

## Taking Control of TMJ: Total Wellness Program

### Slide 1 (Title page)

There are millions of people who have jaw pain, headaches for no apparent reason, clicking, grating or difficulty opening and closing their mouth. They may clench or grind their teeth at night. They may have had tooth or sinus pain that was treated, but the pain persisted. The splint they were told to wear can often do more harm than good.

I wrote *Taking Control of TMJ: Your Total Wellness Program* to help people prevent and recover from TMJ Disorder, Fibromyalgia, Whiplash and Related Disorders. Many scholars contributed their expertise and are cited in my book. Janet Travell, M.D., is regarded as the pioneer in pain diagnosis and management. David Simons, M.D. provided his expertise in the role of referred pain from muscular trigger points, and Fibromyalgia. The following is a summary of my research.

### Slide 2 *Chapter 1: How to Understand the Problem*

*Chapter 2: Exercises to Improve Jaw Functioning*

*Chapter 3: Treating Referred Pain from Trigger Points*

*Chapter 4: Eliminating Harmful Habits*

*Chapter 5: Identifying Stressors*

*Chapter 6: How to Evaluate & Improve Diet & Exercise Habits.*

*Chapter 7: Whiplash*

*Chapter 8: Fibromyalgia*

*Chapter 9: Splints*

### Slide 3 Chapter 1 – Understanding the problem (Fascia Man):

Chapter one contains background and resources for diagnosis. In it, you will find checklists, questions about health history, a visual exam, and information about pain patterns.

Pain in a perfectly health tooth, difficult hearing, headaches or sinus pain can come from referred pain.

Page 17 - Slide 3 - Fig1.4: Fascia Man



In order to truly understand TMJ (Temporomandibular Joint ) Disorder, you must understand what myofascial means, what fascial is and how it affects total well being. Fascia is the connective tissue found everywhere in your body that holds all of a person's organs in place. The majority of fascia runs vertically.

The importance of myofascia remains unrecognized by clinical medicine. Orofacial pain, pain in the head and jaw is taught in dental schools. Myofascial pain is not taught. This is reason for frequent misdiagnoses.

#### Page 22 - Slide 4 Fig1.6 F/S Index

Two colleagues, Larry Funt and Brenden Stack, published a study of patients – age 4 - 70. The study showed how symptoms increase in both number and severity as a person get older.

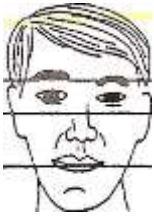
At Age 4-7	A person may have temple headaches or earaches with no infection.
By Ages 51-60	Headaches are incapacitating with jaw joint arthritis or eye, neck and facial pain. Shoulder pain mimics arthritis.

The *Symptom Checklist* and *Health History* on pages 25-30 can help establish a diagnosis to know what to treat.

#### Page 30-31 - Slide 5 - Look for Feature Imbalance

By looking at a person's face, you can tell which side is unbalanced, as well as where pain is developing. Stand in front of a full-length mirror to check for imbalances down the whole body. Look at the face. Is one eye higher or larger than the other?

Figure 1.9 shows Feature Imbalance.



#### Slide 6 Jumpstart

\* In the process of treating hundreds of patients over the years, I developed a three-step program called "Jump Start Treatment" (on Pages 6, 7, 8). Many were out of pain within days.

The Jumpstart program will get you started:

- 1) Avoid Clenching is also on page 37
- 2) Eliminate Harmful Habits (Oral Habits & Posture) p59
- 3) Learn Deep Breathing - on page 90

#### Chapter 2 – Exercises to Improve Jaw Functioning:

When pain is present in the jaw area, there are exercises that can be done specifically to help relieve the pain and prevent recurrence. These exercises were developed by Mariano Rocabado, P.T., who is recognized world wide for his leadership in managing TMJ disorder. The exercises are an important part of the Total Wellness Program.

Page 37 - Exercise 1 – Avoid Clenching – Is the most important exercise.

The purpose is to keep the jaw relaxed at all times in the rest position. Muscles are totally relaxed. Because clenching is at the root of most jaw problems, in addition to doing these exercises, you must learn to become aware of when you are clenching. You tend to clench when you're busy, when you're concentrating on something, or when you are stressed. Some people clench or grind their teeth as they sleep, and wake up in the morning with sore jaws.

