CO$_2$LLABORATIVE CARE + RESEARCH

INFANT CARE FAQ

Welcome to our infant care program! We understand that caring for your little one can bring both joy and challenges, and our goal is to be as thorough and available to you as possible while attending to the needs of you and your baby. We hope the following information will ease your transition and enhance your confidence in caring for your infant. Thank you for trusting us to be a part of your family's journey.

The best way to support your baby during this journey is to arrive well prepared. Reviewing all frequently asked questions (FAQs) is essential prior to our clinical assessment, and anyone accompanying you should also be prepared to help ensure more predictable visit times.

To prepare for your visit:

1. Read all the provided resources, including all FAQs, and view all infant website information.
2. Watch the essential videos on BabyLase stretches.
3. Practice hands-on stretches and light massage beforehand to help your infant adjust to having fingers in their mouth, reducing discomfort during the assessment and procedure, and ensuring you, your partner, and other care support are ready for in-the-mouth care.
4. Visit our Instagram (@co2llab.care) for informative posts about infants and our care practices.

For your appointment:

- Please undress your infant down to a fresh diaper and wrap them in a blanket to ensure they are ready when called for assessment.
- If needed, you are welcome to use the washroom upon arrival or before you are called.
- Be sure to wash your hands to prepare for any intraoral hand placement, and you may also use the clinic gloves provided for your convenience.

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FAQ:

1) Why does my baby need to have their clothes off for the exam?

They will be covered up for most of it, or snuggled with you... however, every part of the body is interconnected through fascia which plays a crucial role in the mouth-body connection. When assessing an infant for oral restrictions, we look for cranial strains and body habits and tensions, observe their breathing movements, skin colour and presentation. These can be connected to broader issues outside of our scope; however, they may be positively affected by tending to baby's swallow.

Infants with tethered oral tissues often exhibit signs such as flat spots or unnatural head shapes, inverted or extroverted feet, tight fists, slanted or asymmetrical eyes, poor circulation, and zigzag toes. The positioning of their hips, feet and shoulders may suggest information about their body joints. This is why we work so closely with manual therapy colleagues in their diagnosis and care of infants.

2) If my baby is hungry, should I feed them before their visit?

It is best that your baby is comfortable during their assessment, so if they are upset... then go ahead for a feed for contentment. We recommend feeding during BabyLase therapy, as it serves to help reset functional habits and improve latch, offers comfort and soothing, and allows sensory change or improvement to latch and function.

3) Will the release hurt?

Like all living beings, babies have neurological pain receptors. However, the surgical portion is very brief, lasting 5-10 seconds per site. We will revisit the sites to reassess release completeness after a time of functional movement and integration. A few cries are to be expected during the procedure.

Our methods of **minimizing discomfort** are supported by the December 2024 publication of the Canadian Pediatric Society. https://cps.ca/documents/position/managing-pain-in-newborns
Several excerpts are included below in quotes and Italics:

We promote breastmilk (or formula) consumption prior to and following our surgical care. *"Evidence of moderate certainty suggests that direct breastfeeding (where the infant latches onto the breast and actively sucks and swallows for at least 2 minutes before a painful procedure) is more effective in preventing pain than placebo or no treatment, swaddling, maternal holding, or skin-to-skin contact, topical anaesthetics, cooling spray, non-nutritive sucking and music therapy"*

For babies above 6 months, or for extremely thick lip ties even at younger ages, we offer specially compounded **topical anaesthetic** if desired. We are careful with placement, and endeavour to keep it to the site only, however it is possible that the topical will not penetrate as deeply as the site attaches so they notice the treatment afterall, and it may confuse sensation to breastfeeding afterwards.

We also recommend skin to skin with mom immediately before and after, so prefer if clothing is worn that will permit this. *"Skin-to-skin care (SSC) is defined as the diaper-clad upright holding of the infant on the chest,*

providing maximal skin-to-skin contact between the baby and parent. "...moderate certainty that SSC reduces composite pain scores post-procedure and the proportion of infants showing high pain scores during and after procedure."

