



# Myofunctional Therapy UK

## Supporting Orofacial and Airway Health

### How Our Therapy Programme Work

We believe patients and families deserve clear, transparent information about how therapy is delivered, how progress is assessed, and how clinical decisions are made.

This page outlines our clinical processes, so you know what to expect throughout your therapy journey.

#### Our Multidisciplinary Therapy Model

Our clinic uses a **multidisciplinary therapeutic approach**, which may include:

##### **Breathing Therapist**

For patients aged **over 5 years**, focusing on breathing pattern efficiency, nasal breathing, and functional integration.

##### **Myofunctional Therapist**

For **children under 5 years** and patients with **additional or special educational needs (SEN)**, supporting oral function, posture, muscle coordination, and habit integration.

##### **Lead Therapist / Practice Director**

Responsible for initial assessment analysis and delivery, clinical oversight, governance, progress interpretation, and quality assurance across the programme.

This structure ensures therapy remains:

- developmentally appropriate
- consistent across sessions
- clinically supervised
- aligned with recognised multidisciplinary practice

#### Scope of Care

Our services are **therapeutic, not medical**.

We do not:

- provide medical diagnoses
- assess or approve surgical outcomes
- replace medical or dental care

Our role is to assess and support **functional patterns**, including:



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- breathing habits
- tongue mobility and coordination
- oral posture
- muscle function
- movement stability

Where appropriate, we may recommend review with a medical or dental professional.

### How Clinical Information Is Collected

To ensure accuracy and consistency, we use:

- standardised clinical photography
- objective measurements
- functional movement assessments
- baseline and follow-up comparisons

Photographs and measurements are taken by clinicians trained in:

- consistent positioning
- anatomical landmark identification
- standardised camera angles and distances

This allows reliable comparison over time.

### How Progress Is Interpreted

Our process follows a structured pathway:

1. Data collection by trained clinicians
2. Interpretation by the Lead Therapist
3. Comparison across baseline and review points

This reflects standard practice in hospitals and multidisciplinary clinics, where data is collected by trained staff and interpreted by the responsible clinician.

Progress is:

- never based on a single photograph
- not interpreted in isolation
- assessed using multiple data points

### Understanding Change Over Time

Therapeutic change—particularly in children—may be influenced by:



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- growth and development
- home practice consistency
- concurrent therapies
- dental or orthodontic treatment
- surgical intervention
- environmental factors

For this reason:

- reports document **observed functional findings only**
- outcomes are not attributed to a single intervention
- limited change does not imply lack of effort

### Therapy Recommendations

Based on progress reviews, recommendations may include:

- continuation of therapy
- modification of the therapy plan
- referral or review with another provider
- completion or discharge from the programme

Recommendations are guided by:

- functional consistency
- carryover into daily habits
- stability of improvements

### Tongue Restriction (TOT) and Surgical Review

Therapeutic assessment focuses on **function**, including:

- range of motion
- coordination
- endurance
- compensatory patterns

This differs from surgical assessment, which evaluates anatomical release.

Because these assess different outcomes:

- therapeutic and surgical opinions may differ
- both may be valid within their professional scope

Where functional restriction is observed, review with the surgical or dental provider may be recommended.



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### Multidisciplinary Collaboration

To support accurate interpretation, families are encouraged to:

- share reports from other clinicians
- return therapy worksheets when requested

Without external documentation, interpretation remains limited to data collected within our clinic.

### Clinical Governance

**Yulli Tamayo-Myerson** is the developer of the YTM<sup>®</sup> Method and Tool and holds postgraduate training and clinical experience in:

- orofacial myology
- airway-centred therapy
- posture and neuromuscular integration
- functional rehabilitation

Her role is analytical and advisory, supporting structured interpretation under established governance systems.

The **Practice Director / Lead Therapist** is responsible for:

- clinical oversight
- therapist supervision
- reporting standards
- quality assurance
- final interpretation of progress data

### Discharge and Continuation of Care

Patients may be discharged when:

- a programme is completed
- further therapy is declined
- continuation is not clinically indicated
- the therapeutic relationship cannot be maintained

Families are free to continue care with an alternative provider. With consent, documentation can be shared to support continuity.



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### Our Commitment

We are committed to:

- transparency
- ethical and respectful practice
- clear communication
- evidence-informed therapeutic care

If questions arise at any stage, we encourage discussion with your treating therapist or our clinic team.

*This information is provided for patient education and does not replace individual clinical advice or medical consultation.*

