



# **Your Child and Sleep-Related Breathing Disorders**

**A Parent's Guide  
to a Healthy Child**

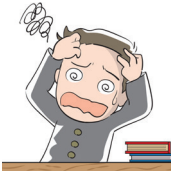
# A New Children's Health Epidemic

It seems like kids are more troubled and sickly than ever today.

They have behavior issues. They take all kinds of medications. They don't have hay-fever anymore, they have life-threatening allergies. What happened?

Research shows that nearly 90% of children in the United States now suffer from one or more of these common problems.

## Common Problems in Today's Kids



**Learning Difficulties**



**Butt-Up Sleeping**



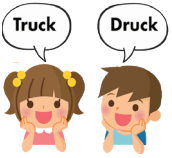
**ADD  
ADHD**



**Bed Wetting**



**Allergies  
Asthma**



**Delayed Speech**



**Night Sweats**



**Frequent Coughs & Colds**



**Aggression  
Defiance**



**Nightmares  
Night Terrors**



**Bullying  
Others**



**Restless  
Legs**



**Anxiety  
Attacks**



**Daytime Sleepiness**



**Open-Mouth  
Chewing**

# Traditional Treatments

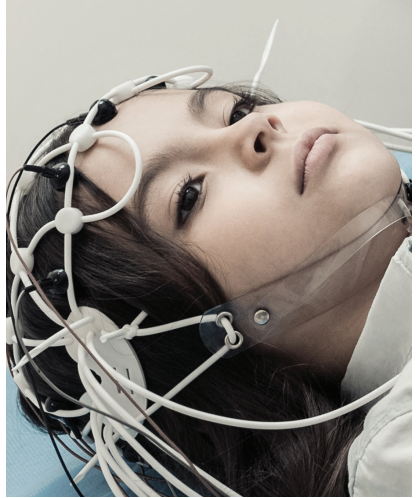
Traditional treatments for children with these issues have included:

- Psychotropic Drugs
- Psychiatric Testing
- Surgery
- Tooth Extractions
- Sleep Studies
- Special Education
- Counseling/Therapy
- Other Medications
- Tutoring
- Sleep Aids
- HGH Injections
- Allergy Testing
- Amphetamines
- Behavior Modification
- Alternative Education



## Commonality?

What do all of these medications and treatments have in common?  
Like band-aids, they treat the symptoms but not necessarily the real cause.



## The Real Culprit is...

...a physical deformity that prevents children from getting good, restorative sleep.

In addition, these deformities lower a child's oxygen levels during sleep.

Over time, that could contribute towards behavioral problems like ADHD, Anxiety, Bullying and Bed Wetting.

The lowered oxygen level may also trigger physical problems like Delayed Speech, Crooked Teeth and Sleep Apnea.



Sometimes it mimics symptoms of more serious diseases so well that it's misdiagnosed.

**We've recently discovered how these deformities develop in a child and the answer might be especially shocking to moms and dads.**





## It's all about the Tongue!

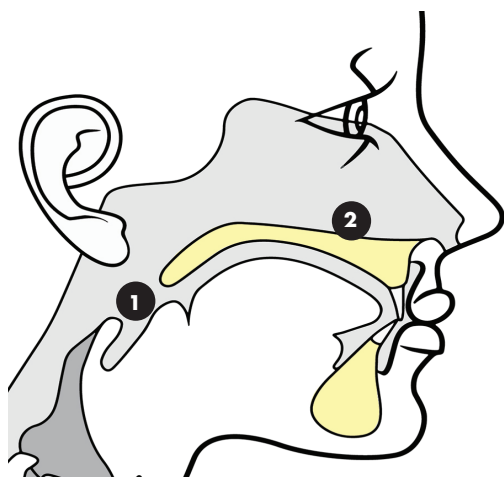
The tongue learns how to twist itself into all kinds of shapes to develop speech to communicate. It can lick an ice cream cone and curl up to whistle. Some people can even tie a cherry stem into a knot using just their tongues.

