

the bigger picture of tongue tie

navigating tongue tie holistically, from the inside out

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hi, i'm dr. gab



in sitting down to write, I find myself dragging a string of words that want to lean upon the importance of healthy debate – an art form that may seem far and foreign in a world in which we can insulate ourselves in resonant thought bubbles with a simple click of a blue button adoringly labeled “unfollow”.

we have seemingly decided, culturally, to shy away from that which is challenging, as, for just about any topic, we can most certainly find an echo chamber in which our thoughts, ideas, beliefs, and theories can indubitably be corroborated, justifying that which may resonate as a truth, be it individual or collective.

may we start with something with which (hopefully) we can all agree?

infants, mothers, fathers, and families as a whole are direly in need of more sound support systems.

one of the biggest inspirations for the creation of my own space of healing and practice (the inside space. a family chiropractic studio) was to cultivate, from the ground up (or rather, from the deepest corners of my social media grid to the walls of my physical space) a home for ultimate acceptance, for profound healing, generational change, sharing of wisdom and knowledge, and an abode for questions galore. Not to mention, a bad ass web of trusted providers and practitioners with whom we can all learn, collaborate, share, and care.

when building the inside space, I intentionally decided to withhold the word “chiropractic” from the first chunk of the title. Most people have a fairly strong preconceived notion of what chiropractic is and is not, can and cannot support, and can and most certainly cannot facilitate in healing. It has been my mission over these last two years to absolutely flip this definition on its head.

lets look at the facts

for my left-brain analytics who thrive on literature, I have something for you.

a study was done on male rodents some years ago. these male rodents were exposed to the scent of cherry blossoms and then promptly delivered an electric shock. their physiological response was measured. this created a stress response in the systems of the male rodents each and every time.

these male rodents then had offspring. these offspring were then exposed to the scent of cherry blossoms, electric shock withheld. And you know what happened? their bodies, too, responded as if an electric shock had been delivered to their systems, just like that of their fathers. from the simple exposure to a scent that their fathers associated with a trauma, their physiological response was that of trauma, too.

but wait, there's more.

researchers then tested the next generation (2 generations away from the original shockees), exposing the grandchildren (rodents??) to the scent of cherry blossoms. they, too, had a physiological response resonant of the trauma that their forefathers experienced.

trauma responses are hard-wired in our DNA passed through our ancestral and generational lines – until someone decides it is time to crack the code and make a change.

cue the work I get to walk with people as a chiropractor.

as a chiropractor, what I care about most is the nervous system.

not only do our nervous systems control all of the magical things that happen in our bodies, but they are also the interface that allows us to perceive our world, both our inside world and our outside world.

within this autonomic (meaning self-driving or involuntary) nervous system exists a built in system of surveillance that is constantly scanning our environment looking to perceive, detect, and then ultimately help us to embody cues of safety from our worlds, outside and in.

when our nervous system can exist in a state of safety perception, our bodies and nervous systems can essentially be in a state of healing, growth, and restoration.

CHAPTER ONE

this is where we do things like regulate our emotional state, have rockin' cycles, experience optimal digestion, get sound sleep, socially engage, play, and grow.

this is also where we do all of our healing – physically, chemically, mentally, emotionally, and spiritually.

if for some reason we are not able to perceive, detect, and embody cues of safety from our world, our nervous system shifts to a state of mobilization.

mobilization may be experienced as an energy that feels heightened or activated. we may perceive an increase in heart rate or respiration. we may notice an excess of energy that tends to live above the diaphragm, ultimately wanting to be used (mobilized) to then shift away from a perceived threat and then back to safety.

our bodies may feel stiff and rigid, as if we are in a constant state of bracing for impact.

mobilization is not something that is bad. It is simply a state that allows us to ramp things up, ideally so we can navigate our way back to safety perception.

the problem many of us (and more and more infants and recovering, postpartum mothers) face is that we have uncoupled with our ability to navigate our way back to safety.

if we remain in a state of mobilization for long enough or if we experience extreme trauma, trauma of which is absolutely relative to each and every individual (hello increasing the conversation surrounding trauma in pregnancy, birth, and postpartum), then our nervous system shifts from a place of excess energy that wants to be used and into a state of shut down, collapse, depletion, and perhaps even dissociation.

if you are wondering when we are going to get into the part about tongue and lip tie, I promise you that we are, in fact, close.



