

myofacial techniques

BY TIL LUCHAU

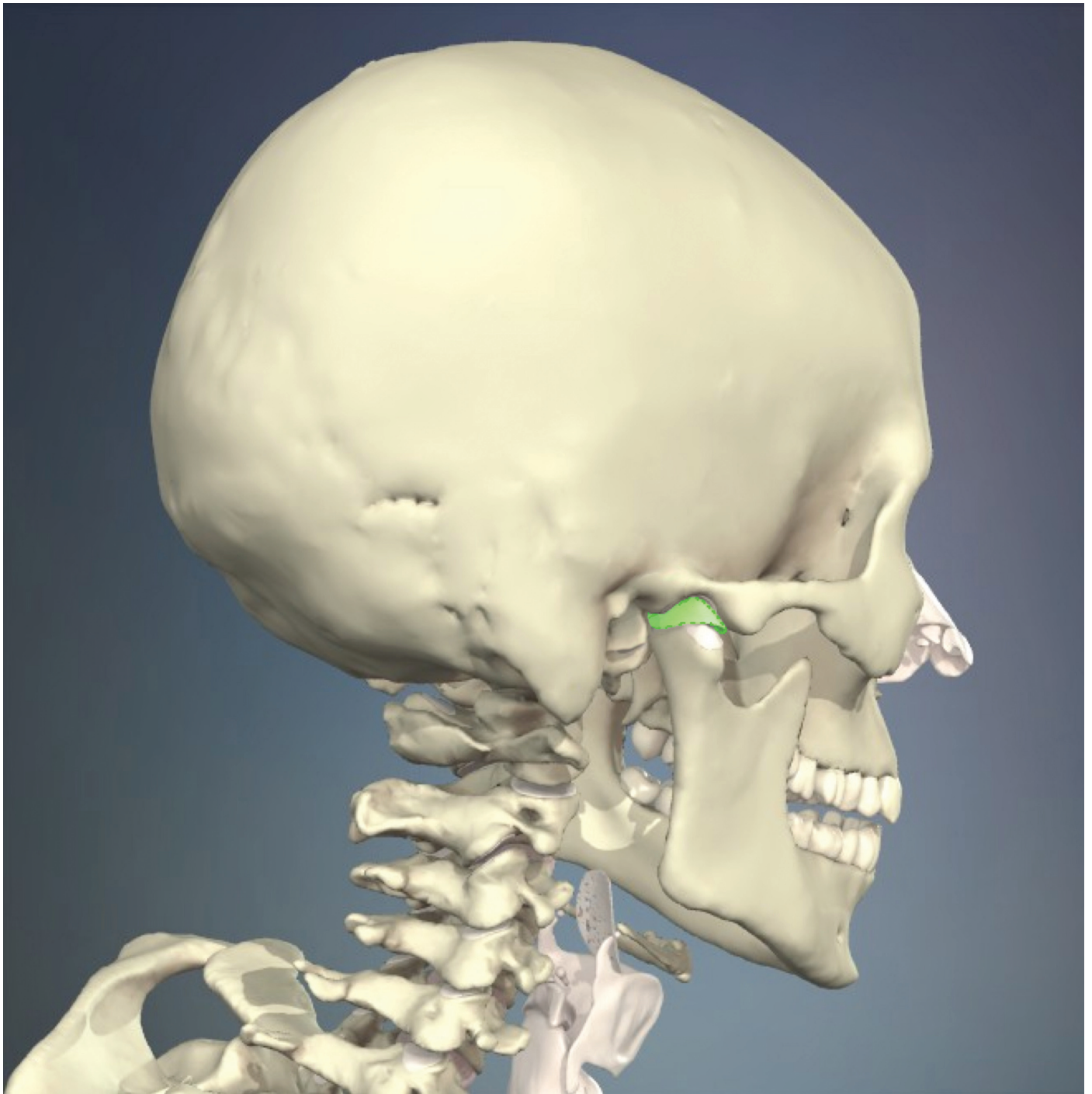
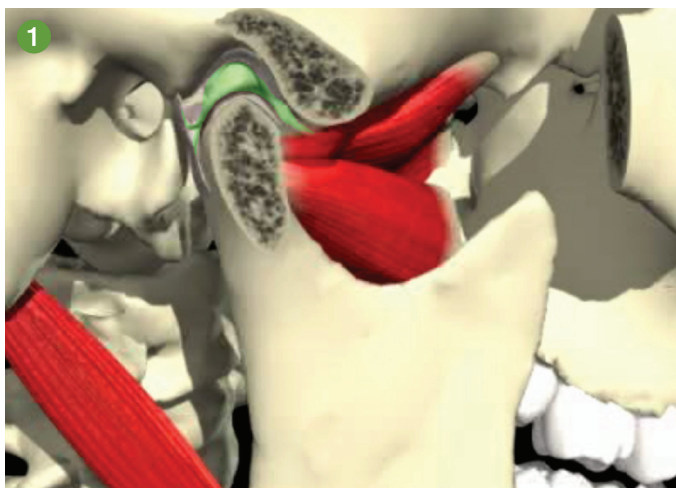
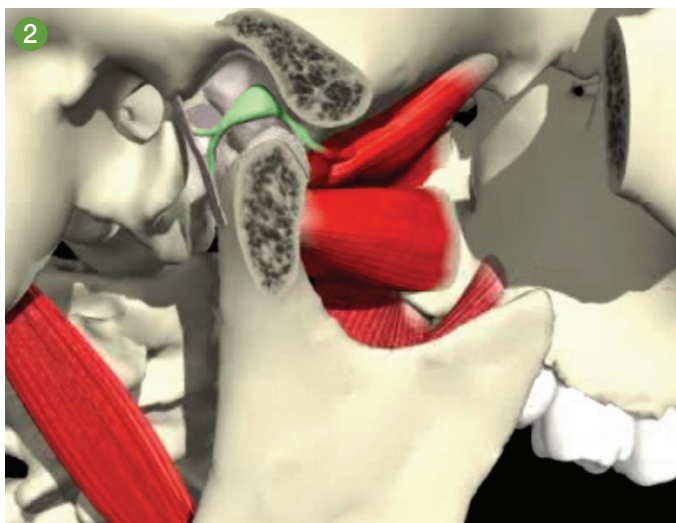


