

ORAL TIES RESOURCE GUIDE

Learn about how oral ties and their impact on a baby's development. Get a full understanding of how oral ties can lead to other issues like colic, speech delays, and more.

TRULY CHIROPRACTIC



HI THERE, WE'RE THE TRULY CHIROPRACTIC TEAM!



Truly Chiropractic is a family wellness practice specializing in prenatal, postpartum, and pediatric health located in South Austin.

Our team has a passion for educating and empowering families and their children to take control of their health naturally through chiropractic.

Our goal is to balance the nervous system and unleash the power of the body's innate ability to heal from within.

The Doctor Team at Truly has certifications in Webster technique (specific for pregnancy), The Pediatric Experience as well as the Life University Pediatric Adjusting Certification, the ICPA, & BIRTHFIT.

We invite you to start your healing journey and path to experience life to the fullest degree.

ONE

CHAPTER ONE

WHAT IS AN ORAL TIE?

Oral ties can impact a baby's ability to breastfeed, eat, speak, and even breathe properly. If left undetected, oral ties can also lead to other issues such as colic, digestive challenges, abnormal breathing patterns, speech delays, motor delays, and sleep disturbances, and can even have a negative impact on our neurology. Overall, oral ties play a significant part in a baby's development.



ORAL TIES

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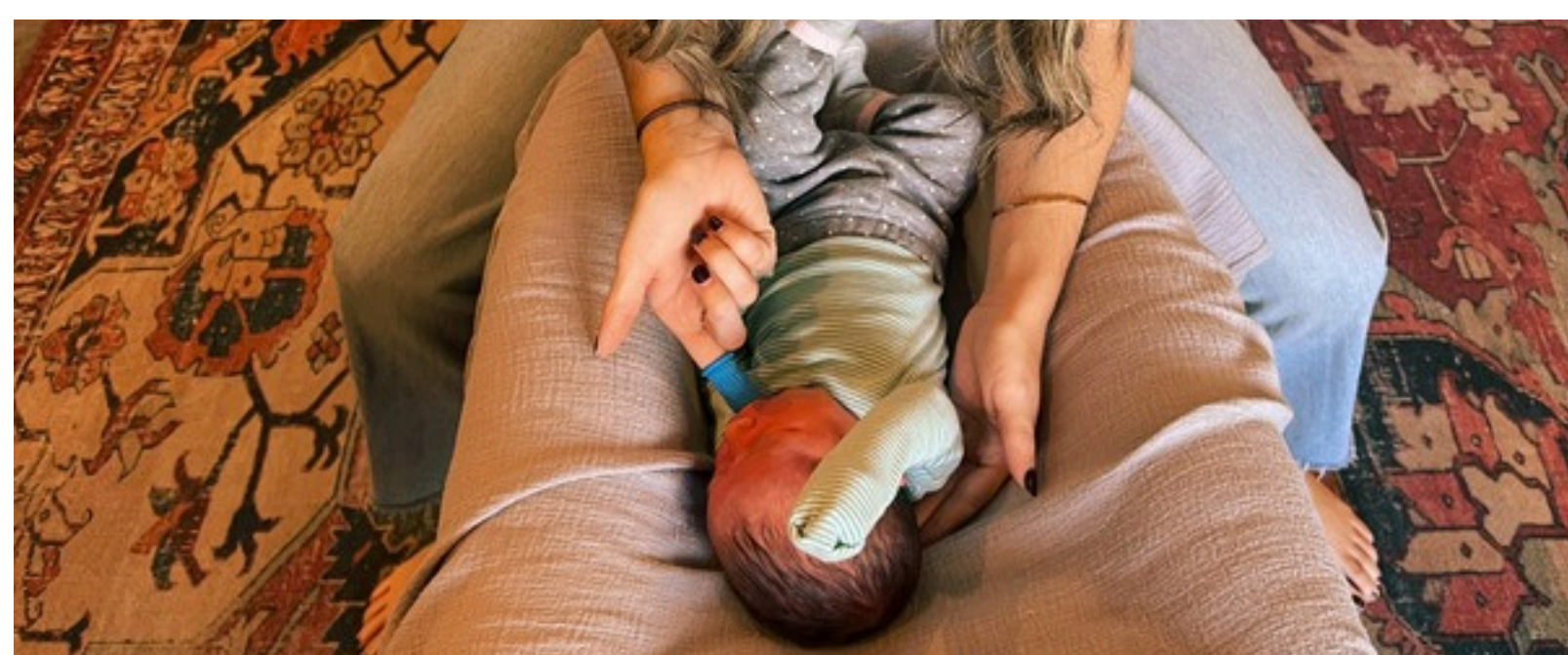
An oral tie is a piece of connective tissue or “frenula” that attach the lips, tongue, and cheeks to the gums or to the floor of the mouth. It’s important to note that frenulums are a normal anatomical structure, but when they are shortened, thickened or tight they can cause restrictions in the mobility and function of the mouth and surrounding musculature.



