

# Tongue Tie & Articulation/Phonology

- Anyone out there believe one of their children is tongue-tied?
- Have you referred only to be told by the “doctors” that you are wrong b/c the child can stick their tongue out? I have!
- There are TWO types of Tongue-Tie and a classification system that is not always followed (pictures and types are listed below)
  - ❖ Anterior ~ Easy to identify
  - ❖ Posterior ~ Very hard to identify
- Unfortunately, our tongues have to do a lot more than protrude! They have to be able to move FAST if we want to enunciate clearly AND produce all sounds correctly. Doctors do NOT know this! You must educate them!
- To educate them, you must first educate yourself!
- Tonguetie.net is a GREAT resource! Get Carmen Fernando’s book ***Tongue Tie ~ from confusion to clarity*** if you are interested in learning more about this assessment. Consider orofacial myology as a specialty area. Workshops are offered in Raleigh (and Orlando) by Sandra Holtzman. Probably one of the GREATEST investments I have ever made in my therapy. Now, I am educate and confident to help these children.
- Things like breastfeeding, eating, digestion, teeth, speech, kissing and social skills can be affected by uncorrected tongue tie.
- If you suspect this problem, start a dialog with your parents. You will know the red flags in 5 minutes. It usually starts with “Oh, I was tongue tied and had it clipped.” When did that happen, as an infant?” “Oh no, when I was 14!!!!” Yikes! Or the “Yes, he was diagnosed with that at birth, but “they” said to wait and see. Uggghh!
- Go with your instincts. If you suspect, investigate and get the child the help they need. **You may be the only one that can!**
- When I wrote this, I currently had 19 kids. Out of that number guess how many I strongly suspected or referred for tongue tie. Remember, they are seeing me b/c there IS a problem. That problem may not be just speech errors due to articulation or phonological delays. How many of these kids would NOT be in my office if this condition was taken seriously and corrected?
- Alison Hazelbaker is another name in the field of tongue tie. She is the leading authority on infant tongue tie and she is one of the founding members of the IATP, Int'l Affiliation of Tongue tie Professionals. She developed the Hazelbaker Assessment and she herself did not realize she WAS tongue tied until she was 40!
- How old do you think this child is? Play audio.

## References

[Int J Pediatr Otorhinolaryngol](#). 2010 Sep;74(9):1003-6. doi: 10.1016/j.ijporl.2010.05.025. Epub 2010 Jun 16. Defining ankyloglossia: a case series of anterior and posterior tongue ties.

[Messner AH, Lalakea ML. The effect of ankyloglossia on speech in children. Otolaryngol Head Neck Surg 2002; 127:539.](#)

### **The effect of ankyloglossia on speech in children.**

**OBJECTIVE:** We wanted to determine whether ankyloglossia is associated with articulation problems and the effect of frenuloplasty on speech and tongue mobility.

**STUDY DESIGN:** We conducted a prospective study of 30 children aged 1 to 12 years with ankyloglossia undergoing frenuloplasty. Outcomes were assessed by measurements of tongue mobility, speech evaluation, and parent questionnaires.

**RESULTS:** Mean tongue protrusion improved from 14.2 mm preoperatively to 25.8 mm postoperatively ( $P < 0.01$ ). Similarly, mean tongue elevation improved from 5.2 to 22 mm ( $P < 0.01$ ). Preoperative speech pathology evaluation documented articulation problems thought due to ankyloglossia in 15 of 21 children. **Postoperative evaluation in 15 of these children showed improvement in articulation in 9, no change in 4 who had normal speech preoperatively, and an ongoing articulation disorder in 2. Parent perception of speech intelligibility on a scale of 1 to 5 improved from 3.4 to 4.2 ( $P < 0.01$ ).**

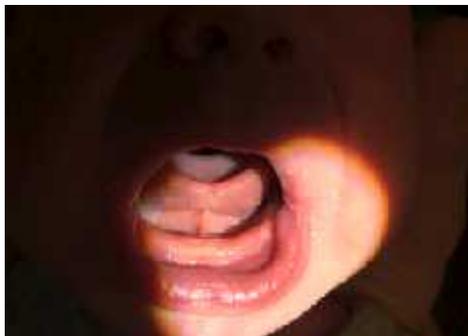
**CONCLUSION:** Tongue mobility and speech improve significantly after frenuloplasty in children with ankyloglossia who have articulation problems.

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### **The following pictures are from the source below:**

<http://www.drghaheri.com/blog/2014/3/22/rethinking-tongue-tie-anatomy-anterior-vs-posterior-is-irrelevant-term-posterior>.

**Class 1 Tongue Tie.** This is the classic heart-shaped tongue that most doctors feel is the only real tongue tie. The tie inserts into the tip of the tongue.



**Class 2 Tongue Tie.** Considered to be an anterior tie, this tie inserts just behind the tip of the tongue. We don't see a heart-shaped tongue, but the tie is still clearly seen.



Class 3 Tongue Tie. Classified as a posterior TT, the distinction between this and a class 4 TT is that the class 3 still has a thin membrane present.

Class 4 Tongue Tie. No thin membrane is present, so this type of tie is the most commonly missed. The front and sides elevate, but the mid-tongue cannot.



A classic diamond-shaped wound seen in an appropriate posterior tie release.

### **Additional References, Further Reading, and Leaders in Tongue-Tie**

**Dr. Kotlow is a Pediatric Dentist and an leading authority on Tongue-Tie and its revision.**

**Dr. Kotlow:** <http://www.kiddsteeth.com/articles/websitettnbew.pdf>

**Dr. Alison Hazelbaker:** <http://tonguetieprofessionals.org/>

[www.Tonguetie.net](http://www.Tonguetie.net): **Carmen Fernando**