong–China

Dr Victor Abdullah BSc (Hons), MBBS (London), FRCS (England), FRCS (Edinburgh), FCSHK, FHKCORL, FHKAM (Otol) is presently the Consultant and Cluster Chief of Service, Department of Ear Nose and Throat, United Christian Hospital, an affiliated unit of the Department of Otorhinolaryngology, Head and Neck Surgery, The Chinese University of Hong Kong, serving a population of one million in Kwun Tong and Tsuen Kwan O, Kowloon East Cluster. He is an Honorary Clinical Associate Professor, Chief of Paediatric Otorhinolaryngology of the University Department. Dr. Abdullah is also the current President of The Hong Kong College of Otorhinolaryngologists. Dr Abdullah's interests are in Paediatric Otolaryngology, Head & Neck Surgery and Surgery for Sleep Apnoea. He remains committed to Public Service and takes a strong interest in teaching and training.



### 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.



### James Beddows, TDP, CEO | USA

Jim Beddows has over thirty years of entrepreneurship experience across various verticals and global 2000 corporations (including the US Air Force, General Electric, PepsiCo/KFC, Disney, Microsoft, and Xerox PARC) generating over \$3 billion in new businesses and services. Jim launched the first mobile services for Disney in Tokyo in 1997. Since then, he has been at the cutting edge of digitalization, and the intersection of the physical and digital spaces, including Microsoft launching MSN Mobile in 2007 and retail location-based services with Microsoft Research, 3M, and Wendy's International in 2011. Prior to joining TDP, Jim served as a consultant at PARC helping to develop and implement a new process to rapidly accelerate the rate of research commercialization. Combined with his multi-industry experience, Jim has lived internationally in Madrid, Hong Kong, and Tokyo allowing him to see macro trends and patterns first hand. Jim is an adjunct research assistant professor in psychiatry and behavioral science at USC's Keck School of Medicine in Los Angeles.



### Esther Bianchini, PhD | Brazil

Dr. Esther Mandelbaum Gonçalves Bianchini, Speech and Language Pathologist (SLP), Specialist in Orofacial Motricity (Orofacial Myofunctional Therapy – CFFa 019/96) Master in Communication Disorders (PUC-SP), received her Ph.D. in Science, Experimental Physiopathology at the Faculty of Medicine of the University of São Paulo (FMUSP). Currently, she is a permanent professor at the Post Graduation Program in SLP at the Pontifícia Universidade Católica de São Paulo (PUC-SP) and at CEFAC – Health and Education, Brazil. She has authored many scientific articles, books, and book chapters. Nowadays she is the Coordinator of the SLP Commission of the Brazilian Society of Sleep (ABSono) and directs a SLP Rehabilitation Clinic in São Paulo, Brazil. Her major interest is diagnosis and rehabilitation procedures regarding swallowing disturbances, dentofacial deformities, orthognathic surgery, sleep apnea, and temporomandibular disorders.



### Eyal Botzer, DMD | Israel

Dr. Botzer graduated from the Hebrew University School of Dental Medicine in 1990, and from a Post Graduate program in Pediatric Dentistry in 1995. Between 1995 and 1996 he was a Research Fellow at the NYU Dental School, and learning a new technique in the treatment of cleft lip and palate at the NYU Medical Center with the Institute of Craniofacial Reconstructive Plastic Surgery. Since 1997 he is the director of the Pediatric Dentistry Clinic at the Tel-Aviv Sourasky Medical Center. His specialty is pediatric dentistry and treatment of neonates with craniofacial anomalies. Starting in 2000 he has been involved with tongue-tie research and participated in all IATP summits as its founding member. He has co-authored several articles on Tongue Tie, performed several thousand frenotomies on newborns with breastfeeding difficulties and lectured around the world on this topic.



### Kevin Boyd, DDS | USA

DR. KEVIN BOYD is a board certified Pediatric Dentist in Chicago who also holds a Master's degree in Human Nutrition and Dietetics. He teaches in the Pediatric Dentistry residency program at Lurie Children's Hospital and serves as a dental consultant to their sleep medicine clinic. Dr. Boyd is a visiting scholar at the University of Pennsylvania Museum of Archeology and Anthropology conducting research in post-industrial evolution of the human face and airway-related structures. He lectures worldwide on pediatric OSA, evolutionary oral medicine and early intervention orthodontics.



### Timothy Bromage, PhD | USA

Prof. Bromage, a PhD in Biological Anthropology, directs the Hard Tissue Research Unit (HTRU), a mineralized tissue preparation and imaging technology development laboratory of the Department of Biomaterials and Biomimetics, NYUCD. Mineralized tissue biology are key to many of Bromage's HTRU pursuits, which include microanatomical correlates of bone and tooth biomechanics, enamel and bone growth rate variability. Recently, he has reported on a hitherto unrecognized chronobiological rhythm in bone microstructure that corresponds to a previously observed but enigmatic enamel formation rhythm in mammals, establishing the basis for understanding how chronobiology and organismal life history evolution are integrated. Professor Bromage supplements laboratory research with African Late Pliocene paleontological fieldwork, the surveys of which have recovered the oldest known representative of the human genus, *Homo rudolfensis*, 2.4 Mya. Professor Bromage is recipient of the 2010 Max Planck Prize in the Life Sciences (paleobiomics; emphasis in Human Evolution), is Honorary Professor of La Salle University, Madrid, Spain, and is Honorary Research Fellow of the Department of Paleoanthropology, Senckenberg Research Institute, Frankfurt, Germany.



### James Bronson, DDS, FIAO | 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 Butekyo Professionals International.

## Our Speakers



### Steve Carstensen, DDS | USA

Steve Carstensen DDS FAGD, Diplomate, American Board of Dental Sleep Medicine, has been treating sleep apnea and snoring since 1998, has completed UCLA's Mini-Residency in Sleep, lectures internationally, directs sleep education at the Pankey Institute and is a guest lecturer at Spear Education, University of the Pacific, and Louisiana State University Dental Schools. He was in leadership at AADSM and was Chair of the 2010 ADA Annual Session. Since 2014 he has been Editor-in-Chief of Dental Sleep Practice Magazine. He co-founded Premier Sleep in Bellevue, WA, a practice devoted to helping people breathe better and sleep better.



### Cinzia Vincenza Castronovo, PhD | Italy

Dr. Castronovo is a licensed Clinical psychologist and psychotherapist at the University Vita-Salute San Raffaele and San Raffaele Scientific Institute, Milan, Italy mainly working in sleep medicine. Her clinical activity is focused on cognitive-behavioral therapy for insomnia. Her current research concentrates on CBT in other sleep disorders as well as in the development of new strategies of education on sleep in different categories such as adolescents, shift workers other common challenges for good sleep. Moreover, her work has focused on the impact of obstructive sleep apnea on cognition, brain structure and quality of life before and after treatment and on predictors of compliance to CPAP. She is a member of the American Academy of Sleep Medicine.



### Yue Weng Cheu, BDS, FRACDS, MJDF, RCS | Singapore

Dr Yue Weng Cheu completed his BDS degree at the National University of Singapore. He was elected Fellowship with the Royal Australasian College of Dental Surgeons and obtained his Membership of the Joint Dental Faculties of the Royal College of Surgeons, England. He has Mastership with the World Clinical Laser Institute, Certificate of Implantology from Frankfurt University and completed his TMD and GNM training in USA with Occlusion Connections. Dr Yue is the Founder of The School of Linguadontics where he focuses on the tongue as the key element in influencing general health while working together with other other medical and allied health providers. Being an Expert-Generalist, he shared at TEDxSingapore about "Wellness that is Harnessed through the Tongue". He lectures internationally and is also the Clinical Director of DP Dental, The Linguadontics Clinic, and the visiting TMD expert at Roomchang Dental Hospital, Cambodia.



### Rosalba Courtney, ND, DO, PhD | Australia

Dr. Rosalba Courtney is an Australian osteopath. She completed a PhD on the subject of assessment and treatment of dysfunctional breathing at RMIT University in Melbourne Australia in 2011 and has published extensively on this subject. She also has many years of practical experience with various breathing retraining protocols.



### Marco Antonio da Silva, PhD | Brazil

Prof. Dr. Marco Antônio M. Rodrigues da Silva received his D.D.S. degree in 1974 from the School of Dentistry of Ribeirão Preto, University of São Paulo (FORP/USP). Then he received his M.D. degree in 1985 from the School of Dentistry of Araraquara, São Paulo State University (FOAR/UNESP) and his Ph.D. in 1991 in Oral Rehabilitation from the FORP/USP. Currently, he is a Senior Professor at the Department of Restorative Dentistry, School of Dentistry of Ribeirão Preto, University of São Paulo, Brazil. His expertise areas are in the Temporomandibular Disorders/Orofacial Pain and Surface Electromyography fields.



### Renaud Xavier Dejean, DC, ICCSP | Italy

Dr. Dejean is specialized in sports chiropractic. He follows athletes at the highest level (National, World and Olympic level). He's the chiropractor of the National Rowing Teams of Greece and Lithuanian. As a Member of the Medical Staff he has already participated at the 2012 London and Rio de Janeiro 2016 Olympic Games. He is sports chiropractor for the Italian National Olympic Committee (CONI). He works in his own Studio Chiro-Lab near Piazza Navona in Rome, Italy. He is a speaker at conferences in Italy and Europe. He teaches posturology at the Dentistry Department of the Faculty of Medicine and Surgery at the University of the Sacred Heart in Rome, and at the Polyclinic A. Gemelli.



### Gianluca Depriori, PT | Italy

Gianluca Depriori graduated in physiotherapy with maximum score then received a degree in physiotherapy of 1st level at the "Gabriele D'Annunzio" University of Chieti / Pescara. Since 1996 he has worked as a freelancer in private practice. Over the years he attended courses in different methods including: McKenzie Method, Trigger Point, Neurodynamics, Lymph Drainage, and Temporomandibular Joint (TMJ). He attended the first Fascial Manipulation course in 2008 and since then he has focused exclusively on the application of this technique, completing his training with courses of I, II and III level. Since 2008 he has been attending courses and in-depth studies of I, II, III level. He became a certified lecturer of the 3rd level Fascial Manipulation in June 2017.



### Paul Ehrlich, PhD | USA

Paul Ehrlich is Bing Professor of Population Studies Emeritus and President, Center for Conservation Biology, Stanford University. He has carried out field, laboratory and theoretical research on the dynamics and genetics of insect populations, the evolutionary interactions of plants and herbivores, the behavioral ecology of birds and reef fishes, the effects of crowding on human beings, human cultural evolution, and health problems related to industrialization. He is author and coauthor of more than 1100 scientific papers and articles and over 40 books. Ehrlich is a member of the U.S. National Academy of Sciences, the American Philosophical Society, and a Foreign Member of the Royal Society. Among his many other honors is the Royal Swedish Academy of Sciences, Crafoord Prize (an explicit replacement for the Nobel Prize). He has appeared on more than 1000 TV and radio programs and was a correspondent for NBC News. Recently he has been actively involved in the research and management of sleep disordered breathing and dysfunctional breathing with Orofacial myofunctional therapy and Buteyko breathing reeducation.

## Our Speakers



### 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.



### Emanuela Favetti, MD | Italy

Dr. Favetti is a Globalist Dentist who treats patients, from 3 years of age, through the GLOBAL ORTHODONTIC APPROACH, a combination of Functional Orthodontics and Manual Medicine. She teaches to doctors and dentists and she is a trainer at a national and international level.



### 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. Former legal expert in France. He published several peer reviewed articles on various subjects including orofacial myofunctional disorders in French journals.



### Lorenzo Freschi, PT | Italy

Lorenzo Freschi, PT Physiotherapist, Fascial Manipulation Teacher, Teacher of Burn Rehabilitation at the Alma Mater Studiorum University of Bologna and at the University of Ferrara. He trained under the guidance of Antonio, Carla and Luigi Stecco, learning to perform fascial manipulation for internal dysfunctions. He works in private practice and taught many courses in Italy and internationally on Fascial Manipulation. He wrote articles on breathing therapy in newborns and in people with burns. Recently he has been actively involved in the research and management of sleep disordered breathing and dysfunctional breathing with Orofacial myofunctional therapy and Buteyko breathing reeducation.



### 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 with the Golden Jubilee Award by the Hong Kong physiotherapy association in 2013 in recognition of her 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. Recently she has been actively involved in the research and management of sleep disordered breathing and dysfunctional breathing with Orofacial myofunctional therapy and Buteyko breathing reeducation.



### Maria Daniela Genovese, MD | Italy

Maria Daniela Genovese graduated in Medicine and Surgery and post-graduated in Dentistry at University of Rome "La Sapienza". In 2001 She achieved the Master in Posture and Gnatology at University of Rome "Tor Vergata". She is currently visiting lecturer at Catholic University of Rome. She is Co-Author of the book "Laser Pediatric Dentistry: a user's guide" published in English by Quintessence, 2011 (Chicago IL-USA). Recently she has been actively involved in the research and management of sleep disordered breathing and dysfunctional breathing with Orofacial myofunctional therapy and Buteyko breathing reeducation.



### 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 cranio-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 cranio-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.



## Our Speakers



### Diana Grandi, MSc, 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 Col·legi 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 the president of 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, DBiol, 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. Dr. Guilleminault continues to be a prolific researcher in the field of sleep medicine and has authored over eight 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, MSD | USA

Dr. Hang has developed a truly unique orthodontic practice with strong emphasis on facial esthetics achieved with innovative early treatment and adult treatment. Approximately 15 years ago he became aware of the significant positive affect some of his treatments were having on the airway. This opened up a whole new aspect of orthodontics - maximizing the airway for ALL orthodontic patients and specifically treating patients with SDB (sleep disordered breathing) or OSA (obstructive sleep apnea). Dr. Hang's approach to orthodontics is a result of blending the best ideas from the best practitioners - including myofunctional therapy. He has spoken on orthodontics, facial esthetics and airway locally, nationally, and internationally and appeared on the British equivalent of "Sixty Minutes". He was the Founding President of the North American Association of Facial Orthotropics®, is a board member of the American Association of Physiological Medicine and Dentistry, and is an advisor to the Academy of Orofacial Myofunctional Therapy.



### 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 College 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 certified 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.



### Triin Jagomagi, PhD, DDS 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.



### Virginia Johnson, DO, FAAO | USA

Virginia M. Johnson, DO, FAAO, C-NMM/OMM: Doctor of Osteopathic Medicine, 1998 College of Osteopathic Medicine of the Pacific Western University of Health Sciences, Pomona, CA. AOA Residency, Neuro-Musculoskeletal Medicine/Osteopathic Manipulative Medicine, St. Barnabas Hospital, Bronx, New York, Hugh Ettlinger, D.O., F.A.A.O., Director, 1999-2001. AOA Board Certified in Neuro-Musculoskeletal Medicine & Osteopathic Manipulative Medicine. 2002, re-certified 2011. AOBNNM/OMM Fellowship, American Academy of Osteopathy, Conferred March, 2015. Clinical Assistant Professor, Dept. of Osteopathic Manipulative Medicine, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, 2002--present. Faculty, The Osteopathic Cranial Academy, various courses, 2003--present Faculty in OMM, PIH/Downey Medical Center, Family Medicine Residency, Downey, CA, 2016--present. Private Practice, Neuro-Musculoskeletal Medicine/Osteopathic Manipulative Medicine, Santa Monica, CA, October 2001 to present.



### Sandra Kahn, DDS, MSD | USA

From University of the Pacific, served on craniofacial teams at UCSF and Stanford. Graduate work in physical anthropology at UC Berkeley, in human craniofacial growth and development. Author of Let's Face it - a guide to your child's optimal health, facial and dental development; GOpex - Good Oral Posture Exercises - Your guide to being healthier, growing stronger and having straighter teeth! And Jaws: The Story of a Hidden Epidemic. Translated Mew's, The Cause and Cure of Malocclusion. A Diplomate of the American Board of Orthodontics practicing Forwardontics exclusively.



### Sharon Keenan, PhD | USA

Dr. Keenan is the founder, director 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 sleep and technology 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, the William C. Dement award for outstanding leadership at Stanford University Sleep Disorders Research Center and The Sleep Research Society Award for Excellence in Education.



### Venkata Koka, MD, FRCSEd | France

Dr. Koka is an Otolaryngologist and Sleep medicine specialist working as a consultant in sleep medicine at the Hospital Antoine Beclere, Clamart and in own private sleep lab in Paris. He obtained a Diploma in Sleep Medicine from Paris XI University and passed the Expert Somnologist Certification Examination from the European Sleep Research Society and International Sleep Medicine Specialist Examination of World Sleep Society. He is a member of many sleep societies including American Academy of Sleep Medicine. He's a Specialist Examiner of the World Sleep Society, French Sleep Society (SFRMS) and IPSA. Currently he's involved in a number of prospective studies in adult OSA patients (data not published yet) at the department of medicine of the Hospital Beclere. Dr. Koka identified a clinical sign "EK sign" in OSA with a high positive predictive value 2016 and published a cross sectional study in 2016 and presented a longitudinal study on EK sign at Sleep 2017 (Boston), World Sleep 2017 (Prague) meetings.



## Our Speakers



### Andres Köster, SLP | Estonia

Andres Köster is a speech-language pathologist with experience in singing voice, himself having performed several operas as a tenor and as a soloist. In recent years Andres has been taking care of patients with orofacial myofunctional disorders, voice disorders and sleep apnea.



### Regina Leung, PT | Hong Kong-China

Regina Leung is a physiotherapist graduated with a Bachelor of Science in Physiotherapy from the Hong Kong Polytechnic University. She obtained her Master degree in Exercise and Nutrition Science from the University of Liverpool in 2002. She is a certified personal trainer, Fitball instructor, Pilates clinician and Lymphatic Drainage Therapist. She is also a practitioner of Orofacial Myofunctional therapy and Butekyo exercise. She underwent advanced speciality training on musculoskeletal physiotherapy and pain management. Acupuncture is integrated in management of pain and musculoskeletal conditions in her clinical practice. She contributes to research and teaching to professionals on birthball exercise in pregnancy and labour, lymphoedema management and continence care as she is the vice-chairlady of the Women's Health Group in Hong Kong Physiotherapy Association. With her training background on physiotherapy and exercise prescription, she participates in clinical studies on Orofacial Myofunctional Therapy and Butekyo exercises in the treatment of dysfunctional breathing for asthmatic children, post-frenectomy patients and children with drooling.



### Lin-In Lim, DDS | South Korea

Dentist in Seoul, Republic of Korea. Resident at the Kyung Hee University Dental Hospital, Department of Orthodontics.



### Steven Lin, MD | Australia

Dr. Steven Lin is a board accredited dentist, TEDx speaker and author of the #1 Best Selling Book, The Dental Diet. His programs have trained thousands of professionals world wide in nutritional application and functional medicine in the dental practice. His website, [www.drstevenlin.com](http://www.drstevenlin.com) reaches over 100 000 people world wide and is one of the leading resources for nutritional information and functional dentistry on the web.



### Almiro Machado Junior, DDS, PhD | Brazil

Dr. Machado Junior holds a degree in Dentistry from the São Francisco University (1996), specialization in maxillary functional orthopedics (2003) by the Federal Council of Dentistry, master's degree (2004) and doctorate (2012) in Medical Sciences from the State University of Campinas. Post-doctoral researcher at the Faculty of Medical Sciences of Unicamp. Areas of professional interest are: physiology of the stomatognathic system, neurovegetative functions, cephalometry, obstructive sleep apnea.



### Derek Mahony, BDS, MDS, MOrth | Australia

Dr. Mahony is a Specialist Orthodontist who has been in private practice for over 30 years. He has built his practice, clinical teaching, and worldwide reputation in offering early interceptive orthodontic treatment. Dr. Mahony is an invited reviewer for many dental journals, in the field of facial development, and its association with nasal breathing. He has been involved in leading research linking maxillary arch expansion to a number of systemic disorders such as bed wetting and ADHD.



### Irene Marchesan, PhD, SLP | Brazil

Dr. Irene Marchesan is director of the prestigious CEFAC Institute in Sao Paulo and President of the Brazilian Speech Language Pathology Society, is one of the foremost leaders of myofunctional therapy in the world. She is the most published researcher in the field and a visionary for the establishment of myofunctional therapy as a standard of care. One of the most published authors of articles on frenum inspection, she, along with Roberta Martinelli, is lead architect of Brazil's "Frenum Inspection Law" requiring as of January 2015 that all babies born in that country have their frenulum inspected and, if warranted, to be revised to avoid myofunctional disorders later in life.



### Roberta Martinelli, PhD, SLP | Brazil

Roberta Martinelli, PhD SLP is the manger of the center "Teste da Linguinha" (Portuguese for Neonatal Tongue Screening Test), at the Hospital Santa Therezinha in Brotas, Sao Paulo, Brazil. She is a Professor of courses in Speech Therapy and Dentistry, with great experience in scientific clinic investigation in the fields of Orofacial Myofunctional Therapy. Also, she is the author of many published articles mostly about the lingual frenulum, including the protocol that served as basis for the Brazilian national law that makes the application of the lingual frenulum evaluation in newborns compulsory in all hospitals and maternities in the country.

## Our Speakers



### Patrick McKeown, MA, BBE | Ireland

For the past 16 years, functional breathing educator and author Patrick McKeown has taught children and adults simple and effective ways to adopt functional breathing patterns. A TEDx [1] speaker, Patrick's work has touched the lives of thousands and more worldwide. His work has been published by leading publishing houses including Harper Collins (UK), William Morrow Press (USA), Red Wheel Weiser (USA), Sperling & Kupfer (Italy), Kanki Publishing Inc. (Japan). Journal publications include the American Journal of Respiratory and Critical Care Medicine and Clinical Otolaryngology.



### Miguel Meira e Cruz, MSc, DDS | Portugal

Miguel Meira e Cruz graduated in Dental Medicine and Physical Education, in Health and Sport Sciences, Post Graduated in Sleep Medicine and earned a MSc in Sleep Sciences at the Lisbon Faculty of Medicine. He is an European Somnologist, an Expert in Sleep Medicine. Meira e Cruz is a Coordinator of the Sleep Unit at the Cardiovascular Center, Faculty of Medicine, of the University of Lisbon. He is the current president of the Portuguese Association of Chronobiology and Sleep Medicine and he is a coordinator and professor of the Post Graduated Courses of Chronobiology and Sleep Medicine in CESPU, Famalicão - Portugal and Petropolis Faculty of Medicine, Rio de Janeiro - Brasil.



### Maria Mejia Guerrero, SLP | Spain

Maria Mejia Guerrero is a Speech therapist and Specialist in children's education and cognitive rehabilitation. She has developed her formative and professional trajectory in early intervention, rehabilitation and brain damage and development of specific communication applications. She is an expert in Biofeedback techniques applied to language disorders, speech, voice and swallowing in both children and adults.