Breaking the habit of clenching is the most important task in your steps to recovery.

## Slide 7

Page 43 – Fig. 2.6 - Exercise 7: Improve Shoulder Posture

This exercise stretches your chest muscles and improves lung capacity, helping you stay relaxed, and to keep your jaw in its optimum position – This is called the *physiological rest position*. At the same time, as you are practicing Exercise # 1 Avoid Clenching, pull your shoulder blades together and downward



Figure 2.6. Improve Shoulder Posture

## Slide 8

Chapter 3 – Treat Referred Pain from Trigger Points - (is on pages 49-55)

Not all pains come from Trigger Points. Pain can come from other traumas, disease or illness. Muscles are funny things. They can knot up on you sometimes, and cause a lot of pain. You know this if you've ever had a cramp in your leg or Charlie horse. You will stop what you're doing and rub the cramp out.

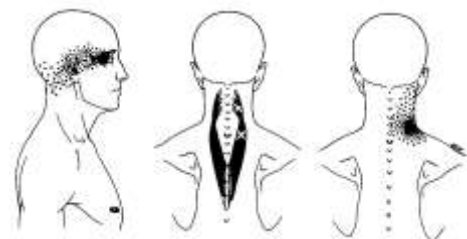
Page 49 – Slide 8 - Fig. 3.1 Splenius Cervicus muscle (Back of Neck)

Pain from this muscle is referred from the back of the neck upward through the head to the back of the eye and causes pain in neck and blurred vision.

You will see some X marks on the drawings. These are the sites of the Trigger Points.

X - - - - - indicates sites of the trigger points

Cluster of Dots – indicate where pain is felt.



## Slide 9

Page 50 – Slide 9 - Fig 3.2 Sternocleidomastoid muscle (Under the Ear)

The sternocleidomastoid, or SCM, contains two parts that attach to the mastoid bone. One part connects to the collarbone and the other to the breastbone (sternum). SCM trigger points can be caused by trauma, looking up for long periods of time, or putting too much stress on your muscles. Even the compression of a tight collar, or poorly designed work areas, (such as a key-board or counter that is too high. Sitting in poorly designed chairs or furniture) can cause triggers to develop.

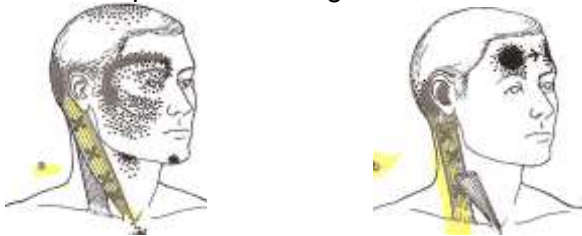
The Sternal portion (see figure 3.2a) can refer pain to the front or top of the head, over the eye, across to the cheek, or to the back of the throat and tongue.

A trigger can cause pain deep inside the eye or ear, causing tearing, reddening of the eye or ear, or drooping the eye lid. It can also cause visual disturbances such as blurring of vision. Ringing in the ear and deafness have also been reported.

The Collarbone attachment (see figure 3.2b) can cause frontal headaches, earaches And pain to the cheek and back teeth. Other symptoms are dizziness caused by movement and disturbed balance, dizziness from improper posture, frontal headaches and impaired sleep. Episodes of dizziness can last for seconds or hours. Loss of motor coordination can happen unexpectedly.

Starlanyl (1977) cautions, “Any chronic infection, sinusitis, dental problems, or uncorrected vision should be dealt with promptly. The neck holds the secret to most dizziness. However, dizziness can be caused by other medical problems: so check with your doctor.”

