

# All tied up?

How to know if you're tongue-tied

**T**ongue-tie, where the tongue is bound too closely to the floor of the mouth, commonly affects 20 percent of us, so it's generally overlooked by health care professionals. But "common" doesn't mean healthy. Now we know that untreated ties can domino into a plethora of issues: nursing difficulties, speech problems, depression, ADHD, behavior problems, crowded teeth, neck/posture pain, TMJ pain, headaches, Obstructive Sleep Apnea (OSA) and more.

Here's why: The tongue is a powerful set of 8 muscles, secured by connective fascia. Like other muscles in the body, when the tongue is exercised it becomes bigger and stronger. A properly developing tongue during childhood has the unique ability to form the size and shape of its home (the jaws), prevent tooth crowding, create clear nasal breathing (because



## Signs and symptoms

### For a baby:

- weak latch
- falling asleep while nursing
- reflux
- spitting up
- gassy/bloating/gut pain
- clicking/smacking while eating
- long and frequent nursing needs

### For a mother:

- painful nursing
- cracked, blistered, bleeding nipples
- thrush/mastitis
- compromised milk supply

Our Infant Oral Health Program includes  
lip and tongue tie  
assessments and laser  
release treatments



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*Photo taken five minutes after laser treatment procedure.*



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your palate bones also form the base of your nasal passages), and prevent sleep/airway disorders including OSA.

Breastfeeding during infancy helps immensely because the tongue must work up to 60 times harder to extract milk from a breast than a bottle. In addition to the health benefits of breast milk itself, the exercise of sucking strengthens the tongue to take its rightful place at the TOP of the mouth. There it helps to shape a broad, flat palate, a well-developed mid-face (both jaws and nasal sinuses), and influences the development of a higher throat opening, which further prevents risks of disordered breathing and OSA.

Releasing a tongue-tie dramatically improves a baby's ability to latch properly, and subsequently to grow a suitably large 'tongue box'. The obvious tip-of-the-tongue (called anterior) tie is sometimes identified at birth by a certified lactation consultant (IBCLC) or physician and might be snipped in the hospital with a scissors. But scissor snips can result in an incomplete release, ignoring the

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further-back restriction (posterior tie) that limits the back of the tongue from creating suction to the palate.

Not so incidentally, the upper lip tie can interfere with a proper latch and might need a release as well.

Laser assisted releases are considered more controlled, less painful and faster to heal. Ideally ties are released from 2 to 8 days after birth, but if you missed that chance, you can have it released any time in life. In addition, we may recommend removal of tonsils/adenoids, palate expansion therapy or myofunctional therapy.



*Dr. Susan Maples is a dentist in Holt. She is also a speaker, health educator and author of *Blabbermouth*. Learn more at [drsusanmaples.com](http://drsusanmaples.com) or call (517) 694.0353.*