### Giuseppe Messina, MD | Italy

Dr. Messina graduated in Medicine and Surgery at the University of Palermo with the highest scores in 1987, he also specialized in Odontostomatology in 1991. He graduated in Gnathology at San Raffaele University and Hospital in Milano, received a Master in Posturology in 2006 from "La Sapienza" University in Rome. Apart from his clinical work in Functional Orthodontics and Posturology, Dr. Messina is a lecturer and a researcher in the postural and biomechanical fields. Author of articles with high impact factor, books and chapters, he is a speaker at national and international conferences.



### Ludovico Messineo, MD | Italy

Raised in the city of Brescia, Italy, Ludovico Messineo started his medical career studying at the University of Brescia. After getting his specialization in Sleep and Respiratory Medicine, he completed a postdoctoral research fellowship in the Sleep Medicine Department at Harvard Medical School, Boston, USA. Currently, he is working in clinical care and continuing his research in sleep medicine. He has also recently been accepted as a PhD candidate at the University of New South Wales, Sydney, Australia. His current work focuses on obstructive sleep apnoea phenotyping and pharmacological treatment.



### James Metz, DDS, FACD, ABDSD | USA

Dr Metz is the affiliate director of The Ohio State University Medical Center Sleep Medicine Fellowship Program. He is member of the ADA's Scientific Investigation Committee Workgroup, as well as the Scientific Investigation Committee of the American Academy of Restorative Dentistry for Sleep Dentistry. He has served on the American Academy of Dental Sleep Medicine board of directors, course development committee, public relations committee, chair for both the Introductory and Advanced Course of Dental Sleep Medicine, and vice-chair of the AADSM Annual Meeting in 2014. Metz is the founder and current chair for the Dental Interest Group of the American Thoracic Society. As a member of the AARD and International Academy of Gnathology he has pursued excellence in the field of Restorative Dentistry. Dr. Metz is also a member of the AGD, ADA. Dr Metz's current research with Oral Appliance Therapy for Obstructive Sleep Apnea, and Headache have lead to the completion of a 136 consecutive patient study, soon to be published through the Northwestern University School of Medicine.



### Joy Moeller, RDH, BS | USA

Joy Moeller, BS, RDH is a dental hygienist who has worked as a myofunctional therapist for over 38 years. She is a founding lecturer with the AOMT and teaches with the School of Sleep Medicine in Palo Alto, California. Joy is on the board of the ASAA (American Sleep Apnea Association), and the AAPMD, a multi-disciplinary medical and dental group interested in airway problems where she received a life-time achievement award March of 2015 for leadership. Joy wrote a children's book, "Tucker the Tongue Finds His Spot" and a chapter in Sleep Medicine Clinics, published June 2014, a chapter in a Pediatric Dental Sleep Book, and a chapter in an Orthognathic Surgery Text book and at least 30 published articles. Joy has lectured world-wide including three Grand Rounds at the Mayo Clinic in Rochester, Minnesota, last year 4 times at the World Sleep Congress in Prague, the International Pediatric Sleep Association, the Asian Pulmonary Conference, many dental and medical meetings world wide. She feels strongly that OMT will "Bridge the Gap" between medicine and dentistry, especially in relationship to TMD, Orthodontics and Sleep Disorders.



### Marc Richard 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. He is a graduate of University of California, San Diego, and is based in Los Angeles.

## Our Speakers



### 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.



### Reza Movahed, MD | USA

Dr. Reza Movahed received a doctorate in dental medicine from University of Medicine and Dentistry of New Jersey in 2007. His residency in Otol and Maxillofacial Surgery was completed at Nova Southeastern University, in which he was exposed to the full scope of the specialty including maxillofacial pathology, dentoalveolar surgery, implant surgery, maxillofacial reconstruction, microvascular surgery, facial cosmetic surgery, and trauma. Following the completion of his residency, he pursued his fellowship in orthognathic and TMJ surgery at Baylor University Medical Center (Dallas, TX). As of January 2014, Dr. Movahed has joined the Saint Louis University Department of Orthodontics as a clinical assistant professor involved in research, teaching, and overseeing surgical orthodontic cases. He has authored many publications for refereed journals.



### Daniel Ng, MD | Hong Kong-China

Dr. Daniel K. Ng is the Founding President of Asian Paediatric Pulmonology Society as well as the Chief of Service of Department of Paediatrics, Kwong Wah Hospital, Hong Kong. He is the honorary council member of the Hong Kong Society of Paediatric Respiriology. He was awarded Master of Medical Sciences by the University of Hong Kong for his works in neonatology in 1999. He received training in paediatric sleep medicine in Stanford University Sleep Disorders Center and started the paediatric sleep service in Kwong Wah Hospital. For his research works in paediatric sleep-disordered breathing, he was awarded Doctor of Medicine by the University of Hong Kong in 2006. Dr. Ng was Foundation Fellow of Hong Kong Academy of Medicine and Fellow of the Royal College of Physicians of Edinburgh and Royal College of Paediatrics and Child Health. He is currently the regional director of the International Pediatric Sleep Association since 2016.



### Van-Thai Nguyen, DDS | Estonia

Dr. Nguyen is a dentist, a PhD student, and a Junior Research Fellow at the Institute of Dentistry, University of Tartu, Estonia. His research topics are about orofacial clefts and obstructive sleep apnea. Specifically, he's investigating treatment outcomes of patients with clefts, craniofacial and palatal morphology of patients with OSA.



### Giovanni Olivi, MD | Italy

Giovanni Olivi graduated cum laude in Medicine and Surgery (MD) and in Dentistry (DDS). Dr.Olivi achieved the Master status from the Academy of Laser Dentistry (2006-2009) that also awarded him, in 2007, with the "Leon Goldman Award" for clinical excellence. Author of over 70 papers and 4 textbooks on laser dentistry Giovanni Olivi is currently professor and scientific Coordinator of the "Laser Dentistry" proficiency and master courses at Chatholic University of Rome.



### Cynthia Peterson, PT | USA

Cynthia Peterson is a physical therapist with 28 years experience and is trained in myofunctional therapy, breath re-education, dry needling, dynamic cranial nerve testing, posture and certified ergonomic assessments. Author of The TMJ Healing Plan: Ten Steps to Relieving Headaches, Neck Pain, and Jaw Disorders which is currently the top selling TMJ book on Amazon.com specialist. Cynthia is also trained in osteopathy, is in the cranial osteopathic track at MSU and is an Upledger Craniosacral Therapist. Research Team Member for the Utah APTA for 8 years and Creator and co-investigator of the Functional Airway Evaluation Screening Tool.



### Paola Pirelli, MD | Italy

Dr. Paola Pirelli graduated in Dentistry and Specialist in Orthodontics at the University of Rome "La Sapienza". Assistant Professor and Researcher at the University of Rome "Tor Vergata"- Department of Clinical Sciences and Translational Medicine. She is a lecturer in Orthodontics at the Dental, Dental Hygiene and Specialty Schools of the University of Rome "Tor Vergata". For over 30 years she has been involved in Dentofacial Orthopaedics, dedicated to children in her research and clinical activities at the University Hospital and in her private practice in Rome. Member of the W.F.O., E.O.S., S.I.D.O., SITEBI, A.S.I.O., S.I.O.I., A.I.M.S., S.I.M.S.O. She actively lectures in meetings and courses and she is author of many scientific publications. She introduced Rapid Maxillary Expansion treatment in the field of OSAS children, and she has been invited as a key note speaker on this subject to many international meetings.



### Antonella Polimeni, MD, PhD | Italy

Prof. Antonella Polimeni, is a Full Professor in the Scientific / Disciplinary Sector and Dean of the Department of Odontostomatological and Maxillo-Facial Sciences of Sapienza University of Rome. Since 2013 he has been a member of the Board of Directors of Sapienza University of Rome. She is Director of the Department for Integrated Head-Neck Activity (DAI) of the University Hospital Policlinico Umberto I. At Sapienza University in Rome she is the Coordinator of the PhD program in "Innovative Technologies in Skeletal Diseases and the Oro-Cranial-Facial District"; she is the Director of the Master "Integrated health and safety management in the evolution of the working environment"; she is Director of the School of Specialization in Pediatric Dentistry and Director of the Training Course Assistant of Dental Practice; she is the Director of the Operative Unit of Pediatric Dentistry and Odontostomatology and she is President of the Scientific Committee for Training and Business ECM.



### Heriberto Rangel, MSc, SLP | Colombia

Mr. Rangel is a Phonoaudiologist (SLP), has a university degree in Pedagogy and he has a Master in Education. Mr. Rangel is proud of having been the co-founder of the Phonoaudiology program at the University of Pamplona, Colombia, Faculty of Health, in 2005, becoming the following year the first Director of its academic program, and he has been working there since. In 2012 he obtained the recognition as Researcher of the IAOM. He has been director of the program on three occasions, being the first Director of Phonoaudiology in 2006. He is currently working to complete its Doctorate, as well as working for the accreditation of the Phonoaudiology program, plus he is in charge of the curriculum of Orofacial Speech and Motility. On a lighter note, he has a pet Jack Russell Terrier named Allan Chestre José Gregorio whom he says he loves as much as his wife, Eliana Elizabeth Rivero Capacho.



## Our Speakers



### Eliana Rivera, MSc, SLP | Colombia

Eliana Rivera Capacho is a Phonoaudiologist, specialist in Clinical Hearing, has a Master in Quality Management in Higher Education, she is currently a student of the Doctorate program in Education at the Universidad Experimental Pedagógica del Libertador UPEL - Venezuela. She has been a member of the Institutional Accreditation Support Group since 2014. She covered the positions of Dean of the Faculty of Health of the University of Pamplona, Representative of the Deans before the Academic Council, Member of the Board of Directors of the Institution that Provides Health Services of the University of Pamplona - IPS Unipamplona, Director of the Phonoaudiology programs at the Manuela Beltrán University in Bogotá and at the University of Pamplona. She has been a Coordinator of Practices of the Phonoaudiology Program and co-founder of the Undergraduate Academic Program in Phonoaudiology at the University of Pamplona. She has been the Editor of the Scientific Journal Signals (Siglos) since 2014 and Director of the Human Communication research group since 2010.



### Luis Ruiz-Guzman, MD | Spain

Dr. Luis Ruiz-Guzman is a Pediatrician, specialist in breastfeeding with a Diploma in Tropical Medicine from the University of Barcelona, a Master in Public Health Maternal and Child from the University of London and a Diploma in Mammary Pathology from the University of Barcelona. He has been working on private consultation for Breastfeeding from 1997 to the present. Currently he is the Coordinator of UDIADAN (Outpatient intervention unit of Ankyloglossia), he's a Pediatrician at the Primary Health Care Center 17-September in Prat Llobregat. He works at the Breastfeeding Unit of the Dexeus University Institute and he's a Professor of Breastfeeding in University of Barcelona. He teaches courses on breastfeeding to professionals of the Catalan Association Pro Alletament Matern, the Institut de Estudis de la Salut of the Catalan Government and provides Breastfeeding Counseling to various Autonomous Communities in Spain.



### Sabina Saccomanno, MD | Italy

Sabina Saccomanno, MD, DMD, instructor of Orthodontics and Gnathology and researcher at the Faculty of Medicine and Surgery of the Università Cattolica del Sacro Cuore in Rome, Italy. Practices orthodontics at the Policlinico Agostino Gemelli in Rome, Italy. Author of many articles, she is a guest lecturer and author of a book on myofunctional therapy, orthodontics and posture.



### Marisa Santos, DDS | Argentina

Dentist and Orthodontic Specialist; Fellow of the World Federation of Orthodontists; Professor of Orthodontist Specialization Career at UAI University and Head of its Clinic since 2016. She has a Diploma from the London School of Facial Orthotropics. Attended the Orthotropic Master Guidance in Alberta Canada and the International Symposium of Orofacial Myofunctional Therapy AAMS in Rome, Italy, Los Angeles, California, Chicago, Illinois and the Orthotropic Symposium 2018 in London.



### Fabio Scoppa, DO, PhD | Italy

Prof. Fabio Scoppa, DO, PhD is an Osteopath DO, has a PhD in Neuroscience and a PhD in Physiology. He is a psychologist and psychotherapist. He created, and is the Scientific and Didactic Coordinator of, the Master degree Course in Posturology, Faculty of Medicine and Dental Surgery, Sapienza University of Rome, since academic year 2002-2003 until today. He was the Director and founder in 2002 of Chinesis I.F.O.P. Osteopathy School, accredited by the Register of Italian Osteopaths (R.O.I.). He taught at the Universities of Bari, Sassari, Palermo, Chieti, Rome, and Hawaii (Honolulu). He has been an invited speaker in numerous national and international scientific congresses. He's the author of numerous scientific publications and the author / editor of seven books. In 2009 he was nominated Co-Chair of International Standardization Committee for Clinical Stabilometry - ISPG (International Society for Posture and Gait Research).



### Florence Sekito, MSD, PhD | Brazil

Dr. Sekito graduated in Dentistry at Federal University of Rio de Janeiro (UFRJ), Brazil. She has a Master degree in Dentistry Science, a PhD in Prosthodontics, and she is specialized in Neurosciences, Orofacial pain and Temporomandibular disorders. Also, she has postgraduate degrees in TMJ Imaging, and Orthodontics; she has a certification in Stecco fascial manipulation method, and in Busquet physiological chains method. She is a tenured member of the #38 chair of the Dental Academy of Rio de Janeiro (AORJ), and publishing director of AORJ. She is Founder member of Brazilian Society of Orofacial Pain (SBDOP) and fellow of the International College of Dentistry. Currently, she is a Coordinator at the Orofacial pain and Temporomandibular disorder clinic at State University of Rio de Janeiro (UERJ), Supervisor of Orofacial pain and Occlusion Discipline 2 at UERJ, and also coordinator of community attendance project and research. Her major areas of research and interests are: interests are: orofacial pain, temporomandibular disorders, occlusion and sleep.



### Farhan Shah, BDS, MDS, PhD | Sweden/India

Dr. Farhan Shah has been a clinician, academician and researcher for the last eleven years. He joined the Integrative Medical Biology Department at Umeå University, Sweden in 2012. His present area of research is the neuromuscular damage caused by years of snoring. This research formed the basis for his PhD defense in May 2018. During his research in Umeå University he discovered unique fibers in the soft palate of humans giving new insight into cyto-architectural buildup of these upper airway muscles. His primary responsibilities include research, teaching and mentoring dental students at Umeå University, Sweden. He has a wide international teaching and research experience. At the dental school, University of Toronto, he instructed 2nd year Undergraduate students at pre-clinical Prosthodontics and conducted research at Dr. Barry Sessle's lab. The collaborative research project with Dr. Sessle's lab investigates the effect of dental implant placement on muscles and brain plasticity.



### Cris Simmons, DDS | USA

Following graduation from the University of Tennessee Center for the Health Sciences in 1978, Dr. Simmons founded a general dental practice in Bristol, Tennessee. In 1990, Dr. Simmons relocated to Seattle to establish a dental practice devoted exclusively to providing care for patients suffering from craniofacial pain and temporomandibular disorders, commonly referred to as TMJ. Dr. Simmons has completed more than 4,000 hours of accredited, advanced dental instruction. His course work has included studies of craniofacial pain, temporomandibular disorders, pain management, orthodontics and sleep dentistry. He currently maintains practices in Seattle and Bellevue, Washington for diagnosis and treatment of jaw dysfunction disorders. Among other accomplishments, he's Certified by the American Academy of Craniofacial Pain: Diagnosis and Treatment of Soft Tissue Injuries Resulting from Motor Vehicle Accidents and he's an Active Member International Association of Orthodontics and he's a Diplomate.

## Our Speakers



### Min-Keun Song, MD | South Korea

Dr. Min-Keun Song is a Clinical Assistant Professor at the Department of Physical & Rehabilitation Medicine, in Chonnam National University Hospital, Gwangju, Korea. At the same university, he pursued the BS, MS, MD in Medicine and residency.



### Candy Sparks, BA | USA

Apart from currently being the proud mother of and advocate for Savvy, Candy earned a BSS in Communications and Broadcasting Journalism, she has being the Executive Director A Smoke Free Generation endorsed by formers Surgeon General, C. Everett Koop and First Lady, Nancy Reagan, the Executive Director The World Confederation of Productivity Science and Fortune 50 Management Consultant on five continents and a guest lecturer for four years at the University of Minnesota Graduate School of Public Health. She is the proud mother of five children, the grandmother of seven grandchildren and the wife of Bradley Sparks, a CFO for Laredo Oil.



### Visasiri Tantrakul, MD | Thailand

Dr. Visasiri Tantrakul is a sleep specialist and pulmonologist at the Faculty of Medicine, Ramathibodi hospital, Mahidol University, Bangkok, Thailand. Currently she is the Head of Division of Pulmonary and Critical Care Unit, Department of Internal Medicine. Her main interest is in sleep disordered breathing in women and in pregnancy.



### Corinne Thery, MD | France

Corinne Thery-Dumeix is a 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.



### Carlos Torre, MD | USA

Dr. Torre obtained his MD at the University of Puerto Rico, completed the Advanced Training in Clinical Research fellowship at the UC San Francisco, his residency training in Otolaryngology-Head and Neck Surgery at the University of Puerto Rico, and a two-year fellowship in sleep surgery and sleep medicine at Stanford University. He currently works at the University of Miami, FL as an associate professor in the Dept. of Otolaryngology-Head and Neck Surgery. His main research interests include CPAP optimization and the impact of sleep on athletic performance. Other publications include: role of epiglottis collapse in OSA, understanding the impact of CPAP on the upper airway, grading system for evaluation of hypopharynx, nasal obstruction in OSA, and skeletal surgery for the management of OSA.



### Risto Vaikjärv, MD | Estonia

Dr. Risto Vaikjärv is an Ear, Nose and Throat (ENT) Specialist working in 4 clinic Tallinn. He is doing general ENT, but is more specialized in sleep-disordered breathing problems in adults and children.



### Sanda Valcu-Pinkerton, RDH | USA

Sanda Valcu-Pinkerton believes in treating people, not problems. As a therapist, she works with patients of all ages to help train the orofacial muscles to develop optimally. During surgery, she supports Dr. Zaghi in his functional frenuloplasty procedures, incorporating myofunctional therapy to optimize outcomes. Besides her 25+ years of experience working in clinical practice as a Registered Dental Hygienist in Alternative Practice (RDHAP), she has continued to increase her knowledge and skills by becoming an Orofacial Myotherapist and Buteyko Breathing coach. Sanda's outstanding work facilitates better breathing and greater overall health.



### Heidi Van Ravenhorst-Bell, PhD, CPT, CNG | USA

Heidi A. VanRavenhorst-Bell, PhD is Associate Dean of the Cohen Honors College and an Assistant Professor in the Department of Human Performance Studies at Wichita State University. Her interdisciplinary line of research focuses on clinical exercise physiology and orofacial myology. Her research further involves innovative development (IPs) (e.g., Clarity). She has received national and international recognition in peer-reviewed publications, presentation as well as a live segment on NPR's Science Friday with Ira Flatow. Dr. Bell has also coordinated professional network systems to bridge the gap between medical professions and the health & fitness industry in promotion of quality patient care.



## Our Speakers



### Anastazia Vasileiu, DDS | Greece

Anastasia Vasileiou, 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 Rejuvance. 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.



### Maria Pia Villa, MD | Italy

Prof. Villa has been an Associate Professor of Pediatrics at the II Faculty of Medicine and Surgery at the 'La Sapienza' University in Rome from 2001 to 2005. Since 2005 she has been Tenured Professor of Pediatrics at the Faculty of Medicine. She published countless articles in medical journals, she is an international speaker, a researcher, and strong advocate for more centers to address sleep disorders and sleep medicine.



### Samantha Weaver, MS | USA

Samantha Weaver has been practicing Myofunctional therapy since 2009 working in two clinics that specialize in breathing remediation and Orofacial Myofunctional therapy with children and adults. In addition to being a therapist, she is the director of the Academy of Orofacial Myofunctional Therapy, whose curriculum leads the field with the latest evidence based research touching on breathing remediation, sleep disorders, TMJ disorders, posture, fascia-release, and frenulum inspection and surgery. She holds a B.S. in Voice and Speech and a Masters of Science in Communicative Disorders. Samantha supports research on myofunctional therapy in the Stanford School of Medicine Department of Otolaryngology, Head, and Neck Surgery.



### Gina Weissman, DMD, RN, IBCLC | Israel

Dr. Gina Weissman began her career as a dentist, receiving her training at The Hebrew University Hadassah Medical School, Jerusalem. Dr. Weissman is also a RN nurse, and has been working as an IBCLC, certified Lactation Consultant, since 1999. She teaches courses in human lactation for both medical professionals and future lactation consultants, mentoring them in preparation for the international exam of the IBCLC. Dr. Weissman counsels mothers and releases tongue ties at her private breastfeeding clinic, HalavM. She is an expert in teaching mothers Instinctive Breastfeeding and the author of Mother's Milk, a Video Guide to Breastfeeding (Hebrew/Arabic/English). Dr. Weissman is an international lecturer and the president of the Israeli Association of Certified Lactation Consultants. She lives in Israel with her husband Amir and four sons.



### Hyung Chae Yang, MD, PhD | South Korea

Hyung Chae Yang, MD, PhD works at the Department of Otolaryngology-Head and Neck Surgery, Chonnam National University Medical School and Chonnam National University Hospital, Gwangju, South Korea. He had a PhD in Medicine from Chonnam National University Graduate School, Gwangju, Korea. Dr Yang fulfilled a residency at the Department of Otolaryngology-Head and Neck Surgery, Chonnam National University Hospital, Gwangju, Korea. Currently Dr. Yang is a Clinical Assistant Professor at the Department of Otolaryngology-Head and Neck Surgery, Chonnam National University Hospital, Gwangju, Korea. Previously, Dr. Yang fulfilled the position of Clinical Contract Professor. He wrote multiple professional and scientific articles and owns two technological patents.



### 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.



### Athanasios Zavas, DMD, DDS, DRMEDSC | USA

Dr. Athanasios (Thanos) I. Zavras is Professor and Chair of the Department of Pediatric Dentistry at Boston University. Dr. Zavras' clinical training includes a D.M.D degree from the University of Athens (1991), a certificate of advanced studies in Pediatric Dentistry from Tufts University (1993), a certificate of advanced studies in Dental Public Health from Harvard University (1995) and a D.D.S degree from Columbia University. Dr. Zavras' research training includes a Master's of Science degree in Epidemiology from the Harvard School of Public Health (1994), and a Doctorate of Medical Science in Biology/Epidemiology from the Harvard Medical School (1999). Dr. Zavras has published more than 80 peer-reviewed articles and book chapters. Dr. Zavras has served as public health consultant and country representative at the World Health Organization and the European Commission. He is a Diplomate of the American Board of Dental Public Health and currently serves as Director of the Board (2016-2023). His research interests include health services and systems research and the epidemiology of oral disease.