Sternum portion – see Fig. 3.2



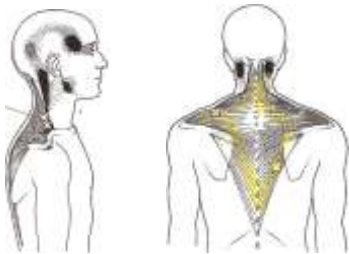
**a** \* pain in eye – blurring of vision

Collar bone attachment – Fig. 3.2 – **b** \* Dizziness

### Slide 10

Page 51- Fig 3.3 Trapezius (on top of shoulder – and down back)

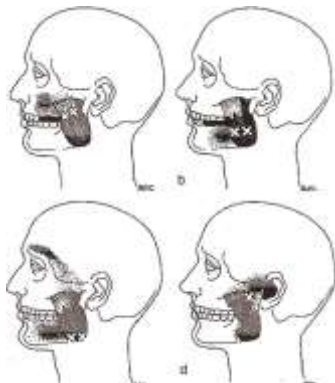
The Trapezius extends across your back and shoulders. Trigger Points are often activated by trauma from whiplash or other injuries.....holding hands above waist level to work, ...the weight of a heavy coat or shoulder bag,... poor postural habits or a tight bra strap. The Trapezius is a major source of tension headaches.



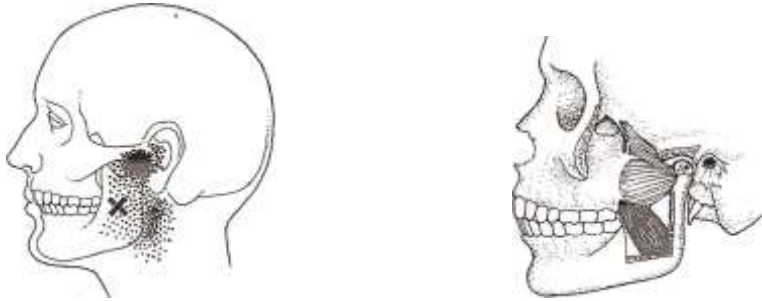
### Slide 11

Page 52 - Fig 3.4 Masseter (Cheek Muscle)

Trigger points are often activated by repeatedly grinding or clenching of teeth, sucking a thumb, chewing gum, cracking hard substances with teeth, having a poor bite, breathing through the mouth, a nasal obstruction, or prolonged dental work. A dentist should be able to recommend exercise time-breaks.



**Slide 12**  
 Page 53 - Fig 3.5 Medial Pterygoid (Inside the Jaw)....Stiffness in ear is common because this muscle helps keep auditory tubes closed. Massage the medial pterygoid by pressing up with your thumb, inside the back edge of the lower jaw.



**Slide 13**  
 Page 54 - Fig 3.6 Lateral Pterygoid (Behind the upper third molars) –  
 This is a chief source of pain to the Maxillary sinus.

> One of my patients, Bill, had severe pain in the sinus area, had previous sinus surgery, and another surgery was recommended by his doctor. Bill had a myofascial trigger point in the Lateral Pterygoid (Fig. 3.6.). Surgery was not needed and follow-up, years later, was positive!

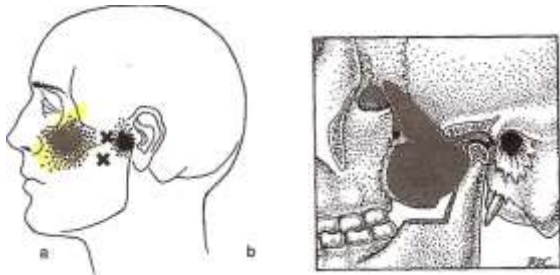
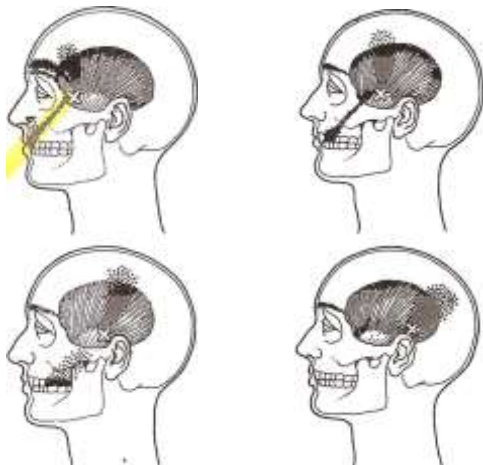


Fig 3.6 Lateral Pterygoid

**Slide 14**  
 Page 55 - Fig.3.7 Temporalis (Side of head)

Teeth sensitive to heat, cold or touch feel similar to a bad toothache. Over the years I have seen many patients who didn't understand the reason for pain. They'd had one tooth after another removed, only to have the trigger-point pain continue. This should never happen. Trigger point should always be suspected when obvious causes of toothache cannot be found.