But, it's what the tongue is supposed to accomplish behind the scenes in the first few years of our lives that could mean the difference between going through life happy and healthy or living a life of misery.

When we're born, our heads get squeezed down so we can fit through the birth canal. It's the tongue's job then to fit into the roof of the mouth to shape and widen our nasal and oral structures so we can breathe freely and easily.

Sometimes things don't work out that way.

Sometimes the child's tongue doesn't do its job and the child develops sleep-related breathing disorders commonly called SDB.



### Two Types of Children's SDB

**Type-1 SDB** squeezes the airway in the child's throat.

**Type-2 SDB** squeezes the airways in the child's nose.

# Type-1 SDB

## Creating a Weak Tongue

In America, parents often feed processed baby foods as the next step from bottle or breastfeeding.

Raw foods require the tongue to position food so the teeth can grind it for swallowing. The tongue gets a workout as it does this job.



**Bad**



**Good**



## Creating a Weak Lower Jaw

The lower jaw should get stronger as it chews. But mashed potatoes, strained peas and oatmeal are “pre-chewed” for the child.

The tongue simply squeezes the food and swallows. The tongue and lower jaw start to “believe” that there is nothing important for them to do.

**The child starts to develop a receding (stunted) chin.**

# “What is a Stunted Chin?”

There is a simple test you can do at home to evaluate your child’s chin.

Take a side photo of your child and print it out.

Then, taking a ruler, draw a line from your child’s forehead down through the point where the upper lip meets the bottom of the nose.

Then, continue on down to the chin.

If the child’s chin sticks out beyond the line or touches the line, that’s good. If not, you should contact a qualified sleep medicine professional.

You can do the same test on yourself.



**Stunted Chin**

**Stunted Chin**

**Normal Chin**



**Normal Chin**

**Normal Chin**



# “My Child Has a Stunted Chin. So What?”

A stunted chin means that the child’s tongue and lower jaw failed to grow forward and down because of soft baby foods.

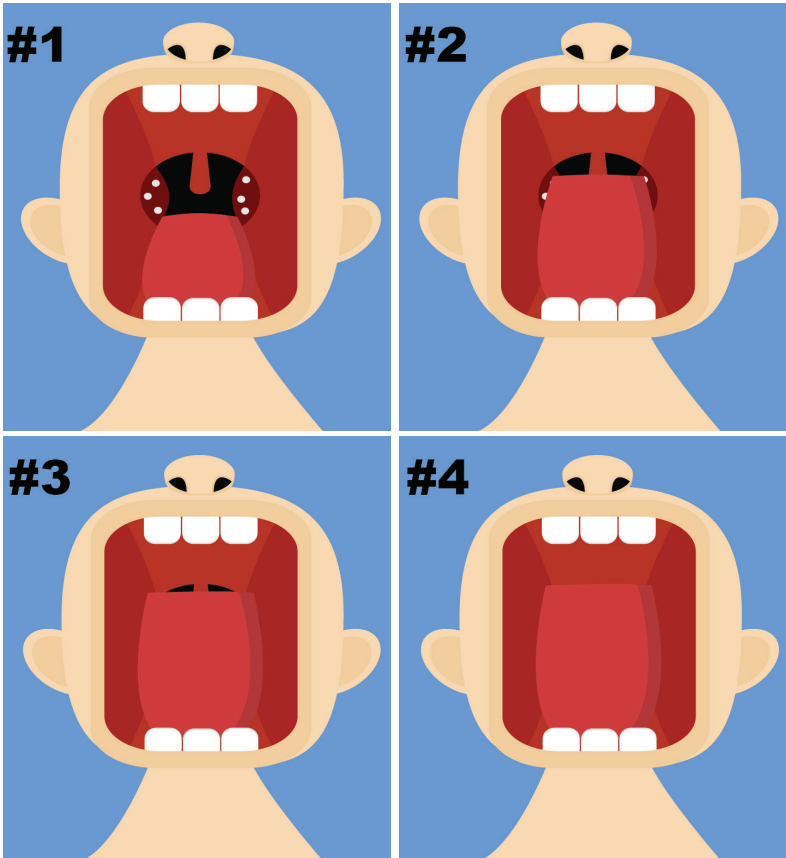
The reason that’s a big deal is because the lower jaw and tongue are being pushed back into the throat and blocking the child’s airway.