### Min Zhu, PhD, MSc | China

Dr. Min Zhu obtained her MSc Degree (1996) and PhD Degree (2003) in Orthodontics from what is now the School of Medicine, Shanghai Jiaotong University. She was a Fellow at the Center for Craniofacial Orthodontics, Dept. of Oral Cranio-Maxillo-Facial Surgery at Shanghai Ninth People's Hospital, Jiaotong University. Currently she is the Director of that Center and the Vice Director of the Department. She treats orthodontically patients with skeletal deformities, especially severe cases of OSAHS, cleft lips and palates, Hemifacial Microsomia and others. One of her research studies is facial growth and development of children with OSAHS. Now she is a leader of Branch of Stomatology, Chinese Academy Society of Sleep Medicine and Chinese Medical Doctor Association. She has authored more than 80 peer-reviewed journal papers, co-edited 2 books, 10 book chapters and holds 4 patents.

# AAMS 3<sup>rd</sup> Hippocrates Gala

## Saturday September 8, 2018

Dinner Reception at the historic Nuovo Circolo degli Scacchi  
Via del Corso, 518, 00186 Roma RM, Italy

**Dress Code:** Black tie dinner, also known as "Smoking" also known as "Cravatta Nera".

Help us continue fundraising for the AAMS with entertainment, libations, a gourmet buffet dinner, and a program that celebrates our leaders who fight to make the world a better place, spotlighting distinguished achievement and fund raising objectives of the AAMS.

## 2018 AWARDS

### AAMS Hippocrates Award for Lifetime Achievement in the Advancement of Medicine with OMT

**Daniel KK Ng**, Hong Kong, China Kwong Wah Hospital

*As a result of a comprehensive undertaking beginning five years ago, commencing with training a full spectrum of allied professionals (PTs, OTs, sleep physicians, ENTs, sleep techs, et al.), important work has been done that was the basis for the Asian Pediatric Pulmonology Society to formally update its pediatric OSA standard of care to include OMT*

### AAMS Irene Marchesan Award for Lifetime Achievement in the Institutional Advancement of Public Health That Includes Myofunctional Therapy

**Roberta Martinelli**, of Teste da Linguinha and Brotas

General Hospital, Brotas, São Paulo, Brazil

*For the 1st medically validated frenulum inspection protocol (the Martinelli) that has helped pass 18 laws requiring frenulum inspection at birth, including the 1st in her home city of Brotas, Sao Paulo State, Brazil to the national "Teste da Linguinha" law that became effective January 2015 nationally in the Federal Republic of Brazil. Her work and protocol have inspired advancement in tongue tie screening around the world.*

### AAMS Louis Pasteur Award for Courage and Leadership in Advancing Medicine with OMT

**Fabio Scoppa**, Associazione Chinesis I.F.O.P.

Sapienza University of Rome, Italy

*Dr. Scoppa coined the term glosso-postural syndrome in 2004.*

### AAMS Rising Star Investigator Award For Great Promise in the Advancement of Medicine Involving OMT

**Farhan Shah**

University of Umeå, in Umeå, Sweden

*For groundbreaking work identifying the unique evolutionary adaptations of the muscles in the stomatognathic system and its possible interplay in the upper airway function, tongue position and the pharyngeal wall. Discovery of muscle cells showing a special molecular build-up with an absence or modified design of some key proteins gives us deeper insight into the complex anatomy and physiology of the upper airway, swallowing function, soft palate and tongue position both in healthy as well as snoring and sleep apnea patients.*

**Carlos Torre**

University of Miami, Florida, USA

*For Meta Analyses on OMT and OSA, OMT and Snoring, and groundbreaking work on mouth breathing, OSA, and OMT*

**Heidi VanRavenhorst-Bell**

Wichita State University, Wichita, Kansas, USA

*For groundbreaking work advancing the knowledge of the musculature of the stomatognathic system and work to objectively measure and identify progress therein.*

### AAMS Madame Marie Curie Award for Lifetime Achievement In the Scientific of Medicine including OMT

**Marco Antonio Moreira Rodrigues da Silva**

University of São Paulo, Ribeirão Preto, Brazil

Riberao and Hospital das Clínicas de Ribeirão Preto

*For foundational work on objective measurements in the assessment of orofacial myofunctional disorders and their relationship to orofacial pain.*

### AAMS Florence Nightingale Award for Vision and Leadership in the Establishment of Myofunctional Therapy in Medicine

**Howard Hindin**, New York, USA Foundation for Airway Health

and the AAPMD

*For visionary leadership in the founding of the American Academy of Physiological Medicine and Dentistry and the Foundation for Airway Health, and for ceaseless efforts to build bridges across disciplines, tear down silos, and create awareness about SDB.*

### AAMS De Materia Medica Award for Lifetime Achievement in the Advancement of Medicine Via Publishing that Includes Myofunctional Therapy

**Franklin Susanibar Chavez**, Comunidad Motricidad Orofacial

Latino-americano, Lima, Peru

*For pioneering work in writing, editing, and publishing pioneering work in myofunctional therapy.*

### AAMS Centres of Light Award for Interdisciplinary Leadership in the Advancement of Medicine Involving OMT

**Stanford Medicine and the Stanford Sleep Center,**

Palo Alto and Redwood City, California, USA

*For dozens and dozens of scientific papers shedding light on the role of OMT in the treatment and prevention of sleep disordered breathing and for creating curriculum in a leading sleep residency program including OMT.*

**Craniofacial Research Support Center, School of Medicine of Ribeirão Preto, University of São Paulo, Ribeirão Preto Clinic**

Ribeirão Preto, São Paulo State, Brazil

*For foundational science done in protocols, objective measurements, TMD/Orofacial Pain, OSA, Orthognathic Surgery, and precision medicine in a clinical setting.*

**Kwong Wah Hospital Kowloon, Hong Kong, SAR of the People's Republic of China, and the Tung Wah Group of Hospitals**

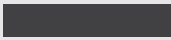
Hong Kong, SAR People's Republic of China


*For foundational work in interdisciplinary care in a hospital and clinical setting, for groundbreaking research establishing the efficacy of OMT in pediatric OSA, for work leading to institutional change across a major health system (Hong Kong, SAR China) and for work leading to the establishment of OMT as a standard of care for pediatric OSA across Asia via the Asian Pediatric Pulmonology Society.*


Please join so many at our historic event who made this possible to celebrate with them including Esther Bianchini, Christian Guilleminault, Mac Camacho, Cleto Kushida, Audrey Yoon, Michael Gelb, Stanley Liu, Licia C. Paskay, Brigitte Fung, Regina Leung, Maria Villa, Kevin Boyd, Soroush Zaghi, Eyal Botzer, Giovanni InLaser Olivi Genovese, Paola Pirelli, Samantha Weaver, Joy Lea Moeller, Antonio Ferrante, Prof. Luca Levri, Elysa Kliman, Bill Hang, Deborah Hang, Derek Mahony, Leah Buscal, Rose Hindin, Diana Grandi, Elysa Kliman Geneva Kliman, Kirk Kollmann, Triin Jagomägi, Annaliis Tamberg, Vallo Veering, Sharon Keenan, Miho M. Imamura, Hidehiro Abe, Victor Abdullah, Katrin Beck, Thierry Gouzland, Katharina Von Herff, Anna Kotlińska, Gina Weissman, Michelle Price Emanuel, Tara Hart, Amy Luedemann Lazar, Ruth Becker, Hila Robbins, and so many others who made this all possible!!! We have the epic Roman fashion house Battistoni AS A BENEFACTOR!!!! Take a look at the images of the Nuovo Circolo degli Scacchi and join us as we change medicine:

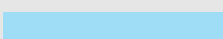
# Congress Meeting Rooms


Pontifical University of St. Thomas Aquinas


Aula Minor 

Sala 10 

Sala 11 

Sala 12 

Sala 14 

Sala Colonne 

## Symposium

9:00am-5:00pm

Sala 11

**A Call For A New Paradigm for Infant & Pediatric Intervention In Myofunctional Therapy:**  
A Precision Medicine Workshop for Providing Clinicians The Ability to Work With Allied Health Professional Leaders and Their Peers To Identify A New Foundation For Individualized Treatment In Infant and Pediatric Orofacial Myofunctional Disorders. Presentations include, frenulum inspection, frenulum surgery, from neo-natal intensive care until primary dentition, with real world challenges to advance precision medicine in infant and pediatric orofacial myofunctional therapy (OMT) treatment protocols, research, quality assurance and safety. Emphasis will be on strategic initiatives, calls for novel allied health approaches, and proposals for new therapeutic protocols in an interactive workshop format.

Faculty:

**The Precision Medicine Initiative and Myofunctional Therapy**  
Marc Richard Moeller

**Neuroplasticity, Embryology and Movement**  
Michelle Price Emanuel

**Lactation Consulting**  
Gina Weissman

**Frenulum Surgery**  
Eyal Botzer



**Frenulum Inspection, Infants**  
Roberta Martinelli & Irene Marchesan

**Change for School Based Screenin**  
Nicole Archambault

**Pediatric Dental Intervention**  
Hila Robbins & Patrick Fellus

**Infant and Pediatric Sleep Intervention**  
Daniel Ng & Maria Pia Villa



Wednesday, September 5th

**LUNCH  
TIME**  
1:15 - 2:30

**Exhibit hall  
open all day**

All coffee  
breaks are  
in the  
Chiostro

Exhibit Hall  
all day in the  
Sala Colonne



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Exhibit Hall  
all day in the  
Sala Colonne

Evaluation  
forms,  
sign-out  
sheets for  
CEUs,  
certificate of  
attendance  
after each  
workshop

9:00 am-1:15pm

Symposium Part 2

Sala Colonne

## Workshops

Aula 12

9:00 am-1:15pm

Steven Lin, MD | Australia - Samantha Weaver, MS | USA

### Learning Outcomes:

- 1) Review the physiology of low blood vitamin D levels, and gut microbiome dysbiosis in obstructive sleep apnea.
- 2) Outline blood levels of vitamin D deficiency and testing parameters for gut microbiome dysbiosis and review evidence base for recommendations for supplementation and dietary changes in the treatment of obstructive sleep apnea
- 3) Illustrate and appraise the potential incorporation of such diet recommendations into an orofacial myofunctional therapy treatment protocol

### Integrating Nutritional & Myofunctional Therapy into Sleep Medicine

Myofunctional therapy has an underlying need to work in a multi-disciplinary team. Systemic risk factors of a patients suffering sleep apnoea include vitamin D deficiency, and gut microbiome dysbiosis. Both of these conditions have foundations in lifestyle risk factors such as nutritional intake. A myofunctional therapist has opportunity to alter diet based habits in their patients and recommend lifestyle adjustments to decrease systemic risk factors of OSA. In this half-day seminar attendees will be introduced to the physiology of vitamin D, the gut microbiome, diet recommendations, and supplementation to assist in addressing risk factors in their patients.



Sala 10

9:00 am-1:15pm

Sharon Keenan, PhD | USA

### Learning Outcomes:

- 1) Review the concept of sleep as the anchor to overall health and well being
- 2) Describe the most common sleep disorders across the life span
- 3) Discuss the impact of undiagnosed sleep disorders

### Optimizing Health by Prioritizing Sleep; Normal Sleep, Sleep Disorders and the Wisdom to Know the Difference

We spend nearly a third of our lives asleep. The quality of our sleep effects us in many ways. Often simple things can make a big difference in our goals. As we work with our patients and clients, it is critical that we include sleep as a significant health factor. We must ask questions and provide information and resources. It is imperative that we act together to reach out in our communities and educate about sleep as early as possible.



Sala 11

9:00 am-1:15pm

Gianluca Depriori, PT | Italy - Lorenzo Freschi, PT | Italy

### Learning Outcomes:

- 1) Highlight the gross anatomy and histology of the superficial and deep fascia, including the significance of myofascial/myotendinous expansions
- 2) Describe the pathophysiology of fascia, elaborating on the concept of the myofascial sliding system and its contribution to myofascial pain syndrome.
- 3) Explain the specific clinical assessment process as well as discuss the therapeutic advantage of the plasticity and malleability of fascia to design an appropriate treatment algorithm to alleviate chronic myofascial pain

### Workshop on Fascial Manipulation

This workshop will illustrate new studies of the gross and histological anatomy of the human fasciae, and explain the biomechanical model for the human fascial system currently applied in the manual technique known as Fascial Manipulation®. The model represents a three dimensional interpretation of the fascial system. Its hypothetical foundations are fruit of more than thirty years of analysis of anatomical texts and clinical practice. More recently, dissections of unembalmed bodies have provided anatomical verification of numerous hypotheses including the fascial continuity between different body segments via myotendinous expansions and the possible distribution of tensional forces. This workshop will also propose new studies concerning the histological characteristics of superficial and deep fasciae (fibre content, structural conformation, and innervation) and debate the role of deep fascia in proprioception. The Fascial Manipulation® technique is based on the concept of myofascial units (mf units) united in myofascial sequences, and involves manual friction over specific points (called Centres of coordination and Centres of fusion) on the deep muscular fascia. This underlying rationale and the resultant analytical process guides the therapist in the combination of points to be treated and allows therapists to work at a distance from the site of pain, which is often inflamed due to non-physiological tension. Musculoskeletal disorders commonly treated include low back pain; tendinitis, sprains, peripheral nerve compressions, and neck pain syndromes, whereas visceral dysfunctions can include gastritis, irritable colon syndrome, constipation, and dysmenorrhoea.



## Workshops (cont.)

Sala 14

9:00 am-12:15pm

Esther Bianchini, PhD | Brazil

### Learning Outcomes:

- 1) Identify the orofacial myofunctional disorders as a complex interference in the functionality of the temporomandibular joint resulting in orofacial pain
- 2) Elucidate the interference of the temporomandibular disorders as a limitation to the orofacial functions: chewing, swallowing and speech articulation
- 3) Consider Surface Electromyography in helping the diagnosis and the therapeutic techniques

### Orofacial pain and Orofacial Myofunctional Therapy: Resources of Surface Electromyography in a Functional Approach

Orofacial functions such as speech, mastication and deglutition are directly associated to the possibility of variations in the amplitude of the oral spaces, providing conditions for the tongue position correction, mobility and coordination of the soft palate and of other structures. It is verified that the mandibular movements' amplitude is related to the integrity of the temporomandibular joint (TMJ), and to the action of skeletal muscles. However, unfavorable conditions are frequent in the cases that the articulation needs to support and accommodate occlusion adaptations of muscular and cervical nature. If the demand of functional adaptations exceeds the structural and functional tolerance of the TMJ, a temporomandibular joint dysfunction (TMD) may be triggered, resulting in the alteration of the mandibular movements and consequent disorders of the stomatognathic functions. The amplitude of the mandibular movements in speech articulation, chewing and swallowing patterns is reduced, when in presence of pain. The main goal of the treatment is to remove negative interferences such as deleterious habits and to promote better functional patterns. The organization of jaw movements such as atypical deviations in the path of opening and/or mandibular closure can be trained with specific exercises, but the main point is the orofacial functions. Great care must be taken when dealing with joint noises and their interpretation. As well as the various types of joint noises, the deviations of movements define the origin of the main problem - joint degenerative diseases and/or muscle association. Clinical cases will be presented to illustrate the therapy procedures.



LUNCH  
TIME  
1:15 - 2:30

Exhibit hall  
open all day

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Exhibit Hall  
all day in the  
Sala Colonne

Evaluation  
forms,  
sign-out  
sheets for  
CEUs,  
certificate of  
attendance  
after each  
workshop

Aula 12

2:30 pm-4:30pm

Sharon Moore, BS, SLP | Australia

### Learning Outcomes:

- 1) Facilitate parents' identification of sleep problems with 3 key questions
- 2) Screen and identify kids requiring medical input and parents' requirements for support and education around sleep problems
- 3) Guide parents to be proactive with their children's sleep, know when to seek expert help to solve their children's sleep problems and how to monitor long term

### Good Sleep by Design: A Pediatric Sleep Literacy Guide for Professionals and Parents

Twenty-five to 40% of 4-10 year-old children have sleep problems, with significant co-morbidities affecting the physical, mental, emotional and social function of millions of children worldwide. One to 3% have serious obstructive sleep apnoea (OSA) and 95% of those with OSA remain undiagnosed. OSA is a serious medical condition that requires treatment. 8-10% snore and the effects of snoring have been likened to those of OSA. Early identification of sleep problems is crucial to timely treatment with 'sleep literacy' for parents and professionals a key component to achieving both. Two areas of the International Pediatric Sleep Association mission call for greater public awareness about paediatric sleep research, paediatric sleep problems and their consequences Screening is the fast route to identifying: kids at risk, those who need medical assessment and parents' perceptions of sleep issues so that they can support their children. Screening could be done in any clinic where health professionals interface with the paediatric population mitigating the large numbers of children with sleep problems that go un-recognised. Children with airway symptoms can be identified early, and treatment pathways via medical or dental specialist, allied health or myofunctional intervention can be activated. With sleep problems being a major public health issue can we design good sleep? Given a framework: a screening tool, a sleep formula and a red flag system for identifying problems, we are well on the way to helping our kids get the sleep they need every night.





**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the  
Chiostro

**Exhibit hall open all day**

All coffee breaks are in the Chiostro

Exhibit Hall all day in the Sala Colonne

## Aula Minor

9:00 - 9:30am

Opening Welcome From:



**Irene Marchesan**  
AAMS President  
& Congress Chairperson



**Marc Richard Moeller**  
AAMS Executive Director  
& Congress Co-Chairman



**Maria Pia Villa**  
Chair of the  
Scientific Committee

9:30 - 10:00am

### Learning Outcomes:

- 1) Use oropharyngeal exercises to integrate medical and surgical treatments for OSA in children
- 2) Use a validated protocol and standardized oropharyngeal exercises
- 3) Advocate for children with sleep disordered breathing to receive a multidisciplinary approach and treatment

**Maria Pia Villa, MD | Italy**

### Oropharyngeal Exercises: Modification of Stomatognathic System.

Obstructive sleep apnea (OSA) in children is a sleep breathing disorder characterized by prolonged partial upper airway obstruction and/or intermittent complete obstruction that disrupts ventilation during sleep and sleep patterns. Untreated pediatric OSA may result in various problems, such as cognitive impairment, attention and hyperactivity disorder, poor academic achievement, and cardiovascular and metabolic complications. 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 paediatric 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 children with OSA. We propose to evaluate stomatognathic system through a validated protocol and to investigate the role of oropharyngeal exercises in the management of children with sleep disordered breathing.



10:00 - 10:30am

### Learning Outcomes:

- 1) Review why the Rapid Maxillary Expansion (R.M.E.) is very effective in the treatment of OSA children
- 2) Analyze how the R.M.E. is a therapeutic orthodontic procedure that produces a real remodeling of craniofacial structures, and a CT imaging allows a better way to appreciate the skeletal effects of R.M.E. treatment
- 3) Visualize how the remodeling of craniofacial structures leads to an increased patency of the upper airways problems and how to monitor long term

**Paola Pirelli, MD | Italy**

### Rapid Maxillary Expansion in the Therapy of OSAS in Children

Orthodontists may play an important role in the interdisciplinary treatment of OSAS. In young patients, R.M.E. treatment can be effective and can have a favorable orthopedic role in modifying facial bony structures and in conditioning further developmental processes positively. R.M.E. is a therapeutic device which we successfully adopted for many years to obtain a skeletal expansion of the upper jaw. The anatomical criteria of this technique consist in the application of orthopaedic forces through particular procedures on the midpalatal suture. X-ray findings and Computed Tomography clearly show how the RME manoeuvre separates the nasal and palatal bones. A substantial increase is reported at cross-sectional level with a relevant improvement in nasal airflow. Increasing of upper jaw cross-section also clearly affects the nasal cavities and it is a true anatomic change that brings about an increased patency of the upper airways. This is also the basis for the positive effects induced by the RME manoeuvre on the respiratory function. Associated orthodontic movements can also indirectly improve the oropharyngeal space by modifying the resting posture of the tongue. The Author suggests careful evaluation of the maxillary skeleton base status as possible common cause of OSAS and resort to RME therapy. In young patients RME treatment can effectively have a favourable orthopaedic role modifying facial bony structures and in conditioning positively further developmental processes.



10:30 - 11:00am

### Learning Outcomes:

- 1) Review Moss's Functional Matrix Theory
- 2) Analyze how orofacial and nasal functions produce a real remodeling of craniofacial structures
- 3) Devise a myofunctional therapy program based on the applications of Moss' Theory

**Antonella Polimeni, MD, PhD | Italy**

### Moss' Theory and Myofunctional Therapy

Based on Moss' theory, the head is composed of a series of functional matrices, which influence the growth of the skeletal units to which they are related. Functional matrices are divided into: periosteal matrices, microskeletal units represented by the muscular structures whose activity influences the processes of apposition and reabsorption and therefore of remodeling at the level of the adjacent skeletal units; capsular matrices, macroskeletal units represented by the orofacial capsule and the neurocranial capsule, whose activity causes a spatial change in the position of the bones and therefore their translation. In fact the volumetric increase of the spaces and of the masses that are included in the capsular matrices, causes a secondary expansion of the enveloping capsule. Moss considers the genetic factors as important for primary bone formation, but the skeletal growth dependent on the functional state of the soft tissues, i.e. the functional matrices. Each component of an oral functional matrix performs a vital function (breathing, swallowing, phonation, mastication), while the skeletal formations support and protect it. Myofunctional therapy is the re-educational method aimed at achieving a balance of the tone of orofacial muscles as well as the correction of functions of stomatognathic relevance, such as breathing, chewing, swallowing, phonation. Therefore, interacting with the growth of the bone bases through the rebalancing of the orofacial muscular corridor, it is indicated in the growing patient and can be considered, in association with orthodontic therapy, an important contribution to achieving a harmonious development of the jaws.



