

Tongue Tie & Oral Tissue Tethering



Tongue-tie is a congenital condition (condition you are born with) that restricts the tongue's range of motion. With tongue tie, an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue to the floor of the mouth. A child who has a tongue tie can have difficulty sticking out their tongue, touching it to the roof of their mouth, or lifting the back of the tongue. Labial (or lip) ties may prevent the upper lip from flanging (flaring) to create an appropriate seal while feeding.

Tongue tie can affect the way a child eats, speaks, swallows, and feeds. It can impair the proper growth, function and formation of the jaw, both mechanically and esthetically. Proper function of the tongue is also important in the normal development of the palate which also impacts movement and development of the cranium (skull).

What do we see in an infant with tongue tie or oral tissue tethering?

The most common symptoms in babies are:

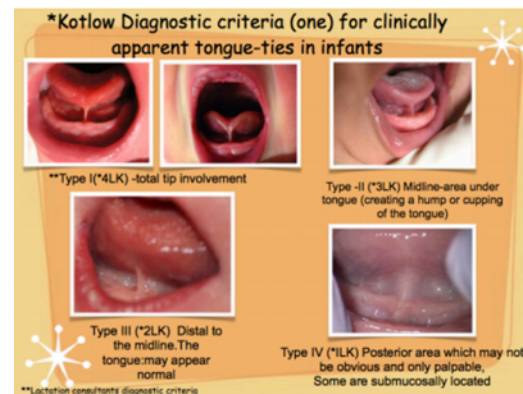
- Difficulty latching or maintaining latch
- Gumming the nipples
- Unable to hold a pacifier or bottle
- Gassiness & reflux
- Poor weight gain
- Excessive drooling
- Baby is not able to fully drain the breast
- Choking on milk or popping off to gasp for air while nursing
- Falling asleep during nursing, then waking after a short while to nurse again
- Marathon nursing sessions

In breastfeeding moms, some of the symptoms may be:

- Cracked, flattened or blanched nipples after feeding
- Cracked, blistered, bleeding nipples
- Discomfort while nursing
- Plugged ducts
- Thrush/mastitis
- Sleep deprivation due to constant nursing

The most common symptoms in toddlers and older children are:

- Difficulty lifting the tongue to the top teeth or moving the tongue side to side
- Trouble sticking out the tongue past the lower front teeth
- The tongue appears notched or heart shaped when stuck out
- Gaps between the front teeth
- Speech impediments



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Interventions

Intervention does sometimes include surgery in the form of frenotomy or frenulectomy. A physician or special trained dentist may do this with standard surgical protocols or with a laser.

If the child is not experiencing any symptoms or difficulties and they can get their tongue to the roof of the mouth behind the front teeth, conservative chiropractic care can usually offset the compensatory changes that could occur in the palate, cranium and surrounding soft tissues. This type of bodywork is also helpful before and after surgical procedures when warranted.

Home Exercises After Surgery

Doing some simple stretches with the baby after a tongue tie release (revision) is essential to maximize the results of the procedure and allows the baby to use their tongue to feed well and prevent re-attachment. Do these stretches once every wake cycle if possible while the baby is happy and distracted.

CHEEK SWEEP: run your finger inside their cheek, gently stretching the tissue

TONGUE LIFT (J-Stroke): run your pinkie along the inside of the gums under the tongue, from the front to the back.

RAINBOW: run your finger from left to right and back again along the back of the roof of the mouth. This helps desensitize the palate area if they have a strong gag reflex.