How badly is your child’s airway being blocked? Let’s find out.

## Mallampati Score

Below are four diagrams that help to score a child’s obstructed airway. Have your child face you straight on. Have them open their mouths real wide and put the tip of their tongue on top of their lower front teeth (just like in the diagrams below).

Choose the diagram that best matches your child. If you choose #2, #3 or #4, you should be concerned and speak with a qualified professional.



# Fixing Type-1 SDB (The Stunted Chin)

## Narrow Airway in the Child's Throat

The lower jaw and tongue stayed small while the rest of the head kept growing.

They are blocking the flow of oxygen.

Also, because the tongue is weak, it may fall backward into the throat during sleep and potentially cause sleep apnea.

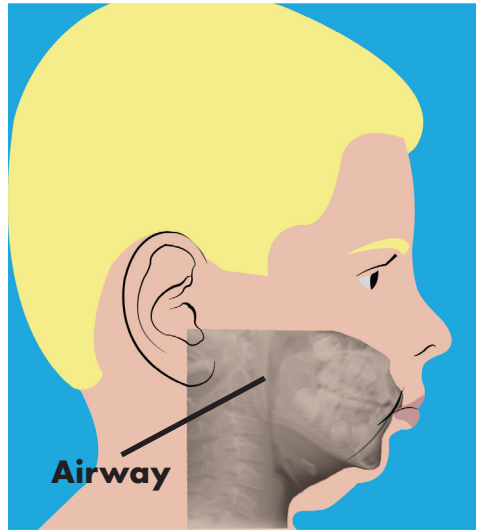
## Guided Growth

Fortunately, qualified sleep medicine professionals offer a program to reverse the effects of irregular facial development. Although referred to by different names, Guided Growth is the one most often used.

### Guided Growth:

- Promotes growth of the middle head
- Promotes growth of the jaw
- Opens the airway
- Promotes proper body growth
- Reduces levels of stress hormones
- Releases more GHG during sleep
- Corrects orthodontic problems
- Creates an ideal overbite and overjet
- Creates proper bite
- Brings all 28 teeth into place

**By using guided growth, most children can be treated and cured of a blocked airway in the throat.**



*Actual Patient X-Ray at 8-Years of Age*

## Before Guided Growth



*Actual Patient X-Ray at 13-Years of Age*

## After Guided Growth

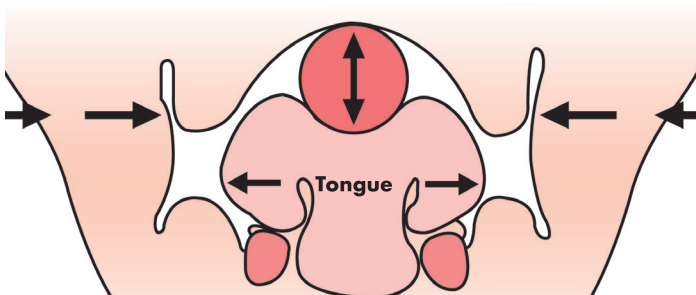


## Now, Let's Look at Type-2 SDB

### Pacifiers, Bottles and Thumbs, Oh My!

In America, parents often feel like breastfeeding is a hassle. And, given the hustle and bustle of everyday life here, it's easy to understand why bottle feeding is so popular.

So, we stop breastfeeding after a couple of months and put a bottle in our babies' mouths. When they are finished with the bottle, we stick a pacifier in their mouths. If there is no pacifier available, they suck on their thumbs.



### The Physical Damage of Sucking on Objects

Imagine the red circle above is a thumb, pacifier or bottle nipple. The tongue pushes the object upwards into the roof of the mouth.