LUNCH  
TIME  
1:15 - 2:30

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SESSIONS  
Fri - Sun  
9am - 5pm  
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Sala Colonne

11:15 - 12:15pm

**Learning Outcomes:**

- 1) To recognize the differences between obstructive sleep apnea phenotypes
- 2) To debate the importance and the feasibility of traits' predictors in a clinical setting
- 3) To integrate the phenotyping approach with new therapeutic options

Ludovico Messineo, MD | Italy

**Breath-holds and Loop Gain: A Possible Link Between Obstructive Sleep Apnea Phenotyping and Myofunctional Therapy?**

Increased "loop gain" of the ventilatory control system promotes obstructive sleep apnoea (OSA) in some patients and offers an avenue for more personalized treatment, yet diagnostic tools for directly measuring loop gain in the clinical setting are lacking. Here we test the hypothesis that elevated loop gain during sleep can be recognized using voluntary breath-hold manoeuvres during wakefulness. Twenty individuals (10 OSA, 10 controls) participated in a single overnight study with voluntary breath-holding manoeuvres performed during wakefulness. We assessed (1) maximal breath-hold duration, and (2) the ventilatory response to 20 s breath-holds. For comparison, gold standard loop gain values were obtained during non-rapid eye movement (non-REM) sleep using the ventilatory response to 20 s pulses of hypoxic-hypercapnic gas (6% CO<sub>2</sub> -14% O<sub>2</sub>, mimicking apnoea). Continuous positive airway pressure (CPAP) was used to maintain airway patency during sleep. Additional measurements included gold standard loop gain measurement during wakefulness and steady-state loop gain measurement during sleep using CPAP dial-ups. Higher loop gain during sleep was associated with (1) a shorter maximal breath-hold duration ( $r_2 = 0.49$ ,  $P < 0.001$ ), and (2) a larger ventilatory response to 20 s breath-holds during wakefulness (second breath;  $r_2 = 0.50$ ,  $P < 0.001$ ); together these factors combine to predict high loop gain (receiver operating characteristic area-under-curve: 92%). Gold standard loop gain values were remarkably similar during wake and non-REM sleep. The results show that elevated loop gain during sleep can be identified using simple breath-holding manoeuvres performed during wakefulness. This may have implications for personalizing OSA treatment.



12:15 - 1:15pm

**Learning Outcomes:**

- 1) Review a study on the application of biofeedback in two patients suffering from bruxism
- 2) Review the contribution of stress in disruption of sleep and establishment of bruxism
- 3) Assess the opportunity of applying and teaching patients with bruxism biofeedback and relaxation techniques

Maria Mejia Guerrero, SLP | Spain

**Biofeedback Intervention in Disorders of Temporomandibular Joint (TMJD)**

**Objective:** Analyze the progress of two patients with bruxism who present a muscular tension in the masseter muscle well above the normative values and improve those results by using a biofeedback training and other elements. **Method:** The monitoring was carried out with two individuals who agree on the reason for consultation: People with a high level of stress who have bruxism and use nocturnal splint. **Results:** After four months of constant training sessions, in clinics as well as at home, both subjects showed fairly significant improvement, obtaining values of muscular tension in the masseter well below the initial ones and close to the average baseline muscular tension. **Conclusions:** biofeedback training of the muscles of mastication is probably an effective treatment. Biofeedback-assisted relaxation is also likely to be effective if performed traditional methods in combination with cognitive behavioral therapy. **Note:** biofeedback is effective in treatments in which muscle tension and pain sensation is not secondary to other medical or dental condition.



2:30 - 3:30pm

**Learning Outcomes:**

- 1) Identify the location and assessment of most frequent points of fascial densification involved in Temporomandibular dysfunction and orofacial pain
- 2) Consider fascial manipulation as a cost effective, non invasive and prompt approach to reduce pain and regain mandibular opening function
- 3) Review long term effects of Facial Manipulation in presented study

Florence Sekito, MSD, PhD | Brazil

**Outcomes of the Stecco Fascial Manipulation Method in the Reduction of Orofacial Pain and Temporomandibular Disorders.**

A randomized controlled trial was performed to evaluate the efficiency and the effects of the Stecco Fascial Manipulation Method and of gold standard dental techniques commonly used in the treatment of TMDs. Fascial Manipulation (FM) can be used as an effective tool in the treatment of TMD by all professionals acting in the area of orofacial pain and TMD. It is a fast, safe and cost effective approach to reduce pain and regain function and mouth opening. It can also be used as a resource to prepare patients for gold standard dental treatments such as occlusion stabilization appliances. In addition, FM can not only be used in the treatment of TMD muscular disorders, but also in the treatment of articular disorders or even in mixed conditions. Further studies could compare treatments that associate Fascial Manipulation with gold standard dental treatments in patients with TMD.



3:30 - 4:30pm

**Learning Outcomes:**

- 1) Improve health histories with more insightful questions
- 2) Connect observable signs with reported symptoms
- 3) Devise a treatment plan with greater chances of success

Steve Carstensen, DDS | USA

**The Troublesome Connection Between TMJ, Other Chronic Pain, and Airway Health**

Dentists approach the diagnosis of orofacial diseases with only the perspective gained during dental training. Temporomandibular Disorder (TMD) has a long history of competing concepts of etiology, pathophysiology, and therapy options. Patients complaining of TMD symptoms often have comorbid conditions that the dentist has little or no training to treat, so frequently these conditions are overlooked when history is taken in the dental office. This course will provide research and physiologic data that connects many comorbid conditions, including TMD and other somatic pain problems to airway issues. By adding an airway dimension to the comprehensive evaluation of their patients, dentists will be able to gain confidence in providing effective solutions for their patients' complaints.



Sala 11

10:00 - 11:00am

**Learning Outcomes:**

- 1) Explain the concept of Linguadontics as the action of the tongue on surrounding tissues
- 2) Describe the neural connections between the tongue and most functions such as breathing, posture, oral growth and development and more
- 3) Develop a tongue-centric, airway-focused therapeutic approach

Yue Weng Cheu, BDS, FRACDS, MJDF, RCS | Singapore

**Understanding the Neurological Basis of Myofunctional Therapy**

The Concept of Linguadontics takes an integrative approach and seeks to address the root cause of some health problems. Understanding that breathing is fundamental to our survival, our nervous system serves to protect it at all cost. Utilising cranial nerves and other important innervations, we facilitate the synchronous yet effective operations of many muscles to aid the innate suck-swallow-breathe and rooting reflexes from birth. Tongue up position is crucial to the proper execution of the reflexes. The rise of the tongue signifies the myofunctional habituation and neuro-modulation to facilitate respiration, sleep, oral growth and development, postural alignment, gastrointestinal health, neurological balances, and much more. The scope is wide but relevant to many fields in the healthcare profession and the lecture will explore deep and wide into this path less taken - a cranial nerves orchestrated, tongue-centric, airway focused and myofunctional approach to health management.



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Sala Colonne

**11:15 - 12:15pm**

**Learning Outcomes:**

- 1) Identify the unmet needs of children as they relate to functional oral outcomes
- 2) Describe group team membership and responsibilities
- 3) Identify the subtle differences between the current model and the team-based model in terms of operations

**Athanasios Zavas, DMD, DDS, DRMEDSC | USA**

**Team-based Pediatric Dental Practice to Address Dental Disparities:  
The Need for Myofunctional Therapy**

Boston University Goldman School of Dental Medicine is the recipient of a federal grant from the Health Resources and Services Administration of the U.S Department of Health and Human Services to create a new inter-disciplinary, team-based model of pediatric dental care. The aim of the project is to address disparities in pediatric care, especially for urban under-served youth or children with disabilities. The project has over three years of follow up and has resulted in important findings that are reshaping how dental care is organized. Most importantly, research shows that significant gaps in knowledge exist on issues of oral health functions between the various specialties that treat children (registered dietitians, speech pathologists, nurses, and pediatricians). Healthcare providers have positive attitudes towards inter-professional practice and interactive team-based co-located care leads to improved quality and continuity of care for the most vulnerable children and provider satisfaction. While this new model is promising, significant barriers have also been identified and will be discussed.



**12:15 - 1:15pm**

**Learning Outcomes:**

- 1) Describe how orofacial myofunctional therapy can benefit patients with mild to moderate OSA
- 2) Analyze the benefits derived from a novel therapy protocol
- 3) Evaluate the subjective results vs objective results of therapy

**Victor Abdullah, MD | Hong Kong-China**

**Incorporation of Oromyofunctional Therapy in a Surgical Protocol in Hong Kong**

Oromyofunctional therapy has proven to be an important option in the management of mild/moderate Obstructive Sleep Apnoea and possibly an important adjunct to the surgical armamentarium. We shall share our present protocol with the incorporation of Oromyofunctional therapy in Hong Kong. Subjective reports from patients are positive though we await the objective medium and longer term data with the modified protocol.



**2:30 - 3:30pm**

**Learning Outcomes:**

- 1) Review the historical attempts to affect the position of the maxilla through clinical application of orthopedic/orthodontic means
- 2) Identify the principals involved in the application of Controlled Arch Orthodontic mechanics
- 3) Assess the impact of maxillary Osseorestitution on the future treatment of TM joint disorders and obstructive sleep apnea

**Cris Simmons, DDS | USA**

**Clinical Application of An Innovative Maxillary Growth Stimulating Device**

Maxillary growth deficiencies represent a significant component of Myofunctional disorders, orthodontic problems, Temporomandibular disorders and obstructive sleep apnea. In most cases, optimal effective treatment of these various conditions is virtually impossible due to fundamental Maxillary deficiency combined with resulting dental malocclusions of all categories. Therefore, treatments applied have been based upon a rudimentary understanding of craniofacial growth and development, resistance to the role of craniofacial Myology and historical clinical precedent. This presentation will reveal an innovative clinical application of a functional dental orthopedic appliance which, in combination with Myofunctional therapy, directed to the lip, tongue and airway, stimulates the three dimensional development of the Maxilla and Mandible. When the Maxilla and Mandible are developed to their optimal genomic form the results clearly demonstrate improvement in facial form, dental occlusion, craniofacial architecture, airway and muscle function." "



**3:30 - 4:30pm**

**Learning Outcomes:**

- 1) Gain knowledge of the bone growth remodeling principles responsible for the evolutionary history of the human face
- 2) Extend the Functional Matrix Theory to account for development of the airway
- 3) Familiarize with craniofacial architectural constraints enabling clinicians to better guide the effective treatment of their patients

**Timothy Bromage, PhD | USA**

**Functional Matrices of the Craniofacial Complex are Historically Contingent Upon People Chewing and Breathing Hard, Neither of Which They Are Very Good At: Dental Orthopedics Saving Us From Ourselves**

The evolutionary history of human facial growth over the last 3 million years will be reviewed highlighting the mechanisms contributing to the development of the face and aerodigestive tract, which includes the airway, lips, mouth, tongue, nose, and throat. These mechanisms include developing craniofacial functional matrices and their compensatory bone remodeling responses. They also include the developing dentition in respect of the effects of diet and chewing on bone remodeling of the jaws. In so describing these phenomena, the classical functional matrices of the aerodigestive tract will be modified to include more than just soft tissues and their increase in size, but to include masticatory and Bernoulli forces that contribute to oropharyngeal sufficiency or, in the case of many human populations today, oropharyngeal insufficiency, when these forces fall below a critical threshold. Each attendee will become familiar with the critical factors influencing the development of the craniofacial architecture and how to recognize the clinical conditions causing developmental problems in their patients.



**4:45 - 5:45pm**

**Learning Outcomes:**

- 1) Review which breathing retraining processes potentially help sleep apnea
- 2) Explore and deepen understanding of possible mechanisms
- 3) Assess and select patient that are likely to respond according to phenotype.

**Rosalba Courtney, ND, DO, PhD | Australia**

**Functional Breathing Retraining for Sleep Apnea Phenotypes-  
Learning from Precision Medicine**

A diverse variety of breathing retraining approaches are reported to improve sleep disordered breathing. There is also a reduced incidence of sleep apnea associated with regular participation in activities that require high levels of breath control. Correction of daytime breathing dysfunction might help to ameliorate some types of sleep disordered breathing particularly if breathing retraining is individualized to precisely target breathing functionality in addition to addressing anatomical risk factors. Functional retraining of breathing might improve outcomes in selected patient phenotypes by improving their ability to compensate for anatomical deficiencies and by improving stability of day-time and night-time breathing control.



**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the Chiostro

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All coffee breaks are in the Chiostro

Exhibit Hall all day in the Sala Colonne

## Sala 10

**10:00 - 11:00am**

### Learning Outcomes:

- 1) Outline the malocclusion epidemic as a nutritional deficiency
- 2) Review how dietary recommendations have contributed to craniofacial dysfunction
- 3) Review of literature to guide nutritional therapy application in dental, airway, and sleep medicine

**Steven Lin, MD | Australia**

### The Big Bang of Craniofacial Growth: Functional Nutrition & Myofunctional Therapy

Scientific evidence has been mounting for the assessment and treatment of malocclusion, breathing, and sleep disorders with functional and myofunctional therapy. However, to date, the focus has been on treatment of disorder, not the etiology of the condition itself. In this talk we will explore the physiology, research base, and clinical application of functional nutrition as a necessary therapeutic intervention to not only treat malocclusion and its co-morbidities, but as a call-to action for a multidisciplinary discussion on how cranio-facial development must be included in dietary guidelines. Nutritional therapy is a necessary tool for the myofunctional therapist to become truly integrated into the healthcare system.



**11:15 - 12:15pm**

### Learning Outcomes:

- 1) Review an example of team approach for therapy in Estonia
- 2) Acquire a model of clinical practice and research work
- 3) Review the various multidisciplinary aspects of the course "Treatment of Orofacial Functional Disorders - Teamwork" at Tartu University in Estonia

**Triin Jagomagi, PhD, DDS, MSc | Estonia**

### Interdisciplinary Approaches in the Treatment of Orofacial Myofunctional Disorders – An Orthodontist View

Unimed United Clinics (previously Ortodontiakeskus) have had a team approach to myofunctional orofacial disorders for already more than 5 years. In our team, all dental professionals are represented, but in addition to the dental team, we have an opportunity to cooperate with a sleep specialist and a sleep laboratory. Tartu University started teaching the orofacial myofunctional disorders-related course for medical-, dental-, physiotherapy- and SLP students, systematically for the last 3 years. The main idea of the course is to integrate students from different professions and to offer the the model of a team care approach.



**12:15 - 1:15pm**

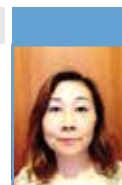
### Learning Outcomes:

- 1) Explore the advantages of the MIHO approach to myofunctional disorders
- 2) Discuss a myofunctional orthodontic approach and its long-term stability through orthodontic cases
- 3) Advocate to use of digitalized objective measurements in myofunctional evaluation and therapy

**Miho Imamura, PhD, DDS | Japan**

### Functional Orthodontic Approach with Upper Jaw Expansion & MFT Helps for the Mouth Breather

I would like to introduce our team approach, educations and motivations (M.I.H.O.=Motivation & International Health Organization) applied in 344 cases (February 2015-May 2017), of which 34 were girls, where digitalized exam data was compared before and after orthodontic treatment with MFT. We collected and compared the functional exam digital data (Lips Tongue, Frenulum, Occlusal forces and so on) and Occlusal Force measuring instrument. After reviewing the results of the study we concluded that 1) MFT approach can support better occlusion and its stability 2) Early treatment and observation control with MFT can affect stability positively 3) Stable orthodontic result are established through dental functional occlusion 4) There is value in digitalized education system for our staff, patients and their family and students.



**2:30 - 3:30pm**

### Learning Outcomes:

- 1) Identify the Cranial Morphological Indicators of SDB in Children
- 2) Understand the rationale for Combinational Functional Treatment in Children of Oro-Facial Myofunctional Therapy and Physiologic Functional Dentistry
- 3) Understand the ALF Philosophy and Approach to Functional Physiologic dental arch Remodeling for Airway Enhancement

**James Bronson, DDS, FIAO | USA**

### A Functional/Physiologic Approach to Sleep Disorder Breathing in Children

In children, Sleep Disorder Breathing (SDB) can lead to poor school performance, a myriad of healthcare issues like ADD, ADHD, focus and memory problems. SDB and Obstructive Sleep Apnea (OSA) have reached near epidemic proportions, currently more than a \$30 Billion Dollar annual healthcare expense in the USA alone. Learning to recognize the cranial morphological indicators of SDB, understanding the importance of Functional Therapy (Oro-facial Myofunctional Therapy), and Physiologic Orthodontics can help alleviate this ever increasing healthcare and social burden.



**3:30 - 4:30pm**

### Learning Outcomes:

- 1) Describe the physiology of chewing
- 2) Identify the contributions of masticatory forces in orthodontic treatment and orthognathic surgery
- 3) Identify the interests of efficient chewing and swallowing in bariatric surgery

**Thierry Gouzland, PT, OMT | France**

### The Impressive Power of Chewing : From Facial Growth to Obesity

In last few years, oro-maxillo-facial rehabilitation, Myo-Functional Therapy, has widely developed in terms of research programs, congresses, publications and training courses. Its scope of practice has also expanded, notably by finding his place in the multidisciplinary treatment of OSA. In all these circumstances the various functions are widely explored and reeducated: swallowing, breathing, posture,... However chewing is very often quoted but little or never described. This lecture will describe masticatory physiology and its role in facial growth. Then through studies we will highlight the contribution of masticatory forces, in orthognathic surgery and finally in the context of obesity and bariatric surgery.





**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
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Sala Colonne

## Sala 14

Sala 14

11:15 - 12:15pm

### Learning Outcomes:

- 1) Examine cranio facial diagnosis
- 2) Apply orthopedic therapy to correct a lateral inclination of the occlusal plane
- 3) Describe treatment goals relative to posture

Corinne Thery, MD | France

### Oropharyngeal Development: Craniofacial Structure, Posture and Dento Facial Orthopedie

The objective of this lecture is to show the importance of understanding the forces within the cranial base that drive facial growth, and the impact on the cranio facial structure, the consequences on the oropharyngeal development, specifically prior to the age of 6 years. Throughout clinical cases, this lecture show also the importance of the orthopedic correction of a lateral inclination of the occlusal plane, as a cant of an occlusal plane affects cranial and general posture and induces cervical spine displacement and an asymmetric stress in the oropharyngeal area.



12:15 - 1:15pm

### Learning Outcomes:

- 1) Identify characteristics of the pharyngeal plexus and its relationship with oral functions
- 2) Identify systemic dysfunctions derived from faulty neural integration that may originate at the embryological level
- 3) Discuss clinical cases of pharyngeal plexus dysfunction

Michelle Emanuel, OTR/L | USA

### Pharyngeal Plexus: Where Embryology, Movement and Oral Function Meet

The pharyngeal plexus consists of the combined efforts of the Vagus, Glossopharyngeal and Accessory Nerves as their intertwined and interconnected nature support airway patency and protection, pharyngeal and laryngeal sensorimotor innervation, proper swallowing, maintenance of seals and negative pressure, posture and natural alignment as well as social nervous system interactions. During this clinical talk, the implications of dysfunction in the pharyngeal plexus will be discussed using lecture and case study format.



2:30 - 3:30pm

### Learning Outcomes:

- 1) Identify potential functional lingual measures for assessment, evaluation and treatment with coinciding measures of lingual movement and lingual pressure
- 2) Identify potential physiological lingual measures for assessment, evaluation and treatment with coinciding measures of lingual movement and lingual pressure
- 3) Explain potential orofacial myofunctional advancement of assessment, evaluation and treatment with coinciding measures of lingual movement and lingual pressure

Heidi Van Ravenhorst-Bell, PhD, CPT, CNG | USA

### Clarity: A Wireless Orofacial Myofunctional Imaging and Pressure Appliance

Clarity, a wireless orofacial myofunctional imaging and pressure appliance (See Figure 1) introduces the potential for a systematic approach to objectively evaluate lingual behavior and response (e.g., region specific lingual movement, positional habits, and performance) simultaneously. To date, the basic workings of several proximity sensors have been tested and a particular proximity sensor has been identified as being most applicable in measuring tongue-palate distance along with contact and motion displacement across the stretch of the tongue in the oral cavity. Clarity is currently in the configuration and optimization of materials phase for the Alpha Prototype Version A with validation and reliability testing to follow. The final phase will be to submit for FDA Medical Device approval and secure a Healthcare Common Procedure Coding System (HCPCS) code. Recognizing the broad scope of clinical disciplines (e.g., speech language pathology, dentofacial orthopedics, respiratory therapy, sleep disorders) Clarity may reach, input from professionals throughout such clinical fields has been applied to its design and development. The viability of enhancing current OMD clinical practices by advancing diagnostic and rehabilitation practices is Clarity's focus.



3:30 - 4:30pm

### Learning Outcomes:

- 1) Review the swallowing function using video fluoroscopic swallowing study (VFSS) in obstructive sleep apnea patients
- 2) Observe various anatomo-physiological parameters applied to swallowing in patients with increased AHI
- 3) Analyze the relationship between oral transit time (OTT) and AHI and how myofunctional therapy can optimize OTT

Min-Keun Song, MD | South Korea

### (Poster) Evaluation of Swallowing Function in Obstructive Sleep Apnea Patients

Previous studies reported that some obstructive sleep apnea patients may present swallowing dysfunction, such as premature loss of food to hypopharynx, food stasis in the hypopharynx and laryngeal penetration. This study was aimed to evaluate the swallowing function using video fluoroscopic swallowing study (VFSS) in obstructive sleep apnea patients. The results of our study were as follows: 1) The mean swallowing parameters were within normal ranges in normal reference data. 2) There were no differences for swallowing parameters between moderate and severe groups ( $p > 0.05$ ). 3) The oral transit time (OTT) was correlated with AHI ( $r^2 = 3.814$ ,  $p = 0.050$ ), however the pharyngeal transit time, the pharyngeal delay time, and the laryngeal elevation were not correlated with AHI. We concluded that the OTT showed the correlation with AHI. Oropharyngeal function might reflect the severity of OSAS. Myofunctional therapy including oromotor facilitation and exercise should be needed for improving the OSAS.



4:00 - 4:30pm

### Learning Outcomes:

- 1) Relate 5 areas of impact from the presence of AFDs in childhood
- 2) Identify 5 orofacial myofunctional disorders as clinical markers for AFDs
- 3) Recognize appropriate referrals and management of AFDs within an interdisciplinary framework

Nicole Archambault Besson, MS, CCC-SLP | USA

### Breathing is 24/7: The SLP's Role in the Identification of Airway Function Disorders

Research continues to illuminate the impact of airway function disorders (AFDs) on a variety of childhood functions relevant to the practicing clinician. For young children, the consequences of unrecognized and unmitigated AFDs can have lifelong consequences to growth and development, overall health, quality of life, and childhood functions essential to tasks of daily living. When prioritizing the importance of human functions, there is nothing more important than the ability to breathe 24/7. SLPs have an emerging and unique role in the interprofessional collaboration of screening and management of AFDs. This session highlights relevant research, as well as the use of orofacial myofunctional disorders as clinical markers for the interdisciplinary screening of airway function disorders.