We rely heavily on *"Non-nutritive sucking (NNS* - use of Ninni trainer in our clinic*) improves physiological regulation after painful procedures in term and preterm neonates, and pain response in term neonates. The combining of NNS with oral sucrose (breastmilk as above) or 'containment'- swaddling may result in greater effectiveness of pain control."* Most often, infants in our care will fall asleep or be significantly calmed during the procedure.

"*...combining non-pharmacological interventions* **(breastmilk or formula, swaddling, humming, NNS***), may be more effective than single modalities. Infant massage prior to the procedure may provide some additional effect.*"

Babylase can be thought of as a high calibre, non-touch multi-modal massage for your baby. It also relaxes the baby's nervous system, which is pain-protective in itself.

4) Will you use any freezing or topical?

If an infant has a severe lip tie we may recommend placement of a small amount of specially compounded topical anaesthetic 2.5%tetracaine 2.5% lidocaine

Research shows that if a baby is given breastmilk (or feeding substitute) immediately before and after a surgical release, swaddled, offered Non-nutritive sucking (NNS) and humming, that discomfort is minimized. It also allows the baby to sense changes in neuromuscular input, and to return to the breast or bottle immediately after without confusion.

5) What is healing like?

From an open surgical site to a closed wound site following infant frenectomy is typically about 2 weeks. Human tissue wants to contract in healing at 10-14 days, so that time is especially important. To optimize recovery and minimize the risk of reattachment, we encourage continued wound care management and stretches for up to 4-6 months after the procedure. We also practice a collaborative approach, working alongside lactation consultants, manual therapists, craniosacral therapists, and osteopaths. Oral restrictions are linked to fascia connections throughout the body, neuromuscular adaptations and compensations, so integrating care from various providers leads to the best outcomes for your baby. We have not experienced infection at release sites, or uncontrolled bleeding with any of our release care.

6) How long is the procedure?

The BabyLase therapy session lasts 10-15 minutes with you present, while a surgical release itself takes approximately 10-15 additional minutes. The actual laser surgical care takes 5-10 seconds of contact per site. After the procedure, we invite families to settle in our breastfeeding room, where parents are

encouraged to feed, relax, and soothe their baby. Our clinical staff will demonstrate the post-surgical stretches, which will take about 2 minutes.

7) **I have been told that there is no tongue tie because my baby can stick out their tongue and is gaining weight**

For a baby, sticking out their tongue or to gain weight does not provide sufficient evidence to conclude that an oral restriction is absent. A baby gaining weight does not necessarily mean they do not have a tongue tie; while poor weight gain can be a sign of tongue tie, some babies with tongue tie can still gain weight well depending on factors like the mother's milk supply and feeding techniques. **Lift of the mid-portion of the tongue** is the most important as restrictions limiting function in the mid-tongue are related to inability to create a vacuum to draw milk from the breast. Functional examination must include assessment of this aspect of functional tongue swallow.

8) **Will you care for my infant if we don't want to have manual therapy support care?**

We would provide inital assessment and Babylase care, however we would not do surgical intervention unless in emergency situations or very young infants to bridge until you are able to seek this care. To maximize recovery and well-being, we recommend working with a manual therapist (craniosacral therapist, osteopath, chiropractor, physiotherapist) in conjunction with tethered oral tissue releases. This collaboration helps to unravel tensions and release fascia, creating a more comprehensive approach to treatment and ensuring the infant's overall health and development are supported.

9) **What is BabyLase?**

BabyLase is a warm laser-assisted, non-surgical procedure that uses a specific wavelength of 1064 nm invisible light to activate the orofacial regions, targeting cellular, fascial, muscular, and neurological systems. This therapy relaxes tight and damaged tissues by increasing circulation and reducing fascial restrictions, aligning with the principles of photobiomodulation. Benefits include cranial nerve stimulation, primitive reflex integration, lymphatic drainage, neurointegration, and improved motor function.

