



Tethered Oral Tissues (TOTs) / Ankyloglossia

Tongue Tie occurs when the tongue of an infant or child is restricted and pulled to the base of the mouth, due to a short or tight lingual frenulum. This tethering prevents normal and coordinated movement of the tongue, and can result in difficulty with breastfeeding, bottle feeding, proper breathing, speech, and food intake. It can also lead to dental misalignment later in life. Lip tie involves the frenulum under the upper lip and it can also contribute to the above problems. Some TOTs are quite functional and may not need immediate correction, while others should be treated, or revised, as soon as possible.

“One of the first problems involving a restrictive tongue attachment is that it often goes undetected, misdiagnosed or summarily dismissed by many healthcare professionals (including family doctors, nurses, midwives, LC’s, and pediatricians). It occurs in mothers seeking professional help in diagnosing problems related to breastfeeding. Unfortunately, rather than having these ties corrected, mothers are just told to use formula and a bottle or worse, are told the attachments will stretch or tear without treatment.”

Dr. Kotlow, DDS

Difficulties and symptoms associated with TOTs and a poor latch during breastfeeding include:

- nipple damage, bleeding and/or pain
- difficulties in breathing (apnea)
- nasal congestion (silent reflux)
- colic, gassiness, fussiness, reflux (aerophagia)
- clicking or snapping of the tongue indicating breaking of the seal
- poor resting position of the tongue when sleeping (it should be at the roof of the mouth)
- poor control and coordination of milk flow, leakage out of the mouth
- blocked ducts, mastitis due to ineffective milk transfer
- poor weight gain in babies/failure to thrive infants

Treatment of tongue and lip ties is called a frenotomy. This can be done using scissors or a scalpel by a Pediatrician, ENT doctor, or some Lactation specialists. Another type of frenotomy involves the use of a Laser device, which is primarily performed by Pediatric Dentists trained in this procedure (which is often most recommended).

It is important to have your child’s TOTs properly assessed by a trained LC, or other bodywork specialist who has advanced training in this area (Chiropractor, Osteopath, Physio). The assessment should include a detailed examination inside the mouth, as well as how the baby breastfeeds.

If you decide to have the TOT revised, it is important to continue with breastfeeding support (if this applies), as well as bodywork and stretches recommended by your healthcare provider, to prevent re-attachment of the tissues.

Chiropractic care specifically addresses the tone of the nervous system. Babies who present with TOTs often have a high tone or tension in their system. This can show up as arching, rigid spines, throwing the head back, discomfort with certain positions, tight latch/TMJ/tongue, and irritability. The role of specialized pediatric chiro care is to reduce the tension in the spine and nervous system. This leads to improved latch, breastfeeding, and digestive function.

Exercises to help with TOTs (Tethered Oral Issues)

1. Tummy Time

Tummy time is an essential component in oral, cranial, and spinal development of your child. If the child doesn't like lying flat on their stomach, you can modify the position so that they are propped on a cushion, over your leg, on your chest, or being held in a position that they are leaning forward. The key is to have them lifting their head up and forward, and the jaw will relax down.

2. Face Massage

Using the pads of your fingers, gently massage your baby's cheeks, chin, and in front of the ear (TMJ) in circular motions. Also massage from the sides of the nose down past the corners of the mouth along the folds of the mouth. You can also create "fishy lips" with your baby by gently squishing the cheeks together with your thumb and forefinger.

3. Gum tracing

Using your pinky finger, gently trace along the entire lower gums of your child, swiping from side to side. This movement helps them to laterally move and trace the tongue.

4. Tongue protrusion

With your finger, gently tickle the lower lip of your baby, slightly pulling it down. Your baby will try and stick their tongue out to reach it. You can also stick your tongue out at your baby and try and have them mimic you!

5. Swiping under the upper lip and tongue

Using your pinky finger, swipe under the upper lip, side to side several times. You want to really reach up into the pocket above the gums. Under the tongue, swipe side to side as well to help stretch the attachment. Try and make these movements firm yet gently. Make them fun for baby and you, as you don't want baby to have an aversion to oral play.

6. Sucking practice and tug of war / tongue depression

Invert your finger so that the pad of your finger presses against the roof of baby's mouth. Let baby suck on your finger. If baby gags, then pull back finger and start closer to the lips. This may take some practice for you both. Once baby has a good suck, gently pull back in "tug of war" style, and see if baby can still maintain latch. Try and pull but not break the seal of the suck. Also once sucking, press your nail pad down onto tongue and break the suck seal. Then let baby try and reconnect the seal with sucking. Repeat each one several times.

7. Other exercises to prevent tissue re-attachment

Your dentist/specialist may also suggest rubbing on the site of the revision as needed, in order to keep it open. This should not be rigorous. It may be uncomfortable for baby at first, but it shouldn't be super intense or painful. You may also need to work on lifting the tongue up "forklift" style with 2 fingers to help stretch it.

8. Use of teething toys

Teething toys can be helpful to promote good tongue action for your baby. Wooden or plastic rings work well as baby toys to reach tongue under. Also toys that are wide and stretch across inside baby's mouth are helpful. Be mindful that it is ok for your child to gag during oral play, as the more the palate is stimulated, the better! It's also how they learn their boundaries with food later on.