

Protocol for using Froggymouth®

Froggymouth® is a functional device that works differently to those available on the rehabilitation market. It draws on physiological processes brought to light by recent discoveries in neuroscience which generate biochemical modifications meaning it only needs to be worn for 15 minutes each day. It is a big change in the learning process. However, it is important to follow the proposed protocol closely for greater effectiveness when reaching target points

STAGE 1: INSTALLING THE DEVICE

What to say and what to do:

Do not give the patient too many instructions when installing the device, except to try to swallow their saliva while watching television for 15 minutes per day, so that their attention is focused entirely on the screen, and their gaze and the lingual plane are horizontal. Books and tablets do not work, as patients are more likely to dribble when the head is tipped forward.

The instructions for wearing Froggymouth® are decided by the practitioner according to the progress of the orthodontic treatment (a large, untreated incisor open bite will prevent the desired outcome). Froggymouth® may be used from the start when treating minor deformities. However, it will still be necessary to ensure that the tongue can find the physiologic references found in normal occlusion.

Froggymouth® may also be used in the last phase of treatment to ensure the stability of the results achieved.

For osteopaths and speech therapists, an orthodontic examination will sometimes be required prior to treatment; for example, if there is an excessive open bite.

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STEP 2: ENGRAMMATION

What to look for and what to say:

Ask the child if he still drools when wearing the device or if this problem has disappeared. At least one week is required, as the response is often, "I was drooling in the beginning, but not anymore." In this case, explain to the parents that children, just like computers, have two programmes that control swallowing. Choosing the right program requires clicking on the right icon on the computer's desktop. Tightened lips is leading to the old program, while closed teeth and relaxed lips are leading to the new one.

If the child continues to drool, he should be made aware that saliva is pushed forward by the tongue, and that normally the lips are then forced to close to avoid dribbling on his or her clothes, and that the saliva has to return to the back of the mouth to be swallowed. This pathway is complicated when saliva sits in the middle of the mouth and can be sent directly towards the pharynx. The styloglossus must be used to achieve the proper sequence.

STEP 3: AUTOMATION

What to say, what to do and what to look for:

Before the child settles in the chair, check the relaxation of the lower face to see whether the action of the trigeminal nerve has replaced that of the facial nerve. We stress the need for a trigeminal stimulation while blocking the facial nerve, contrary to what is promoted by many other protocols.*

If the child runs his tongue over the lips even once during the consultation, it indicates that they have not yet achieved this step.

This particular muscle, which raises the back part of the tongue both upwards and backwards whilst reducing its width, has often never been used. An intraoral mirror should be pressed downwards behind the lingual line and the patient should be asked to resist this force by pushing the mirror upwards.

Repeat this exercise two or three times to create a new motor image. If a positive result is achieved from the second session, parents will be asked to monitor the position of the lips.

It is a lot easier for a child to control his lips than to control the seventeen muscles in the tongue. Three times a day, parents just need to say to the child, "That's right, like that" and "Careful, your lips are tight". This will be a lot more effective than spending time relearning this step. It will stimulate the cortico-cortical loops in the cerebellum, which correct bad gestures and refine the right sequence. This last part can be the program for the third session if it takes a little time to involve the styloglossus

FINAL STEP: SUBSEQUENT MONITORING

Once the sequence is incorporated into the body schema, the device can be worn less and less. However, it will be beneficial to use it once a week for a full three-month period.

** "This double functional requirement; posterior lingual and occlusal, is too often forgotten by orofacial rehabilitation professionals and is likely one of the most common causes of rehabilitative failure!"*

Jean Delaire 2015: preface from "From Dysfunction to Dysmorphosis in Paediatric Orthodontics. The Part Played by Froggy-mouth".