

Chiropractic and Dentistry– The Need for Mutual Understanding of TMD Co-treatment: A Case Report.

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INTRODUCTION

A 19-year-old male presented with a history of attempting a back flip on a trampoline but landed on his head and compressed his neck. While taking the case history his parent commented that he had persistent and intense bruxism at night creating significant sounds that would waken others near his room. Patient was evaluated for possible cervical and TMJ dysfunction.

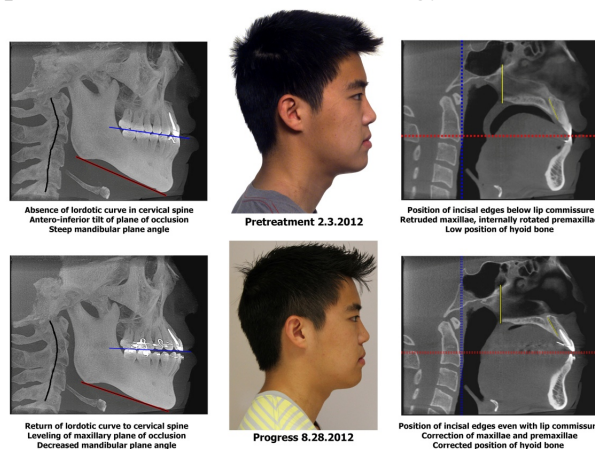
METHODS

Chiropractic evaluation revealed decreased cervical range of motion, category two sacroiliac joint sprain, and significant TMJ related findings relating to a dental class III (maxilla retruded) occlusion and concurrent class II (mandible retruded) condylar position. He was treated with sacro occipital technique (SOT) category two block placement, cervical staircase adjusting, and SOT cranial/TMJ related care.

ALF (Alternative Light Force) appliances were designed for correction of internal rotations of the maxillae and premaxillae, improve airway, and allow anterior movement of the under-developed midface. A mandibular Omni ALF was designed to reduce and stabilize the disc of the left TMJ, myofunctionally reposition the mandible to skeletal midline, re-train neuro-muscularly the muscles of mastication to midline function, and to assist in correction of the airway compensations.

CHIROPRACTIC RESULTS

The cervical spine range of motion and pain improved immediately following the treatment. TMJ translation relating to the deviation was improved by approximately 50%. However the dental presentation suggested a referral to a dentist familiar with functional orthodontics and trained within a dental chiropractic co-treatment methodology.



DENTAL RESULTS

The patient reported 50% symptom improvement within the first 3 weeks, 75% improvement within the first month, and 100% improvement in 3 ½ months. Dentofacial orthopedics with ALF appliances helped correct the cranial base, craniomandibular, and dental arch relationships. Orthodontics helped reposition the teeth for proper occlusion with the corrected bite to assure long-term stable support of the airway, cervical spine, and TMJs.

DISCUSSION

Dental chiropractic co-treatment is a part of a rapidly growing field of interdisciplinary care. Since postural changes have been found to have an ascending effect on dental occlusion¹, condylar position², and airway space³, treatment of postural influences prior to irreversible dental procedures is preferred^{4,5}. Likewise, dental occlusion, condylar position, and airway space has a descending effect on posture^{4,5}.

CONCLUSION

The purpose of this case report was to illustrate a working treatment program where chiropractic and dentistry play integral and interrelated roles in the improvement of patient care and outcomes. Further research is needed to investigate the subset of patients who require chiropractic and dental collaborative care to achieve optimal outcomes.

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