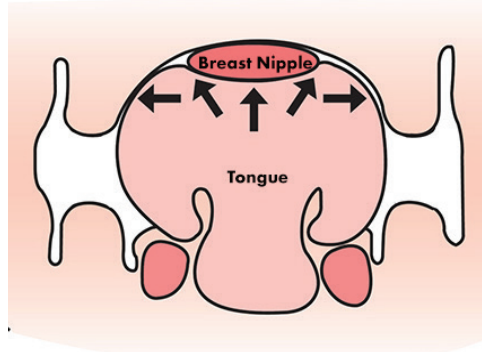
The object pushes the palate (roof of the mouth) up into the nasal airways.

Then, when the child sucks on the object, the cheeks and lips are pulled in, forcing the upper gums and teeth inward and the roof of the mouth further upward.

## “Isn’t Breastfeeding Sucking As Well?”

Actually, it’s not. Instead, the tongue pushes the breast nipple up against the roof of the mouth causing the mother’s milk to be pressed out, not sucked out.

As the baby continues to apply pressure, the tongue pushes outwards. This motion protects the nasal airways.



## What Does That Mean, “Protects the Nasal Airways”?

The roof of the child’s mouth (upper palate) sits right underneath the airways of the nose. If the roof of the mouth gets pushed up, it pushes into the nasal airways.

Those airways get squeezed and it becomes difficult to breathe through the nose.

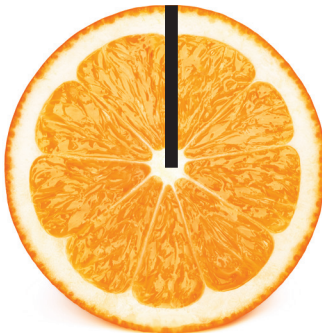
## “How Does the Palate Get Pushed Up Into the Nasal Airways?”

The cheeks and lips are powerful muscles and they are constantly squeezing inward on the upper gums. It’s not much pressure, however, it’s just enough to “raise the roof.” The two black lines on the oranges below are exactly the same height.

As you can see, the squeezed orange is taller than the other orange.

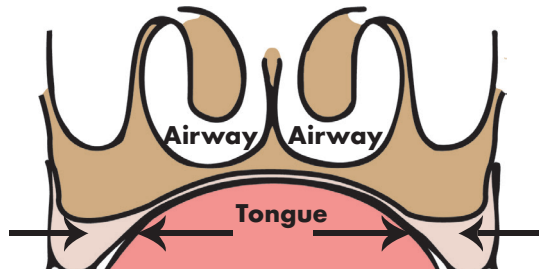
That’s what happens to the child’s palate.

**The tongue fights that squeezing pressure.**



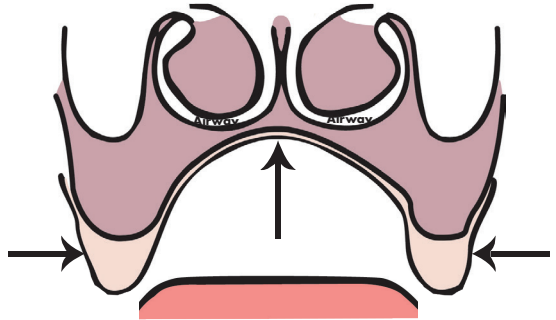
## Protected Airways / Expanded Palate

When the tongue stays in the roof of the mouth, it pushes outward when the cheeks and lips squeeze inward. That keeps the upper and lower jaw aligned so the upper and lower teeth mesh beautifully.



## Absentee Tongue

If the tongue is not in the roof of the mouth, it can't stop the cheeks and lips from squeezing the palate together (like the orange). So the palate gets narrower and higher, pushing up into the nasal airways.



## "Where is the Tongue?"

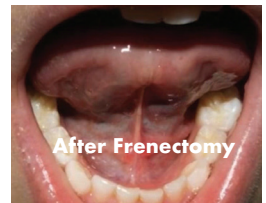
It's lying on the floor of the mouth. The tongue may be too weak from soft baby foods. Or, the tongue may have been trained to stay out of the way of incoming oxygen coming through the mouth.