BabyLase serves as a non-surgical release treatment, supporting healing after surgical interventions by addressing anatomical and functional issues, enhancing oral health, and promoting proper orofacial muscle function for improved breathing, swallowing, and relaxation.

10) What is the goal of BabyLase?

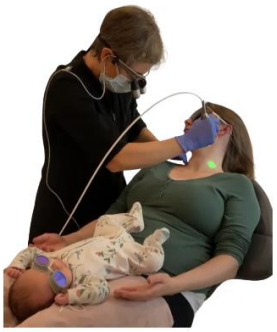
The goal of BabyLase is to help develop a functional swallow while softening tissues and releasing tensions in the body to optimize function. Since incorporating this therapy pre-surgery, we have observed significantly improved healing outcomes. BabyLase utilizes a specific 1064 wavelength of light energy that penetrates deeply enough to access the fascial layers, softening the tissues, increasing circulation and promoting fluid exchange. In some cases, this may reduce the need for surgery if the anatomy allows, and in situations where surgery is still required, it helps clarify which tissues are necessary to release or leave. It creates well-defined tissues and a clearer end-point, allowing for more conservative releases.

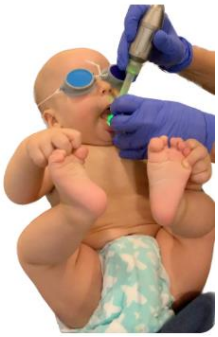
11) Does BabyLase hurt?

No, if anything, it feels like sunshine. Sometimes babies will be upset with the protective eyewear, or eye patches needed to have it done. And sometimes they don't like us touching inside the mouth or under the tongue where tethered oral tissues are creating tension. The best way to know what baby is experiencing is to have MamaLase therapy.

12) Why do we recommend MamaLase?

MamaLase is similar to BabyLase and OraLase, with an emphasis on wellness within mom-baby dyad connections. With all a mother's body and nervous system experiences through pregnancy and birth, this care focusses on post-partum physical care. Babies relax and respond to their care-giver's self-care and well-being. MamaLase allows mothers to experience and trust this care firsthand. In our experience, we have seen babies latch on and stay on mom's breast during MamaLase when that has been previously unsuccessful. Although we cannot promise this, research shows that babies respond to the energy relaxing mom's fascia and nervous system.





13) What are "stacked" Babylase visits?

Repeating Babylase at a 3-4 day sequence before or after tissue release surgery for up to 2 weeks. Our recommendation depends on the severity of the oral restrictions, head shape, muscle tone, mouth posture, ability to nasal breathe, head stability and ability to establish a functional swallow. Since integrating BabyLase into our care, we have observed an increase in favorable outcomes, including improved wound healing and reduced reattachment.

14) If we sign this treatment plan that estimates for more than one BabyLase, do we have to do them?

No. We recommend 1 to 4 BabyLase sessions for optimal benefits and outcomes based on clinical experience of providers using these techniques for over a decade. However, you are not required to commit to all four sessions upfront – we only want to have you aware of the potential cost, so you are not surprised if further treatments are recommended by our team, or desired by you. Each infant's needs are unique, and the recommended number of sessions will be tailored to your baby's specific requirements, following our team and Dr. Pada's recommendations. One BabyLase treatment is required with any surgical release appointment.

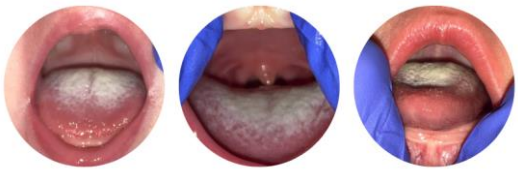
Your personalized treatment plan will be provided to you after the initial assessment and before we obtain your informed consent to begin any treatment. If you choose to have MamaLase as self-care for post-partum mamas at the same time as BabyLase, our fee is decreased by $100 to a total of $300 for both mom and babe having care at the same time.

15) What are the criteria you use for recommending more BabyLase?

