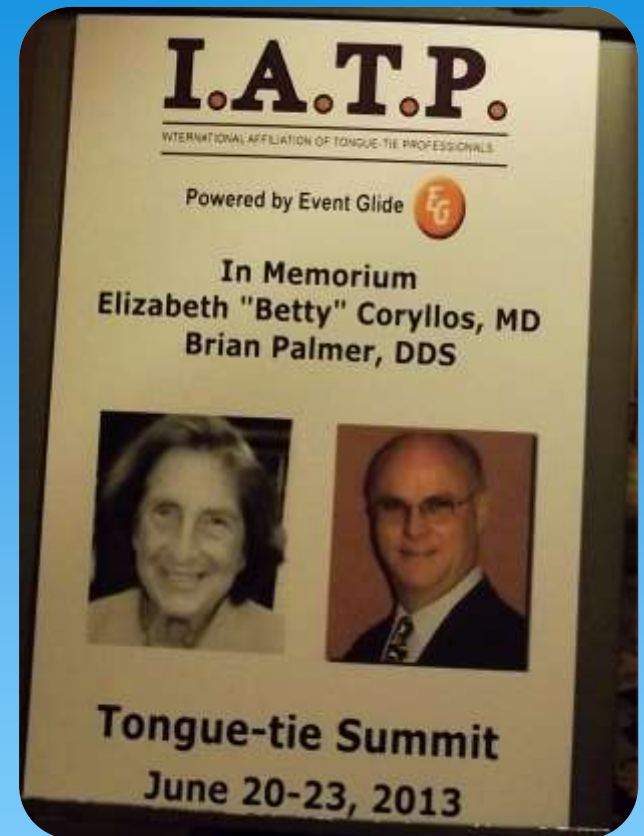


Feedback Session on the I.A.T.P Global Tongue Tie Summit Orlando, Florida June 2013



Alys Brown
RM/IBCLC
Waikato DHB

In recognition of Brian Palmer and Betty Coryllos lifelong commitment and work towards Tongue Ties and their impact on infants and Breastfeeding. Both passed away during the year of 2012-2013.



Meeting the Global Experts





Originals

and the



New



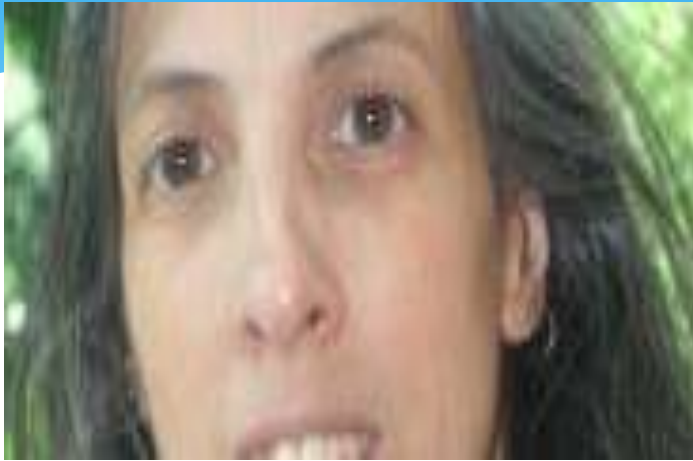
The New Zealand & Australian Sectors



LEARNING TO SEE BABIES
DIFFERENTLY



Jennifer Tow and Alison Hazelbaker



- Thorough birth history-gives insight.
- Birth interventions interfere with the design of competency- put into context- they can ‘derail’ the baby.
- Know the norm- reference the norm
- The body will speak to you- listen, listen, listen
- Compromised v’s damaged, seek and ye shall find, connect with your assessment, gather information..
- Experience tells you something isn’t right- deviation



©Alison K. Hazelbaker, PhD, IBCLC, FILCA



- 1
- 2
- 3
- S
- C
- F
- f1
- f2
- f3
- f4
- f5
- f6
- f7
- A
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- a5
- S
- B
- Q

THE HAZELBAKER ASSESSMENT TOOL FOR LINGUAL FRENULUM FUNCTION



Alison Hazelbaker's assessment tool (HATLFF)

1. Most widely known/used - researched based tool for lingual frenulum function, appearance- Masters thesis.
2. Combined scoring system- 14-perfect function score regardless of appearance item score. Surgical treatment not recommended. 11- Acceptable function score only if appearance item score is 10. < 11- function score indicates function impaired. Frenotomy should be considered if management fails. Frenotomy necessary if appearance item score is <8.
3. Some other IATTP members feel it is a 'good place to start'- but the woman and babies symptoms are just as important as well as the breastfeeding assessment and the way in which a mothers milk supply, flow can help a baby to compensate/cope or not, with a tongue tie. Some practitioners do not want to be 'limited by this tool- locked into a score system'-

Tongue-Tie (Ankyloglossia)

***Diagnosis and Treatment for
Infants, Children and Adults***

IATP

June 22, 2013



Greg Notestine- Laser treatment- trained by Larry Kotlow

- * Definition and history of tongue tie treatment.
- * How to diagnose a tongue tie, different ways to treat- scissors, laser.
- * Attitudes of medical schools and curriculum content
- * Consequences of not treating tongue ties.
- * Specialised in the treatment of tongue ties since 1984.

