



A Collaborative Approach Between Chiropractic and Dentistry to Address Temporomandibular Dysfunction: A Case Report

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Abstract

Objective: The purpose of this case report is to describe the chiropractic and dental comanagement of a patient with temporomandibular dysfunction, headaches, and myalgia.

Clinical features: A 38-year-old black female patient presented for chiropractic care with a chief concern of jaw pain, tinnitus, headaches, and neck and shoulder soreness of 8 months' duration. The patient rated the pain a 6/10. The patient had a maximum mouth opening of 42 mm, graphed evidence of disk displacement, loss of translation on opening of the right temporomandibular joint viewed on the lateral radiograph, and numerous areas of point tenderness on the Kinnie-Funt Chief Complaint Visual Index. She had decreased lateral cervical flexion.

Intervention and outcome: Dental treatment consisted of an anterior repositioning splint. Chiropractic care consisted of Activator treatment to the pelvis and the thoracic and cervical spine. Manual manipulation of the temporomandibular joint was performed along with a soft tissue technique intraorally on the lateral pterygoid. Postisometric relaxation in the head and neck region was also done. The patient was treated 6 times over 3 weeks. At the end of treatment, the patient had a pain rating of 0/10, maximum mouth opening of 49 mm, no tender points on the follow-up Kinnie-Funt, and increased cervical range of motion.

Conclusion: The patient demonstrated increased mouth opening, decreased pain rating, improved Kinnie-Funt visual index, and an increased cervical lateral flexion range of motion after 3 weeks of a combination of chiropractic and dental care.

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Introduction

Temporal mandibular dysfunction (TMD) affects more than 25% of the general population.¹ A study documenting the use of complementary and alternative medicine (CAM) for TMD showed nearly two-thirds of

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patients reported using CAM services for treatment.² As patients are already seeking alternative care, it is possible that collaborative efforts between professions could address coexisting problems in patients with TMD.

A patient with TMD may have multiple conditions that may be related and managed separately. For example, a case described a patient who presented to a doctor of chiropractic with low back pain and obtained relief after the addition of dental orthopedic treatment.³ The opposite results may occur, such as a patient with jaw pain who was treated dentally with no relief and then chiropractic care provided the patient with relief.⁴

There have been arguments for a more holistic and collaborative approach to treating TMD. The stomatognathic system includes all of the structures involved in speech and in the reception, mastication, and deglutition of food.⁶ Ramirez et al⁵ suggest that "The team work structure can be the best option to obtain the best functional state in the stomatognathic system." As well, there are various associations between TMD and

musculoskeletal pain. For example, a study found a correlation between sleep bruxism and the occurrence of TMD and arthralgia.⁷ The stomatognathic system has an important effect on the nervous system, and TMD can have related symptoms such as tinnitus and headache.⁸ For example, a study showed a correlation between cervicogenic headaches and TMD, with 44.1% of participants with cervicogenic headaches also having TMD.⁹

At present, there are few reports of collaborative approaches between dentists and doctors of chiropractic for the comanagement of TMD. Therefore, the purpose of this study is to describe the collaborative treatment of a patient with TMD, headaches, and myalgia.

Case Report

A 38-year-old black female patient presented for chiropractic treatment with a chief concern of TMD,

The Kinnie-Funt (K-F) Chief Complaint Visual Index for Head, Neck, and Facial Pain and TMJ Dysfunction

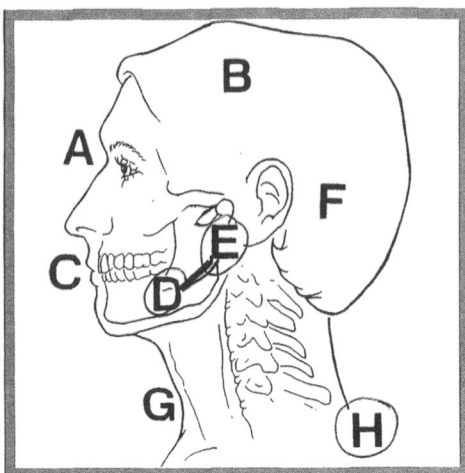
Item #32138

1. Please circle the number in front of the symptoms you regularly or occasionally have.

2. Indicate your main or chief complaints in order of their current importance.

(A) _____ 5 _____
 (B) _____ 3 _____
 (C) _____ 3 _____

3. Please draw areas of pain or distress on the picture below.



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A. Eye Pain and Eye Orbital Problems:

1. Eye (orbital) pain; above, below behind
2. Bloodshot eyes (hyperemia)
3. Blurring of vision
4. Bulging appearance (exophthalmia)
5. Pressure behind the eyes (retro-orbital pressure)
6. Light sensitivity (photo-phobia)
7. Watering of the eyes (lacrimation)
8. Drooping of the eye lid (ptosis)

B. Head Pain, Headache Problems,

Facial Pain:

1. Forehead (frontal)
2. Temples (temporal)
3. "Migraine" type headache
4. "Cluster" headache
5. Maxillary sinus headache (under the eyes)
6. Posterior (back of head) headaches with or without shooting pains (occipital headache)
7. Hair and/or scalp painful to touch (parietal headache)

C. Mouth, Face, Cheek, and Chin

Problems:

1. Discomfort
2. Limited opening
3. Inability to open smoothly, evenly
4. Jaw deviates to one side when opening
5. Inability to "find bite"

D. Teeth and Gum Problems:

1. Clenching, grinding at night (bruxism)
2. Looseness and/or soreness of back teeth
3. Tooth pain (toothache)

E. Jaw and Jaw Joint (TMJ) Problems:

1. Clicking, popping jaw joints
2. Grating sounds (crepitus)
3. Jaw locking opened or closed
4. Pain in cheek muscles
5. Uncontrollable jaw, tongue movements

F. Pain, Ear Problems, and Postural Imbalances:

1. Hissing, buzzing, ringing, or roaring sounds (tinnitus)
2. Diminished hearing (subjective hearing loss)
3. Ear pain without infection (otalgia)
4. Clogged, stuffy, "itchy" ears, feeling of fullness
5. Balance problems, "vertigo" (disequilibrium)

G. Throat Problems:

1. Swallowing difficulties
2. Tightness of throat
3. Sore throat without infection (coryza)
4. Voice fluctuations
5. Laryngitis
6. Frequent coughing or constant clearing of throat
7. Feeling of foreign object in throat
8. Tongue pain (glossalgia)
9. Salivation (intense)
10. Pain in the hard palate (posterior areas)

H. Neck and Shoulder Problems:

1. Lack of mobility-reduced range of movement
2. Stiffness
3. Neck pain
4. Tired, sore neck muscles
5. Shoulder aches
6. Back pain upper and lower
7. Arm and finger tingling, numbness, and/or pain

Fig 1. Initial Kinnie-Funt visual index. (Kinnie-Funt index reproduced with permission of EOP Inc, Little Canada, MN)

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