

TMJ: A Case Study, Treating Beyond the Dental Approach

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In this world of specialization temporal mandibular joint (TMJ) pain and dysfunction is often looked at myopically as what takes place only in the temporal mandibular joint. Clients with TMJ symptoms usually experience headaches and neck pain in addition to pain in the temporal mandibular joint itself. The dental approach has had limited success and often exacerbated painful conditions not only of the TMJ but of the rest of the head, neck and shoulders. As a structural rehabilitative massage therapist I always look at the overall body structure and how it relates to any of the painful symptoms that clients are presenting. I have never found a client with TMJ issues that has not had significant structural imbalances in the head, neck and shoulders that are supported by structural imbalances from their feet up through the head. This totally changes the concept for treatment for TMJ from being just a site specific treatment (TMJ only) to a whole body treatment. Therefore, it is important to view the symptoms of TMJ as they relate to the structure of the whole body.

A case study that successfully relieved TMJ symptoms illustrates a successful approach for the treatment of TMJ. **Cindy**, a 28-year-old legal secretary, had been having TMJ pain since the age of 12. Her dentist adjusted her jaw both manually and with a bite splint multiple times, used braces, pulled her wisdom teeth, ground down her molars, performed dental surgery and a discectomy in the TMJ. Cindy's symptoms went from mild pain and popping when chewing to severe headaches, severe pain and popping when chewing and jaw dislocating whenever it was opened more than 20 degrees. I asked Cindy about her bite splints and she said that without it she ground her teeth at night (bruxism). This started around the age of 15 and worsened when she became a legal secretary with pressure at work.

Cindy's initial evaluation began with a structural body reading looking not only at her face, cranium and TMJ but also the structure of her whole body. There was an anterior rotation of her left ilium and posterior rotation of her right ilium, a longer left leg with a medial knee and the foot rotated laterally, exaggerated curvatures in the spine with the thoracic area dropped and rotated to the right, the right shoulder lower and medially rotated, left shoulder higher and posterior, the neck tilted to the right and the head tilted back to the left, the left side of the mandible lower than the right, and the left zygoma (cheek bone) lower than the right, the mandible shifted up and to the right, and the left ear lower than the right. This is the classic core distortion¹ of the body structure.

My challenge was to shift the whole structure into support and balance. Kinesiology revealed the sphenoid was jammed down on the left, and the occiput jammed down on the right, thus the basic cranial motion was distorted and so were the vault and facial bones. Since restrictions in the soft tissue were holding this distortion in the cranium I applied the Cranial/Structural Core Distortion Releases² to release this torsion from the cranium which resulted in bringing the iliums back into balance, leveling the sacrum to provide a base to support a straighter spine, and evening the leg lengths. This also brought the thorax and neck more into balance and support.

There was another logical reason for working with the cranium first - the organization of cranial bones directly affects the organization of the TMJ. Before the Cranial/Structural treatment Cindy could barely open her mouth and insert two fingers. Applied kinesiology tested weak when she opened her mouth. After the treatment Cindy could open her mouth and insert 3 fingers, and when her mouth was opened kinesiology tested strong. This indicated a significant balancing of the cranial bones and the mandible.

¹ Don McCann, The Evolution of Releasing the Core Distortion. *Massage Today*, July 2014, Vol. 14, Issue 07

² Don McCann, The Evolution of Releasing the Core Distortion. *Massage Today*, July 2014, Vol. 14, Issue 07

In addition, her entire structure was now supporting the increase of balance in the head, neck and shoulders.

The first myofascial soft tissue protocol was applied to bring the shoulders and neck back, release the scalenes and sternocleidomastoid so the neck could straighten, and release the back of the neck down to the shoulders so they could drop and balance. The next session focused on bringing the pelvis into even more support including the legs down to the feet with the application of a myofascial soft tissue protocol. This was followed by another soft tissue session working from the pelvis to the neck to further release the distortion in the spine, specifically the thoracic region. Cindy's TMJ symptoms diminished dramatically, headaches were infrequent, her jaw seldom dislocated, and she could open her mouth and easily insert three fingers. These results were due to the balancing of the cranial bones and cranial motion, fewer soft tissue restrictions and an overall structural support of her body. It was now time to work specifically with the muscles that attached to the TMJ. This included the masseter, temporalis, pterygoids, and digastric muscles, along with all the muscles of the head, neck and shoulders. While working with the sternocleidomastoid up under the corner of the mandible Cindy had a significant emotional release with tears, anger, and eventually screams. Cindy's homework was to bite on a towel and scream to further release the emotions trapped in her temporal mandibular joint.

Cindy had five more sessions with two head, neck and shoulder sessions including specific TMJ techniques, one thoracic session, and two pelvic balancings. Cindy was pain free, had good range of motion when opening her mouth, and had no limitations when chewing. More importantly Cindy had a structural balance in her whole body that would support these changes long term.