Larry Kotlow
- World
renowned
Laser
treatment
specialist for
Tongue Ties-
he has done
thousands
and
thousands of
them!



Larry Kotlow

- * Debunks the myths of Tongue Ties- readily shares global knowledge
- * Published many articles and spoken globally on pediatric dentistry, breastfeeding problems and lasers.
- * Believes in doing top and bottom lingual and labial frenula at the same time
- * Advocates post therapy exercises- after laser treatment- does f/up consults to check healing
- * Laser treatment without anesthetic/ does not advocate routine zyplasty or GA for babies. Sees around 20 kids a day- T/Ties.
- * Hot on client safety- goggles /wrapped , no parents in treatment room.
- * Regrowth v's doing completely



Using Bodywork to Rule- out and Treat Tongue-tie



Alison Hazelbaker

- * Cranial sacral therapy for 18 years.
- * Body arrests to dynamic equilibrium- we have evolved as a species
- * Fascia- major communication- fascia- sheath filled with fluid-ligament, tendon and fascia round a joint. living tissue.
- * Where there is muscle there is fascia.- FAUX tie- encounter restriction- responsive tissue- do stretching, body work with a faux time you will get changes/improvements without treatment. Nonresponsive tissue- tongue tie- malformation- hit the wall. Generally treatment leads to improvement

Chiropractic, Craniosacral Therapy and other Bodywork Modalities: Which, When and Why?

Sharon Vallone, DC, FICCP

KIDSPACE adaptive play and wellness, llc
www.kidspaceadaptiveplayandwellness.com

South Windsor, CT , USA

Svallonedc@aol.com

Sharon Vallone- Clinical chiropractor in Pediatrics

- * 25+ yrs of pediatric chiropractic experience- primary interest in pregnancy, birth trauma, breastfeeding and problems with infant/toddler neurodevelopment.
- * Understand the relationship between structure and function- in relation to tongue tie and lip tie
- * Biochemical assessment and description , discussion of manual therapies available to assist the breastfeeding dyad.

- Erica Anstey- IBCLC perspectives-she presented the statistics of Breastfeeding rates from Florida- Initiation, 3 mths and 6mths.
- Outlined factors affecting early weaning- latching, position, sore nipples, perceived insufficient supply, return to work
- 60% of women never achieve their maternal goals
- From a study undertaken by Winter et al 2008, O&G's focus on the mother, paediatricians focus on the baby- Some HP do not believe the breastfeeding benefits of breastfeeding outweigh the difficulties-at times nurses and physicians can lack skills, and physicians can undervalue their influence. IBCLC's focus on both the mother and the baby- There are on average 3.2 IBCLC's per 1,000 live births in the U.S and 2.6 in Florida.
- Research- exploratory grounded , qualitative theory study- she conducted in depth interviews around 'the nature of IBCLC perceived barriers to the professional management of tongue ties-'
- Some felt the physicians undervalue/ or second guess their skills and influence.
- All LC's mentioned tongue ties.
- Work towards a national compulsory assessment of tongue ties.

IATP Orlando, 2013

Ankyloglossia: The Orofacial Myology Perspective

by

Sandra R. Holtzman, MS, CCC-SLP, COM

www.OrofacialMyology.com



**Orofacial Myology...
to the rescue!!!**

Orofacial Myology



- Sandra Holtzman-specializes in Orofacial Myology. She's runs a course for HP to become qualified and certified in 'The study and treatment of the oral facial muscles as they relate to speech, dentition, chewing / bolus collection, swallowing, and overall mental and physical health.

- She talked about different cases- one boy who had major dental issues, speech problems, breathing issues, couldn't play his trumpet well- 'flutter tongue' –post release all of these issues resolved- played the trumpet way better. Had to do post frenectomy tongue exercises.
- Has a mouth gap tool she uses- (MOMax-50-55mm- 30mm reduced)
- The consequences of foregoing release in infancy is:
 1. Speech issues
 2. Drooling/rashes
 3. Poor eating habits- rotary action
 4. Appearance issues
 5. Health issues
 6. Mouth breathing
 7. Swallowing disorders
 8. Orthodontics
 9. Normal living skills, functions (temporomandibular disorder, sleep apnea, hypergag, choking incidences)

Role of Bodywork in the Treatment of Tongue Tie

Sharon Vallone, DC, FICCP

Sharon Vallone

1. Act collaboratively- in teams- assess/treat and follow up
2. What is normal function?- i.e) brain-tissue cell
3. Structure affects function-function affects structure.
4. Role of fascia-need for BODYWORK- v's just treating tongue ties
5. 6 cranial nerves, 20 bones, 60 involuntary muscles needed to suck.
6. What else could it be?(Thorough assessment- top to toe, birth history
7. Form and function are constantly intertwined- examples of variation of anatomy
8. Treatment first- slow/no improvement referral for bodywork and vice versa- do bodywork- slow/no improvement- refer for treatment.

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Empowering Mothers:

Lactation Consultants Talk about the Need for Family-Centered, Coordinated Care in Managing Tongue-Tie



Erica H. Anstey, MA, CLC
June 21, 2013

International Affiliation of Tongue-Tie Professionals Summit

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- Outlined factors affecting early weaning- latching, position, sore nipples, perceived insufficient supply, return to work
- 60% of women never achieve their maternal goals
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This Talk is in dedication to all the mothers and babies with whom I work with everyday

