

## ANKYLOGLOSSIA (Tongue-tie)

The term “tongue-tied” has, in the past, been loosely used to describe many conditions related to structural abnormality in the mouth as well as to indicate a speech difficulty. The term “ankyloglossia” (or “tongue tie”) refers to a restricted lingual frenulum, which may be abnormally short (to varying degrees) and/or fastened anteriorly toward the tongue tip, restricting tongue mobility.

Clipping of the lingual frenulum has been the recommendation in cases of feeding difficulties in infants as well as in speech difficulties in children. The focus of this article is on frenulectomies for the purpose of improved speech production.

The term “tongue-tied” conjures a range of images from articulation difficulties to stammered speech. Studies have shown that clipping of the lingual frenulum for the purposes of speech improvement, have been grossly over done. Unfortunately, many children have undergone unnecessary (and often painful) clipping of the frenulum in an effort to encourage talking in language delayed children. Loosening of the lingual frenulum would have no impact on the communication development for children/adults with fluency (stuttering) difficulties or language delay (difficulties in receptive and/or expressive language). However, such cases have at times, been recommended for “tongue clipping”. Articulation difficulties focusing on sounds involving tongue elevation would seem plausible candidates. However, even in extreme cases of tight frenulum length, the articulation problem can often be resolved through speech therapy. Only in rare instances is a short frenulum the cause of an articulation problem.

Tongue-tie is fairly common in babies during the first year of life. The frenulum continues to recede during an infant’s first year. To perform a clipping of the frenulum at this age for speech purposes would be premature. Only in rare instances is this medical procedure required for speech production purposes. However, if the restrictive frenulum is interfering with the infant’s feeding, then early treatment is indicated.

Studies into surgery for ankyloglossia have recommended against unnecessary use of the surgical procedure for prevention of speech disorders because of possible hemorrhage, infection, and scar tissue. Fortunately, in recent years, the frequent use of frenulectomy has decreased.

To assess what appears to be a restrictive lingual frenulum, the furthest tongue movement needed for speech purposes is elevation to the alveolar ridge to produce the “t” sound. For daily living purposes, if the client is able to protrude the tongue beyond the lips, adequate tongue mobility is present for chewing and swallowing.

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