These usually present at birth and can be classified into three different types: lip tie, tongue tie and cheek or buccal tie. Collectively, oral ties are referred to as TOTs or tethered oral tissues.

There are three different presentations of oral ties:

- **Tongue Tie:** A true tongue tie is characterized by a shortened or thick frenulum under the tongue that connects the tongue to the floor of the mouth.
- **Lip Tie:** A lip tie is going to be characterized by a short frenulum located in the midline of the top lip that connects to the top of the middle of the top gums.
- **Buccal Tie:** A buccal or cheek tie is an abnormally tight frenulum that laterally attaches the inside of the cheek to the inside of the gums. Most commonly providers will say that this specific oral tie looks like the sail of a sailboat when you pull the cheek back to assess it.



ORAL TIE SIGNS + SYMPTOMS

Oral ties are highly variable, they can range in severity and functionality. What matters most to pediatric chiropractors and body workers is the ties' impact on function. Is your baby's tongue tie functionally restrictive? Is it affecting how your baby nurses? Is it affecting digestion, sleep, and breathing? Is it affecting development and overall comfortability? These are all important questions to ask yourself if you think your baby may have a functionally restrictive tie

SIGNS + SYMPTOMS

1. Nursing
2. Oral Health + Speech Development
3. Midline Challenges + Motor Development

It's important to note that no matter the severity or the route you wish to take for your child's oral tie it is essential to address them because of the significance they have on development

ORAL TIE SIGNS + SYMPTOMS

1. Nursing

Most commonly, the first indication that a baby may have an oral restriction is usually when there is trouble with latching or breastfeeding. These complications are due to the altered shape of the mouth and changes in the tongue's functionality.

For example, with a tongue tie the baby is going to have a low tongue posture - this means that the tongue is not reaching or resting on the roof of the mouth how it normally should. This is critical because **our tongue posture molds our palate shape**. If the tongue is unable to reach the palate this could result in an abnormally high arched or tented palate.

Some issues that arise from this are extreme gassiness and reflux - this is a sign that extra air is entering the mouth when feeding, because of that low tongue posture and high palate, this leads to a colicky and fussy baby. Having a high palate due to a tongue tie can also reduce the space in the nasal cavities and sinuses leading to mouth breathing and associated issues later on.

ORAL TIE SIGNS + SYMPTOMS

1. Nursing

Another common tongue tie challenge is baby clamping or chomping down on the nipple during feeding. When nursing, the baby's tongue should create a cup-like shape around the nipple and the mouth and lips should enclose the entirety of the nipple in order to create a proper suction.

One of the most common challenges we see with tongue ties is mom's complaints of super painful nipples from the baby "clamping" or "chomping". **Babies have a natural reflex to bite if there is an object (nipple, bottle, finger, pacifier) between their gums** and the tongue is not sticking out over the lower gum pad. If the tongue is restricted and unable to move forward to cup the nipple and create a barrier between the nipple and the gum pad, the baby will bite down reflexively and this creates pain and frustration for the nursing mother.

