

Is Your Baby a **Tether-Berg** or a **Tether-Floe?**



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We all know the definition of iceberg: a large mass of ice located in the water with just a visible portion protruding above the water's surface. Ice floes, by contrast, are flat floating sheets of ice with no base underwater. Both beautiful and dangerous, icebergs and ice floes present no issue as long as you can sail around them or sail over them.



Often babies presenting with feeding issues can be viewed as icebergs or ice floes. These babies present with Tethered Oral Tissues (TOT), or oral ties. Upper Lip Tie and Tongue Tie have been implicated as causes of Oral Dysfunction related to both breastfeeding and bottle feeding.

Some moms who elect to have these tethers released via scissors or laser, find huge results from symptoms like: nipple trauma and pain; leaking milk around the mouth; gas; reflux (both silent and violent/vomiting); difficulty sleeping; snoring; weight loss; clicking-while-nursing; colic; and bowel issues, such as constipation. Sometimes the release of tethers seems like a miracle or cure-all for everything -- even things not directly related to oral tethers -- such as hating the carseat or disliking diaper changes.

The type of baby who gets a miracle cure from having oral tethers released is dubbed the "Tether-Floe."



Tether-Floe babies have all of their issues floating on the top of the water, so to speak. The tether is the clue and solution to their breastfeeding problems. For them, the laser or scissor frenectomy IS the answer.

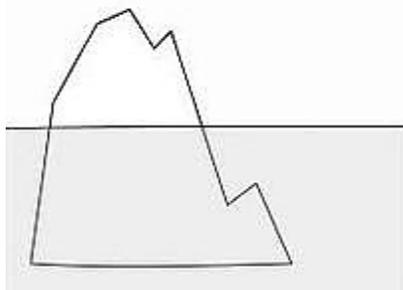
Poof!

The problems begin to melt away, whether quickly or slowly, and within a short amount of time (days to weeks) these babies are breastfeeding like champs, gaining weight, and not hurting their moms any longer. For them, there were no underlying issues (or at least it seems so). The presenting problem is addressed and the breastfeeding relationship is saved.

Tether-Floe babies may not require much in aftercare of the procedure site, may not require bodywork or special interventions to help with head movement, seem to latch themselves, and moms often don't seek out the help of a lactation consultant since their issues seem resolved. It's an almost-magical experience for them.

The type of baby who does not get relief from having oral tethers released is dubbed the "Tether-Berg."

Tether-Berg babies have identifiable oral tethers (or ties) and Oral Dysfunction. They present with one or more classic tie symptom: nipple trauma for mom, gassiness, fussiness, fighting at the breast, hating the car seat, reflux, colic, clicking, popping off of the breast, etc.



Mothers seeking frenectomy for these issues will have the tip of the iceberg addressed through release of tissue either by laser or scissors. After a healing period, this group finds not much has changed -- baby is still causing nipple trauma, weight gain is still flat, clicking is still present, baby is still fussy or gassy, etc. For them, the mass of ice below the surface must be addressed before relief is gained.

So what went wrong? Well, probably nothing. This is a baby whose other issues were not noticed, and therefore not treated. This baby needs what is known as a multidisciplinary approach to deal with the symptoms that remain, because they are below the surface of the tether. Remember how the Tether-Floe baby didn't seem to need much help afterwards from other professionals such as lactation consultants or Bodyworkers? The Tether-Berg baby does -- this baby needs professionals from different backgrounds to help read what the body is saying internally.

Tethered Oral Tissues are "Under the Influence"

Oral Frena are the fibrous attachments of the lips and tongue to the cranium/skull, and the mouth/jaw. They are naturally occurring structures. Just like any aspect of human anatomy, they differ among people. These structures are under various influences, such as: heredity, epigenetics, nutritional dynamics, biochemistry, and the nervous system.