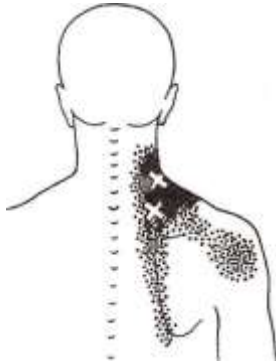


## Slide 15

### - Fig.3.8 Levator Scapula (Side of Neck) - "Stiff Neck"

Trigger Points can result from postural, psychological, or activity stress.

Patients are usually unable to turn their heads and must turn their bodies to look behind.



## Slide 16

### Chapter 4 – Eliminate Harmful Habits (oral & postural Habits)

Page 62 - Why would a dentist be concerned with posture?

When we professionals fail to look at the total patient (head to toe) and consider all of the factors contributing to the jaw problem, our treatments fail and the patient does not get well.

Posture is important because it provides better balance, strength, stability, peripheral vision and airway.

### Page 73 - *The Back Stretch* - Figure 4.16 – The Back Exercise.

As a preventative measure, repeat the exercise every once in a while, whenever you find yourself working in a forward- bent position. Also, do this exercise before prolonged sitting or standing



## Slide 17

### Chapter 5 - Identify Stressors - 6 Coping Strategies:

#### Page 89 - Strategy 4: Listen to your body

If you listen to your body, it will tell you when you are pushing too much. If you are feeling tense, pay attention to your physical sensations. Does your neck hurt? Are your jaw muscles feeling tight?

When you feel pressured or stressed out, be good to yourself and take a little time off. Take a walk, lunch with a friend, do something you really enjoy. You will gain renewed energy from such diversion. Hans Selye's book, *Stress of Life*, teaches how to combat disease by strengthening defenses.

Slide 18

Page 90 - Strategy 5: Learn Deep Breathing

According to Starlanyl and Copeland (1996) – “Deep breathing will help to rid body of waste gases. It also massages some of your organs and improves mental clarity and focus.

By breathing mindfully, consciously, slowing and deepening your breath, you can relax and ease anxiety and stress. (Do this all day & to help you go to sleep)

Slide 19

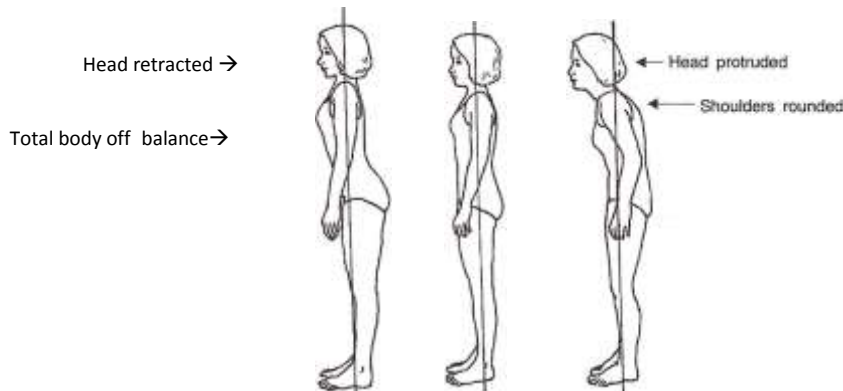
Chapter 6 – Evaluate & Improve Diet and Exercise Habits

Pages 96 - 105 includes a checklist for healthy eating habits and nutrition.

Page 106 - 117 – details the Exercise Program

Stretch your way to health. Gentle stretching is the key to sustained relief from muscle pain, and should become a lifetime habit, even when you increase your physical activity, and must include all the muscles of the body. Another stretch is to raise your eyebrows repeatedly. Stretch to music.

Exercise 1 - Mountain Pose



Slide 20

Exercise 2 - Shoulder shrug



Slide 21

Exercise 3 - Shoulder Rolls



Slide 22

Chapter 7 – Whiplash - Page 121

Patient, Judy, had closed lock 1/4<sup>th</sup> inch, totally incapacitated, required professional counseling. In 1994, the NIH – \$5.3 million grant to do “closed lock” research performing random surgery. Results of the 1994 Grant, published in 2007, found “random surgery” was not appropriate.