ORAL TIE SIGNS + SYMPTOMS

1. Nursing

Other nursing complications:

A poor latch can also be accompanied by a lip tie. A “shallow” latch is probably the most common term you will hear when it comes to lip ties. A lip tie prevents the lips from having that natural outward flange which creates a good seal around the nipple.

Some signs of a shallow latch include **milk dribbling out of the corners of the baby’s mouth due to an ineffective seal.** The top lip curling under and mom’s report having to repeatedly “flip the lip” during feeding is another sign.

If you are noticing that your baby’s cheeks are being sucked in during feeding also indicates a potential lip tie - this is because they are not able to flange those lips to create a strong enough suck so they are now engaging the deeper cheek, jaw and neck muscles to do so. This can cause exhaustion (falling asleep at the breast when not finished eating), which can lead to failure to gain weight (baby not getting enough milk) and neck stiffness or limited range of motion.

ORAL TIE SIGNS + SYMPTOMS

2. Oral Health + Speech Development

Research has shown that **oral ties can have long-term impacts on a child's speech development.** Specifically, the frenulum under the tongue. This plays a huge role in the movement and flexibility of the tongue. When there is a tight and restrictive frenulum, this can create challenges and affect a child's ability to produce specific speech sounds - **this is called under-developed oral kinesthesia.**

Under-developed oral kinesthesia means that a child has a poor sense of the geography of their mouth because of limited tongue movement.

A tongue tie can impact tongue positioning and a child's airway, which then impacts the quality of sleep. Lack of proper sleep can affect behavior and lead to challenges like hyperactivity, and difficulty in focusing + learning. It is actually becoming a more common practice that sleep studies are being conducted on children before ever prescribing ADD/ADHD medications.

ORAL TIE SIGNS + SYMPTOMS

2. Oral Health + Speech Development

Oral health and dental hygiene can also be negatively affected by an undetected oral tie. Because of the limited motions of the tongue and incorrect tongue posture, this can create messy eating habits and allow food debris to remain in the mouth or on the teeth.

Maladaptive tongue posture can also be associated with:

- Poor swallowing and a hypersensitive gag reflex
- Mouth breathing, making you more likely to suffer from allergies and chronic congestion
- Open-mouthed posture (or an open bite), associated with an imbalance in facial development and facial structure

Our final oral tie symptom we're going to break down is midline challenges + speech delay. This is a significant symptom we see as the child grows and develops.

ORAL TIE SIGNS + SYMPTOMS

3. Midline Challenges + Motor Development

Midline challenges refer to the condition where an infant or toddler has difficulty crossing the midline of their body. This can look like a delayed or altered form of crawling, not rolling over from belly to back or back to belly, and any difficulty with coordinated movements that involve crossing the midline. Not many people correlate oral ties with midline difficulties but in Pediatric Chiropractic we know how important it is for an oral tie to be assessed if a child comes in with a midline difficulty.

The tiny string of fascia that is an oral tie is a part of the Deep Midline tissues that are developed in utero. They are a part of the fascial network that is intricately connected from the mouth and jaw down to the fascia in the neck, collarbone, and sternum all the way down to our extensor hallucis longus, which is our big toe. **Challenges with restrictive oral ties can create increased tension and a restricted range of motion or movement along this network of midline fascia which then creates challenges with motor development.**

ORAL TIE SIGNS + SYMPTOMS

3. Midline Challenges + Motor Development

The most commonly affected layer of fascia is in the cervical region, with connections to the mandible, sternocleidomastoid, and trapezius muscles. Abnormal stresses on these tissues cause asymmetry.

Tongue posture impacts body posture so bodywork is super important if you know your baby has an oral tie. When there is dysfunction created from an oral tie, some signs you may see in an infant are behaviors like arching the back, straining the upper body when feeding, and stiffness/rigid in their posture.

Favoring one side or latching “easily” on one breast over the other is also a telltale sign of a midline challenge created by an oral restriction. Asymmetry in the tissues and muscles in the jaw and upper cervical region can create an increase in tension and prohibits the baby from having a full range of motion. This is why you may see a preference for only wanting to latch easily on one side, which is why chiropractic is so important early on!