1) Persistent lip blister indicating use of upper lip frictionally rather than for full flanged latch. Will help along with facial massage and BabyLase exercises to loosen and soften old muscle tension and habits
2) Persistent milk tongue – in addition to use of q-tip exercise
3) Continued struggles with reflux
4) Continued difficulty closing lips and keeping tongue up at rest
5) Questionable tension on buccal ties we would like to see resolve for softened cheeks
6) Tension in upper lip and corners of the mouth observed with muscle function
7) Baby who has continued to struggle to latch on the breast
8) Baby who is unable to settle

16) What is milk tongue?

"Milk tongue" refers to a non-infectious white coating on the tongue resulting from residual milk adhering to tastebuds. This condition often occurs when an infant has a non-functional swallow and cannot effectively connect their tongue to the palate in a closed-mouth position, limiting its self-cleansing abilities. It may be an indication that the palate is too narrow for the tongue to contact the surface of the roof of mouth. Addressing milk tongue involves establishing a functional swallow, promoting tongue-up posture and habitual nasal breathing.



Treatment Recommendations for Milk Tongue:

- Use of a q-tip exercise to initiate connection of the tongue to roof of mouth to encourage a functional swallow.
- Surgical and non-surgical release of tethered oral tissues may be required, as these restrictions hinder the tongue's contact with the palate.

- Neonatal ALF therapy can be beneficial for widening a narrow or vaulted palate and training the tongue.

17) Why does some of the tongue show as clean, when some shows white milk tongue?

Watch your baby moving their tongue around following your finger, or even during mouth open motions, you may notice dimpling forms at times at the transition between the red clean part of the tongue, and the white coated milk tongue. This is where the tongue frenum inserts from the underside of the tongue, and that the pull down is so strong, that you can see a depression in the top of the tongue. This means that the body is already experiencing tension with tongue lift, creating compensation to lift in the floor of mouth, the swallowing architecture of the throat, connection to chest muscles for breathing and all the way to the toes through the deep frontal plane of fascia. Milk tongue shows us where the tongue is unable to have normal function, even if the front part of the tongue suctions up and is clean.

18) Are you sure the white tongue isn't Thrush?

Thrush is a yeast infection in the oral cavity that presents as white patches thick and often chunky, typically not associated with residual milk. While these patches are often found on the tongue, they can also appear throughout the mouth, and they wipe away easily. Thrush is caused by Candida species and is more prevalent in infants due to their developing immune systems. It may be misdiagnosed leading to unnecessary treatment with antifungals.

Recommended Treatment Options for Thrush:

- Clean all oral aids (toothbrushes, pacifiers, nipple shields etc.) with a mixture of bleach and water.
- BabyLase Therapy
- At-home cleansing, focusing on mom's nipples, bras, bottles, and medication as prescribed by a general practitioner.

19) Do you treat both anterior and posterior tongue tie?

Yes, although those are not diagnostic terms, we are trained and able to provide comprehensive diagnosis, non-surgical and surgical care of baby's tongue.

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20) I heard that Dr. Pada will "cut everything". Is this true?

Absolutely not! Our clinic takes a conservative approach and is committed to providing non-surgical care for comprehensive functional assessment allowing us to avoid "cutting" whenever possible. Care with BabyLase puts us on "the cutting edge of not cutting" with a highly beneficial non-surgical release solution. This non-invasive therapy enhances oral function and delivers profound results, positioning surgery as a last resort for addressing tethered oral tissues.

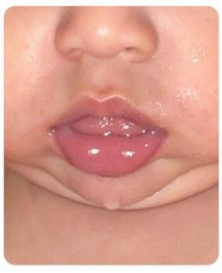
BabyLase plays an integral role in our care; its special wavelength of light facilitates easier glide of fascia allowing muscle and mucosa tissues to soften and become more distinct from one another. This softening while reaching deep to C-delta nerve fibers, provides a balanced nervous system reset. We use the Ninni Pacifier as a retraining tool to engage and guide oro-motor muscles toward proper function. Once we have carefully reassessed remaining tensions both structural and functional following BabyLase, and have observed baby's rhythmic and functional swallow, we may recommend proceeding with our ablative laser for any necessary surgical release.

