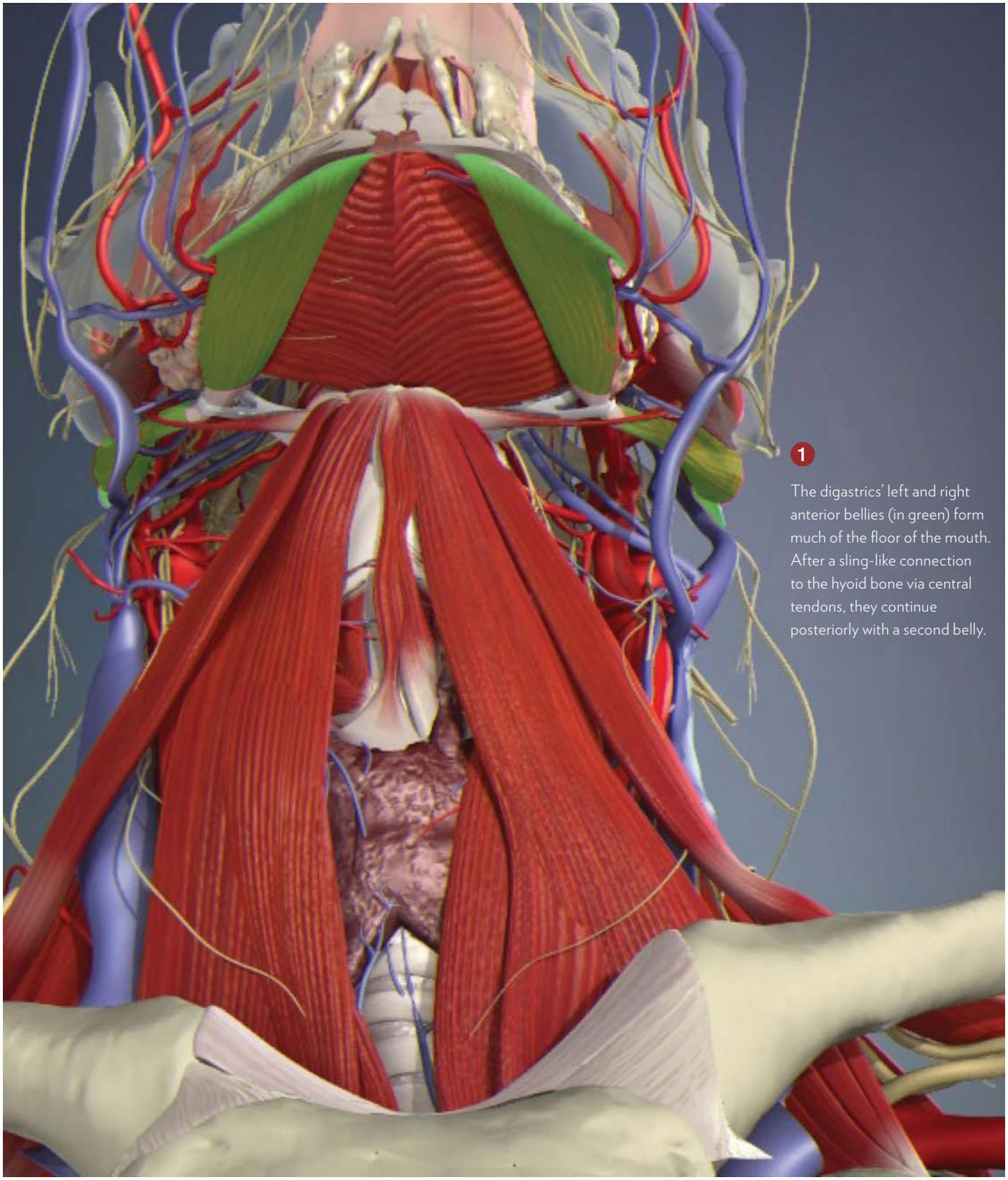
BY TIL LUCHAU



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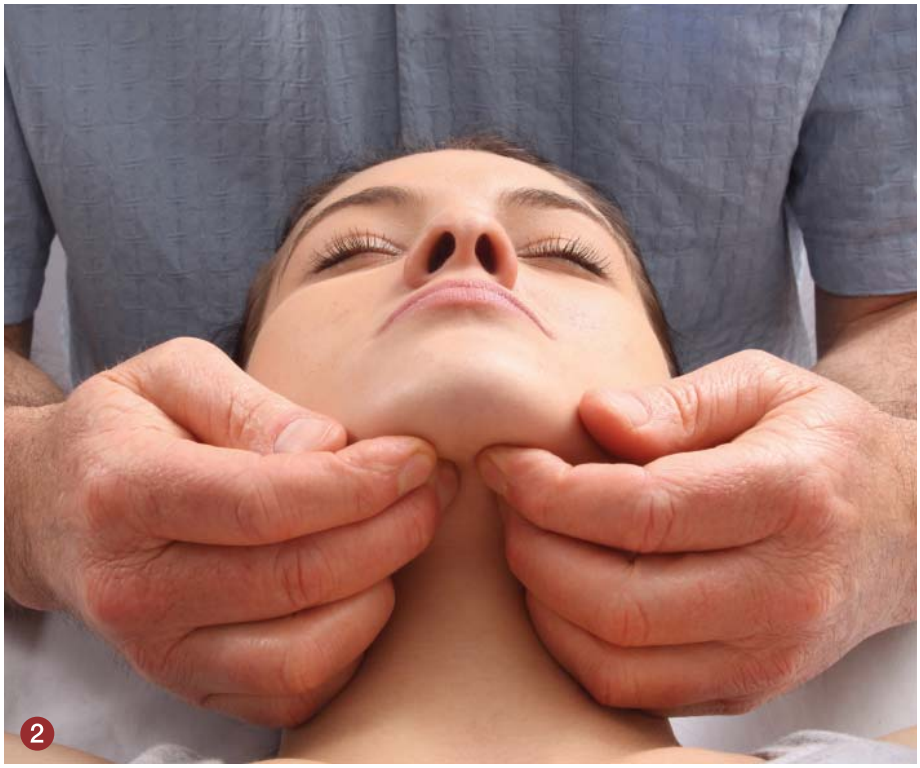
The digastrics' left and right anterior bellies (in green) form much of the floor