



# Tongue Tie

## 4 Ways Chiropractic Can Help

By Andrew Dorough, D.C.

The past decade has been fraught with controversy surrounding infant tongue-tie surgery (“tongue-tie” or “tethered oral tissue”). It can be easy to assume that tethered oral tissue is causing the feeding problem—and that could be! But consider what other structures might be causing the problem. In clinical practice, I’ve seen tongue, head, or neck adaptations that affect feeding function, with or without a tongue-tie.

You may be wondering, how can the pediatric chiropractor help? The chiropractor shouldn’t diagnose a tongue-tie. But they can do much to help the baby with feeding dysfunction. They can also help before and after a tongue-tie surgery (if surgery is needed). The chiropractor might also be able to help your baby avoid a tongue-tie surgery altogether. If you suspect your child has a tongue-tie, here are four points to consider.

### **REDUCING NERVE INTERFERENCE TO TONGUE MUSCLES**

If your infant’s tongue seems tight, the oral tissue of the frenulum might not be what’s restricting it. In some cases, nerves that power the tongue may be up-regulated (increased power) or down-regulated (decreased power). In either case, the tongue muscle can appear tight or weak. Furthermore, it is possible that the genioglossus muscle has a trigger point as well, thus pulling the frenulum to the floor of the mouth. Recent research has found a direct connection between the frenulum fascia and the genioglossus muscle. When a baby’s tongue is tighter than normal, you may experience pain if you are breastfeeding. Your baby may also have trouble transferring milk from bottle or breast. Also, some babies have frequent spitting up due to an inability to completely swallow. Nevertheless, a tight tongue muscle can cause feeding problems.

A certified chiropractor can care for this adaptation. He or she will make gentle adjustments to normalize the neck, intra-oral cranial bones and soft tissue. The goal of such care is to remove the possible cause of nerve up-regulation or down-regulation to the tongue. This should be addressed to enhance breastfeeding function before pursuing other routes.

### **ALIGNING BONE AND JOINT STRUCTURES THAT ARE ATTACHED TO THE TONGUE**

The tongue muscle and the swallowing muscles are attached to the bones of the head and neck. However, if the bony structure is not aligned in the functional position, the soft tissues connected to it can be pulled and tugged from their proper alignment. Hence, this can restrict tongue motion and give the appearance of a “posterior tongue-tie.” Feeding difficulty will follow.

To get a feel for this restriction, try looking down, tucking your chin to your chest, and rotating your head to the right. Now try to suck, swallow, and breathe. When the skull and neck are moved away from normal alignment, swallowing and breathing become difficult and less effective. This is what I call a “biomechanical tongue-tie.” It is common for your baby to have their chin tucked to their chest, preventing

them from extending their neck or looking upward due to cervical spine subluxations. The chiropractor can align and normalize these structures and optimize their function to correct this adaptation.

### **RULING OUT THE FRENULUM AS THE CULPRIT**


Perhaps everyone can see that the tongue is restricted or not working effectively. However, the frenulum is not always the cause of that restriction. The medical professional might not recognize a tight jaw or a misaligned vertebra, which can also cause ineffective latch or milk transfer. Pediatric chiropractors have special training in recognizing structural adaptations. Therefore, getting chiropractic care before a tongue-tie evaluation or surgery will allow the provider to better assess the tongue’s natural state of being. It also helps him or her to discern whether the tissue (frenulum) is functional or needs potential surgery.

### **ENHANCING RESULTS OF TONGUE-TIE SURGERY**

Sometimes, tongue-tie surgery is necessary. If so, “pre-habilitation” is considered a best practice method to ensure optimal results.

Pre-habilitation gives the surgeon better tissue to work with. It also makes it easier to see inside the baby’s mouth. Before the surgery, it’s important to achieve alignment of the head and neck structures. If surgery is performed on a structure that is not in normal alignment, the wound may heal in an abnormal position and the problem may resurface in the future. Having correct alignment of anatomical structures prior to the surgery just makes sense. Surgery can be less effective on an area that is not structurally normal or sound. Prior to surgery, a pediatric chiropractor can optimize head and neck structure and tongue function. Whether there is a structural problem in the head and neck or not, your baby will benefit from pre-surgical soft tissue care. If surgery is required, the chiropractor can help to rehabilitate the head, spine, and tongue. This helps:

- Correct motor skill development of the tongue and spine
- Encourage and support ideal wound healing
- Optimize the baby’s anatomy to accommodate the change created from the surgery

Beyond these benefits, chiropractic in general promotes support for the infant’s growing spine and optimal healing from any birth stresses, strains, or traumas. By taking these steps, you can significantly decrease the chance of a surgery or support whatever surgery was just performed, so your baby can achieve normal physiological function. If you suspect a tongue-tie, care from a pediatric chiropractor should be an essential first step on your journey to breastfeeding success. 



*Dr. Dorough is a native of St. Louis, MO. He practices at a medical clinic specializing in breastfeeding care. He is passionate about educating professionals and families about birth trauma and how it impacts family wellness. Over the past decade, Dr. Dorough has been inspired to collaborate with other professionals and share his experience and knowledge on the topic of pediatric chiropractic care.*