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WORKING WITH THE TMJ, PART 1



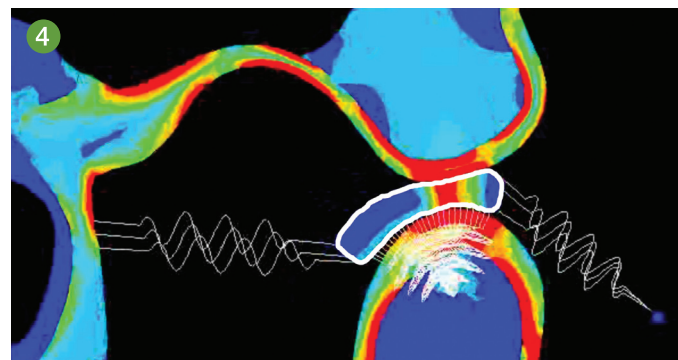
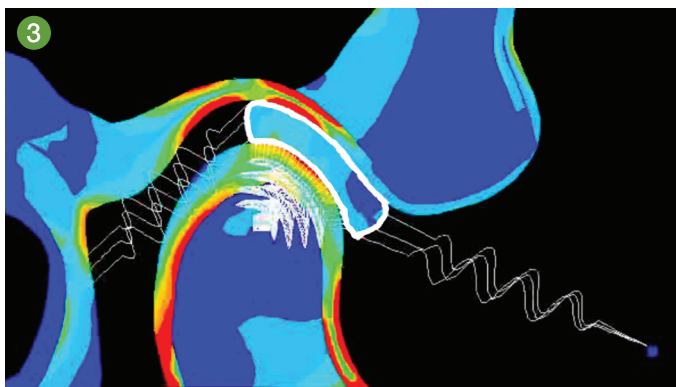
Think about it: the jaw hangs from the skull by soft tissue. That lets it be mobile, but it also means that if those soft structures aren't coordinated and free, the movable jaw is easily pulled out of line, putting stress on its articulations. That makes the temporomandibular joints (TMJ) unhappy.



In Images 1 and 2, note how much the mandible drops forward when opening. Notice also the mobility of the articular disk (in green)—it floats within the joint capsule and is positioned by articular membranes, which are continuous with the lateral pterygoid anteriorly, and the back of the joint capsule posteriorly.

As the mandible slides forward, the disk (outlined in white in Images 3 and 4) is pulled into position by the articular membranes (thin zigzag lines). If the disk is overly compressed or displaced by tension, trauma, or misaligned movement, the joint gets irritated, which can eventually degrade the articular surfaces of the bones. Red indicates areas of highest stress.

