

Texas Boy Thought to Be Nonverbal Can Speak After Dentist Discovers He's 'Tongue-Tied'

NEWS

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By all accounts, Mason Motz is now a [chatterbox](#) of a child.

The 6-year-old Texas boy can often be found conspiring with his little brother, Max, singing his favorite songs and loves nothing more than to ask his mother about her day.

“He’ll say, ‘Hey mom, how was work today?’” Meredith Motz told InsideEdition.com with a laugh, almost incredulously. “It’s like, ‘Oh my goodness, who are you?’”

That’s because for the first five years of his life, Mason could barely utter a word.

He was born with Sotos syndrome, a genetic condition often characterized by a distinctive facial appearance, overgrowth in childhood and learning disabilities or delayed development of mental abilities and movement.

“Since birth, he’s had delays and issues,” Motz said.

Mason's struggles ran the gamut, leaving the little boy frustrated and his parents heartbroken.

“He’s been in speech therapy since he was a little over 1 year old,” Motz said. “Sleeping was always stressful. He would stop breathing. He had trouble eating and swallowing; every single meal we would have to remove something that was choking him. He didn’t get the nutrition he needed. His teeth started having problems.”

After several frustrating visits to dentists unfamiliar with treating special needs children, the Motzes brought Mason to see Dr. Amy Luedemann-Lazar at Kidstown Dental in Katy.

There, while the child was sedated, Luedemann-Lazar made a discovery that would change the [lives](#) of Mason and his family.

“We did detect a tongue-tie,” she said. “Mason was not nonverbal; he was just unable to speak. He had been in speech therapy for years and no one had ever checked under his tongue.”

A tongue-tie, formally known as ankyloglossia, is a condition present at birth where an unusually short, thick or tight band of tissue tethers the bottom of the tongue's tip to the floor of the mouth, restricting its range of motion.

"When you're developing (in utero), your tongue is part of the floor of your mouth," Luedemann-Lazar said. "A tongue-tie is an incomplete separation."

Its effects, in many instances, are more wide-ranging than many realize, Luedemann-Lazar said. "It's huge."

Luedemann-Lazar performed non-invasive [Waterlase](#) laser treatment to release Mason's tongue-tie in April 2017. The change in Mason was almost immediate.

"Within 12 hours, he was talking and it was amazing," Motz said.

Many physical ailments Mason had long struggled with have become [manageable](#) or have all but disappeared.

"It's like night and day. He doesn't have choking episodes anymore; he's eating different types of food," Motz said. "He's behaving much better at school. His behavior was a problem, because he was getting poor quality of sleep at night, he was constantly tired and was not able to express himself. He doesn't snore anymore. He doesn't have sleep apnea anymore."

Seeing the change in Mason is what drives Luedemann-Lazar's advocacy for growing awareness around tongue-ties and their effects.

"Mason came in as quiet and apprehensive and nervous," she said. "He had a lot of challenges ... looking at Mason's growth and development, looking at his airwaves, looking at his muscle attachments, identifying the tongue-tie and correcting that for him, and then walking him ... through the process of rehabilitating the tongue function has been amazing. It's like the pot of gold at the end of a rainbow because that's what Mason is."

"He is bright and has so much to say after years of not being able to communicate what was in his heart and in his head. So he's very interactive and funny and sweet."

It's Luedemann-Lazar's passion that Motz will be eternally grateful for, she said.

"She looks at Mason as a whole person," Motz said.

She urged parents to trust their guts when it came to their [children's well-being](#), saying: "If you think there's something going on, find a doctor that will respect your opinion."

Luedemann-Lazar noted some signs a child may be suffering with a tongue-tie may exhibit:

- **Issues breast-feeding:** "Sometimes you'll have problems with breast-feeding, and a lot of times moms don't know until later because they think their milk supply went away." But really, it may be because the baby cannot latch, due to a tongue-tie, Luedemann-Lazar said.

- **"Picky" eaters:** "Toddlers sometimes are having a hard time with fruits and vegetables and meats and gagging a lot and being what parents call picky eaters. But when you investigate, they're only eating soft foods and processed foods."

- **Issues with speech:** "If they're trying to talk to you and they can't communicate because you can't understand what they're saying, that's really frustrating for kids and can look like behavior problems."

- **Unexplained cavities:** "If your kid is eating really healthy and they're still [having] major cavity problems."

- **Problems sleeping:** "All your muscles fall asleep when you go to sleep and relax, and your tongue is eight pairs of muscles. So when you fall asleep ... if it's restricted to the floor of your mouth, [it] will really go down and back into your airway and create either an obstruction or partial obstruction, which will create a lot of behavioral issues in kids and adults."

- **Facial structures:** "With a really high-functioning tongue and no tongue ties, you'll get beautiful cheek bones, beautiful jaw line, really broad jaws that fit together with spaces and baby teeth. Baby teeth shouldn't be all close together — that's a bad sign."

Mason is still in speech therapy, but now he can communicate how he feels and what he thinks — an invaluable ability for a little boy bursting with ideas and conversation.

"He really likes going to school," Motz said. "He loves to dress up and he loves to dance. You can have conversations with him. He sings songs.

"He's wearing out the 'Les Misérables' DVD he's watching," she said with a laugh. "He's always had so much to say, and now he's finally able to form the words."