fast forward to birth

long-windedness is the name of the game around here, so if you've made it this far, I thank you, and hang with me just a little bit longer. we're going to bring this all home.

for the first 40-ish weeks of a (your!!) baby's life, **home is a place that is dark, quiet, compressed, safe, and predictable. all needs are inherently met.** baby does not have to work hard to acquire nutrients, to go to the bathroom with ease, to rest, etc.

y'all get this picture, yeah?

fast forward to birth.

baby transitions into a world that is entirely novel. everything is new, except for mom.

and for mom, for the woman, she, too, has been reborn anew.

baby is now in a world that is the opposite of where he or she just started this adventure, now finding that this new world on the outside is loud, bright, unpredictable, and entirely new.

basic needs take some effort to meet.

i don't know about you, but this would most certainly send my nervous system into a state of mobilization, or, bracing for impact.



CHAPTER TWO

may I geek out with you for just a moment? I promise to keep It breif (I'll try)

back to the part of our nervous system that perceives, detects, and supports us in embodying safety.

the tenth cranial nerve, the vagus nerve, is the name of the actual tubing and wiring that is a large conveyor of sensory information back to our brain, alerting us that we are in fact, okay. However, it does also have a motor component (meaning that it sends information from the brain to a group of muscles allowing them to move and do their thing).

where may these muscles be found?

In the mouth, the throat, and the vocal cords.

in fact, the very wiring that controls and conveys our perception of safety, also controls the mechanisms that allow us to feed and latch, coordinate swallowing, intonate our voices, and ultimately utilize certain muscles of the tongue that are absolutely key players in coordinating what we call “suck, swallow, breathe”.

in synopsis, it is absolutely imperative that the newest members of this world (and their mothers) exist in the context of nervous systems that can perceive, detect, and embody safety, in order to meet the basic need of feeding and tongue coordination

now, with this newly acquired knowledge of the intricacies of our nervous systems, may we, together, look at the fact that so many of our babies, who now must work hard for their needs to be met, may be existing in bodies that are more in a state of mobilization and bracing for impact as opposed to one of full and utter safety perception and ease?



here it comes...

here comes the tongue tie portion, FOR REAL!

as we have seen culturally, we exist in an extended season in which quick fixes seem to be what everyone is after.

can we agree that there really are no quick fixes, particularly when we take into consideration how our nervous systems are wired, not just from our own lived experiences, but from the experiences of those who came long before us?

a quick fix that has taken our culture and society by storm is the release of supposed tongue and lip ties. I would like to start by sharing where I obtained much of my own learning on this matter.

i have been formally trained in tongue tie assessment by dr. alison hazelbaker – the creator of one of the only, if not *the* only, research backed tongue tie screening tools. she has obtained more letters behind her name than anyone I know. Included in this is ibclc, phd, and cst-t, just to name a few. this is in addition to the 40+ years she has spent in her own clinical practice, caring for over 10,000 infants, supporting them in acquiring full access to their suck-swallow-breathe mechanism. I call her a mentor, and I am also fortunate enough to call her a friend.

in my own practice over the last 5 years, I have seen infants from all over the globe, having worked in norway, singapore, and belgium, before finally coming back to open *the inside space* in my hometown of columbus in october 2021.

I have seen that infants in this country are coming into this world, fully braced for impact, and it is causing real difficulty in their ability to feel at ease and at home within their bodies

the tongue exists not in isolation as a unique organism, but as a portion of a chain of connective (fascial) tissue called the deep front line. the deep front line of fascia starts at the tip of the tongue, goes through the frenum of the tongue, the floor of the mouth, through the throat, esophagus, lungs, diaphragm, hip flexors, ultimately culminating in the toes.

tongue to toes, y'all, tongue to toes.

do we see where we are going with this?

when our nervous systems mobilize, they cue our bodies to brace for impact, which, you guessed it, communicates to our deep front fascial line to also lock down, brace, and protect in the chance of a looming impact.

what does this do?

this gives the impression that the tongue has diminished mobility, flexibility, and peristaltic motion.

the quick fix says?!

cut it. laser it. release it.

in my years of my own clinical practice, **I have never seen a tongue tie release also positively impact the root cause of why the tongue appeared to have a posterior tie in the first place.**

the body is still bracing for impact.

