



Collaborative Tongue Tie Care

**St. Gallen, Switzerland
January 15-17, 2026**

This statement reflects the clinical consensus of the authors based on the Tongue Time conference, with over 600 international healthcare professionals following three days of presentations, workshops, and collaborative dialogue on tongue tie assessment and treatment at the inaugural congress of this magnitude worldwide.

Executive Summary

Over 600 healthcare professionals from 45 countries convened in January 2026 for the inaugural Tongue Time congress, representing dentistry, medicine, lactation, speech-language pathology, myofunctional therapy, physiotherapy, chiropractic, osteopathy, midwifery, occupational therapy, and related disciplines. This statement synthesises the key clinical insights and collaborative principles that emerged from three days of presentations, workshops, and panel discussions, providing a foundation for advancing evidence-informed, individualised tongue tie care globally.

How This Statement Was Developed

This statement was drafted by a multidisciplinary writing group formed during the congress and refined using structured synthesis of plenary themes, workshop outputs, and panel discussions. It is intended as a principles statement rather than a formal guideline.

- **Scope:** tongue tie assessment, diagnosis and management across the lifespan.
- **Intent:** articulate shared principles and priorities; highlight areas for further research
- **Review cycle:** recommended review and update as the evidence base evolves.

What This Statement Is Not

This statement does not prescribe rigid protocols, establish minimum intervention thresholds, or limit clinical autonomy. Rather, it articulates principles that should inform, not constrain, evidence-informed practice across diverse clinical settings and patient populations.

Who Should Read This

This statement is intended for healthcare policymakers, professional organisations, individual clinicians across all relevant disciplines, researchers, and advocacy groups working to improve access to comprehensive tongue tie care.



Core Clinical Principles

Tongue Tie as a Functional Condition

Congress sessions consistently were in agreement that tongue tie is not simply an anatomical variation but a functional condition with potential implications for breastfeeding, swallowing, bottle feeding, eating of solids, speech development, breathing patterns, sleep quality, postural development, craniofacial growth, and overall neurodevelopmental integration. Effective assessment requires a comprehensive functional evaluation, often involving multiple providers, rather than relying solely on anatomical measurements and classifications. Multiple presenters shared protocols incorporating feeding observation, movement analysis, fascial restriction evaluation, airway considerations, and whole-body postural patterns.

Interdisciplinary Collaboration is Essential

The strongest theme throughout the congress was the critical importance of team-based, collaborative care. Presentations from multiple disciplines demonstrated how integrated approaches achieve superior outcomes compared to isolated interventions. Successful treatment begins with a thorough differential diagnosis to exclude other potential causes of similar symptoms and depends on comprehensive pre-intervention assessment by multiple disciplines, coordinated intervention technique, structured post-intervention therapy to enhance neuromuscular adaptation, and ongoing communication among team members. No single practitioner holds complete solutions. Adequate functional outcomes emerge when professionals from complementary disciplines work together around patient-centred functional goals.

Release Plus Functional Rehabilitation

Clinical sessions emphasised that complete anatomical release of all functionally restrictive tissues is necessary but insufficient alone. Effective outcomes require pre-intervention preparation addressing weight gain and breastfeeding management (small babies), fascial restrictions and neuromuscular patterns, appropriate release, structured post-intervention therapy to retrain

movement patterns, and adequate follow-up to monitor healing and refine techniques. Anatomical freedom must be coupled with functional rehabilitation.

Whole-Body Perspective Required

Presenters consistently demonstrated tongue tie within a whole-body context, exploring fascial connections, breathing dysfunction, postural adaptation, neurodevelopmental integration, and craniofacial development. This systemic perspective reinforces why isolated tongue-tie evaluation and release intervention without addressing compensatory patterns often produces disappointing outcomes.

Early Identification Matters

Multiple presenters demonstrated that recognition within the first weeks of life, when possible, particularly for breastfeeding support, improves outcomes by supporting physiological development, preventing entrenched compensatory patterns, and facilitating craniofacial growth. However, speakers emphasised that tongue tie assessment and treatment remain relevant across the entire lifespan, with timely intervention during childhood and even adulthood producing meaningful functional improvements for many individuals who reach professional care with undiagnosed restrictions affecting quality of life.

Evidence-Informed Practice Framework

The congress established that tongue tie care requires moving beyond simplistic protocols toward nuanced functional assessment. Effective evidence-informed practice integrates available research with comprehensive clinical expertise and patient-reported outcomes.

- studies and clinical cases,
- pragmatic trials and comparative pathway studies,
- longitudinal cohorts and registries,
- standardised functional outcomes and patient-reported measures,
- plus clinical judgement and shared decision-making.

The congress devoted substantial attention to balancing thorough assessment with appropriate clinical judgement to avoid both underdiagnosis and unnecessary intervention.

Safety, Ethics, and Governance

High-quality tongue tie care requires explicit attention to patient safety, safeguarding, and ethical decision-making, especially in infants and vulnerable patients.

- **Informed consent:** document functional findings, indications, expected benefits, alternatives, uncertainties, and the possibility of no improvement or transient worsening.
- **Proportionality:** intervention should be proportionate to functional impairment, anatomy, age/developmental context, risks, and available resources.
- **Safety:** clinicians should approach surgical risks as the outcome of a sequence of clinical decisions, beginning with diagnosis and extending through post-intervention care.
- **Competence & referral:** clinicians practise within scope, recognise limits, and refer appropriately (e.g., paediatrics, ENT, IBCLC, SLP, myofunctional therapy, sleep medicine).
- **Adverse event reporting:** complications and unexpected outcomes should be recorded and reviewed as part of quality improvement.