of the mouth. After a sling-like connection to the hyoid bone via central tendons, they continue posteriorly with a second belly.

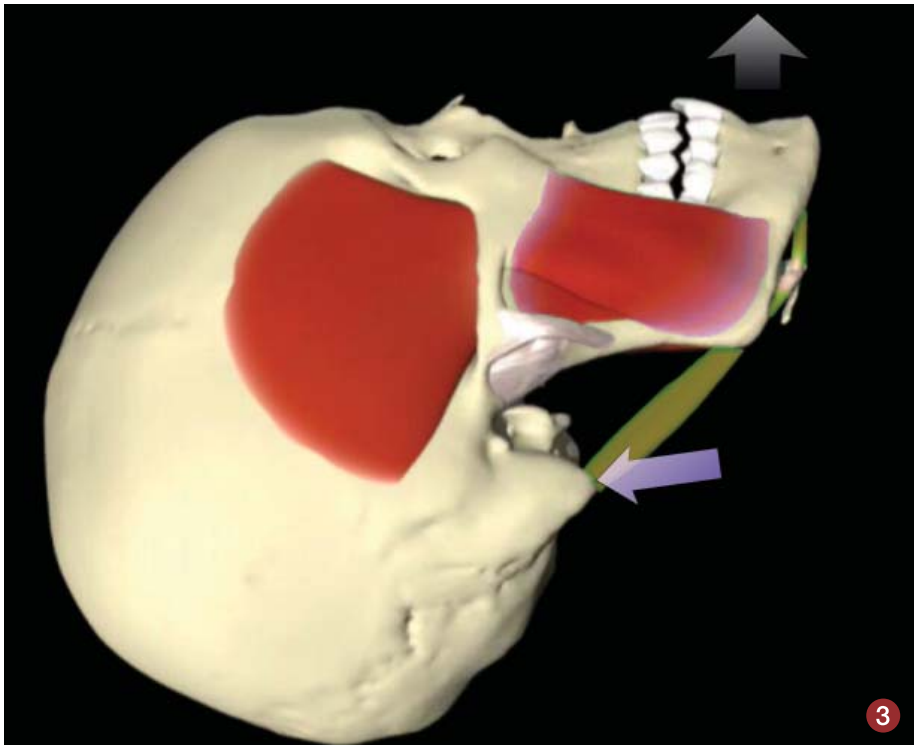
Image courtesy of Primal Pictures. Used with permission.