TWO

CHAPTER TWO

NERVOUS SYSTEM INVOLVEMENT

As pediatric chiropractors, we are responsible for assessing nervous system dysfunction, dural tension, cranial imbalances, and abnormal development and movement patterns.



THE NERVOUS SYSTEM

We know that restriction in the dural tissue can influence the oral tissue, and any restriction of oral tissue can influence the balance of tension throughout the entire body and critically influence the function of the nervous system.



We are all born with innate reflexes. Innate means that these are not learned behaviors, they are an intelligence that is literally inborn within all of us in order to help us survive. As a newborn, **the suck-swallow-breathe complex is the first developmental pattern of innate reflexes that we learn** and the most crucial as it sets the foundation for proper development. Any disruption in these innate patterns from birth onward can create dysfunction down the line in speech and language development, postural & motor development, feeding & eating behaviors, eye-hand coordination, and even psychosocial development can be affected.

ORAL TIES + NERVOUS SYSTEM INVOLVEMENT

You have a total of 12 cranial nerves, 5 of those cranial nerves plus 26 muscles are involved in the suck-swallow breathe mechanism, and **it takes the nervous system to communicate with those nerves and muscles effectively to achieve optimal function.** This is why nervous system-focused chiropractic is so important for the pediatric population.

Let's break down some of those cranial nerves and their functions in your child's development:

01

Glossopharyngeal

This nerve controls the muscles involved in swallowing.

02

Vagus

This nerve is involved in proper tongue movement but this is a multitasking nerve -- it's responsible for so many bodily processes including the gut, heart, and stress response.

03

Facial

This nerve controls all of the muscles in the face, jaw, and some in the neck region.

04

Spinal Accessory

This cranial nerve controls proper neck motion and movement.

05

Hypoglossal

This one is the king of the tongue. It is responsible for the majority of the movement and coordination of our tongue.

THE CRANIAL NERVES

What these cranial nerves have in common is that they all originate in the brain stem and exit out of the very base of your cranium and the top part of your spine.

Misalignments in these areas and an increase in dural tension/compensation due to oral ties can impede the function of these nerves.



The cranial nerves are all acting as puppet strings that are communicating constantly with the brain so that your baby can eat, swallow, breathe, move their tongue, make facial expressions, digest their food, and so much more!

This is where chiropractic can help. A trained Pediatric Chiropractor will focus on locating exactly where there may be built-up tension within your baby's spine. We gently release the tension so that their brain and body are communicating without any interference. We want their nerves are communicating efficiently to ensure your child is thriving and developing optimally.

THREE

CHAPTER THREE

AT HOME EXERCISES + DEMONSTRATIONS

Let's go through some exercises and things that you can do at home with your baby. These techniques can be particularly beneficial for babies with tongue ties.



AT HOME EXERCISES



01

TUMMY TIME

Tummy time is important in promoting a baby's physical development, particularly for those with tongue tie challenges.



02

SUPERMAN POSITION

This involves carrying the baby belly-down with one hand supporting them through their legs and the other supporting their upper body. This can be helpful in relieving Colic-like symptoms due to the pressure on their abdomen.



03

GRANDMA POSITION

This position involves placing the baby on the lap, similar to the Superman position but using the leg as a support instead of the arm. This is another effective way to acclimatize babies to tummy time.



04

UPSIDE DOWN TUMMY TIME

This is a variation where the baby is held upside down to allow gravity to help stretch muscles and tissues, particularly under the chin, jaw and into the chest area.



05

BABY ACCORDION

Hold your baby in the tummy time position and pump back and forth with your arms and hands.

**I WANT TO THANK YOU SO
MUCH FOR READING OUR
ORAL TIES GUIDE!**

**IF YOUR BABY IS STRUGGLING,
DON'T HESITATE TO REACH
OUT AND WE CAN SCHEDULE
YOUR FIRST APPOINTMENT!**



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