

“Palatal cribs in conjunction with myofunctional therapy were used to discourage sucking habit and to adapt normal tongue position. Successful correction of the AOB with adequate overjet and overbite were achieved with total treatment time of 7 months. The importance of myofunctional therapy in adopting normal tongue position and in maintaining the stability of open bite correction is emphasized.”

Asiry MA. Anterior open bite treated with myofunctional therapy and palatal crib. J Contemp Dent Pract. 2015 Mar 1;16(3):243-7.

“The orthodontic treatment should be augmented with the orofacial myofunctional therapy. In this article, the author describes 3 different variations of treatment of the dental anterior open bite, first on acrylic models, and then on the actual patients. Consideration should be given to patients with a 'short upper lip,' and in this case, surgical correction should be entertained.”

Palencar AJ. Dilemmas in Treatment of Recurrent Recalcitrant Dental Anterior Open Bite. Int J Orthod Milwaukee. 2016 Spring;27(1):19-24.

“Significant associations were found between oronasopharyngeal-reported abnormalities and the presence of AOB <Anterior Open Bite> and PC <Posterior Crossbite> in preschoolers.”

Gomes GB, Vieira-Andrade RG, Sousa RV, Firmino RT, Paiva SM, Marques LS, Granville-Garcia AF. Association between oronasopharyngeal abnormalities and malocclusion in Northeastern Brazilian preschoolers. Dental Press J Orthod. 2016 Jun; 21(3):39-45. doi: 10.1590/2177-6709.21.3.039-045.oar.

“Oral function also plays a vital role in maintaining body posture. In this study, clinical observations of oral postures examined maxillary protrusion and open bite, anterior crossbite and facial asymmetry. The unstable forces induced by abnormal posture were correlated with the varieties of malocclusion. Morphology, function, and posture were shown to be closely interrelated and to influence each other.”

Yamaguchi H & Sueishi K. Malocclusion associated with abnormal posture. Bull. Tokio Dent. Coll. May 2003, 44(2):43-54.

“Tongue posture is affected by dentofacial structures, and adaptive changes occur in the tip, dorsum, and root of the tongue. Deglutitive tongue movements in patients with skeletal Class III malocclusion are also different from those with skeletal Class I malocclusion.”

Gorgulu S, Sagdic D, Akin E, Karacay, Bulakbasi SN. Tongue movements in patients with skeletal Class III malocclusions evaluated with real-time balanced turbo field echo cine magnetic resonance imaging. Am J Orthod Dentofacial Orthop; 2011. 139:e405-e414.

“Children who sucked pacifiers, both conventional and physiological ones, showed higher prevalence of alterations in the relationship of the dental arches and oral myofunctional structures, when compared to those who never sucked a pacifier.”
Zardetto CG, Rodrigues CR, Stefani FM. Effects of different pacifiers on the primary dentition and oral myofunctional structures of preschool children. Pediatric Dentistry. 2002. Nov-Dec 24(6):552-560.

“Oral posture is considered to have a major influence on the development and reoccurrence of malocclusion. These results indicate the formation of two different intra-oral functional anatomical compartments which provide a deeper understanding of orofacial biofunctions and explain previous observations of negative intra-oral pressures at rest.”

Engelke W, Jung K, Knosel M. Intra-oral compartment pressures: a biofunctional model and experimental measurements under different conditions of posture. Clin Oral Investig 2011;15(2):165–76.

“Pediatric OSA in non-obese children is a disorder of oral-facial growth.”
Huang YS & Guilleminault C. Pediatric Obstructive Sleep Apnea and the Critical Role of Oral-Facial Growth: Evidence. Frontiers in Neurology. 2012. Published online 2013 January 22.

“In the short term, rapid maxillary expansion might aid in improvement of the quality of life for children with a narrow maxilla in the milder end of the sleep-disordered breathing spectrum.”

Katyal V, Pamula Y, Daynes CN, Martin J, Dreyer CW, Kennedy D, Sampson WJ. Craniofacial and upper airway morphology in pediatric sleep-disordered breathing and changes in quality of life with rapid maxillary expansion. Am J Orthod Dentofacial Orthop. 2013 Dec;144(6):860-71. doi: 10.1016/j.ajodo.2013.08.015.

“Postural problems were significantly more common among children in the group with mouth breathing syndrome, highlighting the need for early interdisciplinary treatment of this syndrome.”

Conti PB, Sakano E, Ribeiro MA, Schivinski CI, Ribeiro JD. Assessment of the body posture of mouth-breathing children and adolescents. J Pediatr (Rio J). 2011 Jul-Aug; 87(4):357-63.doi:10.2223/JPED.2102. Epub 2011 Jul 18.

“The preference to oral breathing, also a fairly constant feature in patients with chronic or allergic rhinitis with hyperplasia of the pharynx tonsil, appeared to result in a significant underdevelopment of the maxilla in the saggittal plane.”

Freng A. Restricted nasal respiration, influence on facial growth. Int J Pediatr Otorhinolaryngol. 1979 Dec;1(3):249-54.

“Special emphasis has been put on the influence of forward head posture on the craniofacial growth as it can determine a morphoskeletal and neuromuscular pattern leading to a dysfunctional condition. A correlation is established between Class II Occlusion, forward head posture, and craniomandibular dysfunction. The concept of craniocervical postural position is defined, as well as its close relation to the mandibular postural position.”

Gonzalez, HE, & Manns A. Forward Head Posture: Its Structural and Functional Influence on the Stomatognathic System: A conceptual study. The Journal of Craniomand Prac. 1996. 1(14): 71-79.

“The sounds tested were: Linguoalveolars, Labiodentals, Linguodentals, Linguopalatals, Bilabials and Linguovelars. The results of the study have indicated that the presence of articulation disorders is strongly associated with the anterior open bite present in tongue-thrust swallows but a simple, direct relationship between the presence of defective consonant sounds and tongue-thrust swallowing has not been found.”

Khinda V, Grewal N. Relationship of tongue-thrust swallowing and anterior open bite with articulation disorders: a clinical study. J Indian Soc Pedod Prev Dent. 1999 Jun; 17(2):33-9.