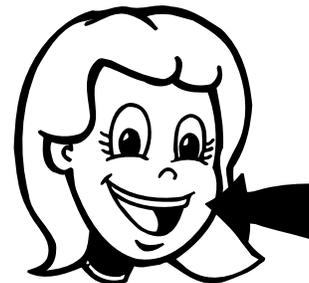


Tell Me About Tongue-Tie

by Julie A. Daymut, M.A., CCC-SLP

A small band of mucous membrane—a *frenulum* (or *frenum*)—connects the middle part of the tongue to the bottom part of the mouth. This band helps stabilize the tongue for sucking, swallowing, eating, and speaking. Some children are born with fusion (either partially or completely) of the tongue to the bottom of the mouth. People often refer to this abnormality as being “**tongue-tied**.” The technical name for tongue-tie is *ankyloglossia*. Surgery to release the tongue is a *frenulectomy*.



Different problems can occur due to tongue-tie such as issues with feeding (including breast-feeding), dentition (teeth), cosmetics and personal interactions, and speech (Kummer, 2005, para. 6).

Does Tongue-Tie Always Affect Speech?

Kummer (2005) states that “there is no empirical evidence in the literature that ankyloglossia typically causes speech defects” (p. 6). This essentially means that speech problems are likely due to other causes, not due to tongue-tie. Future research can help provide more information on this topic.

Kummer (2005) also indicates that alveolar sounds (/l/) and interdental sounds (voiced and voiceless /th/) should be the primary sounds to focus on when assessing the speech of a child with tongue-tie, and that tongue-tie may be more of an issue when there are oral-motor dysfunction problems as well.

What Are Some Considerations for Releasing a Child’s Frenulum?

Some reasons to release a child’s frenulum include reduced tongue mobility, poor speech, poor swallowing, poor oral hygiene, and other (Hathaway & McCauley, n.d., chart 4). Reasons to wait or not release a child’s frenulum are that a child’s frenulum may recede, stretch, or rupture as he/she grows during the first four to five years of life (Kummer, 2005, para. 5). As well, restriction of tongue movement may not be severe or affect eating and speaking enough to warrant surgery.

Although surgery for tongue-tie is a minor procedure, releasing the frenulum is a debate. Check with your pediatrician for information and guidance in relation to your child’s particular case. If surgery is to occur, a general surgeon, otolaryngologist (ear-nose-throat doctor), plastic surgeon, or oral surgeon performs the procedure (Kummer, 2005, para. 10). Other related professionals for a case of tongue-tie can include a dentist, a lactation consultant, and a speech-language pathologist (Hathaway & McCauley, n.d., para. 12).

Resources

Hathaway, A., & McCauley, R. (n.d.). *Assessment and management of tongue-tie in children: A survey of related professionals*. Burlington, VT: The University of Vermont – Department of Communication Sciences.

Kummer, A. (2005, Dec. 27). Ankyloglossia: To clip or not to clip? That’s the question. *The ASHA Leader*, 10(17), 6-7, 30.

Helpful Products

The list of Super Duper® products below may be helpful when working with children who have special needs. Visit www.superduperinc.com and type in the item name or number in our search engine. Click the links below to see the product description.

MOST™ Marshalla Oral Sensorimotor Test™
(Test and Supplies)
[Item #MOST-22](#)

Say and Do® Sound Production
[Item #BK-317](#)

Jumbo Mighty Mouth® Hand Puppet
[Item #MOUTH-32](#)

Mouthy Mouth Finger Puppet
[Item #OM-301](#)