

“Current literature demonstrates that myofunctional therapy decreases apnea-hypopnea index by approximately 50% in adults and 62% in children. Lowest oxygen saturations, snoring, and sleepiness outcomes improve in adults. Myofunctional therapy could serve as an adjunct to other obstructive sleep apnea treatments.”
Macario Camacho, Victor Certal, Jose Abdullatif, Soroush Zaghi, Chad M. Ruoff, Robson Capasso, Clete A. Kushida; Myofunctional Therapy to Treat Obstructive Sleep Apnea: A Systematic Review and Meta-analysis, Sleep, Volume 38, Issue 5, 1 May 2015, Pages 669–675.

"A short lingual frenulum left untreated at birth is associated with OSAS at later age, and a systematic screening for the syndrome should be conducted when this anatomical abnormality is recognised."
Christian Guilleminault, Shehlanoor Huseni, Lauren Lo ERJ Open Research 2016 2: 00043-2016; DOI: 10.1183/23120541.00043-2016

"In conclusion, in patients with moderate OSAS, oropharyngeal exercises improved objective measurements of OSAS severity and subjective measurements of snoring, daytime sleepiness, and sleep quality. Our results suggest that this set of oropharyngeal exercises is a promising alternative for the treatment of moderate OSAS."

Guimaraes KC, Drager LF, Genta PR, et al. Effects of oropharyngeal exercises on patients with moderate obstructive sleep apnea syndrome. Am J Respir Crit Care Med 2009;179(10):962–6. <http://dx.doi.org/10.1164/rccm.200806981OC>.

“This is the first natural history study of the primary symptoms of SDB across a key 6-year period in the development of SDB symptoms. Snoring rates are higher and spike earlier than previously reported. Symptoms are dynamic, suggesting the need for early and continued vigilance in early childhood.”

Bonuck KA, Chervin RD, Cole TJ, et al. Prevalence and persistence of sleep disordered breathing symptoms in young children: a 6-year population-based cohort study. Sleep. 2011. 34(7):875–884.

“SAGEA <Sleep Associated Gas Exchange Abnormality> is frequently present in poorly performing first-grade students in whom it adversely affects learning performance. The data suggest that a subset of children with behavioral and learning disabilities could have SAGEA and may benefit from prospective medical evaluation and treatment.”
Gozal D. Sleep-disordered breathing and school performance in children. Pediatrics; 1998. 102:616– 620

“All 11 subjects who completed myofunctional reeducation for 24 months revealed healthy results.”

Guilleminault C, Huang YS, Monteyrol PJ, Sato R, Quo S, Lin CH. Critical Role of Myofacial Reeducation in Pediatric Sleep-disordered-breathing. Sleep Med. 2013. Jun; 14(6):518-25. Epub 2013 Mar 21.

Coceani L. Oral structures and sleep disorders: a literature review. International Journal of Orofacial Myology, 2003. 29:15-28.

“Oro-pharyngeal structures affect the sleep architecture in suspected OSA subjects. Nasal structures do not affect the sleep architecture in these subjects and enlarged tonsils have opposite effect.” Singhal P, Gupta R, Sharma R, Mishra P. Association of naso-Oro-pharyngeal structures with the sleep architecture in suspected obstructive sleep apnea. Indian J Otolaryngol Head Neck Surg. 2014 Jan;66(Suppl 1):81-7. doi: 10.1007/ s12070-011-0326-3. Epub 2011 Nov 6.