



STUDIES LINK TMJ DYSFUNCTION AND POSTURE

By Krista Burns Posted May 1, 2016 In Health, Lifestyle, Pain, Posture

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35 million Americans are just like Rosa. They present with painful temporal headaches that are affecting their home and professional life. Orofacial pain and headaches are directly associated with their postural dysfunction, structural head posture restoration is indicated.

Patients suffering from TMJ dysfunction will commonly present with reported “popping” and “clicking” of the jaw when opening and closing the mouth. **from a slight irritation to a severely debilitating condition. Advanced ability to eat, breathe, talk, and sleep, and** can give rise to teeth sensitive to pain, nerve pain and muscular aches in the neck and shoulder region.

Common postural distortion patterns that patients with TMJ disorder present with are an increased hyperlordosis of the cervical spine, and trigger point muscle activity. Postural distortion patterns of the first posture quadrant affect the muscle activity and posterior lower jaw position.

Research demonstrates that correction of TMJ dysfunction requires postural correction of the cervical spine. Nikolakis et al. (2001) state, **“a combination of exercise and posture, and relaxation techniques significantly alleviates jaw pain and impairment.”**

Wright et al. (2000) concluded that **TMJ dysfunction self-management is more effective** for correction and symptom relief than TMJ self-management.

Rosa, an accountant of 10 years, was surprised that her dentist referred her to a physical therapist for TMJ dysfunction. Although skeptical in the beginning, Rosa began to re-evaluate her head posture placement and the correction of TMJ and orofacial symptoms.

Rosa had been dealing with dental issues and headaches forever. With her dentist, she says that her clenching is the worst and she wakes up every morning with a stiff neck and jaw all night.

Rosa presented with significant forward head posture on her posture exam. Her physical exam included: hypertonicity of the trapezius, pectoral, and suboccipital muscles; postural instability at T1 and T4, and decreased range of motion of the neck with bilateral head flexion.

Rosa was dedicated to her treatment plan of head posture structural re-education. She completed a 12-week program. Her treatment plan consisted of anti-gravity specific postural rehabilitation protocol.

For postural restoration of forward head posture, Rosa did reverse postural alignment of the cervical spine without resistance and held the position of maximum correction for 30 seconds. She then progressed to do 3 sets of 10 repetitions per day. Once she was able to do 3 sets of 10 repetitions of the same exercise with resistance to build her postural fitness.

She was instructed to do TMJ specific exercises at home in addition to her postural training. For the first exercise, she was instructed to open her mouth as wide as she could comfortably. With the mouth wide open, she was instructed to hold the mouth open on the affected side and hold for 10 seconds. Then repeat the exercise 4-5 times per day.

Next she performed an exercise in which she supported her chin with both hands. With the mouth wide open, she would touch the roof of her mouth with the tip of her tongue. She did this exercise for 10 repetitions to build her postural fitness.

When working with patients with orofacial pain, it is necessary to rehabilitate the jaw to improve articular function. **For long-term correction it is necessary to have the patient to be in proper alignment.** There is an interdependent relationship between the jaw position that posture experts have mastered.

References:

Nikolakis, P et al. (2001) An Investigation of the Effectiveness of Exercise for the Relief of Symptoms of TMJ Osteoarthritis. Journal of Craniomandibular Practice.

Wright, E. et al (2000) Usefulness of Posture Training for Patients With Forward Head Posture. The American Dental Association 131(2).

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