Either way, the tongue is not protecting the roof of the mouth and not shaping the upper palate and nasal airways.



## Tied-Down Tongue

Sometimes the frenulum (little flap of skin that holds the tongue in place) is too tight and the tongue is prevented from protecting the nasal airways. A qualified dental or medical professional can easily free the tongue.



## The Cycle of Mouth Breathing

More often than not, a child gets trapped in a cycle of mouth breathing.

### Mouth Breathing Event

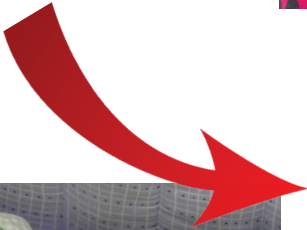
Sometimes a child catches a cold or gets a sinus infection.

The child has a stuffy nose and starts mouth breathing when asleep.

The child doesn't sleep well and is tired during the day.

The child has a sore throat from breathing dry air all night.

The child is cranky.



### It Gets Worse

Mom makes sure that the child has a pacifier most of the time for soothing.

She also gives the child extra bottles to stay hydrated.

At bedtime, mom puts a pacifier in the child's mouth. The child spits it out so the mouth can be kept open for breathing.

Mom puts it back in every time she checks on the child.

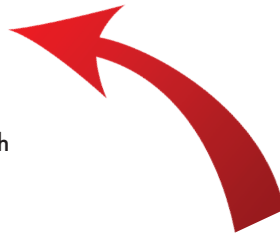
She is making the problem worse.



## The Cycle Continues

Because the nasal airways keep shrinking, the child has to keep mouth breathing. Mouth breathing encourages respiratory illnesses. She gets sick again.

The cycle goes around again. And, again.



## The Tongue Lies Low

The tongue becomes trained to stay out of the way of the incoming oxygen.

Because the tongue is not protecting the child's palate, the roof of the mouth gets squeezed up into the nasal airways.



## 24/7 Mouth Breathing

Eventually, the child "forgets" how to breathe through the nose.

The mouth begins to hang open both night and day.



# Fixing Type-2 SDB (The Nasal Airways)

The guided growth program is a “Do-Over” opportunity.

Both the parents and their child get to shout out, “Do Over!” and get a second chance for that child to be healthier, happier and rid of the social, behavioral and physical problems that we discussed at the beginning of this book.

Remember the little boy that we discussed a few pages back? His airway in his throat was constricted because his tongue and lower jaw had not developed correctly. A guided growth program moved his chin and tongue forward.



## Every child is different.

Your sleep medicine professional may suggest a Myo-functional system, a palate expansion appliance, an ALF treatment system or a combination of techniques. These tools, and others not mentioned, are all effective for different children depending upon their needs.



Guided growth is instrumental in fixing Type-2 SDB as well.

However, in this case, guided growth will be used to expand the child's palate to open the nasal airways. In addition, exercises for the tongue will strengthen the tongue and get it back to living in the roof of the mouth where it can protect the palate for life.

Finally, the upper jaw will be expanded so that adequate space will be available for the upper adult teeth to come in and so the upper and lower teeth mesh together in a solid, functional bite.

## SDB Case #468

Five-year old Shondra was having trouble sleeping at night.

She had just started kindergarten and was having some troubles in reading at school.

Her pediatrician suspected SDB and ordered a sleep test.

Shondra had a narrow, raised palate. She was a mouth breather and sometimes choked during sleep.



### **Guided Growth Plus Expanded Palate**

After completing guided growth and palatal expansion treatment, Shondra's lower face and jaw filled out and she found it easier to breathe through her nose. She began getting the restorative and rejuvenating sleep that she needed.

Not only did her facial structure change,  
her behavior turned around as well.

A few years later, her adult teeth came in just where they were supposed to and her smile was beautiful.

# Indicators of Children's SDB

You may ask, "How do I know if my child has SDB?"

