

Could Your Tongue Be Affecting Your Sleep?

A practical guide to tongue posture, breathing, oral function, and sleep

WHAT YOU'LL LEARN

- What your tongue should be doing at rest
- Signs your tongue may not be functioning optimally
- How oral posture and breathing can relate to sleep
- A simple tongue & sleep self-check
- When it may be time to investigate further

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Myofunctional Therapy for Better Breathing, Sleep & Oral Health



START HERE

You're Not Imagining It

"I sleep 8 hours. Why am I still exhausted?"

If you've been told you simply need better sleep hygiene or an earlier bedtime—but you still wake up feeling exhausted—you may be looking in the wrong place.

Sleep is influenced by much more than the number of hours you spend in bed. Your breathing, nasal airflow, tongue posture, oral muscle function, jaw position, airway anatomy, sleep environment, and overall health can all be relevant.

THINK BIGGER

Your tongue may be one piece of a bigger breathing and sleep picture. The goal isn't to blame your tongue—it is to notice patterns that may be worth exploring.

A better question:

"Is my tongue functioning and resting in a way that supports healthy breathing?"



UNDERSTANDING TONGUE POSTURE

What Should Your Tongue Be Doing?

When you're not eating, speaking, or swallowing, your tongue has a resting posture inside your mouth.

TONGUE Generally rests gently against the palate rather than sitting low in the mouth.

LIPS Comfortably together without excessive muscular effort.

BREATHING Preferably through the nose when nasal breathing is appropriate and unobstructed.

TEETH Generally relaxed rather than constantly clenched.

IMPORTANT

Your tongue does not need to be forcefully pressed against the roof of your mouth. This is about posture and function—not strength alone.



UNDERSTANDING THE BIGGER PICTURE

What Happens When the Tongue Rests Low?

A low or forward tongue posture doesn't automatically mean you have a sleep disorder. But it can be an important piece of the bigger picture.

- Chronic mouth breathing
- Nasal obstruction
- Open-mouth resting posture Altered swallowing patterns
- Reduced oral muscle coordination
- Certain orthodontic patterns
- Restricted tongue mobility
- Sleep-related breathing concerns

SOMETIMES THE TONGUE ISN'T THE CAUSE. SOMETIMES IT'S THE CLUE.

Nasal obstruction → mouth breathing → tongue rests low → altered oral posture.

Restricted tongue mobility → difficulty achieving an effective tongue posture → compensatory oral patterns.



SELF-CHECK

Could Your Tongue & Sleep Be Connected?

Check any that sound familiar:

- ☐ I sleep with my mouth open.
- ☐ I wake up with a dry mouth.
- ☐ I frequently breathe through my mouth during the day.
- ☐ I snore.
- ☐ I wake up feeling tired despite getting enough hours of sleep.
- ☐ My tongue naturally sits low in my mouth.
- ☐ My lips don't comfortably stay together at rest.
- ☐ I have difficulty keeping my tongue on the roof of my mouth.
- ☐ I have a history of tongue-tie or restricted tongue movement.
- ☐ I have trouble maintaining nasal breathing.

0-2

Few obvious signs

3-5

Worth exploring

6+

May warrant a comprehensive evaluation

This checklist is not a diagnostic tool. The goal is simply to help you notice patterns.



SLEEP + BREATHING

The Sleep Connection

When you fall asleep, your muscles naturally relax—including muscles involved in maintaining the upper airway. The tongue is one of the structures involved in the upper airway, so tongue position and airway anatomy can be relevant when evaluating sleep-related breathing concerns.

SYMPTOMS WORTH PAYING ATTENTION TO

- Snoring
- Mouth breathing
- Frequent awakenings
- Gasping or choking during sleep Morning headaches
- Dry mouth
- Excessive daytime sleepiness

AN IMPORTANT DISTINCTION

Myofunctional therapy is not a treatment for every cause of poor sleep or sleep apnea. Some people may need evaluation by a physician, a sleep study, an ENT evaluation, dental or orthodontic assessment, airway imaging, or other appropriate medical care.



QUICK CHECK

Your 60-Second Tongue & Sleep Self-Check

Don't force anything. Simply observe.