21) We already had a tongue tie clipped at the hospital, so isn't that already done?

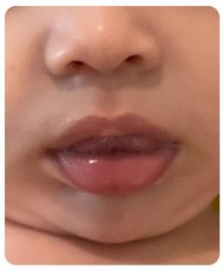
We welcome re-assessment of "clipped" tongues, as this may have provided only an initial stage of release. Often, this may improve function, and depending upon the tongue presentation, may still require a second stage of surgical or non-surgical release. Because of the science and benefits of BabyLase, and the intricacy, delicacy and detail associated with complete surgical care, we would always recommend further assessment to any baby that has had any intervention whether or not a second stage of surgery is required. Photographic documentation of the initial site before "clip" provided is a good idea to help us understand the initial need and presentation.

22) We had a hospital clip release and we think there is still a tight tongue tie. Is this possible?

This is possible. Sometimes if the site is incompletely released, it will have a thickened scar or remaining functional restriction of the frenum. Absence of post-release stretch protocol following the release may have also allowed the site to contract during healing. Either way, it is beneficial for the next stage of care to occur as early as possible if functional, physical, and digestive health of the infant is a concern.

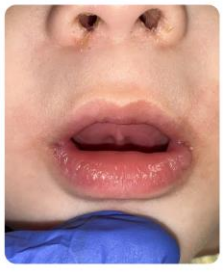


Initial Presentation Feb 5, 2025
2 months post- tongue clip
in medical office



Post-Babylase Feb 5, 2025
peristent upper lip blister
retruded jaw

Post Upper lip release & Babylase
Feb 12, 2025
upper lip blister healing
jaw normalizing
tongue resting within oral cavity



Post tongue revision Feb 12, 2025
upper lip blister healing
jaw normalizing
tongue suctioned to roof of mouth

23) Should I come wearing anything in particular?

Skin-to-skin contact can be beneficial regardless of whether the baby is breastfeeding. Wearing an outfit that allows for skin-to-skin interaction can be beneficial.

24) I have heard that you are humming with babies... is this true?

Yes! This helps calm the baby's nervous system and often allows them to settle. Some NICU's are using the benefits of vibrational healing with use of sound bowls and other peaceful vibration instruments on infant wards. Additionally, we encourage parents to hum and actively participate in our recommended slow-moving rhythmic holding and soothing practices, as babies are highly perceptive to the energies around them. A calm, supportive, and positive attitude will contribute to a better experience and improved outcomes for everyone involved.

25) Is it a hot or cold laser?

The Fotona Laser used in BabyLase therapy has a warm sensation, often described as feeling like sunshine and does not hurt. We welcome parents to experience the warmth themselves first before administering it to their infant.

The CO2 light scalpel and Fotona Erbium:YAG surgical laser we use operate on low wattage settings for targeted and ablative tissue care. It is not a hot laser and does not cauterize. Additionally, we apply gentle pressure with a finger holding cold moistened gauze, and sometimes Q-tip to assess the separation of fascia layers.

26) My baby is a newborn; are they too young for the release procedure?

No, they are not too young. Research shows that 5-15 days is the optimal time window for release care. Early intervention is preferred for achieving the best outcomes. We emphasize the importance of early assessment by a qualified professional who can provide appropriate resources and support, as well as encourage positive feeding practices from the very beginning. Early interventions mean less need for care and treatment later on.

We have experience treating older children and adults for tethered oral tissues and know it only becomes more challenging with age, as their bodies and minds have adapted to behavioral and structural abnormalities. As teeth develop, chewing and more entrenched dysfunctional swallow and breathing habits continue, intervention is not only more challenging, less predictable, more invasive and traumatic, it is also more expensive.

EARLY INTERVENTION

27) What are the risks of this procedure?

The risks and complications associated with this treatment may include, but are not limited to, the lack of improvement in symptoms. There may be post-surgical issues such as bleeding, pain, swelling, and feeding aversion. There is also a possibility of the frenulum re-attaching or the development of scar tissue, which could lead to a recurrence of the original symptoms. In some cases, a second procedure may be necessary if the initial results are unsatisfactory.