we have now just destabilized further an already unstable system instead of simply addressing the root cause – the nervous and fascial system that is holding everything that these new, little bodies have experienced thus far.

with chiropractic, craniosacral, or other trauma-informed body work applications, we can support these full humans (yes, they may be babies, but they are full PEOPLE) in landing in their bodies with ease, increasing their ability and bandwidth to perceive safety in this brand new world.



we can help them to upregulate their vagal system, while supporting them in downregulating the part of their nervous systems that tells them that their world may not hold safety.

we can support the mothers in feeling at home, at ease, and trusting in their own systems, as opposed to feeling caught in loops of hypervigilance and fear of doing the wrong thing. And ultimately, the programs of fear and vigilance may not be her own, but that of a past generation.

we get to rewrite this.

we get to show up with trust that our bodies are not wronging us, but are so intelligently doing their best to express an unmet need.

the reality...

as per the current research, the current incidence of true tongue tie is 3-5%.

3-5%!!!!

yet, i'm sure that each and every one of us knows a handful of infants who have had releases done, with the majority being sent by an lc, ibclc, or even a midwife directly to a pediatric dentist for a release (a surgery) prior to being sent to someone like myself or dr. hazelbaker for truly holistic bodywork and care that honors the wholeness of this tiny person before us, as opposed to mechanistically looking at them like they are a problem needing to be fixed.

and the truly unfortunate reality is this: **even those who have been sent for releases likely end up in offices like mine because mom is still feeling in her gut that something is still not being expressed within her infant to the fullest potential (please notice I did not say that something is still wrong).**



these infants who have experienced surgeries and interventions prior to receiving any bodywork at all not only have the experience of adapting to this brand new world to navigate, but now have been exposed to physical, emotional, and spiritual trauma that so many discount as negligible because it is performed on infants “when they are so young”.

this is the exact reason for which we would be wise to use extreme discernment before doing anything drastic **(yes, tongue tie release is drastic relative to what we can do within the context of a vitalistic and holistic model of care).**

what are we showing our children by resorting directly to a trendy “quick fix” before stepping into a state of trust in the intelligence that exists in the body in every second of every? are we showing them that they are wise, intelligent, sentient beings who hold wisdom and answers within themselves? or are we reinforcing the cultural narrative that health and healing are something that lie beyond the confines of our skin and beyond?

“quick fix”

with all of this being said, how do we address the concept of tongue tie from a holistic and conservative model?

we start by honoring the wholeness that exists both amongst and between the mother-baby dyad.

so what is it that we notice in the systems of these infants who are being diagnosed with ties so frequently?

we notice that their tiny, yet whole, bodies are being guided by nervous systems who are instructing their bodies to mobilize. this cues the fascial matrix to decrease in pliability and malleability, creating less flexibility and more rigidity, particularly through the deep front line of connective tissue (tongue to toes, remember?).

this creates a tug like sensation on the entire system, with the tongue and the toes being the endpoints of this line. This results in a lingual frenum that appears tight and rigid, particularly in the posterior (back) aspect of the under portion of the tongue.

our pediatricians and society as a whole do families a total disservice by also encouraging mothers to sleep their babies on their backs.

this creates an increased tug on the tongue, as the bones of the skull in newborns (did you know that we have 22 bones in our skull?!) are soft and pliable – again, an intelligent design on behalf of nature so baby can mold and contort to exit the vaginal canal.

remember, nothing in the body exists in isolation.

a key player in swallowing, the superior pharyngeal constrictor muscle, is innervated by the Vagus nerve (think safety perception and ease) and attaches from the tongue to the occiput, the back of the skull.

when we sleep babies on their backs, we are creating a deep pull on that spc muscle, which then goes on to pull the tongue even further back into the mouth and skull, exacerbating even more the perception of tightness on the frenum, a key transmitter of forces in the deep front fascial line.

so how do we support this deep front line in finding more ease, softness, and pliability within itself?

we go straight to the nervous system.

this work..