These oral attachments are connected via the fascia to the rest of the body. Fascia is the connective tissue that gives our body its shape. Fascia is like the spray insulation in the wall of a house, or the packing material in a box that keeps the contents from getting broken or thrown around. Fascia can become twisted and cause restrictions, as well as impede blood and nerve flow. Together, these fascial fibers form 'trains' that run the length of our bodies and around our bodies.

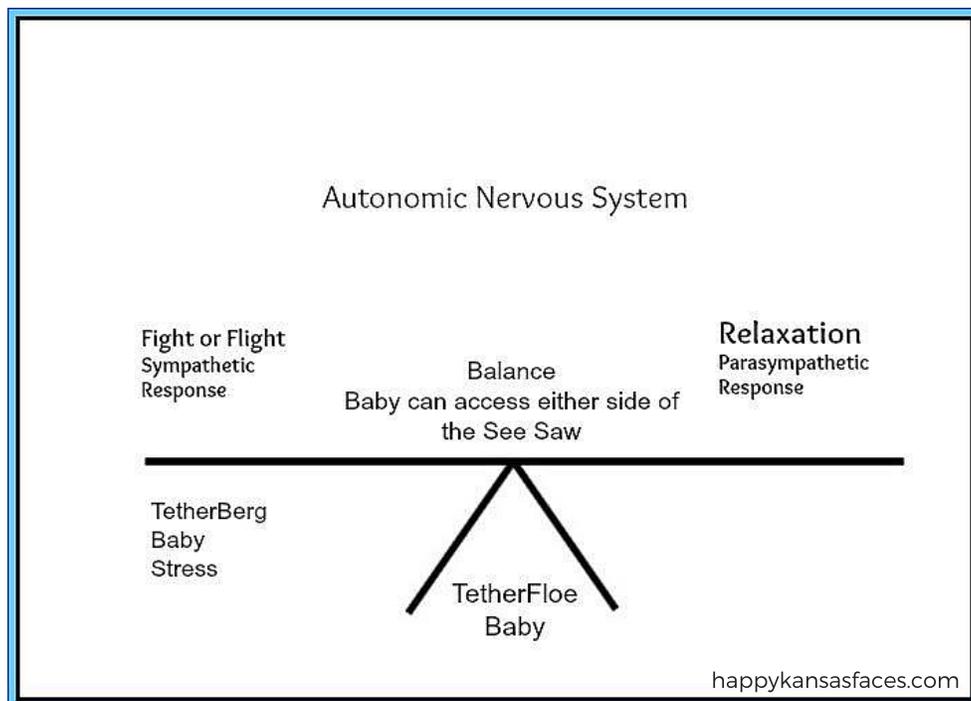
The oral frena can be abnormally attached (as when restricted or tied) and in need of release. Sometimes they are released and the surrounding structures remain tight and require release in other places, such as the neck, abdomen and hips. Babies in these situations can get relief from restrictions via Pediatric Chiropractic adjustments, TummyTime, Craniosacral Fascial Technique, CranioSacral Therapy, Bowen Therapy, and other therapies that address the nervous system and soft tissue. These therapies address the "berg" part of the tether -- the part under the surface that might still be causing issues. Tether-Berg might present as Torticollis, a preference to a side or breast, difficulty turning the head to one side, a hip that doesn't straighten or flex easily, or an arm or arms that don't raise well.

When a tether is released, there is also an impact on the connected fascia and related musculature/fascial trains deep in the body. For some people who are more tightly connected, this release can be a huge relief and yield a shift in tension permanently. For others, the shift might occur initially, but other fascial trains take the remnant of the deeper restriction

and transfer it to another part of the body.

While these therapies in relation to oral tethers are not directly scientifically proven modalities to treat the accompanying issues of Tethered Oral Tissues, the principles behind using them are well documented.

Autonomic Nervous System Keys to the Kingdom



This diagram is a weak attempt to explain the power and influence of the Autonomic Nervous System. It's a very powerful force within our bodies. Imagine constantly running from danger, or trying to get comfortable while in pain. The body does not digest food well or relax to breathe well. Blood is directed away from the gut, extremities are tight and ready to fight, pupils dilate, and stress hormones are released into the bloodstream -- this is not a state where babies are happy or thrive.