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4:45 - 5:15pm

**Learning Outcomes:**

- 1) Review the clinical characteristics of people who have epiglottitis collapse during sleep
- 2) Compare the characteristics of patients with the epiglottitis collapse to those who snore or have mild OSA
- 3) Identify therapeutic solutions for epiglottitis collapse during sleep

Hyung Chae Yang, MD, PhD | South Korea

**Epiglottitis Collapse and Obstructive Sleep Apnea – Preliminary Study**

We will present a study with the purpose to analyze the clinical characteristic of patients group who had only epiglottitis antero-posterior (AP) collapse without other site obstruction during drug-induced sleep endoscopy (DISE). Retrospective analysis of consecutive 377 DISE examinations was performed. Among them, patients who had only epiglottitis AP collapse on the DISE were designated as the isolated epiglottitis snorer group. In addition, every isolated epiglottitis snorer had 4 control matched according to age-sex, and were designated as OSA group. All patients underwent overnight polysomnography, cephalometry, nasopharyngoscopy and DISE. DISE was done under sequential manner; awake endoscopy, DISE with supine position, DISE with mandibular pull up maneuver and DISE with head turning. Dexmedetomidine and propofol were used for sedation, and DISE findings were analyzed according to the VOTE classification. Conclusions: The clinical characteristics of the isolated epiglottitis snorer are similar to those with simple snore or mild OSA. In addition, isolated epiglottitis collapse cannot be identified in awake endoscopy without DISE. So we recommend a DISE when a patient have simple snoring or mild sleep apnea but to complain severe snoring. In addition, we recommend oral appliance as a first line treatment for isolated epiglottitis snorer.



Sala 12

10:00 - 11:00am

**Learning Outcomes:**

- 1) Examine some aspects of preliminary assessment and treatment before and after surgery
- 2) Describe the role of orofacial myofunctional therapy during the rehabilitation of the patient
- 3) Identify connections between orthognathic surgery and posture

Thierry Gouzland, PT, OMT | France

**Contribution of Orofacial Myofunctional Therapy in an Orthognathic Surgery Team**

Patients with facial dysmorphism, significant malocclusion or obstructive sleep apnea may be candidates for orthognathic surgery, which is an important and long process for the whole body. The team that supports these patients must be multidisciplinary. Along with the surgeon and the orthodontist, the role of orofacial myofunctional therapist is nowadays very important, for a process that begins with a complete evaluation of the dysfunctions. The myofunctional treatment prepares the patient and, also, it takes place during hospitalization and after the surgery. The post surgery care involves promoting the acceptance of the new face, recovering and balancing functions and preventing recurrences. The consequences of the surgery are not only localized to the face, but research shows their impact on muscle tension and posture. So the myofunctional therapist must also have a global, holistic vision of the patient.



11:15 - 11:45pm

**Learning Outcomes:**

- 1) Use a framework for identification of sleep disorders and disordered sleep
- 2) Develop a 'conversational choreography', that can motivate friends and family to take sleep issues seriously
- 3) Develop a framework for understanding the imperative as health practitioners for identification of sleep problems

Sharon Moore, BS, SLP | Australia

**Sleep Disorders and Disordered Sleep: Getting Them Onto the Professional and Public Radar**

Professional and public awareness of sleep problems is increasing but many remain challenged by identification of a sleep problem either in themselves, their family, colleagues, patients or friends. Poor sleep can go on for so long it becomes the 'norm' thus perpetuating the many and significant co-morbidities of sleep problems. Furthermore, understanding whether a sleep problem is related to sleep hygiene or whether it is a diagnosable sleep disorder by a medical specialist including sleep-disordered breathing, remains elusive to many. Thus, sleep problems that are easily treated may go unnoticed and untreated ad infinitum. This presentation outlines a definition of good versus bad sleep, the physical, mental, emotional and social consequences of untreated sleep problems and the cost to society. It lays out a strategy for encouraging professional peers to have sleep problems 'on their radar' and to establish a local network of professionals who can work pro-actively together to identify and treat as soon as possible. In addition, by talking openly about this public health issue, telling the stories of treated sleep problems and the difference it makes to everyday life, the positive ripple effects across health, education, society, work, family and community, we can all contribute to creating greater public awareness about the 'epidemic' of sleep problems.



11:45 - 12:15pm

**Learning Outcomes:**

- 1) Develop a sleep formula and red flag system suitable for parents in health setting
- 2) Identify parents' perceptions that are incongruent with a child's actual sleep
- 3) Identify key features of sleep disordered breathing

Sharon Moore, BS, SLP | Australia

**(Poster) Sleep Literacy for Parents: A Paediatric 'Sleep Formula' and 'Red Flag System'**

The poster outlines a clinical study done in 2017, aimed at development and trial of a screening tool for use in paediatric health settings, which concurrently identifies kids at risk for sleep problems, provides a platform for parent education and in so doing, supports the International Pediatric Sleep Association goals to raise public awareness about paediatric sleep problems and their consequences. Two formulae were developed to assist parent understanding of sleep problems and how to recognise patterns in their own children. It also identified what parents' perceptions or misperceptions were about sleep. The outcomes suggested the screening tool was easy to use in any health setting, served well to identify parent perceptions and was able to flag sleep problems and/or the need for medical specialist input and allowed a segway to parent education.





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**12:15 - 1:15pm**

**Learning Outcomes:**

- 1) To identify the soft tissue relationships in the etiology of obstructive sleep apnea
- 2) To analyze the consequences of the MMA surgery on the orofaringeal soft tissues and for the orofaringeal functionality as well as for the mandibular muscle and TMJ functions
- 3) To identify the interference of the imbalanced soft tissues as a possible limitation for the results of the surgical procedures and to explore the possibilities of the OMT as an adjunct treatment after surgical procedures

**Esther Bianchini, PhD | Brazil**

**Interdisciplinarity approach in Obstructive Sleep Apnea (OSA): Effects of Orofacial Myofunctional Therapy (OMT) for Orthognathic Surgery Rehabilitation**

The studies published about myofunctional therapy related to Sleep Apnea (OSA) and related to the effectiveness of Maxillomandibular advancement (MMA) surgery in sleep apnea treatment suggest the importance of the soft tissue rehabilitation. Specific orofacial myofunctional therapy programs, including oropharyngeal exercises, as well as functional training therapy may be an effective treatment option for these patients. The OMT acts on the soft tissues and facilitates the results obtained with the surgical procedures, as well as it allows mandible functional stability, avoiding possible relapses or overload in the temporomandibular joint. In the maxillo-mandibular disorders that require orthognathic surgery to increase the size of the mandible or maxilla and consequently the space in the upper airway, OMT after surgery, such as MMA surgery, accelerates the recovery of the patient, organizes the oropharyngeal movements, orofacial musculature and leads to functional rehabilitation. The balance of the muscles stabilizes the results obtained with orthognathic surgery. What we see today in the research field reflects the credibility of interdisciplinary teams, as showed in many studies involving professionals from various different fields as co-authors. However, the first aspect to be pointed should discuss the relationship between interdisciplinarity approaches in research and in clinical procedures.



**2:30 - 3:30pm**

**Learning Outcomes:**

- 1) Identify common signs and symptoms related to allergic rhinitis, and mouth breathing in particular
- 2) Review some standardized tests and tools to identify the origin of mouth breathing
- 3) Link mouth breathing with SDB and review some therapeutic solutions to reduce the downstream effect on SDB

**Daniel Ng, MD | Hong Kong-China**

**Mouth Breathing in Children with SDB**

Mouth breathing is very common in children with allergic rhinitis or those with adenoid hypertrophy. It was not unusual for mouth breathing to persist despite treatment of the above. A standardized diagnostic approach will be presented in this symposium to allow identification of the reasons for the mouth breathing, ie. increased nasal resistance, adenoid obstruction, uvula obstruction, tongue or lip insufficiency. Treatment based on the underlying pathophysiology will be presented. The relationship between mouth-breathing and severity of SDB will also be presented together with the response to intervention that decrease mouth breathing and the downstream effect on SDB.



**3:30 - 4:30pm**

**Learning Outcomes:**

- 1) Identify impact of dysfunctional breathing pattern
- 2) Review assessment of dysfunctional breathing from a physiotherapist perspectives
- 3) Implement treatment of dysfunctional breathing with a multidisciplinary approach

**Regina Leung, PT | Hong Kong-China**

**Breathing Re-education Program for Asthmatic Children with Dysfunctional Breathing**

Dysfunctional breathing (DB) is common but it is frequently unrecognized due to the lack of clarity in the use of this term. It is defined as an alternation in normal biomechanical breathing pattern resulting in intermittent or chronic respiratory and/or non-respiratory symptoms. The incidence of hyperventilation was reported to be 29% and 36% respectively in asthmatic children. For those who suffered from exercise induced asthma, 26.9% of them were reported to have dysfunctional breathing. The program consists of 6 sessions of breathing re-education program (30 minutes each, 2 weeks apart). The content for the re-breathing education include Buteyko breathing exercise and postural re-education.



**4:45 - 5:45pm**

**Learning Outcomes:**

- 1) Identify the relationship between mouth breathing and OSAS
- 2) Identify the impact of mouth breathing on posture
- 3) Implement treatment of mouth breathing and realignment of posture

**Brigitte Fung, PT | Hong Kong-China**

**Mouth Breathing and Abnormal Posture in Childhood Sub-health**

Mouth Breathing is causally related to abnormal posture and narrower upper airway. The abnormal posture include malalignment of the head and neck with a head forward posture leading to tight neck muscles. Quantification of mouth breathing will be presented and a comprehensive treatment to abort mouth breathing with OMT and simultaneous re-education of the core muscle, thus improving the body alignment would result in correction of sub-health.



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## Aula Minor

9:00 - 10:00am

### Learning Outcomes:

- 1) Review the pathophysiologic change of sleep and sleep disordered breathing during pregnancy and the consequence of sleep disordered breathing on maternal and fetal outcomes
- 2) Examine the clinical presentation of sleep disordered breathing during pregnancy through performance of screening questionnaire and diagnosis of sleep disordered breathing
- 3) Apply current evidence of treatment of sleep disordered breathing and impact of treatment on pregnancy outcomes

Visasiri Tantrakul, MD | Thailand

### Sleep Disordered Breathing During Pregnancy: Current Evidence for Diagnosis and Treatment

Accumulating data indicated that sleep disordered breathing (SDB) during pregnancy is associated with many adverse maternal and fetal outcomes including gestational hypertension (GHT)/pre-eclampsia, gestational diabetes (GDM) and low infant birthweight. When women become pregnant, physiologic and hormonal changes predispose to development of new-onset SDB or exacerbation of the pre-existing SDB. The prevalence of SDB in high-risk pregnancy ranged from 20% to 35%, whereas the prevalence in general pregnancy was only 4.9%. Moreover, prevalence of SDB increases as pregnancy progressed from early pregnancy (30%) to 3rd trimester (47%). Early screening and treatment of SDB in pregnancy may help in reducing pregnancy complications and unwanted pregnancy outcomes. However, currently there is no standard guideline for screening despite its importance on adverse maternal and fetal outcomes. Data on efficacy of nasal continuous positive airway pressure (CPAP) treatment on pregnancy outcome are limited. CPAP also has been proposed as the adjunct therapy for pre-eclampsia based on the increase in airflow limitation that occurred in conjunctions with the increase in nocturnal blood pressure, and reduction in cardiac output during sleep. This symposium will focus on evidence from the existing studies regarding the diagnosis and treatment of sleep disordered breathing during pregnancy.



10:00 - 11:00am

### Learning Outcomes:

- 1) Review the soft palate muscles and their cytoarchitecture, the pre-terminal nerve fascicles morphology in soft palate, and the pharyngeal swallowing function
- 2) Review neurotrophins and their possible role within muscle fibers of soft palate
- 3) Identify how snoring can damage muscles and nerves of the soft palate thereby having an impact on pharyngeal function

Farhan Shah, BDS, MDS, PhD | Sweden/India

### Soft Palate Muscles, Nerves, and Pharyngeal Swallowing Function in Snoring and Sleep Apnea Subjects

I will highlight our recent findings showing changes in muscle cytoskeleton, nerve and its supporting structures and its impact on pharyngeal function (pharyngeal swallowing function) in snorers and sleep apnea subjects. The latest research was conducted at the laboratory of muscle biology, Umea University Sweden. A detailed explanation of the relationship between the soft palate muscles, the muscle cell cytoskeletal proteins, the nerve morphology, and the complexity of swallowing will be presented.



11:15 - 12:15pm

### Learning Outcomes:

- 1) Perform an adequate clinical evaluation based in different areas where the benefits of MT can be objectivated
- 2) Review the mechanisms by which MF may act in those different areas
- 3) Consider either in a preventive and curative way the use of MT by means of a validated protocol

Esther Bianchini, PhD | Brazil - Miguel Meira e Cruz, MSc, DDS | Portugal

### Impact of Functional Management on Neurocardiogenic Coupling- Mediated Cardiovascular Risk of Common Sleep Disturbances

Cardiovascular (CV) risk is an important rather critical issue in several sleep disturbances. Patients with disturbed sleep commonly have an increased CV risk which greatly depends on mechanisms related to neurocardiologic coupling during night time and particularly during sleep. As some of the CV disturbing mechanisms are of autonomic-reflex origin, resulting from either mechanical or chemical stimulus, and since myofunctional therapy aims to restructure tissues and muscles in order to promote positional standards as well as a better performance through physiological modulation of some mediators and neurotransmitters, achievement of some functional status is associated with a significant clinical improvement and a reduced CV risk. In this session those mechanisms are discussed and decision-making protocols are proposed.



12:15 - 1:15pm

### Learning Outcomes:

- 1) Review how specific orthodontic protocols in combination with MFT can participate in the resolution of OSA
- 2) Compare specific orthodontic treatment options that can be offered from infant to adult with persistent OSA
- 3) Review the role of MFT in treating OSA

Audrey Yoon, DDS, MS | USA

### Role of Orthodontic Intervention and MFT in OSA: From Infant to Adult

Most current sleep disordered breathing treatments have focused on changing the anatomy to increase the airway space. However, the ideal treatment approach should be early identification of the etiology and understanding the pathophysiology early to prevent diseases. Dr Yoon will discuss the orthodontic approach for modifying orofacial growth and development from infant to adult with newest technique to achieve ideal skeletal structures and to reprogram orofacial muscle function. Guideline and examples of orthodontic protocol with myofunctional therapy will be introduced for sleep breathing disorder management.



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2:30 - 3:30pm

**Learning Outcomes:**

- 1) Define the obstructive sleep apnea and list the levels of obstruction in upper pharyngeal airway
- 2) Analyze the structural (tongue volume, tongue fat) and functional changes (tongue protrusion force) in OSA patients
- 3) Discuss the effect of CPAP on tongue and soft palate and recognize the need for myofunctional therapy in OSA patients in early phase

Venkata Koka, MD, FRCSEd | France

**Structural and Functional Changes in Pharyngeal Soft Tissues in OSA**

Obstructive sleep apnea (OSA) represents a complex alterations of the upper airway passages with a principal event corresponds to the intermittent collapse of pharyngeal walls during inspiration. These obstructions may occur at multiple levels (retroglossal, retro palatal) and the mechanism of OSA is still not well known. Various morphological soft tissue alterations in the pharyngeal structures including tongue and soft palate were reported and explored by cephalometric, ultrasound and MRE (spin echo and Dixon images). Histological changes were studied in pharyngeal muscle such as middle constrictor and soft palate reduction of type I and type IIb fibers and an increase in type IIa fibers, hypertrophy of mucosal glands, edema of the lamina propria, atrophy of musculature and demyelination of peripheral nerve fibers, increased quantity of elastic fibers and collagen fibers in the extracellular matrix. These changes might be responsible for morphological alterations, which persist even after treatment with CPAP. As the intrinsic muscles of genioglossus and palatoglossus are important for maintaining the airway, studies compared the EMG of tongue in wake in OSA and normal subjects and also the tongue protrusion force and fatigability but did not correlated with AHI. The tongue protrusion not only measures the tongue but also the synergistic muscles. We need further studies to identify the predictive factors for OSA. As the author published that morphological changes are irreversible with CPAP, there is a need for myofunctional therapy as an adjunctive therapy as early as possible after the diagnosis of OSAs.



3:30 - 4:30pm

**Learning Outcomes:**

- 1) Investigate certain skeletal and dental characteristics in association of short lingual frenulum and SDB related symptoms
- 2) Evaluate whether oral breathing and snoring have a role in the aetiopathogenesis of malocclusions
- 3) Implement a multidisciplinary approach (pediatrician, allergist, ENT specialist, orthodontist, speech therapist) to allow early detection and timely treatment of dysfunctions that could avoid SDB consequences

Melania Evangelisti, MD | Italy

**Lingual Frenulum Evaluation in Children With and Without Sleep Disordered Breathing**

Recent evidence focused the attention on the presence of a short lingual frenulum in children with sleep-disordered breathing (SDB). The oral dysfunction induced by a short lingual frenulum can lead to oral-facial dysmorphism, which decreases the size of upper-airway support and increases the risk of upper-airway collapsibility during sleep. We evaluated 504 children, mean age  $9.6 \pm 2.3$  years, 277 male (55.6%). Short lingual frenulum (114 (22.6%) children) was associated with male gender, SDB, dento-skeletal malocclusions and more abnormal oral anatomy findings. Moreover, children with SDB and short lingual frenulum showed lower tongue strength measured by IOPI. Children with malocclusion and short lingual frenulum showed a higher odds ratio and 95% CI for symptoms OSA related [ $p < 0.000$ , odds ratio 10.40, 95% CI 2.80-39.00]. Conclusion: A short lingual frenulum is associated with malocclusion, risk factor for SDB, suggesting that an early multidisciplinary approach for screening SDB should be conducted when this anatomical abnormality must be recognized.



4:45 - 5:45pm

**Learning Outcomes:**

- 1) Name and locate landmarks used to measure the hard palate and pharynx
- 2) Evaluate changes in the dimensions of the hard palate and pharynx
- 3) State the differences between patients with obstructive sleep apnea and healthy subjects in terms of the palatal dimensions and pharyngeal airway dimensions.

Van-Thai Nguyen, DDS | Estonia

**Changes in the Palatal Dimensions and Structural Airway in Sleep Apnea Patients**

Obstructive sleep apnea (OSA) is one of the most common sleep disorders that characterized by repetitive collapse of the upper airway during sleep. The study aimed to investigate the association of OSA with dimensional changes of palate and structural airway.



Sala 10

Sala 10

9:00 - 10:00am

**Learning Outcomes:**

- 1) Review the laws of bone remodeling or Wolff's Law
- 2) Recognize limitations in movements, also defined as "somatic dysfunction"
- 3) Incorporate good understanding of normal oral dynamics into clinical care to bring better outcomes in the overall health of the patient

Virginia Johnson, DO, FAAO | USA

**Bone Morphology as the "Footprints of a Living Anatomy": How Motion Shapes the Oral-Pharyngeal Space**

Life manifests through physiologic motion. Movement shapes and maintains the structures of the living anatomy. Bone formation and calcification occurs along lines of stress, as described by the physiologic law of bone remodeling, Wolff's Law. The morphology of the bones of the face and teeth reflect in part the sum total of all actions made upon them. Scientific studies of human and animal bone confirm this principle. Multiple layers of movement take place within the oral pharynx, and all together, they development and maintain the health of the oral pharynx. Practical knowledge of normal movement and the ability to recognize limitations in physiologic movement, known as, somatic dysfunction, provides the clinician with a powerful tool for diagnosing disease, as well as the ability to determine the underlying functional causes of some clinical disorders, such as head pain syndromes, vertigo, tinnitus, sleep apnea. Embracing the motion concept in health and disease allows for more informed choices when medical, dental and therapeutic interventions become necessary.



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**10:00 - 10:30am**

**Learning Outcomes:**

- 1) Review the cortical representation of two swallow-related motor tasks, namely tongue protrusion (simulated dysfunctional swallowing) and tongue elevation (physiological swallowing) through the use of fMRI
- 2) Examine how tongue elevation and protrusion during swallowing activate a widely distributed network of cortical and subcortical areas
- 3) Review the cooperation of the motor components in planning tongue protrusion and elevation and refining oropharyngeal movements based upon sensory input by the cerebellum

**Fabio Scoppa, DO, PhD | Italy - Giuseppe Messina, MD | Italy**

**(Poster) Tongue Posture, Swallowing and Cerebral Areas Activation: A Functional Magnetic Resonance Imaging Study**

The aim of this study was to pinpoint the cerebral cortex regions implicated during swallowing by comparing brain activation areas associated with two different volitional movements. A number of 24 healthy subjects were examined through functional magnetic resonance imaging (fMRI) while performing two different swallowing tasks: protrusion and elevation. The precentral gyrus and the cerebellum were activated during both swallowing tasks while the postcentral gyrus, thalamus and superior parietal lobule could be identified as large activation foci only during the protrusion elevation task. During protrusion task decreased activations were also seen in the left-middle and medial frontal gyrus, right thalamus, inferior parietal lobule and the superior temporal gyrus. Tongue elevation activated a large volume of cortex portions within the left sub-gyral cortex and minor activations in both right and left inferior parietal lobules, right postcentral gyrus, lentiform nucleus, sub-cortical structures, the anterior cingulate and left insular cortex. The results suggest that tongue elevation and protrusion during swallowing activate a widely distributed network of cortical and subcortical areas. Understanding the swallowing patterns might help professionals to manage malocclusions incorrect swallowing and related disorders. As the author suggests that morphological changes are irreversible with CPAP, there is a need for myofunctional therapy as an adjunctive therapy as early as possible after the diagnosis of OSA.



**10:30 - 11:00pm**

**Learning Outcomes:**

- 1) Compare patients with or without orthodontic treatment and myofunctional therapy
- 2) Apply objective measurement to orofacial muscle function
- 3) Include myofunctional therapy in any orthodontic program to improve functional results

**Giuseppe Messina, MD | Italy**

**(Poster) Changes on Facial Muscles Strength in Children Aged 6-11 Years with Dysfunctional Swallowing**

Sixty-eight children with dysfunctional swallowing were enrolled for the study and assigned to one of the following two groups: 1) children who had received orthodontic treatment (OT) prior to the enrollment and children with OT at the moment of the assessment (OTG); 2) children who had never had OT (NO-OTG). All participants were subjected to: dental occlusion-class evaluation; swallowing function test; measurement of perioral forces using the Myometer 160 (MFT-Products; Matzendorf, Solothurn, Switzerland). The NO-OTG indicated values much more out of the normal range, however even the OTG showed dysfunctional strength levels of the facial muscles. Our results suggest that, in children with dysfunctional swallowing, OT also requires orofacial myofunctional therapy.



