TONGUE TIES AND SPEECH SOUND DISORDERS: WHAT ARE WE OVERLOOKING?

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BACKGROUND AND SIGNIFICANCE

The conversation for tongue tie in the speech pathology community is growing louder among some groups of speech-language pathologists (SLPs) (ASHA Leader, 2015). An ASHA literature search has suggested a correlation between tongue ties and difficulty producing lingual alveolar phonemes (Merkel-Walsh & John, 2014). Furthermore, Eschler, Klein, and Overby (2010) indicated that SLPs’ diagnostic criteria, treatment, goals, and discharge criteria for ankyloglossia differ depending on comorbid behavior (i.e., SSDs or feeding/swallowing difficulty).

Recently, there is a rise in the identification of posterior tongue ties in infants who are having trouble feeding and toddlers/adolescents who are exhibiting continuous speech sound errors despite years of speech-language pathology services. Posterior ankyloglossia is characterized by a thickened frenulum (Type III) or a submucosal frenulum visualized as a flat, broad mound absent of any typical protruding frenular tissue, and restricts movement at base of tongue (Type IV) (Kutlow, 2011).

METHODS

# Design: This was an exploratory study. Data was collected using the Clinical Assessment of Articulation and Phonology - Second Edition (CAAP-2; Secord & Donohue, 2014). The results from the CAAP-2 pre-revision and 6-months post-revision were analyzed.

# Participants: Two participants who received speech-language intervention services in a university clinic during the 2015-2016 school year with identified posterior tongue ties and scheduled for revisions were asked to participate in this study.

# Research Question: Could speech and phonology be affected by posterior tongue tie revision?

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