Tether-Floee babies are balanced babies. They are able to ramp into Fight or Flight for protection, or calm themselves into Relaxation.

Tether-Berg babies literally live under the influence of the Fight or Flight nervous system. They are in a very stressed situation. Constantly. They live stressed lives under the influence of the hormone cortisol. and it impacts the entire body: tissue, hormones, muscles and nerves. This baby does not like many things in daily life -- the carseat, a diaper change, to be put down, sleep, even breastfeeding is a full-on contact sport.

An option for helping Tether-Berg babies is to work with their nervous system. Tissue techniques deal directly with the forces in control -- in this case, a haywire firing of panicked neurons. A baby receiving benefits from effective Soft Tissue, Chiropractic or other Bodywork modality will show positive, relaxing responses. If we would quantifiably measure these, we would most likely see changes in vital signs that reflect a calming influence, such as lowered blood pressure, respiration, and pulse. Qualitative changes might look like: muscular relaxation; a limp feeling in mom's arms; changes in color from a ruddy, reddish, dark complexion to a pinkish, or glowing skin; breathing becomes less labored; head position changes from a guarding chin-tuck position to an open upward and backward position of extension; breastfeeding positions become more symmetrical and there is less struggle with mom; and sleep can improve.

Ultimate Goal: Happy, Healthy Babies

Imagine for a moment, this relaxed, mobile baby growing up with good head posture, great agility, a solid nervous system that handles what life brings, the ability to chew well, swallow without difficulty, breathe freely and form large dental arches full of straight teeth. It doesn't have to be a dream; it can be a reality with proper management and intervention when symptoms are treated.

Unfortunately, our medical system is not equipped to handle Tether-Berg babies, or even babies that exhibit signs of Oral Dysfunction. If there isn't a prescription to write, a procedure to perform, or a referral to make, these babies fall through the cracks of the current disease-based medical paradigm. Moms are on their own seeking wellness and health-based answers.

Our Western culture is generations away from remembering how to instinctively manage these issues. In other countries and cultures, even today, moms massage, unfurl, and work the soft tissues of their babies. Mothers in Africa, India and other countries have preserved this work with their babies. It is refreshing to see moms seeking answers for their little ones. Hopefully, knowledge like this will bring an understanding of babies that helps the new generation become happy and healthy.

Back That Up: References for Further Exploration

Chiropractic Care for the Breastfeeding Dyad

Sharon A. Vallone, DC, DICCPHartford CT USA From: LEAVEN, Vol. 39 No. 6, December 2003-January 2004, pp. 126-27.

<http://www.runnersworld.com/injury-treatment/understanding-your-fascia>

Craniosacral Fascial Technique

www.gillespieapproach.com

CranioSacralTherapy

www.carolgray.com/carolgray/About_Carol_Gray.html

www.upledger.com

Cranial Adjusting Turner Style

www.turnerwellness.com

Fascia Science and Clinical Applications: Historical Perspective

Fascia Research Congress Evidence from the 100 year perspective of Andrew Taylor Still

Thomas W. Findley, MD PhD a,b,*, Mona Shalwala, MS-IV c

Int J Ther Massage Bodywork. 2009; 2(3): 10–17.

Published online Sep 23, 2009.

PMCID: PMC3091471

Understanding the Process of Fascial Unwinding Budiman Minasny, PhD

J Multidiscip Healthc. 2014; 7: 11–24.

Published online Dec 28, 2013. doi: 10.2147/JMDH.S52870

PMCID: PMC3883554

Skin, fascias, and scars: symptoms and systemic connections

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Posture, etiology of a syndrome - The case study - Pathomechanics www.paoloplatania.it/engPosture_theCaseStudy04.htm

A retrospective review of frenotomy in neonates and infants with feeding difficulties§

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