**11:15 - 12:15pm**

**Learning Outcomes:**

- 1) Identify clinical and instrumental correlations between dysfunctional swallowing, malocclusion, orocranio-cervical morphology, and general body posture
- 2) Review the nosographical entity called glosso-postural syndrome, type I and type II
- 3) Describe how the Glosso-postural syndrome is characterized by postural imbalance and dysfunctional swallowing

**Fabio Scoppa, DO, PhD | Italy**

**Glosso-postural Syndrome. The Relation Between Tongue Position and Postural Balance**

Dysfunctional swallowing is correlated not only with malocclusion and orocranio-cervical morphology, but also with the general body posture. The tongue is capable of perturbing postural balance due both to its connections with the key anatomical structures, and to other neurophysiological reasons. The hyo-glossus apparatus, owing to its links with the maxillaries, the skull, the cervicals, the scapula, the pharynx and the larynx, is the true "trait d'union" between the oral and postural functions of the body. The nosographical entity called glosso-postural syndrome is characterized by postural imbalance and dysfunctional swallowing. The most important traits of type I and type II glosso-postural syndrome are described.



**12:15 - 1:15pm**

**Learning Outcomes:**

- 1) Review principles of the crano-cervico-mandibular system, responsible for the head posture
- 2) Consider the tongue, mandible and hyoid bone as a more efficient anatomical and physiological combination for better diagnosis and treatment
- 3) Connect these three structures to swallowing and TMD conditions and disorders

**Giuseppe Messina, MD | Italy**

**The role of the Tongue Muscles in the Stomatognathic Biomechanics: The Tongue, Mandible, Hyoid System**

It is known that several temporomandibular joint disorders affect body posture. The stomatognathic system, also defined as crano-cervico-mandibular system, is responsible for the head postural control. This system has been considered, for many years, as composed by the temporomandibular joint, the ligaments connected to it and the masticatory muscles. However, there are no musculoskeletal interactions between these anatomical structures and the posterior region of the skull. Therefore, it should not be considered as a craniocervical arrangement. These observations lay the foundations for considering a new interpretation of such system as the "tongue, mandible, hyoid system". The functional connections of these three anatomical elements should contribute to understand, during diagnosis and clinical treatment, the functional implications in specific clinical conditions related to swallowing or temporomandibular joint.



**2:30 - 3:30pm**

**Learning Outcomes:**

- 1) Recognize the impact of mouth breathing in children's lives
- 2) Identify the links between day time mouth breathing and sleep disorders
- 3) Examine the impact of sleep disorders in children on the growth and development or the craniofacial and oral structures and functions

**Min Zhu, PhD, MSc | China**

**Obstructive Sleep Apnea and Hypopnea Syndrome in Children – View From an Orthodontist**

Obstructive Sleep Apnea and Hypopnea Syndrome (OSAHS) is relative to a series of diseases because of its hypoxemia on adults. But on children its first influence may be mouth breathing, which is connected to a dentofacial deformity known as "adenoid face". Sometimes it is irreversible. It is important for an orthodontist to detect OSAHS as early as possible, combining the treatment with ENT and, pediatricians and followed by an orthodontic treatment.





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**3:30 - 4:00pm**

**Learning Outcomes:**

- 1) Explore a solution for malocclusions from 3 years of age
- 2) Compare the GOA treatment without brackets vs traditional brackets
- 3) Achieve stability of orthodontic results without relapse

**Emanuela Favetti, MD | Italy - Renaud Xavier Dejean, DC, ICCSP | Italy**

**Global Orthodontics Approach: A Local Act For A Global Impact**

Global Orthodontic Approach (GOA) is an integrated system of patient care where the body is considered in its entirety and treated with orthodontic functional systems and manual medicine as a psycho-functional whole where each of its parts is interconnected with the others.



**3:30 - 4:30pm**

**Learning Outcomes:**

- 1) Examine a chart of the healing timing of various tissues after surgery
- 2) Review the range of exercises to promote tongue mobility before and after tongue tie release
- 3) Include the limitations and possibilities of the healing tissues into a myofunctional therapy program

**Sanda Valcu-Pinkerton, RDH | USA**

**(Poster) The Impact on Therapy of the Wound Healing Process Post Frenectomy**

Myofunctional therapy for the optimization of the tongue's movements after frenectomy actually begins before the surgical release. Doing so will assist the patient with tongue movements later on during the recovery phase. Depending on the modality of the tongue tie release (or even lip-tie release) the myofunctional therapy will begin either immediately after surgery or in subsequent weeks. However, it's important that the therapist is familiar with the timing of healing of various issues, which often includes a period of tissues restriction that may seem as if the surgery was unsuccessful or made things worse, when in reality is just a phase of the healing process. This poster will address the impact of tissue healing in deciding the appropriate myofunctional therapy plan and timing.



**4:45 - 5:45pm**

**Learning Outcomes:**

- 1) Examine the relationship between various stages of swallowing development from birth onward
- 2) Identify the various neurologic connections (cortical and subcortical) that influence swallowing
- 3) Identify ways to stimulate those neural connections through therapy

**Patrick Fellus, MD | France**

**From Suction Deglutition to Swallowing Deglutition Through Cortical or Subcortical Networks**

Dropping suction deglutition is necessary to build a physiological occlusion. For 60% of children it occurs by itself 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 a treatment, 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 by the cortical or the subcortical way, but the results will be different. According to Eric Kandel, Nobel Prize of Medicine in 2000, when this action comes from the cortical area there is a stimulation of neurotransmitters in our synapses in the short term memory, but when it comes from the subcortical area the child's brain creates new synapses which stimulate the long term one.



**Symposium on Tongue-Tie**

**Sala 11**

**9:00 - 10:00am**

**Learning Outcomes:**

- 1) Ascertain what we know about lingual frenulum and ankyloglossia
- 2) Determine what we didn't know
- 3) Determine what we would like to know

**Roberta Martinelli, PhD, SLP | Brazil**

**The Neonatal Tongue Screening Test: 4 years of Federal Law in Brazil**

The Neonatal Tongue Screening Test is a validated protocol for evaluating the lingual frenulum in infants. With a systematic application of the protocol, we developed remarkable researches showing the importance of early diagnosing ankyloglossia and performing the lingual frenectomy as soon as possible.



**10:00 - 11:00am**

**Learning Outcomes:**

- 1) Review qualitative and quantitative diagnosis of short lingual frenum in children and youths
- 2) Identify the body postural modification related to short lingual frenum
- 3) Explain which wavelength can be used for tongue tie release

**Giovanni Olivi, MD | Italy - Maria Daniela Genovese, MD | Italy**

**Short Lingual Frenum and Posture Modifications in Children, Youth and Adults**

The effects of tongue tie on the newborn growth are well known and range from a minimal maternal discomfort during breastfeeding, to severe newborn growth retardation. If the therapists failed to early diagnose a short lingual frenum, the correlated oro-facial development impairment can lead to a cascade of several malfunctions, that starts in children with atypical swallowing and speech impediment, may lead to oral breathing and craniofacial growth impairment and may also lead to sleep disorder during childhood and youth. During the life these alterations can be associated or cause other health problems, including postural modification and hypertension. Early detection and surgical intervention may prevent this vicious cascade from happening. Late diagnosis is commonly performed by different health operators such as pediatrician, myofunctional and speech therapists, as well as pediatric dentist and orthodontist. To solve this problem minimal invasive surgery can be performed with different techniques including laser. Laser technique is simple to perform and range from minimal frenum release to extensive frenotomy/frenectomy. However, myofunctional therapy must be always precede the surgical intervention to allow the patient to learn the correct muscular function that was never performed before, to complete the frenum release through a continuous stretching of the frenum as well as of the floor of the mouth and of the related fasciae.





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**11:15 - 12:15pm**

**Learning Outcomes:**

- 1) Review the impact of restricted tongue mobility on mouth breathing, sleep-disordered breathing, and cervico-facial pain
- 2) Analyze the results of our study showing high treatment success and very low complication rate with our functional frenuloplasty procedure
- 3) Identify the specific myofunctional and surgical guidelines that we have found to be an extremely critical aspect of the protocol for achieving a consistently positive and reliable outcome

**Soroush Zaghi, MD | USA**

**Lingual Frenuloplasty with Myofunctional Therapy: Experience with 350 Cases Validating an Indication of Tongue-tie Release for Mouth Breathing, Sleep-disordered Breathing, and Craniofacial Pain**

Ankyloglossia is a condition that limits the movement and extension of the tongue, either due to a restrictive lingual frenulum or a restriction in the genioglossus muscles. This condition has been shown to exacerbate the severity of sleep-disordered breathing, and cause issues with snoring and open mouth breathing as well as cervico-facial pain and tension. The purpose of this project is to show that myofunctional therapy coupled with the release of the lingual frenulum, can help relieve and improve these symptoms. In addition, the safety and efficacy of the functional frenuloplasty protocol will be assessed and improved upon, based on the feedback provided by patients. The study involved over 350 cases of lingual frenuloplasty seen in our practice over the last 2 years. Each patient was surveyed anonymously over the phone and by medical record review regarding any changes in their quality of life related to their health, their satisfaction, and any complications or pain due to the surgery. In addition, patients were surveyed on the effects of the treatment on their sleep, breathing, speech, and swallow patterns. Among 350 cases seen in our clinic, our treatment plan was shown to result in a 91% patient satisfaction rate and an 87% rate of improvement in patient quality of life through a reduction in severity of mouth breathing, sleep-disordered, breathing and/or myofascial tension. There was an overall minor complication rate of less than 5% with no major complications reported to date. These results show that the functional frenuloplasty protocol is safe and effective for the treatment of mouth breathing, sleep-disordered breathing, and cervico-facial pain in appropriately selected patient candidates. In addition, the study helped demonstrate specific myofunctional and surgical guidelines that we have found to be an extremely critical aspect of the protocol for achieving a consistently positive and reliable outcome.



**12:15 - 1:15pm**

**Learning Outcomes:**

- 1) Review the implications of a baby's restricted tongue tie on breastfeeding
- 2) Review clinical cases of babies who had their lingual frenum released
- 3) Identify the Lactation Consultant as a professional deeply involved in the assessment and subsequent treatment of the dyad mother-baby before and after tongue tie release

**Gina Weissman, DMDRN, IBCLC | Israel**

**A Case for Clipping, A Case for Waiting: Difficult Decisions in Clinic**

As far as anterior tongue tie is concerned, there is a vast body of knowledge that has been validated. As for posterior tongue tie, the scientific evidence is lacking and the assessment tools are not uniform among practitioners. This presentation aims to offer a unique perspective of an experienced Lactation Consultant who is also a dentist experienced in diagnosing and treating various types of tongue ties and has knowledge in myofunctional therapy. Clinical cases of babies with posterior tongue ties will be shown to demonstrate how exclusive breastfeeding can be achieved without surgical release. Cases of anterior and posterior tongue ties that had been released, although breastfeeding was going well, will also be shown. In these cases, additional factors were taken into account, such as the palate structure and the additional consequences that ankyloglossia may have later in life. In some cases of posterior tongue ties, good breastfeeding counseling can make the surgical release redundant. However, then we are left to consider conservatively what other effects ankyloglossia may have on the body.



**2:30 - 3:30pm**

**Learning Outcomes:**

- 1) Apply a thorough examination and diagnosis process to newborn with suspected tongue tie including anatomical considerations
- 2) Be prepared for rare complications such as uncontrolled bleeding
- 3) Review the surgeon's role in the tongue tie professional team

**Eyal Botzer, DMD | Israel**

**Restricted Lingual Frenum-Surgery and Management**

Early detection of a tongue tie and a subfunctional tongue in a newborn and early surgical intervention may prevent a vicious cascade of feeding and development from happening. It is suggested that every child will be screened for tongue tie soon after birth (The 2015 "Lingual inspection Law" in Brazil is the best example for such practice). Once tongue tie that requires surgery is diagnosed (using a validated screening tool) the newborn is referred to the surgical provider. Surgery in the newborn is mainly Frenotomy meaning the simple division of the frenulum. The procedure is considered simple, safe and efficient to correct the feeding problem. It should be done by a highly experienced provider that is releasing whole of the restrictive tissue, in a safe manner with consideration to the pain and discomfort of the patient, and high attention to prevent complication. In this presentation, we will focus on what is expected from the surgical provider to master: Anatomy, Proper observation and diagnosis, proper surgical skills and an understanding of the expected surgical result and the aftercare with a team approach.



**3:30 - 4:00pm**

**Learning Outcomes:**

- 1) Organize an Ankyloglossia unit in local Primary Health Care
- 2) Educate and train Health Professionals to diagnose/assess Ankyloglossia
- 3) Improve research on Breastfeeding

**Luis Ruiz-Guzman, MD | Spain**

**Benefits of Implementing an Ambulatory Intervention Unit of Ankyloglossia in Primary Care**

In recent years there has been much talk of ankyloglossia or tongue tie as a factor disturbing breastfeeding. It produces risks to the mother, such as sore or cracked nipples due to friction and mastitis, and the baby may suffer from inability to latch, weight loss due to ineffective suction, and other medium and long term disorders. In a small village around Barcelona, the referral of babies with difficulty of suction due to ankyloglossia to proper hospital services had delays to up to three months before surgery could be performed. This delay caused breastfeeding to end before the desired time. The arrival to the area of a paediatrician expert in ankyloglossia, together with the problems created by long delays, encouraged us to create the Ambulatory Intervention Unit on Ankyloglossia: UDIADEN in Prat de Llobregat in November 2016, which covers the three primary health care centers for the population. The activities of the unit, the characteristics of the area, the economic results of the project and other determining factors are presented. The improved duration of breastfeeding up to three months has been associated with the incidence of lingual frenulum interventions. Just from an economic point of view, creating the UDIADEN unit has generated savings of € 64728. The creation of this unit now provides benefits for both the users, by ensuring a more rapid intervention, ease of follow-up without hospitalization and improvement of breastfeeding, as well as for the institution for the economic benefit it derives and for the visibility it provides to the great work of Primary Care professionals.



LUNCH  
TIME  
1:15 - 2:30

POSTER  
SESSIONS  
Fri - Sun  
9am - 5pm  
In the  
Chiostro

Exhibit hall  
open all day

All coffee  
breaks are  
in the  
Chiostro

Exhibit Hall  
all day in the  
Sala Colonne

4:00 - 4:30pm

**Learning Outcomes:**

- 1) Identify a universal test for ankyloglossia
- 2) Select an individual best method for tongue tie diagnosis
- 3) Distinguish between someone's medical opinion and a diagnosis

Luis Ruiz-Guzman, MD | Spain

**Comparative Study of Diagnostic Methods of Ankyloglossia in the Infant**

Without a universal method of diagnosis of lingual frenulum and ankyloglossia the personal opinions of the different health professionals (pediatricians, pediatric surgeons, midwives, pediatric nurses, IBCL, lactation consultants, dentists, ENT) generate a great deal of controversy. We studied the four best known diagnostic methods for ankyloglossia published in our field to identify the most appropriate one for our daily practice: The assessment method by Alyson Hazelbaker (ATTLF 1993), the assessment method by Roberta Martinelli (TL 2012), the Lawrence Kotlow's assessment (TOTS 2015) and Jenny Ingram's method (2015 BTAT). The similarities and the different terminologies to describe the same situation were analyzed. The symptomatic aspects of the mother and the baby, the anatomo-physiology and the evaluation of lactation in the different methods were also studied. The conclusion of the study was that there is no agreement on defining ankyloglossia and although it has been known since ancient times, still there are no universal diagnostic methods for it.



4:45 - 5:45pm

**Learning Outcomes:**

- 1) Review the anatomy and physiology of the lingual frenum
- 2) Identify the impact of a restricted lingual frenum of basic oral functions and in particular on speech
- 3) Assess viable treatment to resolve limitations due to a restricted lingual frenum

Irene Marchesan, PhD, SLP | Brazil

**The Interference of Tongue-tie with Speech**

The human tongue is one of the most important yet least understood structures of the body. Tongue movements during speech are among the most complex motor activities and appear to be unique among mammals. Speaking each vowel and consonant requires accuracy in both, the spatial positioning of the tongue and the shape of its dorsal surface. The complex anatomy of human tongue is one of the reasons for the relative lack of research. As a result, the diagnosis and treatment of tongue disorders lags behind that for other structures of the head and neck. Each sound in different language requires a variety of tongue movements. This means that the tongue needs to be free to perform all the movements the sounds require. Adaptations are frequently made when there is not proper tongue elevation. The most frequent adaptations are: talking with the mouth half open and performing more mandible movements to compensate the poor tongue movements. Ankyloglossia or tongue-tie interferes with speech. The patient performs movements to compensate and/or adapt the sounds. The tongue adapts to the anatomical conditions. The most frequent adaptations observed are: excessive mandible movements, tongue between teeth, and down-positioned tongue. However, sometimes, these adaptations and/or compensations are not ideal. If the lingual frenulum is not released early, there will be probably speech alterations in the future. The most effective way to assess lingual frenulum is by using a specific frenulum protocol. This presentation aims to discuss the most relevant aspects related to tongue-tie and speech.



Sala 14

9:00 - 10:00am

**Learning Outcomes:**

- 1) Name two modalities of screening for orofacial myofunctional disorders
- 2) List two limitations of conventional approaches to evaluation and treatment of mouth breathing
- 3) Name two partnerships they could consider establishing in their home communities to help improve access to evaluation and treatment of mouth breathing

Kevin Boyd, DDS, MSc | USA

**Getting to Scale: The Need for Novel Approaches to Screening, Evaluation, and Treatment of Mouth Breathing**

In spite of its association with myriad deleterious health conditions awareness of mouth breathing as a health risk factor remains low among health practitioners and the general public. The paucity of providers with experience and training in the evaluation and treatment of patients with mouth breathing serves as an additional cause of delay in diagnosis and treatment. In this panel discussants will engage participants in a conversation about how patients are currently referred to them and will share experience with novel approaches to screening and evaluation tools to increase access.



10:00 - 11:00am

**Learning Outcomes:**

- 1) Identify malocclusion and myofunctional disorder traits that are detectable in early childhood and often co-morbid with sleep and breathing problems
- 2) Apply a combination of myofunctional risk assessment, orofacial myofunctional therapy (OMT) and orthodontic/dentofacial orthopedic intervention in early childhood, to improve or optimize sleep and breathing behaviors
- 3) Examine anthropological evidence from a well known archived skull collections, which seems to indicate that myofunctional disorder traits were likely not common prior to the Industrial Revolution

Kevin Boyd, DDS, MSc | USA

**Tongue, Skulls and Sleep: An Evolutionary Perspective on Orofacial Myofunctional Therapy**

Observation of skeletal specimens from the University of Pennsylvania's Museum of Anthropology seem to suggest that most people living around that time of the Industrial Revolution (early-mid 19th-Century) had well-developed airways and adjacent jaws that were large enough to easily accommodate their well-postured tongues and associated well-aligned anterior and posterior dentitions, inclusive of their wisdom teeth. Anthropologists have long reported that after their nearly 250,000 years of being anatomically modern, human jaw and facial volumes first began diminishing around the time of the advent of agriculture in the Middle East some 10-12,000 years ago. However, given evidence showing that markedly narrowed jaws and crooked teeth, commonly known as human malocclusion (HM), did not begin to appreciably appear in the skeletal record until around the mid/late-17th-Century, seemingly coincident with events peripheral to The Enlightenment, Scientific and Industrial Revolutions. HM seems most accurately described as an epigenetically-influenced trait (i.e. genetic-environmental) as opposed to being a primarily genetically-determined phenotype. While differing hypotheses have been suggested for HM's relatively 'sudden' appearance, a connection appears to exist between the prevalence of HM and lifelong dietary feeding behaviors, especially during the first years of infancy and early childhood. As many HM phenotypes are known to be comorbid with respiratory problems such as Obstructive Sleep Apnea (OSA), it seems reasonable to hypothesize that resolution of HM in early childhood might also help prevent future, and resolve existing, comorbid health disparities that are associated with mouth-breathing and unhealthy tongue and lip posture. Case studies will be presented as evidence in support of this hypothesis.



**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the  
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Exhibit Hall all day in the Sala Colonne

**11:15 - 12:15pm**

**Learning Outcomes:**

- 1) Identify the evolutionary and developmental risk factors leading to OSA
- 2) Analyze the negative impact that mouth breathing has on craniofacial growth and airway development
- 3) Discuss how to establish proper nasal breathing in order to optimize craniofacial growth and decrease airway resistance and collapse that leads to OSA

**Carlos Torre, MD | USA**

**Nasal Obstruction From a Developmental and Evolutionary Perspective**

From an evolutionary perspective, humans are at risk of developing obstructive sleep apnea (OSA). This risk continues to increase during the developmental process, particularly if the right conditions are not established early on. Nasal breathing is essential in order to optimize craniofacial growth and maximize the airway space, thus reducing the risk of developing OSA later in life. This discussion will focus on how mouth breathing, particularly during childhood, increase the risk of developing OSA later in life. We will also discuss how to establish proper nasal breathing in order to optimize craniofacial growth and decrease airway resistance and collapse.



**12:15 - 1:15pm**

**Learning Outcomes:**

- 1) Review the deficiencies of the AHI index
- 2) Explore what other methods are viable for control of the deficient airway
- 3) Determine that no one method can be beneficial to every patient and that methods

**Patrick McKeown, MA, BBE | Ireland - James Metz, DDS, FACD, ABDSD | USA**

**Beyond CPAP and AHI, the Restoration of Health**

The Apnea Hypopnea Index (AHI) is universally accepted as the clinical standard for accessing sleep, but why is there disagreement at the highest levels of academics? No version of CPAP can control the sympathetic tone, yet CPAP is considered the gold standard of care. The Sleep Apnea Cardiovascular Endpoints (SAVE) Trial conclusion was: "Therapy with CPAP plus usual care, as compared with usual care alone, did not prevent cardiovascular events in patients with moderate-to-severe obstructive sleep apnea and established cardiovascular disease." Considering the patients' intolerance to the therapy and the world's need to treat 1 Billion sufferers, how can CPAP continue to be the standard of care? The obvious answer is that new definitions of success/failure are required and new methods of control must become the standard of care. The presentation will dissect AHI indexing and describe other available metrics to consider. The emphasis will be placed on the discussion of other treatment options that are more cost effective and better tolerated by the patient.



**2:30 - 3:00pm**

**Learning Outcomes:**

- 1) Share research proposals on ankyloglossia in school age children
- 2) Review Laser treatment for ankyloglossia in children 5-14
- 3) Consider Laser use in Public primary Health Care

**Luis Ruiz-Guzman, MD | Spain**

**Project: Logopedic Evaluation of Laser Frenectomy in the Treatment of Ankyloglossia in Pediatric Age**

Poster-This is a still ongoing study to evaluate laser frenectomy as a tool to release ankyloglossia in children for the improvement of speech disorders, pronunciation, swallowing and breathing. Children from 5 to 14 years old who present a visible, measurable sublingual frenulum and any of the symptoms of ankyloglossia present at those ages have been enrolled in this randomized blind clinical trial using CO2 laser for tongue tie release. The evaluation of ankyloglossia included using Irene Marchesan's assessment protocol, assessment of lingual frenulum through visualization, history of related symptoms, audiometry, and filming. A comparison of the two groups (with laser release and without release) will be made, as well as a comparison of the before and after the procedure among all the participants. Being able to perform this procedure without general anesthesia, allows a faster improvement that can promote well-being in children who suffer from the symptoms of ankyloglossia. This study will examine other disorders that are usually associated with ankyloglossia, such as: hyperactivity, communication difficulties, dental alterations, sleep disorders, skeletal alterations, and many more.



