**Orofacial Myofunctional Therapy Studies (13)**

Filtered by **Level One Studies** (highest level of experimental validity for evidence based medicine)

OMT For Occlusion & Orthodontic Retention

Van Dyck C, Dekeyser A, Vantricht E, Manders E, Goeleven A, Fieuws S, Willems G (2016). **The effect of orofacial myofunctional treatment in children with anterior open bite and tongue dysfunction: a pilot study.** The European Journal of Orthodontics. June;38(3):227-234. doi:10.1093/ejo/cjv044

<https://pubmed.ncbi.nlm.nih.gov/26136435/>

**· Level 1**

· Randomized controlled study; 22 subjects

**· “Orofacial myofunctional therapy can positively influence tongue behavior. However, further research is recommended to clarify the success of OMT as an adjunct to orthodontic treatment and to identify possible factors influencing the outcome.”**

This research indicates that orofacial myofunctional therapy (OMT) can positively influence tongue behavior in children with anterior open bite and tongue dysfunction. Specifically, OMT can improve tongue elevation strength, tongue posture at rest, and tongue position during swallowing. The study suggests that OMT can be a helpful addition to orthodontic treatment, particularly when aberrant tongue behavior is a factor.

OMT For Stability Post Oromaxillofacial Surgery

Prado DG de A, Berretin-Felix G, Migliorucci RR, Beuno M da RS, Rosa RR, Polizel M, Teixeira IF, Gaviao MBD (2018). **Effects of orofacial myofunctional therapy on masticatory function in individuals submitted to orthognathic surgery: a randomized trial**. Journal of Applied Oral Science, 26:e20170164. doi:10.1590/1678-7757-2017-0164.

<https://pubmed.ncbi.nlm.nih.gov/29412368/>

· **Level 1**

· Randomized control study; 48 subjects

**· “There were positive effects of orofacial myofunctional therapy on the clinical and electromyography aspects of chewing in individual submitted to orthognathic surgery.”**

OMT For Symptoms of OSA, SDB, UARS

The Journal of EVIDENCE-BASED DENTAL PRACTICE,(2025) **EFFICACY OF MYOFUNCTIONAL THERAPY FOR OBSTRUCTIVE SLEEP APNEA: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS** YING XU, Ph.D a , b ,RUICONG YANG, MSc a , b ,MIN YU, M.D. a , b , ANDXUEMEI GAO, M.D., Ph.D. a , b a Department of Orthodontics, Peking University School and Hospital of Stomatology, Beijing, PR China b Center for Oral Therapy of Sleep Apnea, Peking University Hospital of Stomatology, Beijing, PR China

[https://www.sciencedirect.com/science/article/pii/S1532338225000521#:~:text=Therefore%2C%20this%20systematic%20review%20and%20network%20meta%2Danalysis,OSA%2C%20facilitating%20decision%2Dmaking%20for%20clinicians%20and%20patients.](https://www.sciencedirect.com/science/article/pii/S1532338225000521%23%3A~%3Atext%3DTherefore%2C%20this%20systematic%20review%20and%20network%20meta-analysis%2COSA%2C%20facilitating%20decision-making%20for%20clinicians%20and%20patients.)

**-Level 1**

**“The network meta-analysis supports MT as a promising adjunct for improving subjective indicators in adults and suggests that when daily training exceeds 30 minutes, MT can significantly improve AHI. Additionally, MTSP and MT combined with myofascial release may offer further benefits in subjective outcomes.”**

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Carrasco-Llatas M, O'Connor-Reina C, Calvo-Henríquez C. **The Role of Myofunctional Therapy in Treating Sleep-Disordered Breathing: A State-of-the-Art Review.** Int J Environ Res Public Health. 2021 Jul 8;18(14):7291. doi: 10.3390/ijerph18147291. PMID: 34299742; PMCID: PMC8306407.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8306407/>

**-Level 1**

**“The available evidence demonstrates a positive effect of MFT in reducing sleep apnoea, as shown by the measurements of PSG and the clinical variables in adults. The evidence is solid for snoring reduction measured objectively with PSG variables or subjectively with scales… Given the available evidence and the safety of MFT, we suggest that MFT should be initially offered as a non-invasive therapy to patients experiencing SDB.”**

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Camacho M, Certal V, Abdullatif J, Zaghi S, Ruoff CM, Capasso R, Kushida CA (2015). **Myofunctional therapy to treat obstructive sleep apnea: a systematic review and meta-analysis**. Sleep. 2015;38(5):669-675. doi:10.5665/sleep.4652.

<https://pubmed.ncbi.nlm.nih.gov/25348130/>

· **Level 1**

· Meta-analysis of 9 studies

**· “Current literature demonstrates that myofunctional therapy decreases apnea-hypopnea index by approximately 50% in adults and 62% in children.”**

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Camacho M, Guillleminault C, Wei JM, Song SA, Noller MW, Reckley LKm Fernandez-Salvador C, Zaghi S (2018). **Oropharyngeal and tongue exercises (myofunctional therapy) for snoring: a systematic review and meta-analysis**. European Archives of Otorhinolaryngology, Apr;275(4):849-855. doi: 10.1007/s00405-017-4848-5. Epub 2017 Dec 23.