Every year millions of people are involved in automobile accidents that result in whiplash injuries. Many never fully recover due to injury to the jaw joint as well as the neck (cervical whiplash). There are many myths about whiplash. Challenge the myths and direct the course of your treatment that could change your life.

Slide 23 Chapter 8 – Fibromyalgia and TMJ Disorder - Page 133

Jean was referred to me by a federal medical nurse for workers compensation. Jean had unnecessary setbacks after treatment by orthopedic specialists in Chicago. She improved and returned to work after diagnosis of fibromyalgia, physical therapy with myofascial release and following my recommendations.

Fibromyalgia was officially recognized as an illness by the American Medical Association in 1987. Until recently, it was rare to find a physician who had ever heard of Fibromyalgia.

My advice to sufferers: Get out of your chairs, move, dance, climb stairs, stretch, and keep physically active.

*Fibromyalgia Frontiers 2010* –did a Tribute to David G. Simons, M.D. (1922-2010) that was written by Devin Starlanyl. I was blessed to have Dave as a mentor and friend. When asked how he dealt with the frustration of having most of the medical establishment turn deaf ears to myofascial medicine. He said *he had sown many seeds, and some had fallen on rocky ground. Some, however, had sprouted and would flourish long after he was gone.* I was one of those seeds.

Slide 24 Chapter 9 has information about splints.

*Splints are bite plates” used to prevent clenching. They often do more harm than good.*

Albert Ziegler serves as an example of problems in the health care system. Albert Ziegler, is 70 years old, living in Switzerland and California. He was misdiagnosed by a dentist and oral surgeon at a major clinic in California. They failed to establish a diagnosis – to know the origin of his pain. They treated him with root canals, extractions, and 10 years with various splints – created structural changes in his jaw joint. This resulted in throbbing and hissing that prevented him from sleeping.

He had the book “Taking Control of TMJ” and asked to see me for consultation. A special effort would be necessary because it’s very difficult for a 70 year old to reverse 10 years of damage. I advised – “Focus on Jaws relaxation, throw out all splints, and change eating habits. When I called him for a progress report, he reported on 9/26/09 the good news –



“I can sleep at night and rarely wake up anymore because of throbbing and hissing.”

#### Slide 25

For future self-help as a key to wellness, I recommend the following books as resources to all health care professionals, and family households:

- 1) Pain Erasure: The Bonnie Prudden Way: How to Erase Pain in Minutes, Without Drugs, and Discover the Wonders of Trigger Point Therapy. See page 107 – Help for Painful knees.
- 2) The Trigger Point Workbook by Claire Davies Chapter 2 – All About Trigger Points
- 3) Taking Control of TMJ: Your Total Wellness Program for Recovering from Temporomandibular Joint Disorder, Fibromyalgia, Whiplash, and Related Disorders
- 4) Myofacial Pain and Dysfunction: The Trigger Point Manual by Drs. Janet Travell, M.D. and David Simons, M.D.

#### Slide 26



*I have been asked what motivated me to continue my on-going research at age 91. I had a 4-year premedical course Zoology Chemistry before dental school 1949. A thorough medical course of study was required training in both medicine and dentistry. The anatomy course included the complete dissection of the human body from head to toe. I received my D.D.S degree in 1953. I was trained to do: periodontal surgery, root canals, extractions, x-rays, and diagnoses.*

I was asked to return to the U of Minnesota as a Research Professor and instructor from 1978-81. My goal was to learn all that was known concerning TMJ Disorders.

I learned that TMJD is a Head-to-Toe problem – involving Fascia. Physicians, dentists and patients need to understand Myofascial Pain, what fascia is and how it relates to total well-being.

My research continues and my license to practice remains active.

I wrote Taking Control of TMJ; Your Total Wellness Program in 1999 to help people prevent and recover from TMJD, Fibromyalgia, Whiplash and Related Disorders.

Helping people (patients) has been a driving force in my life.

In closing:

Thanks for participating in this self-help and total wellness journey.  
I hope my research will help you for years to come.