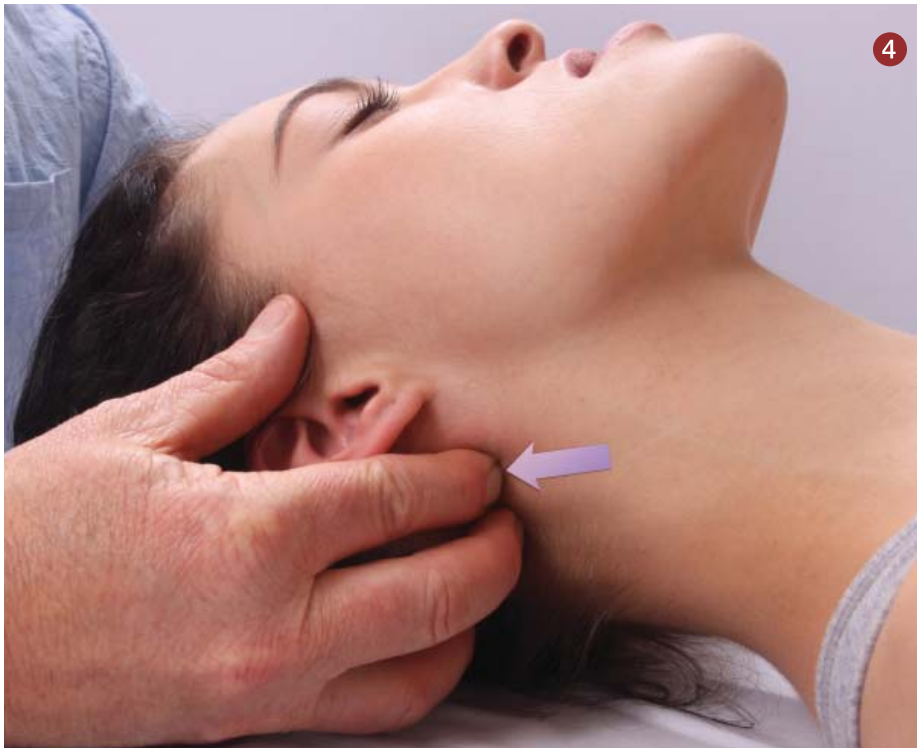
THE TEMPOROMANDIBULAR JOINT, PART II



By wrapping your fingertips around the inferior border of the jaw, gently release the anterior bellies of the digastrics and the floor of mouth by working in a posterior direction. Use your client's slow, active protrusion to slide the digastrics through your touch. Feel for tightness on the same side of any jaw deviation. Optionally, add active opening (mandibular depression). Continue working posteriorly as far as the hyoid bone (the place the structures of the neck meet the floor of the mouth). Be detailed and thorough, but use caution around the glands in this area: stay on muscle and connective tissue.

While aligned jaw motion is crucial to temporomandibular joint (TMJ) health, ("Temporomandibular Joint, Part 1," *Massage & Bodywork*, July/August 2009, page 110). This time, we'll focus on the digastric ("two-bellied") muscles also play an important role in jaw alignment and balanced motion. [You can see video of these techniques and tests by visiting *Massage & Bodywork's* digital edition, which features a video clip from the 2009 DVD "Advanced Myofascial Techniques for the Neck, Jaw, and Head" from Advanced-Trainings.com.] The link is available on ABMP.com and Massageandbodywork.com.





Images 3 & 4. Working bilaterally, gently press and hold into the digastrics' posterior attachments (in green) on the medial aspect of the mastoid processes. You can locate these posterior attachments by asking your client to protrude the jaw, or to swallow, as you feel for contraction on the mastoid processes. Compare the tissue density of the left and right attachments, especially if you saw side-to-side deviation with protrusion. Have your client continue slow, focused jaw depression and protrusion as you hold the attachments against the bone with firm, gentle, static pressure, and feel for the subtle softening that indicates release. Image 3 courtesy of Primal Pictures. Used with permission.

Because the digastrics both depress (open) and retract the jaw, one digastric being tighter than the other will pull the jaw toward that side when the jaw moves. Tight digastrics can also jam the mandible posteriorly in the TMJ, causing compression at the posterior side of that joint—a frequent site of TMJ pain.

ANTERIOR DIGASTRIC TECHNIQUE

Begin by assessing jaw alignment while your client actively protrudes and retracts the jaw. While looking from above, ask your client to "gently slide your jaw forward," like a bulldog. You should see the jaw slide straight forward versus being pulled to the left or right. If you see signs of lateral deviation, a tighter digastric on the same side is a likely factor.

POSTERIOR DIGASTRIC TECHNIQUE

Since glands, nerves, and other delicate structures surround the posterior digastrics (Image 5), we won't try to work their posterior bellies with direct pressure. Instead, we'll release them via a Golgi reflex response. When stimulated with a combination of pressure and active movement, the Golgi tendon organs (which are concentrated around a muscle's

attachments) signal the digastrics' alpha motor neurons via the spinal cord to lower the muscles' firing rate. This results in a reduction in tone and finer movement coordination.[1]

INDICATIONS

You'll want to release and balance the digastrics whenever addressing TMJ and jaw issues, especially when you see jaw retraction, misalignment, or your client reports pain around the posterior TMJ. There can be additional causes of chronic mandibular retraction and posterior TMJ pain, such as a head-forward posture, tongue and throat constriction, superficial fascial restrictions, and postural influences from the rest of the body. Still, you'll find that working with the digastrics is an essential technique to have in your TMJ toolkit. **m&b**