<https://pubmed.ncbi.nlm.nih.gov/29275425/>

· **Level 1**

· Meta-analysis of 9 studies

**· “Myofunctional therapy has reduced snoring in adults based on both subjective questionnaires and objective sleep studies.”**

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Diaferia G, Santos-Silva R, Truksinas E, Haddad FLM, Santos R, Bommarito S, Gregorio LC, Tufik S, Bittencourt L (2017). **Myofunctional therapy improves adherence to continuous positive airway pressure treatment.** Sleep and Breathing, May;21(2):387-395. doi: 10.1007/s11325-016-1429-6. Epub 2016 Dec 2.

<https://pubmed.ncbi.nlm.nih.gov/27913971/>

· **Level 1**

· Randomized control study; 100 subjects

· “**Our results suggest that in patients with obstructive sleep apnea syndrome, myofunctional therapy may be considered as an adjuvant treatment and an intervention strategy to support adherence to continuous positive airway pressure treatment**.”

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Guimaraes KC, Drager LF, Genta PR, Marcondes BF, Lorenzi-Filho G (2009**). Effects of oropharyngeal exercises on patients with moderate obstructive sleep apnea syndrome**. American Journal of Respiratory and Critical Care Medicine, May 15;179(10):962-6. doi: 10.1164/rccm.200806-981OC. Epub 2009 Feb 20.

<https://pubmed.ncbi.nlm.nih.gov/19234106/>

· **Level 1**

· Randomized control study; 31 subjects

**· “Oropharyngeal exercises significantly reduce obstructive sleep apnea syndrome severity and symptoms and represent a promising treatment for moderate obstructive sleep apnea syndrome.”**

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Ieto V, Kayamori F, Montes MI, Hirata RP, Gregorio MG, Alencar AM, Drager LF, Genta PR, Lorenzi-Filho G (2015). **Effects of Oropharyngeal Exercises on Snoring:** A Randomized Trial, Sep;148(3):683-691. doi: 10.1378/chest.14-2953.

<https://pubmed.ncbi.nlm.nih.gov/25950418/>

· **Level 1**

· Randomized control study; 39 subjects

· **“Oropharyngeal exercises are effective in reducing objectively measured snoring and are a possible treatment of a large population suffering from snoring.”**

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Villa MP, Evangelisti M, Martella S, Barreto M, Del Pozzo M (2017). **Can myofunctional therapy increase tongue tone and reduce symptoms in children with sleep-disordered breathing?** Sleep and Breathing, Dec;21(4):1025-1032. doi: 10.1007/s11325-017-1489-2. Epub 2017 Mar 18.

<https://pubmed.ncbi.nlm.nih.gov/28315149/>

· **Level 1**

· Randomized control study; 54 subjects

· **“Oropharyngeal exercises appear to effectively modify tongue tone, reduce sleep disordered breathing symptoms and oral breathing, and increase oxygen saturation, and may thus play a role in the treatment of sleep disordered breathing.”**

OMT For Symptoms of Temporomandibular Disorder

de Felicio CM, de Oliveira MM, da Silva MA (2010). **Effects of orofacial myofunctional therapy on temporomandibular disorders.** Journal of Craniomandibular Practice, Oct; 28(4):249-59.

<https://pubmed.ncbi.nlm.nih.gov/21032979/>

· **Level 1**

· Randomized control study; 30 subjects

**· “Orofacial myofunctional therapy favored a significant reduction of pain sensitivity to palpation of all muscles studied but not for the temporomandibular joints; an increased measure of mandibular range of motion; reduced Helkimo's Di and Ai scores; reduced frequency and severity of signs and symptoms; and increased scores for orofacial myofunctional conditions.”**

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Ishiyama H, Inukai S, Nishiyama A, Hideshima M, Nakamura S, Tamoaka M, Miyazaki Y, Fueki K, Wakabayashi N (2017). **Effect of jaw-opening exercise on prevention of temporomandibular disorders pain associated with oral appliance therapy in obstructive sleep apnea patients: A randomized, double-blind, placebo-controlled trial.** Journal of Prosthodontic Research, Jul;61(3):259-267. doi: 10.1016/j.jpor.2016.12.001. Epub 2017 Jan 4.

<https://pubmed.ncbi.nlm.nih.gov/28063976/>

· **Level 1**

· Randomized control study; 25 subjects

· “**Jaw-opening exercise prior to oral appliance therapy reduced the risk of temporomandibular disorder pain associated with oral appliance uses.”**

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Machado BC, Mazzetto MO, da Silva MA, de Felicio CM (2016). **Effects of oral motor exercises and laser therapy on chronic temporomandibular disorders: a randomized study with follow-up.** Lasers in Medical Science, Jul;31(5):945-54. doi: 10.1007/s10103-016-1935-6. Epub 2016 Apr 16.

<https://pubmed.ncbi.nlm.nih.gov/27085322/>

**· Level 1**

· Randomized control study; 102 subjects

· **“Low level laser therapy combined with orofacial myofunctional exercises was more effective in promoting temporomandibular disorder rehabilitation than low level laser therapy alone was.”**

Extracted from Bibliographies on Orofacial Myofunctional Therapy : **D’Onofrio Institute**