MYOFUNCTIONAL SCIENCES FOR PREVENTION & ANTIAGING

For dentists, orthodontics, periodontist, pedodontics, ENTs

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The Crucial role of orthodontics in the multidisciplinary treatment of paediatric OSAS

Abstract:
This study (my PhD research) followed 3329 children between ages of 7-9 yo, who were referred to me for an orthodontic consultation by their general dentist. The purpose of the study was to see what combination of treatments would most reduce the impact of sleep disordered breathing, in the paediatric population.

Based on the signs and symptoms of sleep disordered breathing problems, 3326 patients had the standard orthodontic records of study casts, X-rays/CTs, extra oral and intra oral photographs, as well as a baseline sleep study (PSG) or an overnight pulse oximetry. Sleep studies revealed mild to moderate sleep apnea, or other symptoms of SDB. 21 patients PSG studies showed no SDB.

The patients were assigned to 1 of 4 treatment groups, plus a control group who did not receive any treatment (group 5):
1) ENT surgery only,
2) ENT surgery and Myofunctional therapy, with a night time appliance (myobrace) (MFT) or
3) ENT surgery and orthopaedics/orthodontics, and
4) ENT surgery, orthopaedics/orthodontics, MFT and a night-time appliance (myobrace).

Sleep studies were performed for all patients, at baseline, and then after ENT intervention, after orthopaedic treatment, and finally after MFT. By comparing the results, the best outcome, for RDI reduction, was obtained when ENT surgery, myofunctional therapy and orthodontic therapy were used. Complete resolution of OSAs, in children, requires appropriate orthodontic treatment, such as maxillary development, maxillary protraction, and mandibular translation.

Learning outcomes
1) Compare different combined treatment modalities for the treatment of paediatric OSAS
2) Include orthodontics in treatment plans for paediatric OSAS
3) Identify the relationship between malocclusions and SDB in children
4) Review the common ENT procedures that help restore nasal breathing in children
5) Summarize the most favourable dentofacial orthopaedic treatment outcomes for these children, once their nasal airway has been improved
6) Compare stability of their improved airway with and without MFT

A correctly growing face.
B: If the maxilla drops the mandible swings back.
C: To open the airway the head is extended back creating a ‘concave’ face.

What I hope to answer from my 15 year research project.....
1. What are the appropriate criteria to define a paediatric dental sleep medicine patient? The medicolegal definition is birth until 18 years of age. Is this an appropriate definition to be applied to dental sleep medicine?
2. What are the diagnostic criteria and who is the appropriate clinician for the diagnosis of SDB in children? Are snoring, mouth breathing, or behavioural issues enough?
3. What is the dentist’s role in screening children for SDB?
4. What are the appropriate screening protocols based on evidence and what known risk factors should be used?
5. What is the best age for intervention, or is age the appropriate indicator?
6. What treatment options are available that have scientific basis?
7. What are the anticipated side effects of the proposed treatments and can they be managed?
8. Who is responsible for coordination of multiple aspects of pediatric patients with SDB?
Dr. Anastasia Vasileiou graduated the six-year medical school of «Carol Davila» (UMFCD) Bucharest with the specialty of Stomatolog.

Through her maternity she started paying attention to the main functions of the growing human being and how those are much connected with health.

She traveled to Los Angeles 2013 to learn Myofunctional therapy and to work digital orthodontics among others.

Since then she has attended many congresses and follows Myofunctional Sciences all over the world.

She has treated hundreds of patients, babies, children, and adults with Sleep Disorders.

Her vision is to spread the news to the medical world in Greece!

**FORM FOLLOWS FUNCTION**

I will explain the importance of our 24/7 living and isometric exercises by functioning consciously.

I want to give an emphasis to myo-fascia function education and training which is more than a therapy.

Doctors will use it for their patients and for them selves too.

Be an example, have your best shape!
Dr. Theodore R. Belfor is a graduate of New York University College of Dentistry and has been in private practice for more than 40 years. Dr. Belfor, inventor of the Homeoblock™, a device designed for face and airway development in adults. He has been lecturing, teaching and training dentists with the Homeoblock™ protocol for more than 15 years.


Dr. Belfor is a Senior Certified Instructor for the International Association for Orthodontics (IAO), and has lectured at meetings of professional organizations all over the world.

Overview Aims and objective

Craniofacial dystrophy (or lack of proper craniofacial development) is now recognized as a primary cause of sleep and breathing disorders as well as TMJ issues and premature facial aging.

This Certification/Continuing Education program will share cutting edge knowledge that you will not find anywhere else and will teach dental practitioners how to recognize craniofacial dystrophy while providing treatment options.

This training will take you on a journey with paradigm shifts and epiphanies from Esthetic, Neuromuscular dentistry to a Quantum Dentistry via the Homeoblock orthopedic/orthodontic appliance.

- Facial and Airway development an evolutionary problem.
- Epigenetic orthodontics; Finding our hidden genes
- The Homeoblock Appliance, the Original Epigenetic Orthodontic Appliance
- Oral mechanotherapy: Intermittent light force signaling and mechanotransduction
- Patient evaluation and treatment protocol.
- Case studies
- The three gas system: Nitric oxide, Co2 and Oxygen
- Treating subclinical TMJ
- The Sphenoid
- Stuffed noses

This course is designed to bring an understanding of the modern diseases that stems from our lack of full craniofacial development. Soft food in our diet, lack of proper breast feeding and polluted air has affected our faces and airways in the 21st century.

The course will address; how do we recognize a lack of facial development in adult patients? How does this relate to sleep, breathing, jaw joint issues and premature facial aging?

The objective is to provide a simple protocol for airway toning and facial development using dental oral appliance therapy.