Rare complications might include infection, numbness, allergic reactions, aspiration, and injury to adjacent structures, such as salivary glands, ducts, nerves, muscles, and skin. In very rare instances, there may be vitamin K deficiency bleeding or other undiagnosed bleeding disorders, as well as complications arising from underlying or previously unknown medical conditions.

These risks are shared with you before obtaining written consent on the treatment plan. The details of these risks can be found at the bottom of the treatment plan, presented under the informed consent and acknowledgments section.

28) Can we be in the room during the surgery?

Parents have the choice of being present for the surgical part of the care or not. You are welcome if you are sure you would like to be present. Over years of providing this care, our experience is that if there is any hesitation on being present for the surgery, that we recommend you step out after BabyLase care and reassessment for diagnosis is complete.

If parents choose to be present, they should understand that our clinical team is focussed on the baby and the delicate, precise, and intricate surgical procedure.

We will have your baby swaddled, with our team holding their head and jaw steady. You are welcome to be near them, either at the head of the bed or towards the feet. Parents often sing or hum to their baby and maintain a light touch to provide comfort.

29) Is it possible or a better idea to do one release at a time?

If your baby has multiple oral restrictions, any combination of care can be offered to treat these tethered oral tissues. Often, we recommend treating obvious and most-impactful restrictions first, and reassess lesser impactful ones following further days and weeks of stretching, physical therapy, and normalizing function post-release from treated sites. Parents may find it beneficial to address all restrictions in one routine procedure given the involvement of post-care wound management. Often this is chosen if travel is a consideration. While some restrictions may be more severe than others, we may suggest multiple visits to "stack" BabyLase treatments to soften the tissues before even considering surgery.

30) **Will my baby latch better right away, and how can we know if it was worth it?**

Many infants can latch better, deeper, more softly and with less pain immediately during BabyLase therapy. We may see even more improvements following surgical release.

By incorporating the Ninni to help establish a functional swallow, along with the use of BabyLase, we create new neural pathways for development and strengthen oro-motor muscles. This combination **enables babies to restore their innate reflexes, allowing them to feed better and properly.**

31) What is the Ninni?

The Ninni Co Pacifier is a specially designed pacifier that mimics the shape and feel of a breast, used in clinical settings as a therapeutic tool for retraining orofacial muscles and improving swallowing function in infants.

In our clinic, we observe the transformation in infants as they move from exhibiting strong, chompy, and thrusting swallowing patterns involving their cheeks and lips to achieving smoother, more functional, and rhythmic tongue swallows. This progress is facilitated by the use of the Ninni Co. pacifier as a training tool, complemented by the mother's humming, which actively engages the baby's nervous system.

Additionally, our clinic incorporates the 1064 Fotona laser in the care process, both before and after tethered oral tissue releases. The Ninni Co. pacifier is crucial in helping establish a functional swallow, allowing the baby to form new swallowing habits and replace old ones after the tethered tissue releases have been completed.

32) We are trying to avoid use of a reflux Omeprazole prescription - how quickly will we know if release care will help with this?

Often parents notice a difference immediately, and sometimes the improvements take days to weeks later to show improvement. A combination of osteopathy, physical therapy and longer-term use of the Ninni trainer are key to support the proper swallowing rhythm to create the correct motion for peristalsis (digestion). Severe reflux and potential for medication use is an indicator for our recommendation of "stacked" BabyLase to best serve your baby's outcomes.

33) How long do we need to do the stretches for?

Combine the BabyLase stretches and the site-specific stretches you have been shown 5-6 x/day for 2 weeks.

If optimal healing exists, then you will be advised to stretch 3x/day for another 2 weeks, then once per day for 6 months.

The elasticity of oral tissues and the moist environment of the oral cavity means it can be quite forgiving and heal quickly. Add breastmilk to this and it is an ideal healing environment when kept from reattaching. However, please be mindful not to overdo it, in particular, we don't recommend initially contacting the actual release site.