In this style of bodywork, we predominantly allow the **baby to guide us. Instead of trying to run in sand that is soft and taxing on our exertion**, we simply opt to follow the water line, where the sand is more firm and easier to move from.

in many of our hyper-rigid infants, the first order of business is supporting them in finding flexion, or forward folding. we do this intricately and intentionally, following the ease of their bodies, as they find what we refer to as their midline, potentially for the first time since they've been earthside.

we support them in wiggling and moving and releasing (this often looks like crying, but this will be a very different kind of cry than one cuing hunger or fatigue). we support their bodies in unwinding all that they experienced in making their way earthside, which is certainly easier for some than others.

we support their whole body and system in feeling seen, heard, acknowledged, and held as they process the work and effort and trauma of what it means and feels to be human on this planet.

we support their cranium in working as a unit with the rest of their bodies to pump and flow and hold with integrity and stability all that they are and all that they can be.



this process is gentle.

when we are fortunate enough to have two providers working with a single infant, the work we support these babies through almost gives the impression that they are swimming in the womb – doing the very same dance earthside that they did for several months in preparation to make an exit from safety, predictability, and comfort, into a realm of total unknown and novelty.

we are seeing a larger and larger frequency of babies being born with immense amounts of “strength”. they are holding their heads on their own from birth, they are rolling, they are holding a degree of stiffness that no baby should ever feel obligated to carry.

the gentle, yet profound, work that we do as providers seeks to remind these babies of the safety in which they are immersed. and for most of these kids, this begins with supporting them in finding their midline and moving into a state of flexion (forward folding). **the infants with the most restricted tongue movement are typically ones who are not able to safely and comfortably allow themselves to drop into this forward fold.**

CHAPTER SIX

i explain to parents who bring me their babies that showing up with a constant state of extension is the equivalent to growing a really, really, tall tree without equally as deep roots to match. the extreme state of extension and rigidity is always a compensation for lack of safety, lack of settling into oneself, and an extreme effort to fit into a tribe that moves and exists at a pace far faster than any new human should ever feel obligated with which to keep up.

it is crucial that we hold these babies in a state of support, safety, and space, so they can gently come back to themselves, so they can gently start to grow their roots, and they can gently remember that this world and this new body are okay places to be.

almost instantly upon finding flexion, we see a drastic increase in tongue movement – which, again, does not exist in isolation.

the tongue acts to mirror the very state of the rest of the body.

as we see suppleness in the tongue, so we see in the rest of the body.

truthfully, the work with these infants that allows for them to find safety and space in their new bodies is largely difficult to articulate into written language. it is a felt sense of love, of acceptance, of listening, of care, and of reverence.

we hold the highest vision for healing for these families, never putting a ceiling on what may or may not be possible when we can find ourselves after one of the most vast transitions known to our species.

we hold them in all that with which they present, with the deep knowing that our babies are, in fact, our greatest teachers. Always showing us that which we would be wise to know, ponder, and consider.

we do not abandon them for expressing symptoms, such as reflux, colic, difficulty feeding resulting in pain for mom, constipation, torticollis, “tongue tie”, rigidity, and difficulty allowing themselves to be held.

they are actually just reflecting back to us the discomfort we experience when something is labeled as “wrong”. our babies are here to show us that healing is always possible, from inside out, if we simply provide an opportunity to return to wholeness, as opposed to sticking with a model that believes that quick fixes are the answer, dispersing and dissipating, and deflecting any sense of ownership and responsibility as to the fact that our infants are simply mirroring all that we show up with and as.

CONCLUSION

the ripple effect

imagine the generational patterns that could be installed into our nervous systems and helices of immaculate code if we viewed ourselves as whole already?

Imagine how different the perception of our world could be if we did not navigate it looking for quick fixes exogenous to us, but instead looked endogenously first, inquiring as to what our whole self may be needing in order to heal, to release, to restore?

i fully believe that this would be a very different world.

if you have made it this far, I truly thank you and I commend you on your intellectual endurance, particularly with the way that our attention spans have been conditioned and molded in today's climate.



if you are here and can find a little more fuel to keep going, I commend you, and can promise you that you will like this part –

As first points of contact for brand new families, we owe it to you to continue to learn, unlearn, and evolve what we know best practices to be.

i like to assume positive intent. I am not here to speak or suggest ill of any providers who have sent you and your infant directly to get a release – it is likely that they did not know any better.

however, this is a call to them, and to us, to do better by these families who are seeking support as they navigate brand new seasons of life.

we can do better, I know it.

we can feel more whole, I know it.

we can exist in a paradigm that urges and encourages us to lean into the trust of our bodies and all that they do and express for us.

and this starts by **trusting the innate intelligence that is held within us all.**