Images 1 and 2 courtesy of Primal Pictures. Used by permission.



Images 3 and 4 created by Dr. J.W. DeVocht. Used by permission.

TMJ TRACKING AND RELEASE TECHNIQUE, PART I

ASSESSMENT

From straight above your client's head, watch for side-to-side deviation of the jaw with gentle opening and closing (Image 5). Don't ask your client to open past his or her point of comfort. If he or she has jaw pain, joint noises, or a history of temporomandibular joint dysfunction, keep the opening to a minimum.

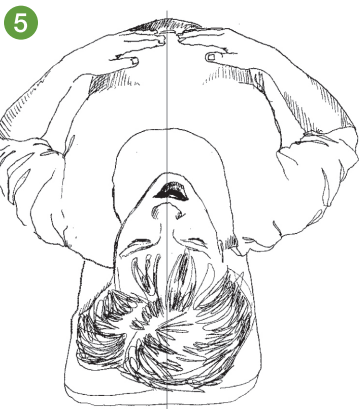
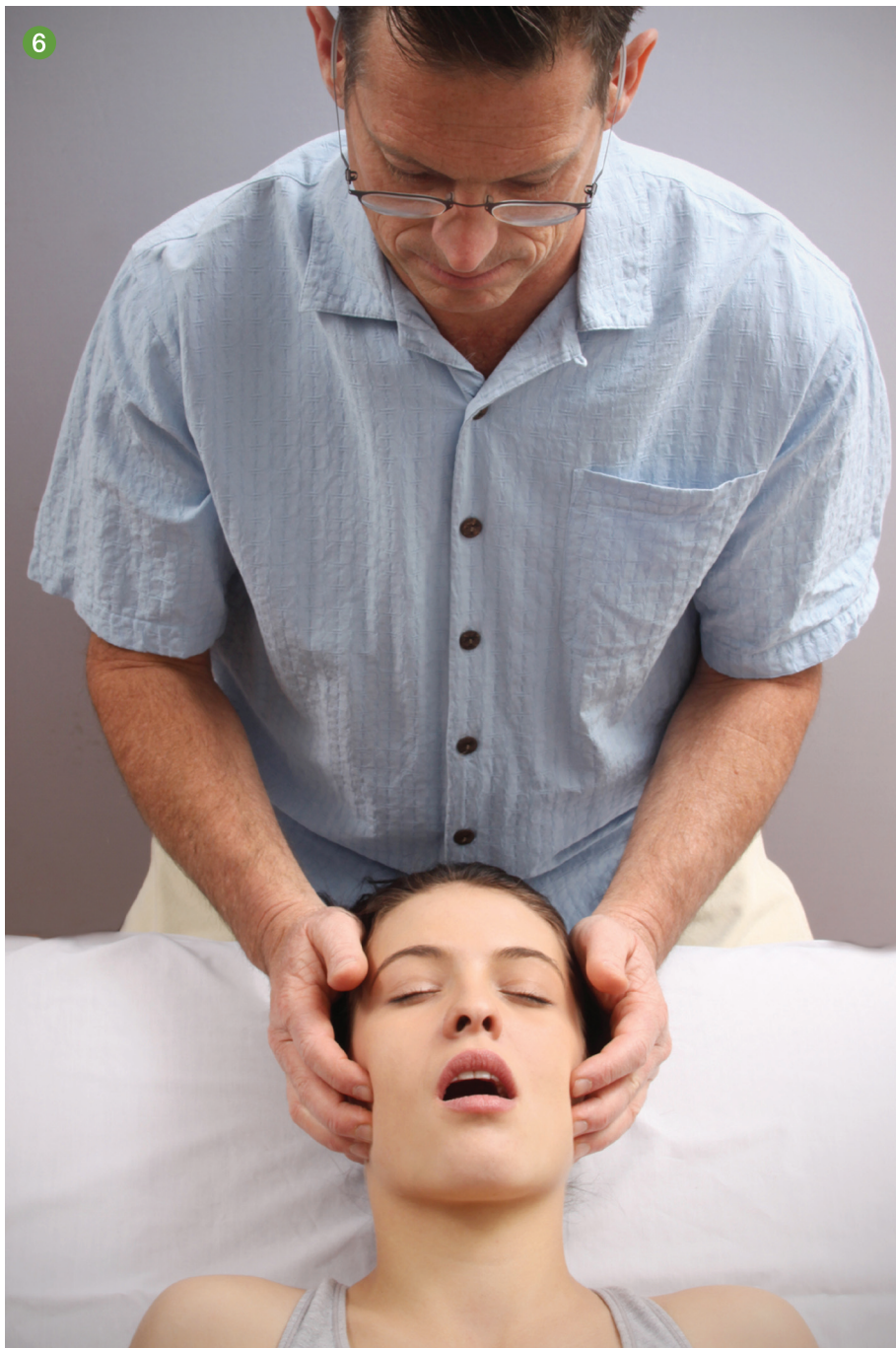


Image 5 from copyrighted Range-of-Motion Testing charts by Richard Finn and C. M. Shifflett. Used by permission.