Please follow the instructions provided. Healing is enhanced with plenty of rest, skin-to-skin contact, light external massage, breast milk, and gentle snuggles.

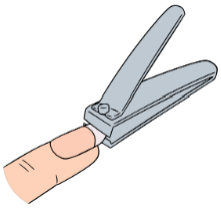
You may apply coconut oil to the wound sites once per day for as long as you feel there is softening desired.

34) Do I wake my baby up to stretch?

No, we do not recommend this. However, if they do wake, please ensure that you follow at least the site-specific stretch part of the protocol, and a thorough, complete stretch and BabyLase exercises upon waking.

35) Should we use gloves?

This is a totally personal decision. If your hands are clean, and you can get a hold of the area for proper stretching, it is fine to use bare hands. Short nails are essential. Gloves sometimes are reported to give a better hold. Just be sure you can have a good fit so you can see the entire site.



36) Do I touch the wound?

On buccal mucosa (cheeks), yes.

On other sites, not until the second week and as instructed. However, in doing the circling swipes of the lips for the BabyLase stretches, you will be brushing past the upper lip site.

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37) Is there a follow up visit?

Yes, our infant care program includes two required and no charge follow-up visits at 1-week and 2-week post treatment, to monitor wound healing and ensure that home care stretches are progressing effectively. We often suggest incorporating BabyLase Therapy for an additional fee during either of these appointments, particularly in the first week, to help reduce the risk of reattachment.

38) How long is the follow up appointment?

A follow-up is booked for 15 minutes. However, if parents choose to include BabyLase or MamaLase during the follow-up, appointment times will extend to approximately 20 to 30 minutes. We kindly ask that you notify our office in advance if you need to make any changes or add-ons to your appointment. We will do our best to accommodate your requests while considering any recommendations made by our team and Dr. Pada.

39) **Can you recommend a bottle type for our baby?**

We are unable to provide specific recommendations for baby bottles. However, we encourage you to consult a lactation consultant, as they can offer personalized advice and guide you in selecting the best feeding products for your baby based on their individual needs.

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40) Where can we find breastfeeding support?

We are fortunate to have numerous resources available for families seeking breastfeeding support, both publicly and privately. We have a breastfeeding counselor onsite. Below is a list of breastfeeding-specific providers who are familiar with our care programs and approach.

Public & Local Resources

- The Milk Clinic, Penticton (services are covered by MSP if infant is <6 weeks old with a referral from a Registered Midwife or Doctor).
- Kelowna Community Health Services Centre-Interior Health
- Le Leche League- Canada (Free Resource)

Private Resources

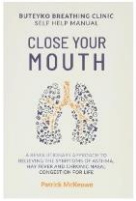
- Sweet Spot Lactation
- The MotherTree Collective
- Alta Vie, Kelowna

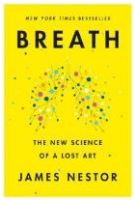
41) I think my other children/me and my partner have tethered oral tissues... what can we do about this?

If you suspect that you, your older child or family member has an oral restriction, we offer Oromyofunctional Assessment and Therapy in conjunction with Dr. Pada's diagnosis and recommendations for care. Additionally, we recommend complementary modalities such as manual therapy care (e.g., osteopathy, craniosacral therapy, chiropractic care, or physiotherapy) as well as OraLase Therapy. These options can help address concerns related to tethered oral tissues.

Tips:

1. Nasal Breathing
    - Buteykoclinic App, Read Close Your Mouth book by Patrick McKeown, Breath book by James Nestor





    - Humming
    - Consider mouth tape for sleep

2. Practice BabyLase/OraLase stretches
3. Q-tip exercise
4. Visits with Osteopath or Craniosacral Therapist (CST)
   (an essential aspect of our approach and therapies) - Whole body alignment, cranial bone mobilizing
5. Visits with Orofacial Myofunctional Therapy (OMT); Referral by dentist required.
6. OraLase- ongoing care to help soften tissues and tensions and support lymphatic flow