**3:00 - 3:30pm**

**Learning Outcomes:**

- 1) Identify the key functions of chewing and dysfunctional chewing patterns and concomitant upper airway health problems
- 2) Implement clinic strategies for developing good chewing technique and a daily 'chew formula'
- 3) Integrate chewing therapy programs in the context of a total pro-active optimisation strategy for orofacial myofunctional health and craniofacial development

**Sharon Moore, BS, SLP | Australia**

**Chew Chew Chew: Why and How**

The art and daily habit of chewing has progressively diminished and in some cases dissolved over time, since our ancestors who had neither access to comminution: cutlery and cooking to reduce chewing necessity in daily food intake, amongst other factors. Anthropologist's draw the conclusion that the lost art of chewing has led to diminished jaw growth and size over time, resulting in limited space for eruption of wisdom teeth, and malocclusion that compromises upper airway morphology and airway functional integrity, particularly for nocturnal breathing. As part of a clinical oral health paradigm, integrating pro-active optimisation of chewing as well as correction of dysfunctional chewing patterns as early as possible in life is a key clinical goal for any health practitioners working in the upper airway. Whether it be through general patient education of more specifically; techniques to ameliorate better chewing function and habits over time.



**3:30 - 4:30pm**

**Learning Outcomes:**

- 1) This lecture will explain why it is so important for all dentists and dental hygienists to learn why myofunctional therapy is essential to successful patient care

**Joy Moeller, BS, RDH | USA**

**Myofunctional Therapy: An Essential Part of All Aspects of Dentistry**

Myofunctional therapy has recently been given notoriety with the advent of studies showing that this treatment may help patients with sleep apnea. Years ago, in the 1970's it was more widely used in all aspects of dentistry to assist the functions of the soft tissues to stabilize and work together with the hard tissues.



**4:45 - 5:45pm**

**Learning Outcomes:**

- 1) Describe the organization of the Sleep Team, the procedure for identifying patients who have not been diagnosed and the itinerary of care.
- 2) Analyze the main difficulties to achieve the adherence of patients to the treatment of OMT.
- 3) Identify available resources to promote greater adherence to treatment.

**Diana Grandi, MSc, SLP | Spain**

**The Inclusion of Myofunctional Therapy in the OSA Care Team and Adherence to Treatment**

"Since the end of the 90s, at least in Spain, Orofacial Myofunctional Therapy (OMT) has been a treatment aimed primarily at orthodontic patients. In relation to snoring and sleep apnea-hypopnea, its inclusion is very recent and disparate, and still very few health services that treat this pathology include OMT treatment. This presentation will explain the characteristics of a sleep unit that has incorporated Myofunctional Therapy, either as a complementary or first-choice treatment. The multidisciplinary care will be explained, including the difficulties encountered and the resources that facilitate the adherence of patients to treatment. The emphasis of this presentation will be on explaining some resources that can promote adherence to treatment.



**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the Chiostro

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Exhibit Hall all day in the Sala Colonne

## Sala 10

9:00 - 10:00am

### Learning Outcomes:

- 1) Explain the pathophysiology of obstructive sleep apnea, utilizing modern techniques of fluid dynamics and advanced technology.
- 2) Recognize the appropriate surgical technique prior to treatment, executing precise treatment, and how to manage possible complications
- 3) Implement the team approach for surgical patients in both pre-operative and post-operative phases of treatment.

Reza Movahed, MD | USA

### Intricacies in Surgical Management of Obstructive Sleep Apnea Patients

Obstructive Sleep Apnea (OSA) is a serious and life-threatening condition. Undiagnosed OSA could result in heart attack, stroke, high blood pressure, and more. Dr. Movahed's approach to OSA significantly opens the upper airway. In turn, this surgery results in a restored quality of life by eliminating detrimental health problems associated with Obstructive Sleep Apnea. This lecture will review the surgical approaches in management of OSA patients, including MMA, transoral robotic surgery for tongue base, and hyoid suspension techniques. Modern assessment and fluid dynamic evaluation of the airway will be stressed. Additionally, success rates and achievable goals with each surgical technique will be discussed along with the complications and their management.



10:00 - 11:00pm

### Learning Outcomes:

- 1) Review functional voice disorder etiology
- 2) Review how orofacial myofunctional therapy operates in cases of voice disorders
- 3) Review application of OMT in various types of patients

Andres Köster, SLP | Estonia - Risto Vaikjärv, MD | Estonia

### Orofacial Myofunctional Therapy for Treatment of Voice Disorders

Vocal disorders can occur with anyone regardless of their age or gender and it might have dramatic influence on person's everyday life and hobbies. The number of patients with vocal disorders have grown rapidly during last decades. While from 1996 to 2007 the Voce Center of Estonian East Tallinn Central Hospital diagnosed dysphonia in 647 patients, the number of patients in 2014 has grown up to 725. Most vocal disorders start from bad breathing patterns, lifestyle changes and long term incorrect voice usage. While working in the interdisciplinary team of Tallinn 4 Clinic with otorhinolaryngologists, psychiatrists and pulmonologists, I have seen and helped many patients, who had orofacial myofunctional problems.



11:15 - 11:45pm

### Learning Outcomes:

- 1) Examine the benefits and limitations of different testing devices for chewing
- 2) Describe various signs and symptoms of chewing disorders and how they can be described subjectively and objectively
- 3) Examine correlations between chewing disorders and TMJ disorders in order to formulate more precise diagnostic conclusions

Marco Antonio da Silva, PhD | Brazil

### Masticatory Function: Assessment Possibilities and Connection with Temporomandibular Disorders

Chewing is a complex orofacial activity resulting from a coordinated functioning of the masticatory muscles, temporomandibular joints and neuromuscular commands. This vital function can be affected by temporomandibular disorders (TMD), defined as a painful musculoskeletal syndrome, which impairs the same functioning chewing structures, as well as others trigeminal or extra-trigeminal sites. The aim of this presentation is show methods of chewing analysis in research, as well as to discuss the relationship between painful TMD and masticatory function. There is an intrinsic relation between painful TMD and alterations in masticatory functions, even though it is not possible to determine if these alterations occur as a consequence of the signs and symptoms of TMD, or if the reporting of pain and other signs and symptoms lead to these alterations. Therefore, the instrumental assessment of masticatory function in TMD patients by means of scientifically validated and reliable methods is of paramount importance.



11:45 - 12:15pm

### Learning Outcomes:

- 1) Analyze choking statistics and their relationships to poor food chewing
- 2) Explore the connections between dental occlusion, attention and chewing in the prevention of choking
- 3) Explore the connections between dental occlusion, attention and chewing in the prevention of choking

Sabina Saccomanno, MD, DMD | Italy

### Proper chewing as Choking Prevention

Fatal choking accidents are increasing in individuals of all ages, for different reasons, but some trends can be easily identified: babies and toddlers choke on both food and small non-food objects (marbles, toys, coins etc), teenage and adults choke mostly on food and the elderly choke on liquids and solids. According to the National Safety Council (NSC), in the US, choking is the 4th leading cause of unintentional death with over 5,000 deaths in 2015, of which, over 2,800 choking deaths happened in people over 75. A similar grim statistic can be found in the UK where the Office for National Statistics reported 289 deaths in 2016 as a result of choking. That is a 17% increase from the year before, with 85% of those deaths being caused by food. About 91% of all choking deaths were adults over 45 year of age. A statistical analysis of what kind of foods people choke on shows items, that by their very nature, require chewing: hotdogs and chunks of meat, sticky foods like white bread, peanut butter, popcorn or cake, pizza and hard candies. Factors that contribute to choking are usually poor dental occlusion or the presence of unstable dentures; poor chewing habits among other habits. By reviewing international standards on choking risks, and considering that not everybody is familiar with, or is comfortable in using the "Abdominal Thrust" anti-choking technique (also called the Heimlich Maneuver), a proposed 10-point, one-page Choking Prevention Checklist is described, and for each point its rationale is discussed, including strategies to self-monitor and improve chewing efficiency and safe liquid swallowing. The purpose is to save lives through education that professionals can and ought to provide to all their patients, as part of daily life preventative care.





**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the  
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Sala Colonne

12:15 - 12:45pm

## Learning Outcomes:

- 1) Review some of the principles that tie Greek philosophy to the scientific methods
- 2) Identify daily functions that can be improved by applying the principles of Greek philosophy
- 3) Compare the philosophical method of living with studies supporting its principles

Anastasia Vasileiu, DDS | Greece

**When Greek Philosophy Meets Science: An Ancient Model to Proper Eating and Wellbeing**  
Ancient greeks used to hold "symposiums" to drink together, eat slowly for hours and think together (philosophy). During symposiums their social skills, mental virtues (also called Aristoteles' virtues), awareness and physical performance were practiced until they became part of their daily life, as important features contributing to their health and well-being, while bad habits were identified and kept under control. This method is applicable even nowadays, through educational symposiums where people can socialize and learn from one another how to infuse small but cumulatively important elements to enrich their daily life and well-being. The ancient Greeks took advantage of science even without knowing much about its details: by eating together we mimic one another other through mirror neurons, which modulate our communal behavior and help us balancing both sides of our bodies. Moreover, social interaction is known to reduce depression and increase self care. By eating slowly, especially a wide variety of textures, we improve chewing, benefitting from dental occlusion and salivation, making it easier to digest and absorb the nutrients, preventing overeating and reducing the risk of choking and dysphagia. By participating in social physical activities we engage the whole body, from muscles to fascia to bones, improving balance, strength and bone density. By eating and practicing physical activities together we boost the social, emotional and spiritual needs of humans, thus improving quality of life. It seems that science nowadays is confirming what the ancient Greeks have been knowing all along and practitioners can nudge their patients toward better compliance and lasting well-being by combining scientific methods and life-style philosophy.



12:45 - 1:15pm

## Learning Outcomes:

- 1) Establish the need for a Functional Evaluation Screening Tool
- 2) Review the creation and purpose of FAIREST
- 3) Explain briefly each of the 21 aspects of the tool and discuss preliminary results of phase 1 with possible next steps

Cynthia Peterson, PT | USA

## FAIREST- Functional AIRway Evaluation Screening Tool: Pilot Study, Phase 1

FAIREST is a Functional AIRway Evaluation Screening tool designed to improve early identification and multi-disciplinary collaboration. Learn more about the 21 assessments used in FAIREST and the preliminary findings of phase 1 of this important study.



**Sala 11**

9:00 - 9:30am

## Learning Outcomes:

- 1) Review the current status of evidence of applied myofunctional sciences (AMS) and therapy
- 2) Identify pitfalls and strengths of the current level of evidence
- 3) Apply a more rigorous standard in publications, presentations and dissemination of information regarding AMS

Christian Guilleminault MD, DBiol, PhD | USA

## Personal Considerations on the Present and the Future of Myofunctional Sciences

There is still limited data that the scientific community at large will accept, in terms of applied myofunctional sciences (AMS), as there is virtually no long term follow-up data to support any claim. As a result, it would be easy for detractors to discredit this field, if the data is not rigorous or is not credible. It behooves to individual researchers and clinicians to make statements supported by validity. A rigorous evaluation of any article and presentation proposal is in order, to ensure the long term growth and development of AMS.



9:30 - 10:00am

## Learning Outcomes:

- 1) Discuss the results for the treatment of residual obstructive sleep apnea with rapid maxillary expansion, oral appliance and myofunctional therapy
- 2) Present the limitations of research in these treatment modalities
- 3) Propose new perspectives regarding these treatments

Almiro Machado Junior, DDS, PhD | Brazil

## Facial Orthopedic Treatments and Myofunctional Therapy in Pediatric Patients with Obstructive Sleep Apnea: Current and Future Perspectives

The treatment of choice for OSAS in childhood has been adenotonsillectomy (AT), which represents 15% of the total pediatric surgeries carried out in the United States. Recent studies showed that 60 -70% of children had residual OSAS even after AT. Recent meta-analysis study observed heterogeneous results in the short term and did not find a long-term results. Minimally invasive and adjuvant treatments have been proposed more recently: rapid maxillary expansion (RME), myofunctional therapy (MT), oral appliance (AO). Recent meta-analysis studies have observed that there are not enough randomized studies on the use of these methods in childhood OSAS. The treatments for OSAS tested to date: AT, RME, OA treat only the anatomy of oropharyngeal structures. We hypothesized that early mouth breathing alters the form (maxillary atresia, retrognathism) and also affects the soft structures: lips, tongue and muscles. Therefore, for the effective resolution of OSAS, it would be necessary to rehabilitate these facial structures, treating anatomy (AT, RME, OA) and function (MT).



10:00 - 11:00am

## Learning Outcomes:

- 1) The importance of collaborative relationships in jointly treating patients of all ages
- 2) Orthodontic treatments which focus on optimizing tongue space/airway and how this can improve rest oral posture for patients of all ages
- 3) The role of myofunctional therapy in areas previously deemed off limits for this treatment

William Hang, DDS, MSD | USA

## Journey From Non-Believer to Outspoken Advocate of Myofunctional Therapy

The lecture will outline the speaker's journey from an orthodontic education which ridiculed myofunctional therapy to frequent referral to and collaborative working with myofunctional therapists on patients of all ages. The need for myofunctional therapy will be illustrated for very young patients (under age 5) with poor rest oral posture, children from 5-10 undergoing Facial Growth Guidance treatment, adolescent patients with hyper-divergent growth patterns, TMJ/pain patients of all ages, and orthognathic surgery patients with and without OSA.





LUNCH  
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10:00 - 11:00pm

## Learning Outcomes:

- 1) Consider different approaches to science
- 2) Review the basics of evolution and ecology
- 3) Manage scientific uncertainty in a professional mode and when communicating with patients and the public

Paul Ehrlich, PhD | USA - Sandra Kahn, MD | USA

## Evolution and the Jaws Epidemics

This presentation will focus on the modern view of evolution and how it shows that malocclusion, sleep apnea, and all of the serious health impacts related to the latter are almost entirely a non-genetic response to the greatest environmental changes humanity has ever faced – the agricultural and industrial revolutions. Topics covered will include: Different approaches to science; Genes mutations and environments; Natural selection and genetic drift; Generation time; Epigenetics; Hybridization: The myth of daddy's big teeth and mommy's small jaws; Cultural evolution; Evolution and myofunctional therapy.



12:15 - 1:15pm

## Learning Outcomes:

- 1) Identify the relationship between malocclusions and SDB in children
- 2) Review the common ENT procedures that help restore nasal breathing in children
- 3) Summarize the most favourable dentofacial orthopaedic treatment outcomes for these children, once their nasal airway has been improved

Derek Mahony, DOrth, FICD, FACD | Australia

## The Crucial Role of Orthodontics in the Multidisciplinary Treatment of Pediatric OSAS

This study (my PhD research) followed 329 children between ages of 7-9 yo, who were referred to me for an orthodontic consultation by their general dentist. The purpose of the study was to see what combination of treatments would most reduce the impact of sleep disordered breathing, in the paediatric population. Based on the signs and symptoms of sleep disordered breathing problems, 326 patients had the standard orthodontic records of study casts, X-rays/CBCTs, extra oral and intra oral photographs, as well as a baseline sleep study (PSG). 305 sleep studies revealed mild to moderate sleep apnea. 21 patients PSG studies showed no OSA. The patients were assigned to 1 of 4 treatment groups, plus a control group who did not receive any treatment (group 5): 1) ENT surgery only, or 2) ENT surgery and Myofunctional therapy, with a night time appliance (myobrace) (MFT) or 3) ENT surgery and orthopaedics/orthodontics, and 4) ENT surgery, orthopaedics/orthodontics, MFT and a night-time appliance (myobrace). Sleep studies were performed for all patients, at baseline, and then after ENT intervention, after orthopaedic treatment, and finally after MFT. By comparing the results, the best outcome, for RDI reduction, was obtained when ENT surgery, myofunctional therapy and orthodontic therapy were used. Complete resolution of OSAs, in children, requires appropriate orthodontic treatment, such as maxillary development, maxillary protraction, and mandibular translation.



Sala 14

9:00 - 10:00am

## Learning Outcomes:

- 1) Describe the main characteristics of Cognitive Behavioral Therapy
- 2) Describe main components of behavioral and cognitive techniques for the treatment of sleep disorders
- 3) Describe guidelines of CBT treatment

Cinzia Vincenza Castronovo, PhD | Italy

## Cognitive Behavioral Therapy in Sleep Medicine

More and more the field of sleep disorders is addressing physiological, behavioural, psychological and environmental factors that interfere with good sleep. Cognitive-behavioral therapy (CBT) is supported by many published papers showing efficacy in treating different sleep disorders. Most often the behavioral components of CBT aim at educating patients on sleep principles offering instructions for eliminating bad habits and behaviors that are incongruent with good sleep. The behavioural modification often lead to improved sleep. The cognitive approach focuses on identifying, manage and change bad thoughts and beliefs about sleep that do not allow good sleep. Treatment is usually short and can be administered on an individual basis or in group. The efficacy is highly recognized and patients often report improved physical and mental well being.



11:15 - 12:15pm

## Learning Outcomes:

- 1) Identify the benefits of an earlier approach to craniofacial growth
- 2) Compare and contrast the benefits of starting interceptive orthodontics in toddlers vs older children
- 3) Observe the changes in children whose treatment started as toddlers

Marisa Santos, DDS | Argentina

## Treating Children Earlier

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 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. The question is: What is happening to our growing children? The Orthodontic community has a great responsibility with the growing patient and we have to spread this information around the world: prevent extractions, prevent surgery. After more than 25 years treating children, I can now affirm the advantages of early orthodontics and during this presentation I'll show many cases of the results of early interdisciplinary treatment. Now my treatments start earlier, with 2 year old kids, with excellent results to their face growth and airway.



11:15 - 12:15pm

## Learning Outcomes:

- 1) Review the prevalence of oral breathing and its impact on sleep apnea
- 2) Identify breathing pattern disorders in the patient population
- 3) Apply strategies to help adopt functional breathing patterns

Patrick McKeown, MA, BBE | Ireland

## Restoring Nasal and Functional Diaphragmatic Breathing in the Treatment of Sleep Apnea

Subjects over 40 years of age are six times more likely than younger subjects to spend more than 50% of their sleep time utilising oro-nasal breathing (Madronio 2001). Oral breathing increases the severity of obstructive sleep apnea via a number of mechanisms. Pharyngeal airway dimensions are lower in oral breathing than nasal breathing (Alves 2011) and with this an increase in upper airway resistance. There is also a marked reduction in upper airway dilator muscle activity when air bypasses the nose (Fitzpatrick 2002). Poor upper airway muscle responsiveness increases the duration of obstructive events, as greater stimuli are required to activate the muscles to terminate the obstruction (Deacon 2016). In addition, oral breathing results in greater use of the accessory muscles of respiration with reduced diaphragmatic amplitude. This reduces lung volume resulting in decreased stiffening and dilation of the pharyngeal airway (Jordon 2014). Finally, nasal nitric oxide plays a role in the maintenance of muscle tone, regulation of neuromuscular pathways in the pharyngeal muscles, spontaneous respiration, and sleep regulation (De Sousa 2014). Restoring nasal and functional diaphragmatic breathing is essential to addressing a number of mechanisms involved in sleep apnea.



LUNCH  
TIME  
1:15 - 2:30

POSTER  
SESSIONS  
Fri - Sun  
9am - 5pm  
In the  
Chiostro

Exhibit hall  
open all day

All coffee  
breaks are  
in the  
Chiostro

Exhibit Hall  
all day in the  
Sala Colonne

12:15 - 12:45pm

## Learning Outcomes:

- 1) Review the CPAP as the current common option for sleep disorder breathing
- 2) Compare the application of CPAP with the application of orofacial myofunctional therapy
- 3) Analyze the results of a meta-analysis on available comparative researches and its results

Eliana Rivera, MSc, SLP | Colombia

## Oropharyngeal Exercises More Effective in the Treatment of Obstructive Sleep Apnea, Based on Evidence

The most frequent treatment worldwide for people diagnosed with Obstructive Sleep Apnea Syndrome is the introduction of Positive and Continuous Airway Pressure (CPAP); however, cases of poor therapeutic adherence have been documented in CPAP users, which has motivated the search for alternatives. Orofacial Myofunctional Therapy (OMT) emerges as a novel treatment option, non-invasive, economical and easy to adapt, so the question arises about the effectiveness of this treatment and the evidence of the exercises that have achieved the best results. A Cochrane systematic review was developed. The questions were constructed using the framework PICO and the selection of articles was made with the PRISMA methodology. The articles were subjected to selection, screening and inclusion process following the PRISMA flow diagram, resulting in 50 articles that answered the research questions. OMT offers an alternative treatment in cases of mild OSAS, especially through upper airway (UA) muscle training providing a cost effective and easy to implement treatment. Although studies on the effectiveness of OSAS intervention through OMT have been increasing, there is still not enough scientific evidence to define the most effective maneuvers, techniques and oropharyngeal exercises.



12:45 - 1:15pm

## Learning Outcomes:

- 1) Analyze the prevalence of certain noxious habits and sleep disorders among university students
- 2) Review the impact of sleep quality on students' performance
- 3) Draft proposals for universities to address these issues, especially sleep disorders to facilitate learning and academic performance

Heriberto Rangel, MSc, SLP | Colombia

## Sleep Disorders in University Students, A Look From the Speech and Language Pathology

This study was to determine the prevalence of sleep habits, alcohol consumption, nicotine and marijuana in university students. Descriptive, cross-sectional study in a university population using the Fagerström Test, the Oviedo Sleep Questionnaire and the Cage Camouflaged Questionnaire, applied to a stratified sample of 502 people. Prevalence of sleep disorders 0.77; there were 3 groups with different sleep habits, group 1 consisting of 257 people reported insomnia, group 2 with 133 participants reported daytime hypersomnia, and group 3 with 112 reported subjective sleep satisfaction. Habits show association with the faculty in which they study. The prevalence of alcohol consumption is 0.51; of nicotine 0.441 and 90% of those interviewed have consumed marijuana at least once. The associations between the groups with the faculties indicate a relation between study habits and the subjective perception of sleep, this configuration allows to understand sleep disorders as public health problems within the university environment. Universities should develop actions to prevent sleep disorders as part of their welfare policies based on the evaluation and improvement of student learning and work practices.