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NOTE

1. *Robert Schleip. "Fascial Plasticity—A New Neurobiological Explanation, Part I."* Journal of Bodywork and Movement Therapies, *7, no.1, (2003): 14.*

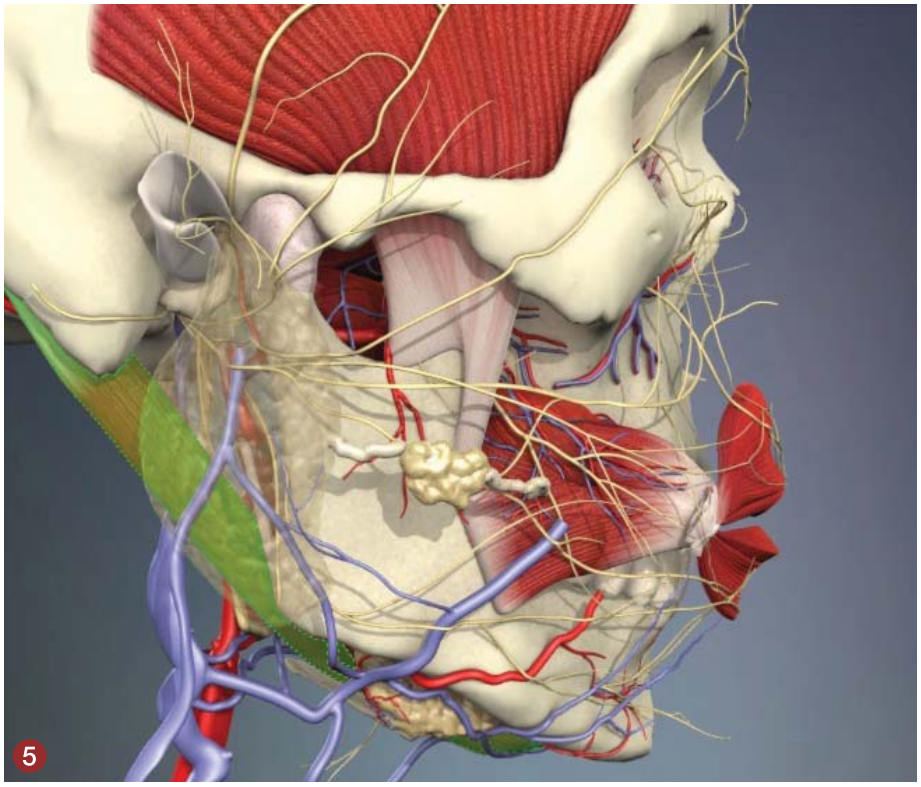

Image 5. Glands, nerves, lymph nodes, vessels, and other delicate structures surround the posterior digastric bellies (in green), so we work them via their more available posterior attachment on the mastoid process. Image courtesy of Primal Pictures. Used with permission.

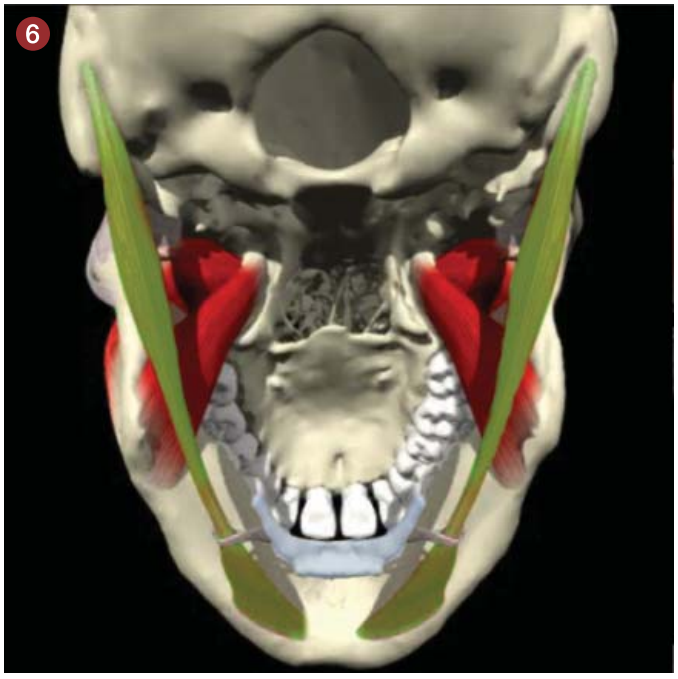

Image 6. The digastrics from below (in green). Their bilateral arrangement means they play an important role in jaw alignment and balanced motion. Image courtesy of Primal Pictures. Used with permission.