RELEASE

As your client opens and closes his or her jaw, use your fingertips and palms to feel for any asymmetrical contractions in the fascia and fibers of the masseters (Image 6). Coax any restrictions to release inferiorly during opening; imagine letting out the reins on a horse that pulls to one side. Watch for the jaw's movement to gradually straighten.



TMJ TRACKING AND RELEASE TECHNIQUE, PART II

Since the temporalis and masseter are some of the larger and more superficial structures crossing the TMJ, we address these first when working with jaw misalignment. Green areas in Image 7 are active in jaw elevation (closing).

While your client continues opening and closing the jaw, use your fingertips to feel into the temporalis and its fascia (Image 8). Keep watching for straight jaw tracking as in Image 5, and feel for the various parts of the temporalis contracting at different phases of opening and closing. Use your gentle pressure to release any asymmetrical contractions.

A GOOD START

TMJ pain can have many contributing factors, of course. A head-forward posture, stress, even back and pelvic issues have been shown to be related to TMJ pain. However, your clients will often report changes from just this simple tracking technique. If you still see side-to-side deviation after temporalis and masseter work, or if your client has persistent TMJ pain, your next step will be to work elsewhere in the body, and with other, deeper structures crossing the TMJ. Our next articles will show some ideas for doing this. **m&b**

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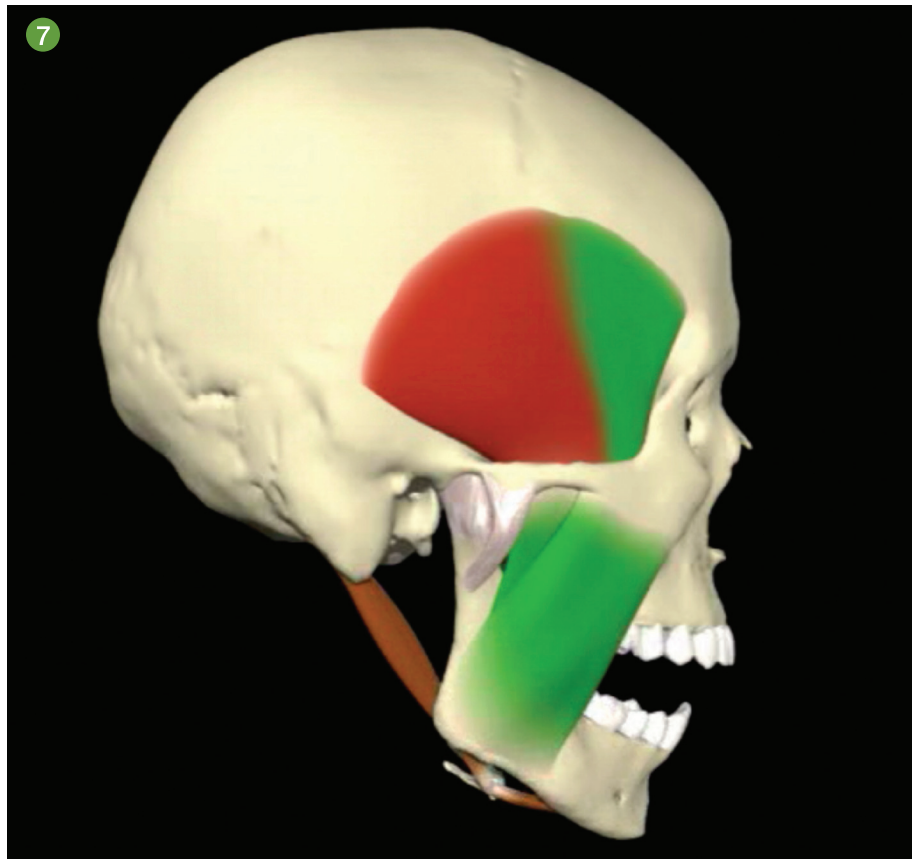


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