

TONGUE - TIE

Tongue tie results from the membrane under the tongue (frenulum) extending further than usual towards the tip of the tongue. This limits the forward and upward movement of the tongue. Tongue tie is often hereditary.

Clinical Features:

The short frenulum may restrict the tongue so that the infant is not able to extend it beyond the lower gum margins leading to breastfeeding problems (sore nipples, poor supply for the mother, poor weight gain in the baby). The end of the tongue is often notched and heart shaped.

While tongue tie is relatively common in new borns, it is much rarer in children beyond 2 to 3 years of age.

A person with tongue tie maybe unable to lick an ice-cream or stick out his /her tongue. It may contribute to dental problems. The frenulum may cause a persistent gap between the lower front two teeth.

At times the person with tongue tie may find that food gets caught under their tongue or in the sides of their mouth and they are unable to

remove it with their tongue. If food is not removed properly significant dental decay will occur.

Tongue tie may cause problems with articulation of sounds such as /t/, /d/, /n/, /l/, /s/, /z/ and /th/ because it restricts the ability to elevate and / or protrude the tongue. It may also be impossible to play a wind instrument which requires the tongue to stop the mouthpiece.

Management:

The treatment of tongue tie is a continuing controversy dating back many centuries. At one time the ‘snipping’ of tongues was overdone.

As a reaction to the over-use of clipping to correct tongue tie, many medical practitioners today may not consider any surgery is necessary.

Since no surgical procedure is without risks, surgery should only be done when required. If the tongue tie is interfering with the infant being able to attach and suck effectively, or affecting the child’s ability to pronounce certain sounds correctly, then surgery should be considered.

CHECKLIST

YES NO

Does your baby attach properly to the nipple when breast feeding?

Is your child breastfeeding successfully?

Is your child able to move his tongue up and out of his mouth with ease?

Is your child able to move his tongue down and out of his mouth with ease?

Can your child say the /t/, /d/, /n/ /l/, /s/, and /z/ sounds correctly?

Does your child have a persistent gap between his/her lower front two teeth.

Is your child unable to remove food “stuck” under the tongue or in the sides of the mouth with the tip of their tongue.

If one or more SHADED boxes were ticked, please ring Tyquin Group on 3399 8028 to discuss your concerns.

About Tyquin group

Tyquin group is a professional clinic containing a practice of Speech Pathology and a Reading Clinic .

As speech pathologists, we are working toward helping the 14% of Australians that have a communication disability. In order to do this we actively promote not only our practice but the profession as a whole.

Language and Communication sciences over recent years have made enormous advances. Unfortunately there is little awareness of the large and diverse role that Speech Pathologists can play in the support and education of our young learning children.

In our Reading Clinic, we aim to help poor readers when other attempts have failed. We willingly explore the best technology on offer anywhere in the world. We also develop techniques to use in concert with this technology in order to achieve the most effective results.

Philosophically we strive to achieve results quickly. Though this is sometimes ambitious and not always possible, we believe that it is a worthy goal.

Tyquin group invites you to regard us as a point of contact for further information about any queries you may have.

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