

TONGUE-TIES AND SINGING: MY STORY AND PSA FOR VOCAL MUSIC EDUCATORS

During my first semester of graduate school, more than one voice teacher alerted me to some concerning quirks in my voice. My singing voice sounded tight, experiencing severe fatigue after moderate use, and was inconsistently able to fully phonate on pitches below middle C. I visited an ENT to get scoped and was told that my vocal folds looked healthy and normal. One voice teacher brought me to a myofascial therapist to teach me exercises that might alleviate tension in my throat and jaw muscles, though this did not seem to make a difference. Another voice teacher simply shrugged. Once I became aware of these limitations, they became a constant source of frustration.

Flash forward to the summer of 2025, 13 years after my vocal struggles had stumped my voice teachers. A social media influencer posted a photo of the underside of her tongue, saying that she recently read about a correlation between tongue-ties and temporomandibular joint (TMJ) issues, and she suspected that she had a tongue-tie. I, too, had a history of intermittent TMJ pain, and I thought that the underside of her tongue looked a lot like mine. Suddenly, I wondered: if a tongue-tie can affect the jaw muscles, could a tongue-tie have negative effects on the mechanisms involved in singing?

My subsequent search led me to the website of an English vocalist and voice teacher, Gemma Milburn, who had received a mid-life tongue-tie diagnosis and had pursued treatment. An entire section of her website was dedicated to this journey, seeking to share what she had learned about this niche topic. Prior to the release of her tongue-tie, she had experienced a variety of symptoms: unexplained vocal fatigue, limited vocal range, and TMJ pain, to name a few. It was eerie to find someone who shared this specific collection of challenges, but it was exciting to know that she had discovered the underlying source — and that there was a way to treat it.

I scoured the Internet for everything I could find on the subject, including evaluation and treatment options. It seems that there are a growing number of researchers studying the connection between tongue-ties and singing, but there is still a lot of work to be done to raise awareness among dental professionals and vocal music educators. Thanks to social media, the significance of this issue is slowly gaining more attention and advocates are working to spread information and understanding. I connected with singers, teachers, and practitioners from all over the world through topic-specific Facebook groups, and the more I read, the more I was determined to take the next steps for myself.

Seeking expert advice

In the fall of 2025, I went for a consultation with an airways-specialized dentist who performs adult tongue-tie release procedures. After a short assessment of my tongue's mobility and function, she confirmed that I had a posterior tongue-tie. Frequently, posterior tongue-ties go undiagnosed because they do not always present an obvious impact on tongue functions (such as speech development and feeding as an infant). This type of ankyloglossia (the official medical term for tongue-tie) is characterized by a tight, restrictive band of tissue that acts as an anchor underneath the middle or back of the tongue, ultimately producing limited tongue mobility and function. Ankyloglossia, of any kind, often leads to improper resting tongue position, persistent tension, and compensatory use of muscles of the tongue, jaw, and neck.

The dentist agreed that I was a candidate for the tongue-tie release procedure. She referred me to a myofunctional therapist for further assessment and to begin the necessary pre-surgical exercises. The myofunctional evaluation identified the specific limitations to my tongue mobility and revealed that I had a number of incorrect and compensatory muscle activations as a direct result of the tongue-tie. My myofunctional therapy sessions would focus on retraining my resting tongue position, strengthening underutilized muscles, and learning the correct tongue use for swallowing.

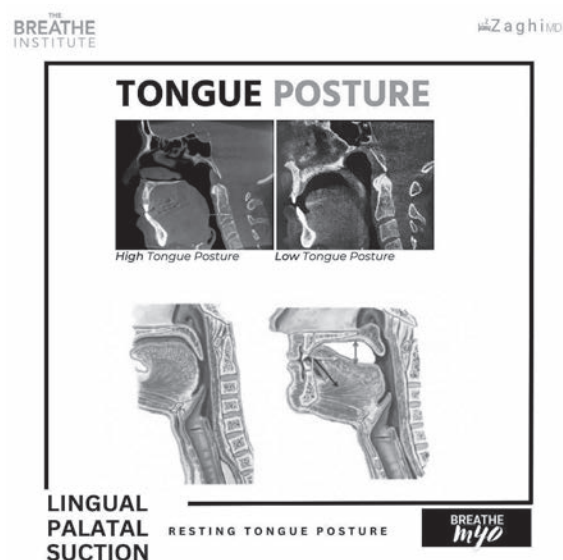


Figure 1: Resting tongue posture comparison. The images on the left side show the desired tongue posture at rest; the images to the right show an improper tongue posture at rest, which is frequently the result of ankyloglossia, or tongue-tie. Image courtesy of The Breathe Institute (www.thebreatheinstitute.com). Used with Permission.

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Over the next few months, I attended myofunctional therapy sessions and practiced the exercises with discipline. With each new exercise I was humbled by how difficult it seemed at first to use and move my tongue in ways it had never done before. But after several days of diligent practice, it was thrilling to witness my progress and the newfound ease with which I could perform each drill. During this time, as I worked to strengthen and improve the control of my tongue muscles, I noticed that my singing voice started to feel stronger (and, perhaps, less easily fatigued).