There are physical indicators or characteristics that have been shown to accompany SDB in children. Of course, it's not a hard and fast rule that children with SDB will have these characteristics. However, when they are accompanied by one or more of the negative health and social symptoms discussed at the start of this book, you should consult with a qualified sleep medicine professional.

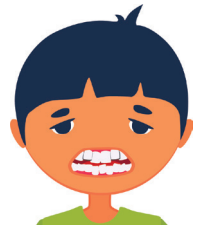


## Snoring/Sleep Apnea

If the child is snoring or having sleep apnea episodes, it might be from Type-1 SDB (blockage in the throat).

## Crowded Teeth

Children with Type-2 SDB (narrow, raised palate) often have overcrowding of the upper teeth.



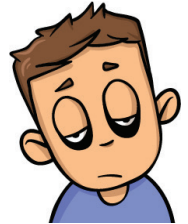
## Receding Chin

A receding chin is a classic sign of Type-1 SDB where the lower jaw and tongue are blocking the airway in the throat.



## Dark Circles

Children who are not getting restful, restorative sleep at night develop distinctive dark circles under their eyes. Their eyelids may sag and they look like an adult who has been out partying all night.



## 24/7 Mouth Breathing

Type-2 SDB blocks the airways in the nose so children must get their oxygen through the mouth.



## Dry and Swollen Tonsils

Type-2 SDB makes children breathe dry air through the mouth making the tonsils swollen and irritated.





# “Where Do We Go From Here?”

The good news is that whether a child is just beginning to show signs of sleep-related breathing disorders or has done so for years, we can help.

In fact, in cases where the development of a compromised airway is caught early enough, a qualified professional can not only fix the problem, they can usually reverse the damage and restore a child’s ability to breathe freely.

As for you, from now on, you’ll see children differently. Everywhere you go, you’ll be aware of tired children standing in the background with dark circles under their eyes, stunted chins and crowded or crooked upper teeth.

Please share with other parents what you now know about sleep disrupting breathing.

Go ahead and give them our contact information.

**You might change a child’s life.**

**Dark Circles**      **Looks Tired**      **Not Participating**      **Stunted Chin**



## One final thought...



### **You didn't know!**

When parents find out that their child has SDB, and especially when they find out what causes it, many moms and dads blame themselves.

*"If only I hadn't fed all that soft baby food."*

*"I shouldn't have stopped breastfeeding so soon."*

*"I always made sure they had a pacifier to suck on."*

But you didn't know about the damaging effects of your actions.  
You were doing what was right for your family at the time.

Remember, this research has only recently made the connection between SDB and kids social, physical and behavioral problems.

You didn't know, but now that you do, you have the opportunity to remold your child's future. You have the power to call out "Do Over!"

# INTEGRATIVE MYOFUNCTIONAL THERAPY



Victoria Wright RDH OMT is the Orofacial Myofunctional Therapist for Integrative Myofunctional Therapy, Inc. She founded IMT to serve infants, children and adults with orofacial myofunctional disorders.

As a Registered Dental Hygienist, she began learning about orofacial myofunctional therapy [OMT] more than 15 years ago. Her philosophy of

“integrative” [ie: whole person] patient health care determines her approach to customized treatment. She is an advocate for her patients with other necessary healthcare professionals. Collaboratively, they pursue the reason why a symptom presents and then work together to treat for improved function.

Victoria specializes in OMT and treats patients in her private practice, generally in San Diego County, however she helps patients all over the world once a comprehensive OMD Assessment is completed. She is usually able to facilitate therapy in a variety of 3 office locations, including additional virtual options of Zoom, FaceTime, Skype and WhatsApp.

The profession of Orofacial Myofunctional Therapy demands continuous study. Victoria has been intentional about training and learning many therapeutic modalities. She is committed to treating patients with the latest techniques, therapies and information.

She is passionate about educating patients and professionals about OMT. She is available for educational presentations in dental and medical offices, for individuals, for professional organizations and community venues.



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