## Symposium and Panel Discussion

Sala 11

2:30 - 3:30pm

## Learning Outcomes:

- 1) Summarize most strategic approaches of MT specifically designed to treat SDB
- 2) Establish evidence that defines frequency and duration of MT to sustainably treat SDB in children and adults
- 3) Identify ideal settings to administer MT, comparing attended sessions vs. non attended sessions at home

Marc Richard Moeller, BA, | USA

## (Symposium Moderator & Presenter)- Expanding Applications of Myofunctional Therapy In Sleep Disordered Breathing (SDB)

Myofunctional therapy (MT) has emerged to play a promising role to treat sleep disordered breathing (SDB) in both adults and children. Recent evidence demonstrates that MT decreases the apnea-hypopnea index, the most common index of SDB, by approximately 50% in adults and 62% in children. Additional indices of SDB known to improve with MT include frequency of snoring, degree of sleepiness and improvements in lowest oxygen saturations, snoring. Despite a lack of well constructed randomized control trials, MT is currently reserved as adjunctive therapy rather than single therapy to treat SDB. While broader implementation of MT in the context of SDB treatment has been limited by a lack of quality evidence, additional limitations include a broad heterogeneity of strategies used to administer MT, including variations in exercises taught, settings of teaching and administering MT, frequency and finally duration of MT. In addition, reimbursement practices vary considerably and likely contributes to much of this heterogeneity. In this symposium we will put together a group of clinicians and myofunctional therapists from across the globe to discuss their experiences with MT in treating SDB. As it is sought to be uniform to how to deliver MT effectively from both a clinical and cost effective perspective, the goal of this symposium is to attain a consensus amongst experts in the field to lead to broader implementation of MT in well constructed randomized control trials.



3:30 - 4:30pm

## Learning Outcomes:

- 1) Use oropharyngeal exercises to integrate medical and surgical treatments for OSA in children
- 2) Use a validated protocol and standardized oropharyngeal exercises
- 3) Advocate for children with sleep disordered breathing to receive a multidisciplinary approach and treatment

Maria Pia Villa, MD | Italy

## Oropharyngeal Exercises: Modification of Stomatognathic System

"Obstructive sleep apnea (OSA) in children is a sleep breathing disorder characterized by prolonged partial upper airway obstruction and/or intermittent complete obstruction that disrupts ventilation during sleep and sleep patterns. Untreated pediatric OSA may result in various problems, such as cognitive impairment, attention and hyperactivity disorder, poor academic achievement, and cardiovascular and metabolic complications. 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 paediatric 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 children with OSA. We propose to evaluate stomatognathic system through a validated protocol and to investigate the role of oropharyngeal exercises in the management of children with sleep disordered breathing.



3:30 - 4:30pm

James Beddows, TDP, CEO | USA

**Learning Outcomes:**

- 1) Review how industry crowd sourcing innovation helps closing their innovation gaps
- 2) Describe how the same process can be applied to health care
- 3) Demonstrate how the process can be applied to Myofunctional Therapy—to accelerate its speed to market and amplify its socio-economic impact

**How Adjacent Innovation May Enable Myofunctional Therapy As A Disruptive Force in Health Care**

Global 2000 corporations are crowd sourcing innovation from the global pipeline of startups to create novel applications to more quickly address their growing innovation gaps. The same process can be extended to health care initiatives to accelerate their speed to market and amplify their socio-economic impact.



4:45 - 5:45pm

Athanasios Zavas, DMD, DDS, DRMEDSC | USA

**Learning Outcomes:**

- 1) Identify the unmet needs of children as they relate to functional oral outcomes
- 2) Describe group team membership and responsibilities
- 3) Identify the subtle differences between the current model and the team-based model in terms of operations

**Team-based Pediatric Dental Practice to Address Dental Disparities: The Need for Myofunctional Therapy**

Boston University Goldman School of Dental Medicine is the recipient of a federal grant from the Health Resources and Services Administration of the U.S Department of Health and Human Services to create a new inter-disciplinary, team-based model of pediatric dental care. The aim of the project is to address disparities in pediatric care, especially for urban under-served youth or children with disabilities. The project has over three years of follow up and has resulted in important findings that are reshaping how dental care is organized. Most importantly, research shows that significant gaps in knowledge exist on issues of oral health functions between the various specialties that treat children (registered dietitians, speech pathologists, nurses, and pediatricians). Healthcare providers have positive attitudes towards inter-professional practice and interactive team-based co-located care leads to improved quality and continuity of care for the most vulnerable children and provider satisfaction. While this new model is promising, significant barriers have also been identified and will be discussed.



4:45 - 5:45pm

Candy Sparks, BA | USA

**Learning Outcomes:**

- 1) Ensure that the causes and not just the symptoms of a disorder are addressed
- 2) Improve affordability and access to providers by promoting a multidisciplinary approach to orofacial disorders, including malocclusion
- 3) Reduce the psychological devastation of the very young or teenage child due to crippling disfunction by keeping into consideration the experience of the patient

**Class II Malocclusion and Breathing Deprivation: A Case Study from the Point of View of a Patient's Family**

The concept of Evidence Based Practice (EBP) implies published research from peer reviewed journals, the practitioner's experience and the patient's preference and input. This presentation focuses on the treatment of a complex class II malocclusion from the point of view of the patient's family and advocates for a multidisciplinary assessment and treatment from the very beginning. This presented case illustrates the difficulties most patients endure when they have to go through a chain of clinicians whom hardly or never consult with other clinicians from different disciplines during diagnostics. A multidisciplinary approach is thus desirable and needed or are the patients who pay the price.



**LUNCH TIME**  
1:15 - 2:30

**POSTER SESSIONS**  
Fri - Sun  
9am - 5pm  
In the Chiostro

**Exhibit hall open all day**

All coffee breaks are in the Chiostro

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## Workshops

## Aula 10

9:00 - 5:15pm

## Learning Outcomes:

- 1) Create a pro-active approach with early intervention for minimizing or eliminating of myofunctional disorders
- 2) Examine options for restricted oral tissues: both Pre and Post-surgical release and the influence on fascia, muscle patterns, teeth, neuro-plasticity and finally restoration of normal function
- 3) Develop a treatment plan understanding why and how to include myofunctional therapeutic techniques both Pre and Post-MMA Surgery to insure greater stability and long term success

William Hang, DDS, MSD - Joy Moeller, BS, RDH - Reza Movahed, MD | USA

## Effective Interdisciplinary Treatment For Airway/Breathing Disorders For Patients Of All Ages

With an epidemic of airway/breathing disorders producing OSA for patients of all ages the need has never been greater for effective team approaches to combat this problem. This presentation will outline how a team approach of myofunctional therapy, orthodontics, and orthognathic surgery can effectively treat these disorders for patients of all ages. Myofunctional therapy and tongue tie revision is the first line of defense and may solve the airway/breathing problem with no other treatment needed. Developing the face forward in children age 10 and under has shown airway/breathing improvements. Innovative non-retractive orthodontic techniques have also been shown to improve airway/breathing in adolescents and adults. For those who have had extraction/retraction orthodontics, non-surgical orthodontic treatment to re-open extraction spaces has been shown to improve airway/breathing and even eliminate OSA. Finally, orthognathic surgery can be an answer for airway/breathing disorders in patients where more conservative treatment was missed or ineffective. Joy Moeller (Myofunctional therapy), Dr. William Hang (Orthodontics), and Dr. Reza Movahed (Orthognathic Surgeon) will present a team effort for effective treatment for patients of all ages.



## Sala 14

9:00 - 5:15pm

## Learning Outcomes:

- 1) Examine breathing pattern disorders in children and adults with sleep disordered breathing
- 2) Perform exercises to decongest the nose and techniques to help restore nasal breathing
- 3) Assess the relationship between breathing and dentistry and how this therapy method will become the inevitable standard of care

Patrick McKeown, MA, BBE | Ireland - James Metz, DDS, FACD, ABDSD | USA

## Practical Approaches to Addressing Breathing Pattern Disorders in Obstructive Sleep Apnoea

"In this workshop we'll explore the why the current treatment of sleep apnea utilizing CPAP and the determination of severity with AHI is archaic. Not addressing the suffering of the world's 1 Billion patients with Obstructive Sleep Apnea is not acceptable care! Workshop topics: Functions of nasal breathing and detrimental effects of oral breathing on sleep—Examine the link between BPD and sleep apnea—Breathing re-education tailored for children and adults—Practical application to teaching each breathing exercise—The oral appliance is a quick and easy way to begin the process, but knowing the intricacies of an acceptable appliance is not obvious. Oral Cavity Volume is king, the tongue must either be in the mouth or the throat....let us keep it in the mouth with the use of breathing exercises"



## Sala 12

9:00 - 1:15pm

## Learning Outcomes:

- 1) Describe the main components of cognitive behavioral therapy (CBT) in clinical application
- 2) Discuss manners of dissemination of CBT as a tool for education on sleep and put it into clinical practice
- 3) Review how CBT may be applied in clinical application for myofunctional therapy

Cinzia Vincenza Castronovo, PhD | Italy - Samantha Weaver, MS | USA

## The Role of Cognitive Behavioral Therapy for Enhancing Myofunctional Therapy Results in Sleep Disordered Breathing Patient Populations

More and more the field of sleep disorders is addressing physiological, behavioural, psychological and environmental factors that interfere with good sleep. Cognitive-behavioral therapy (CBT) is supported by many published papers showing efficacy in treating different sleep disorders. Most often the behavioral components of CBT aim at educating patients on sleep principles offering instructions for eliminating bad habits and behaviors that are incongruent with good sleep. The behavioural modification often lead to improved sleep. The cognitive approach focuses on identifying, manage and change bad thoughts and beliefs about sleep that do not allow good sleep. Treatment is usually short and can be administered on an individual basis or in group. The efficacy is highly recognized and patients often report improved physical and mental well being. Orofacial Myofunctional Therapy has proven very successful in the treatment of sleep disordered breathing. This workshop proposes to update the curriculum of OMT education and treatment to include CBT for faster, more stable outcomes with greater patient quality of life.

LUNCH  
TIME  
1:15 - 2:30All coffee  
breaks are  
in the  
ChiostroEvaluation  
forms,  
sign-out  
sheets for  
CEUs,  
certificate of  
attendance  
after each  
workshop



# Satellite Symposium

## Recap of the 3rd AAMS Congress: Research Priorities, Screening Tools, and Public Health Projects for Orofacial Myofunctional Therapy

**09:00-13:00**

Chaired by Marc Richard Moeller, USA

**09:00-10:45**

**Research priorities for myofunctional therapy,**

Facilitated by Marc Richard Moeller & Maria Pia Villa, Italy

- Translational Research
- Validation of myofunctional therapy treatment protocols
- Multinational, randomized controlled trials
- Passive Myofunctional Therapy, James Bronson, DDS, USA
- Myofunctional therapy for infants, Michelle Price Emanuel, OT, USA

**10:45 Break**

**11:00-12:00**

**Screening Tools: Creation and validation**

Facilitated by Marc Richard Moeller and Oliviero Bruni, MD, Italy

- Creation of the BRUNI sleep questionnaire; what we can learn for OMT
- A vision for a universal screening tool
- FAIRest screening tool, Cynthia Petersen, PT, USA

**12:00-12:30**

**Public Health Projects: Initiatives and Priorities,**

Marc Richard Moeller and Howard Hindin, DDS, USA

- Frenum Screening Laws: Teste da Linguinha as a multinational model
- Public Health Initiatives and International Cooperation: Fatema Alakri, MD, Bahrain

**12:30-13:00**

**Recap and Conclusion**



### Location:

#### Sapienza University of Rome

JPALAZZO DEL RETTORATO (Palace of the Provost)  
Piazzale Aldo Moro 5 - 00185 Roma

Building CU001, Multimedia Room, Ground Floor



This will be a forum open to all at no charge. We will encourage input from the group and lively discussion. We will review and digest key findings from the 3rd AAMS Congress, with priority around guidance for next steps in research, screening tools, and public health projects.

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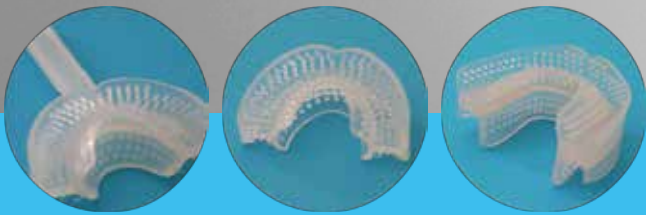


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# FINANCIAL DISCLOSURES

**Víctor Abdullah, MD**  
Requested—

**Nicole Archambault Besson, MS, CCC-SLP**

**Financial**—Founder & Executive Director, Minds In Motion, pediatric speech-language pathology, orofacial myofunctional therapy, & sleep literacy clinic. Teaching Assistant, Graduate School of Education, Johns Hopkins University **Non-Financial**—Executive Committee, Academy of Applied Myofunctional Sciences (AAMS). Member, American Academy of Physiological Medicine and Dentistry (AAPMD) Section Leader: Myofunctional Therapy, (AAPMD) Member, American Speech-Language Hearing Association (ASHA) Member, International Pediatric Sleep Association (IPSA)

**James Beddows, TDP, CEO**  
Requested—

**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. **Non-Financial**—Dr. Bianchini is president of the SLP Department of the Brazilian Society of Sleep (ABSono), Board Member of the AAMS and is a member of SBF, ABRAMO, AAMS, and IAOM. She serves on the editorial board of the CEFAC Journal and CoDAS.

**Eyal Botzer**

**Financial**—Bam-Medical LTD ; Property rights, Royalty, Owner **Non-Financial**—Dr. Botzer has no relevant non-financial disclosures to report.

**Kevin Boyd, DDS, MSc**

**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.

**Timothy Bromage, PhD**  
Requested—

**James Bronson, DDS, FIAO**

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

**Steve Carstensen, DDS**

**Financial**—Dr Carstensen receives consulting fees from MedMark Media LLC as the Editor-in-Chief of the Dental Sleep Practice Magazine. He receives consulting fees for product development for, and ownership interest from, the company SleepArchITx. He receives ownership interests from, and consults on product development for, the company Resonae Inc. He receives ownership interests from, and consults on product development for, the company Beddr Sleep. He receives honoraria for teaching and speaking from the company Kavo Kerr Group. **Non-Financial**—Dr. Carstensen has no non-financial relationships to disclose.

**Cinzia Vincenza Castronovo, PhD**  
Requested—

**Yue Weng Cheu, BDS, FRACDS, MJDF, RCS**  
Requested—

**Rosalba Courtney, ND, DO, PhD**  
Requested—

**Marco Antonio da Silva, PhD**  
Requested—

**Renaud Xavier Dejean, DC, ICCSP**  
Requested—

**Gianluca Depriori, PT**

**Financial**—Mr. Depriori has no relevant financial relationships to disclose. **Non-Financial**—Mr. Depriori has no relevant non-financial relationships to disclose.

**Paul Ehrlich, PhD**  
Requested—

**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.

**Emanuela Favetti, MD**  
Requested—

**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.

**Lorenzo Freschi, PT**  
Requested—

**Brigitte Fung, PT**  
Requested—

**Maria Daniela Genovese, MD**  
Requested—

**Thierry Gouzland, PT, OMT**

**Financial**—Thierry Gouzland is an independent contractor with Polyclinique Bordeaux Tondou for which he receives financial compensation. **Non-Financial**—Mr. Gouzland is Vice President and Board Member of the SIKL Societe Internationale de Kinesitherapie Linguale

**Diana Grandi, MSc, SLP**

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

**Christian Guilleminault MD, DBiol, PhD**

**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. **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).

**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. **Non-Financial**—Dr. Miho Imamura is a Board Member of the AAMS and is a member of the Japan Society for Oral Myofunctional Therapy.

**Triin Jagomagi, PhD, DDS, MSc**

**Financial**—Dr Jagomagi has no relevant financial disclosures. **Non-Financial**—Dr. Jagomagi is a Board Member of the AAMS and has no other relevant non-financial disclosures.

**Virginia Johnson, DO, FAAO**

**Financial**—Financial—Dr Johnson has no relevant financial disclosures. **Non-Financial**—Dr. Johnson is a Board Member of the AAMS and has no other relevant non-financial disclosures.

**Sandra Kahn, DDS, MSD**

**Financial**—Dr. Kahn is the owner of FORWARDONTICS/KAHN BOW from which she derives ownership interests. **Non-Financial**—Dr. Kahn has no non-financial relationships to disclose.

**Sharon Keenan, PhD**

**Financial**—Dr. Keenan has ownership interest in The School of Sleep Medicine. Inc. She also receives honoraria for the AOMT for lectures and courses. **Non-Financial**—Dr.



# FINANCIAL DISCLOSURES

Keenan is an unpaid At Large AAMS Board Member and has no other relevant non-financial relationship to disclose.

## Venkata Koka, MD, FRCSEd

**Financial**—Founder and owner; The School of Sleep Medicine, Inc. received honoraria for lecturing for AOMT there are no conflicts.

## Andres Köster, SLP

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

## Regina Leung, PT

Requested—

## Lin-In Lim, DDS

Requested—

## Steven Lin, MD

Requested—

## Almiro Machado Junior, DDS, PhD

**Financial**—Dr. Machado Junior has no relevant financial relationships to disclose. **Non-Financial**: Dr. Machado Junior has no relevant non-financial relationships to disclose.

## Derek Mahony, BDS, MDS, MOrth

Requested—

## Irene Marchesan, PhD, SLP

**Financial**—**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 she is the current President of the Academy of Applied Myofunctional Sciences.

## Roberta Martinelli, PhD, SLP

Requested—

## 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.

## Miguel Meira e Cruz, MSc, DDS

Requested—

## Maria Mejia Guerrero, SLP

Requested—

## Giuseppe Messina, MD

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

## Ludovico Messineo, MD

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

## James Metz, DDS, FACD, ABDSM

Requested—

## Joy Moeller, BS, RDH

**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 Advisors of the AAMS (Academy of Applied Myofunctional Sciences) and the board of the AAPMD (American Academy of Physiological Medicine and Dentistry).

## Marc Richard Moeller, BA

**Financial**—**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, SLP

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

## Reza Movahed, MD

Requested—

## Daniel Ng, MD

Requested—

## Van-Thai Nguyen, DDS

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

## Giovanni Olivi, MD

Requested—

## Cynthia Peterson, PT

**Financial**—Mrs. Peterson has no relevant financial relationship to disclose. **Non-Financial**: Mrs. Peterson has no relevant non-financial relationship to disclose.

## Paola Pirelli, MD

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

## Antonella Polimeni, MD, PhD

**Financial**—Dr. Polimeni is the owner of a patent: "ANTIMICROBIAL DENTAL BASED GRAFENE ADHESIVE". **Non-Financial**—Dr. Polimeni has no relevant non-financial relationship to disclose.

## Heriberto Rangel, MSc, SLP

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

## Elana Rivera, MSc, SLP

**Financial**—Dr. Zaghi receives honoraria for speaking and teaching from the AOMT. **Non-Financial**—Dr. Zaghi has no relevant non-financial relationships to disclose.

## Luis Ruiz-Guzman, MD

Requested—

## Sabina Saccomanno, MD, DMD

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

## 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.

## Fabio Scoppa, MD

Requested—

## Florence Sekito, MSD, PhD

Requested—

## Farhan Shah, BDS, MDS, PhD

Requested—

## Crís Simmons, DDS

**Financial**—Dr. Simmons receives speaking and teaching honoraria from the Facial Beauty Institute. **Non-Financial**—Dr. Simmons is a non paid member of the Board of the American Association of Craniofacial Pain (AACP) and of the American Board of Craniofacial Pain (ABCP).

# FINANCIAL DISCLOSURES

**Min-Keun Song, MD**

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

**Candy Sparks, BA**

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

**Visasiri Tantrakul, MD**

**Requested**—

**Corinne Thery, 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.

**Carlos Torre, MD**

**Requested**—

**Risto Vaikjärv, MD**

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

**Sanda Valcu-Pinkerton, RDH**

**Requested**—

**Heidi VanRavenhorst-Bell, PhD, CPT, CNG**

**Financial**—Dr. VanRavenhorst -Bell is employed by Wichita State University and receives intellectual property rights and exclusive licence rights from Wichita State University for health technologies, grants and in-kinds. .

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

**Anastasia Vasileiu, DDS**

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

**Maria Pia Villa, MD**

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

**Samantha Weaver, MS**

**Requested**—

**Gina Weissman, DMD, RN, IBCLC**

**Requested**—

**Hyung Chae Yang, MD, PhD****Requested**—**Audrey Yoon , DDS, MS | USA**

**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**

**Financial**—Dr. Zaghi is in private practice; receives honoraria for speaking and teaching from the AOMT. **Non-Financial**—Dr. Zaghi is an At Large Board Member of the AAMS and has no relevant non-financial relationships to disclose.

**Athanasios Zavas, DMD, DDS, DRMEDSC**

**Requested**—

**Min Zhu, PhD, MSc**

**Financial**—Dr. Zhu holds 4 patents and has no other relevant financial conflicts to disclose. **Non-Financial**— Dr. Zhu has no relevant non-financial conflicts to disclose.

# 2018 POSTERS

▶ **Tongue Posture, Swallowing and Cerebral Areas Activation:  
A Functional Magnetic Resonance Imaging Study**

Fabio Scoppa, MD // Giuseppe Messina, MD // Massimiliano Oliveri, MD  
Alessio Pirino, MD

▶ **Changes on Facial Muscles Strength in Children Aged  
6-11 Years with Dysfunctional Swallowing**

Messina G, MD // Giustino V, MD // Malandrino A, MD,  
Pirino A, MD // Muggeo VMR, MD // Scoppa F, MD

▶ **The Impact on Therapy of the Wound Healing Process  
Post-frenectomy**

Sanda Valcu-Pinkerton, RDH, OMT

▶ **Sleep Literacy for Parents: A paediatric 'sleep formula'  
and 'red flag system'**

Sharon Moore, BS, SLP

▶ **Evaluation of Swallowing Function in Obstructive  
Sleep Apnea Patients - A Preliminary Study**

Min-Keun Song, MD // Pyeng-Yop Kim, MS // Dong Hoon Lee, MD, PhD

▶ **Tongue Crib Appliance with Myofunctional Therapy for Patients  
with Hyperdivergent Skeletal Pattern and Open Bite**

Lin-In Lim, DDS // Hyo-Won Ahn, Su-Jung Kim, Kyung-A Kim, Keun-Ha Lee

▶ **When Greek Philosophy Meets Science: An Ancient Model to Proper  
Eating and Wellbeing**

Anastasia Vasilieou, DDS

**For abstracts, learning objectives and disclaimers please  
refer to the congress program. The first author listed on  
the poster is also the presenting author.**

# Thank You for Attending



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