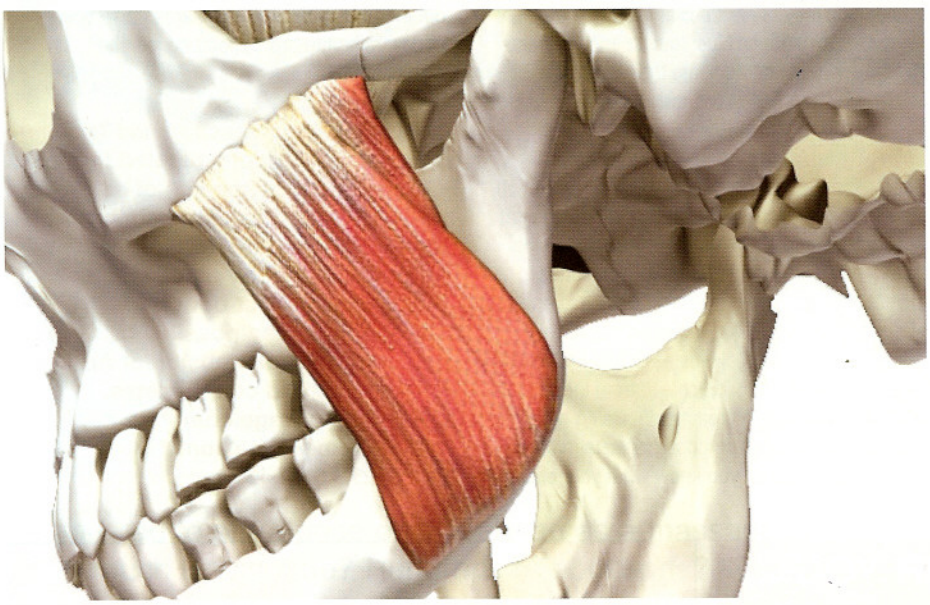
TMJ and MFR (temporal mandibular joint dysfunction and myofascial release)



The jaw - the most frequently used joint and the only bilateral jointed bone in the body.

Is it no wonder then that so many people suffer from jaw and mouth related pain? If the jaw is the only jointed bone that spans the midline then any other imbalances and tension will directly affect it.

The fascial network, also known as the connective tissue system, is a 3D completely continuous web that connects, supports and separates every other structure of the human frame. Fascia's tensile strength can be as great as 2000 lbs per square inch. This tension creates an enormous pull throughout the network compromising function, stability and creating pain along the lines of pull, sometimes quite distant to the original site of tension and trauma.

If the jaw spans the body and the fascial network is 3D and completely continuous, it's no wonder the jaw can become dysfunctional. Seemingly unrelated tension and imbalances elsewhere in the system can create bruxism, earache, sinusitis, eye strain, joint capsule dysfunction (clicking and grating), toothache and headaches.

Find the pain and look elsewhere for the cause.

The healthcare field views the spine as a spring. The pelvis supports the spine, the sacrum being the keystone, and the skull is supported by the spine and pelvis accordingly. If the spine and/or pelvis are not balanced then the skull and jaw have no firm foundation of support. Not forgetting the feet and legs. Imbalance there will create a knock-on effect further up the body.

Three main things affect the fascial system: poor posture, trauma (both physical and emotional) and inflammation.

An imbalance in the pelvis, spinal deviation, fallen arch, externally rotated femur, medially and anteriorly rotated shoulder, atlanto-occipital compression and many other imbalances will create lines of pull throughout the fascial network that will directly affect the jaw. Only treating the site of pain is not the answer. We must treat the entire structure in order to provide balance, function and support.

It's important to note that the pterygoids, the muscles of the jaw that provide jaw elevation and lateral deviation, attach to the sphenoidal plate. The sphenoid is a bird-shaped bone of the skull behind the eyes. The sphenoid articulates with the other 14 major skull bones and its function is to move rhythmically, like the wings of a bird, beating the craniosacral fluid around the skull and spinal cord.

If the jaw is imbalanced, the pterygoids will create an abnormal pull through the sphenoid bone affecting the dural tube, falx cerebri and other cranial structures all of which will affect the fluid movement of the vulnerable and vital craniosacral system. Also the common 'head forward' posture puts an abnormal strain on the anterior neck muscles, pulling the jaw anteriorly and inferiorly. In order to fight the strain, the pterygoids, masseter and temporalis muscles tighten to pull the mandible posteriorly and superiorly, crushing the pain sensitive joint tissue and creating unrelenting tension around the head and face.

Jaw issues may also represent emotional holding patterns. The firm set jaw can be a sign of anger, frustration and unsaid words.

So how do we as bodyworkers help patients locked in this pain?

It is vital to check and restore balance to the spine, pelvis, feet and legs. Psoas, glute and piriformis work is paramount. Ensuring that the quadratus lumborum supports the back and is not short and thick. Deactivating trigger points may also help, although we must remember that a trigger point is a symptom of a fascial restriction and working the entire fascial network will remove the tension and imbalance that initially harboured the trigger point.

We must also treat the upper thorax, resolve anterior head forward postures as well as treat the masseter, temporalis and pterygoids muscles. Every patient is different. It is impossible to have a protocol and hence important not to treat the label of the dysfunction. Like finger prints, the fascial network is unique to each patient. The history of life is represented in the fascial matrix; it is in fact the personality. So whilst there are key areas to treat we must look for, feel and follow each individual's unique fascial restrictions in order to provide structural change that is both measurable and functional.

Integrated myofascial therapy (iMFT) is a postgraduate whole body hands-on approach to healthcare. The core component of iMFT is myofascial release therapy.

Students are taught to feel the fascial matrix, to follow its pulls, twists and turns in order to resolve the unique holding and bracing patterns that are creating a straight jacket effect of pain, tension and dysfunction. Each workshop builds on the previous. Level 1 offers over 15 valuable fascial techniques whilst Level 2 teaches body reading, pelvic balancing, restoring leg length and balancing the cranium with the pelvis. Level 3 incorporates pterygoid release as well as many other useful and practical fascial applications.TT

For further information
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Next Level 1 Workshops:
Central London - 4th & 5th October 08
Glasgow - 1st & 2nd November 08
Exeter - 22nd & 23rd November 08
Central London - 31st Jan & 1st Feb 09
Filey, North Yorkshire - 7th & 8th May 09