Soon after my school musical had finished, I went back to the dentist for the tongue-tie release — a procedure formally known as frenuloplasty and involving the tissue of the frenulum being reshaped or reduced — in this case, using a CO₂ laser. Including the administration of local anesthesia and a few stitches afterward, it took less than an hour to complete. We scheduled a two-week follow-up visit, I received instructions for post-procedure wound care and I was sent on my way.

Finding my voice

During the drive home about 30 minutes after the surgery, I turned on some music and cautiously sang along. I was overcome with emotion. After knowing my voice and body to feel a certain way when singing — for my entire life, up to that moment — it was mind-blowing to learn that this new reality was how easy it felt for so many other singers. Singing felt free, relaxed, and effortless, and I was ecstatic at the realization that this would be my new normal moving forward.

As I had been told to expect, my tongue was very sore for the next few days. I had asked if my usual amount of speaking and singing at school would be alright following the procedure, and I was assured that, despite the soreness, this usage would be good for healing and rehabilitation. I continued to attend myofunctional therapy sessions for a few months after the surgery to ensure that the newly learned muscle movements and strength were reinforced.

Once the initial soreness had subsided and I had been doing the requisite post-surgical tongue stretches and exercises for a few days, I tested my vocal range. I was astonished to find that the lower end of my range had increased by a minor third. My voice now had a richer resonance, freer vibrato, and increased flexibility in the upper range. Although it took a few months, I eventually felt like I had recalibrated the use of my singing voice, and I have since been enjoying all of the new vocal possibilities.

Interestingly, the benefits of the procedure extended beyond the functionality of my voice. Within two weeks of the surgery, I noticed I was falling asleep more easily and I felt calmer during the day. With the release of my tongue-tie,

and the diligent practice of the myofunctional exercises, my tongue now naturally rests on the roof of my mouth. This correct resting position eliminates my nighttime jaw clenching and allows for necessary stimulation of the vagus nerve, the cornerstone of the parasympathetic nervous system. During my two-week follow-up visit with the dentist, the doctor explained to me that vagus nerve stimulation opposes the “fight or flight” nervous system response, signaling for the body to “rest and digest.”

Helping others

At my final myofunctional therapy appointment I asked my provider how I might be able to use what I’ve learned to help my students, acknowledging that I am not qualified to diagnose or evaluate ankyloglossia in others. She recommended introducing the exercise in which one suctions the tongue to the roof of the mouth (keeping it there for one to five minutes), as this is an exercise which can benefit anyone and everyone. Beyond this, however, should there be any concerns about oral-fascial tension, tongue mobility, or possible tongue-tie, the best course of action is to refer students to a myofunctional therapist or speech language pathologist (note: these are distinct certifications that share some overlap of practice) for a professional evaluation.

While it might have been helpful to have gone through this experience 20 years ago, I am so glad that I pursued my tongue-tie diagnosis and treatment now. If my story has piqued your interest in this topic, I recommend exploring the websites of Gemma Milburn (<https://www.gemmamilburn.com/tongue-tie-singing>) and Robyn Merkel Walsh (<https://www.robynmerkelwalsh.com/>), both of whom are active proponents of helping tongue-tied vocalists learn more about treatment options and how to improve the use of their voice. If you suspect that you, a loved one, or a student may have a tongue-tie, here is a summary of the steps to be taken:

Step 1: *(These two tasks are both “step 1,” and either one can be done first/second.)*

- a) **Attend a consultation with a dentist who specializes in airways and breathing disorders.** These are professionals who deal directly with tongue function; they will be able to assess any potential tongue-tie or lip ties and will determine whether you are a candidate for a frenectomy/frenuloplasty procedure. (On a side note, you may be amazed to learn the variety of sleep and breathing disorders that are related to the presence of a tongue-tie). You can find the specialists in your area using this web directory: <https://www.airwaycircle.com/directory>

- b) **Receive an evaluation from a myofunctional therapist.** These professionals are often additionally certificated in a variety of other areas (such as speech language pathology). The ideal scenario is to find someone who is knowledgeable about the voice, trained in vocology, or with a background in vocal performance or pedagogy, but these individuals are few and far between. Myofunctional therapists with or without a vocal background will be able to help you. You can find the specialists in your area using this web directory: <https://www.airwaycircle.com/directory>

Step 2: *(Provided a diagnosis of ankyloglossia is determined by the aforementioned specialists)*

Attend regular myofunctional therapy sessions and practice the assigned exercises.

Most providers recommend doing this for at least two months prior to the tongue-tie release procedure, but it is possible that more time may be needed. Individu-

als with mild cases, or those who are not interested in pursuing surgical treatment, may find that they are able to achieve their desired results through myofunctional therapy alone without going through with any tongue-tie release procedure.

Step 3:

Undergo the tongue-tie release procedure. Be sure to follow all post-procedure care and healing instructions, and practice any tongue stretches assigned by the dentist. Initial healing usually takes a couple of weeks, with soreness subsiding after a few days, but you (most likely) will not need to take time off from teaching.

Step 4:

Continue to attend myofunctional therapy sessions and practice assigned exercises for several weeks or months following the surgery (dependent upon many factors specific to individual patients) until your provider determines that your goals have been met.

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