Advancing the Field

Research Priorities

Long-term functional outcome studies, standardised validated assessment tools, better understanding of systemic relationships, optimal intervention timing, and post-intervention care protocol research.

Professional Development

Enhanced training in functional assessment, integration of collaborative care models in education, cross-disciplinary communication frameworks, and recognition of when patients require referral beyond the individual practitioner's scope.

System-Level Improvements

Better access to qualified interdisciplinary teams, reduction in barriers to timely treatment, education of primary care providers in early recognition, and addressing inconsistent insurance coverage.



Call to Action

Healthcare Systems

- Recognise tongue tie as a functional condition affecting breastfeeding, swallowing, bottle feeding, eating solids, breathing, speech, sleep, development, and quality of life
- Support early identification through provider education and accessible assessment pathways
- Remove barriers to timely and accessible care for assessment, diagnosis and intervention across the lifespan
- Facilitate integrated care models enabling genuine interdisciplinary collaboration
- Ensure adequate reimbursement for comprehensive assessment and pre- and post-operative care, not just intervention procedures

Professional Organisations

- Support the development of evidence-informed assessment protocols that respect clinical complexity
- Promote interdisciplinary education and cross-disciplinary communication frameworks
- Establish competency standards prioritising functional outcomes over procedural simplicity
- Foster collaboration among complementary disciplines rather than professional territorialism

Individual Practitioners

- Commit to ongoing education in functional assessment
- Seek collaborative relationships with practitioners from complementary disciplines
- Prioritise patient functional outcomes over professional convenience
- Develop and maintain a thorough understanding of relevant anatomy and contraindications to minimize surgical risk, prevent avoidable complications, prevent unnecessary treatments, and ensure safe, predictable outcomes
- Maintain ethical practice standards, avoiding both under-recognition and inappropriate intervention

Researchers and Academic Institutions

- Investigate long-term functional outcomes across different approaches
- Develop and validate assessment tools for diverse populations
- Explore systemic connections between tongue tie and broader health implications
- Recognise clinical outcome data and patient-reported measures as legitimate evidence alongside traditional methodologies

Guiding Principles for Practice

1. Professional Humility - No practitioner holds all answers; advancing care requires differential diagnosis, collaboration and continuous learning
2. Function Over Anatomy - Assessment must prioritise functional impact rather than anatomical appearance alone
3. Early Recognition, Timely Intervention - Support early identification whilst recognising lifelong clinical relevance
4. Complete Treatment, Not Partial Solutions - Treatment must address all restrictive tissues impacting function and include functional rehabilitation
5. Collaborative Care as Standard - Integrated, team-based care should be the expectation, not the exception
6. Ethical, Evidence-Informed Practice - Clinical decisions integrate research evidence, clinical expertise, and patient values
7. Whole-Body Integration - Assessment considers systemic connections between tongue function, breathing, posture, and development
8. Structured Follow-Up - Post-intervention care is essential for monitoring healing and supporting functional adaptation

Structured Follow-Up: Principles and Red Flags

This statement does not mandate a fixed schedule; however, the congress emphasised planned follow-up to monitor healing and function, support adaptation, and identify complications early.

Escalation / Red Flags:

(age- and context-dependent)

- persistent bleeding, worsening swelling, or suspected infection
- fever or spreading redness/discharge
- dehydration or significantly reduced breast-feeding/feeding/output/weight gain in infants
- escalating pain disproportionate to the expected course
- marked oral aversion, persistent breast refusal, or functional regression
- worsening breathing symptoms or sleep disruption requiring escalation

Conclusion

The inaugural Tongue Time congress demonstrated remarkable international consensus: tongue tie appears as a functional condition requiring thorough assessment, differential diagnosis, treatment as complete as anatomically possible at the time of frenectomy, interdisciplinary collaboration, and a whole-body perspective.

The knowledge shared represents decades of combined clinical experience from practitioners treating thousands of patients globally.

Moving forward requires translating these principles into clinical reality: improving early recognition, supporting collaborative care models, advancing research, removing access barriers, and continuously refining approaches based on patient outcomes.

The international community represented at this congress shares a commitment to ensuring that individuals affected by tongue tie receive timely, comprehensive, evidence-informed care that optimises their functional potential and quality of life.

We invite healthcare providers, policymakers, researchers, and professional organisations worldwide to join us in advancing this vision. This congress marks not an endpoint but a foundation. The principles established here represent our collective commitment to advancing care quality, expanding access, and ensuring that functional outcomes with continuously updated protocols, not professional convenience, guide clinical practice worldwide.



Dr. Richard Baxter, Dr. Eyal Botzer, Dr. Louis Chan, Dr. Jenna Davis, Meike Dornieden, Dr. Ralf Dornieden, Michelle Emanuel, Dr. Milton Geivelis, Dr. Adrian Gnatek, Sarah Hornsby, Dr. Keisuke Inoue, Dr. Marjan Jones, Joy Lantz, Angie Lehmann, Dr. Brynn L. Leroux, Dr. Anna Lichnowska, Dr. Shereen Lim, Dr. Nada Makki-Karnib, Melissa Mugno, Dr. Justin Roche, Kate Roche, Dr. Maribel Santos-Cordero, Dr. Ankita Shah, Dr. Kirsten Slagter, Dr. Sharon Smart, Stacey Steely, Dr. Raymond J. Tseng, Dr. Suraj Vatish, Carly Veness, Samantha Weaver, Dr. Gina Weissman, Dr. Polly Wilkie, Dr. Scott Wustenberg and Dr. Soroush Zaghi on behalf of the international community, represented at the inaugural Tongue Time conference 2026.

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