1

Close your lips gently.

Can you comfortably keep them together without strain?

YES / NO

2

Breathe through your nose.

Can you comfortably breathe through your nose while keeping your lips together?

YES / NO

3

Notice your tongue.

Where does the tip naturally rest?

ROOF / BEHIND TEETH / FLOOR / NOT SURE

4

Swallow normally.

Does your tongue appear to push strongly against your teeth?

YES / NO / NOT SURE

5

Open your mouth.

Can you comfortably lift your tongue toward the roof of your mouth?

YES / NO / NOT SURE

DURING SLEEP, NOTICE

Snoring • Mouth breathing • Dry mouth • Frequent waking • Teeth grinding/clenching • Morning headaches • Unrefreshing sleep • Daytime fatigue



COMMON QUESTION

“Is My Tongue Too Big?”

This is a common question when someone feels like their tongue doesn't have enough room in their mouth.

But tongue size is only one consideration. The relationship between your tongue, palate, jaw, teeth, airway, oral tissues, and overall oral function is much more complicated.

- A tongue may appear large because of its position.
- The mouth may provide limited space for the tongue.
- Tongue mobility may be restricted.
- Nasal breathing may be compromised.

INSTEAD OF ASKING...

“Is my tongue too big?”

Ask: “What is happening with my tongue posture, mobility, and function?”

The goal is not to jump to conclusions. It is to understand the pattern.



YOUR NEXT LAYER OF CARE

Where Myofunctional Therapy Comes In

Orofacial myofunctional therapy focuses on improving the coordination, strength, endurance, and functional patterns of the muscles of the mouth, face, and jaw.

A PERSONALIZED PROGRAM MAY ADDRESS:

- **Tongue posture** → learning and maintaining an appropriate resting tongue position.
- **Lip posture** → developing comfortable lip seal when appropriate.
- **Nasal breathing** → supporting nasal breathing patterns when nasal airflow is adequate.
- **Oral muscle function** → improving coordination and functional patterns.
- **Swallowing** → addressing inefficient or compensatory swallowing patterns.
- **Sleep-related concerns** → supporting appropriate oral and breathing function as part of a broader sleep-focused plan.

RIGHT PLAN. RIGHT PERSON.

If you have significant nasal obstruction, suspected sleep apnea, structural concerns, or another medical issue, those concerns need appropriate evaluation. Myofunctional therapy works best when it is part of the right plan for the right person.



NEXT STEP

Stop Guessing. Start Investigating.

Your tongue may be a clue—not the entire answer.

If you're experiencing poor sleep, don't walk away thinking, "My tongue is the problem." Instead, think: "My tongue may be one piece of a bigger breathing and sleep puzzle."

WHEN IT MAY BE TIME TO GET HELP

- Loud or frequent snoring
- Witnessed pauses in breathing
- Gasping or choking during sleep
- Significant daytime sleepiness
- Frequent nighttime awakenings
- Morning headaches
- Persistent dry mouth
- Chronic mouth breathing
- Difficulty breathing through your nose
- Jaw clenching or grinding
- A history of tongue-tie/restricted tongue mobility
- Difficulty maintaining tongue or lip posture

START HERE

I offer complimentary consultations for women struggling with sleep, breathing, snoring, and persistent fatigue. We'll discuss your concerns, patterns, history, what you've tried, and whether myofunctional therapy may be appropriate.



BONUS

Your Tongue & Sleep Cheat Sheet

TONGUE

Low resting posture ● Difficulty elevating tongue ● Restricted movement ● Forward tongue pressure

MOUTH

Open-mouth posture ● Dry mouth ● Lip strain ● Mouth breathing

NOSE

Congestion ● Difficulty nasal breathing ● Chronic stuffiness

SLEEP

Snoring ● Unrefreshing sleep ● Restless sleep ● Frequent waking ● Morning headaches

DAYTIME

Fatigue ● Brain fog ● Sleepiness ● Needing excessive caffeine

REMEMBER

One symptom doesn't tell the whole story. Your goal isn't to diagnose yourself. Your goal is to recognize patterns and know when it's worth asking better questions.

