

Massage Therapy Today

Putting Knowledge into Practice



FOCUS: MYTHS AND MISCONCEPTIONS

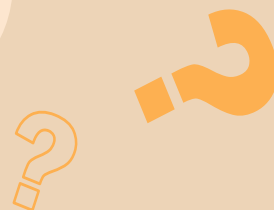
Flushing Toxic
Myths and Misinformation
out of Massage Therapy 4

The Truth About
Cancer-Massage
Myths 8

No Pain, No Gain? 13

Temporomandibular
Disorders: Myths
and Misconceptions 16

The Dangers of
Misinformation 21



Temporomandibular Disorders: Myths and Misconceptions

By Jules Poulin, RMT

The prevalence of patients seeking treatment for temporomandibular disorders (TMDs) from RMTs seems to have increased. More and more, massage therapy is being recognized by dental and medical providers as an effective modality for the treatment and management of the symptoms associated with TMDs. However, there are a variety of myths surrounding TMDs in the massage therapy profession that can influence how massage therapy is perceived within the medical community, the effectiveness of treatment for patients, and how RMTs educate patients and themselves on the complexities surrounding TMDs and the temporomandibular joint (TMJ).



Jules Poulin, RMT is a clinic owner and director, educator, and entrepreneur. An RMT since 2000, she has dedicated her career to rehabilitation. In 2018, Jules opened From the Neck Up, North America's first and only RMT clinic focused on the rehabilitation of the head, neck, voice, jaw, ears, and tongue. Her From the Neck Up course series are set to launch in 2024.

MYTH 1

TMJ is a condition

The TMJ is an anatomical area. The general term used for people with jaw issues is that they have "TMJ." This term is used by the public and some dental and medical professionals. However, this use of the term is incorrect in describing the condition, as it is simply describing the joint itself. It is akin to saying that someone who has lateral epicondylitis has "elbow." The correct term to describe the more than 30 orofacial conditions that exist¹ is "TMDs." Disorders of the masticatory system (ie, TMDs) involve the muscles of mastication (chewing), the TMJs, and associated nerves and tissues.²

MYTH 2

Intra-oral massage has to hurt to be effective

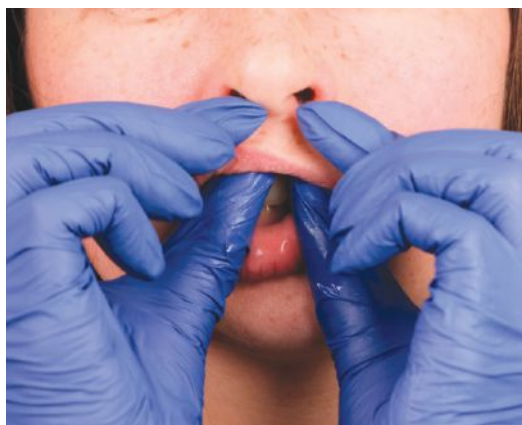
When palpated correctly and with clear communication, massage should feel relevant but doesn't need to be painful for the patient



to receive effective intra-oral treatment. One of the biggest misconceptions from patients and practitioners is that TMD rehabilitation, in particular intra-oral work, hurts or should hurt in order to be effective. Unfortunately, this myth either exposes patients to unnecessary pain or prevents them from seeking treatment that could provide them with relief from their symptoms. One thing that is of note when it comes to manual therapy is that it is impossible for anyone to know what it feels like to be in someone else's body. As such, RMTs should approach intra-oral treatment with the patient in mind and not their own biases regarding pressure. We should ensure the patient's relationship with pain and palpation are a priority, which keeps us aligned with the Hippocratic oath of "first, do no harm."

How to minimize patient pain with intra-oral treatment:

Presenting intra-oral treatment from a patient-centred care approach allows RMTs to respect patients' preferences, needs, and values. Intra-oral massage does not have to hurt to be effective. One of the best ways to minimize pain with intra-oral treatment is to inform the patient prior to the start of the treatment that they can adjust the pressure of a technique or cease the technique at any time. If the patient indicates anything more than a slight discomfort, it should be considered a sign that the area is relevant but that the pressure needs to be reduced. Empowering the patient to communicate if the treatment and techniques feel relevant and safe results in a treatment that is not beyond the patient's pain threshold. Remember, we are working with a patient and not on a patient. Try intra-oral techniques on yourself. One of the best ways to understand how your intra-oral pressure and techniques might feel for a patient is to put on a glove and try them on yourself. You'll get a sense of how they feel for a patient. You might even surprise yourself and create a new technique that feels relevant and helpful for you. If you recoil or wince in pain with your intra-oral self-massage, there is a high likelihood that your patients are experiencing the same thing during their treatments with you. Though all RMTs have basic training in TMD treatment, there is not enough focus on safe palpation for this highly sensitive anatomical area.



A gentler approach to intra-oral work is recommended for several reasons:

- Intra-oral tissues are highly innervated
- These tissues have often not been therapeutically palpated
- The oral cavity is an emotionally vulnerable area
- RMTs cannot see the tissues being treated
- The patient may be nervous
- Wearing gloves alters palpation
- Inflammation may be present
- Aggressive techniques may cause clenching of the muscles of mastication during treatment
- There may be a history of oral trauma (dental or sexual)
- A gentle approach minimizes the power dynamic between therapist and patient

MYTH 3

TMDs present as pain at the TMJ

The presentation of TMDs can affect various areas in the head, neck, and jaw. Another common myth with TMDs is that pain is solely at the TMJ. The reality is that every patient's presentation is different: "It is important to note that there are more than 30 individual TMDs... It is not unusual for the multiple diagnoses of myofascial pain, arthralgia, disc displacement with reduction, and headache attributed to a TMD to be present in the same individual."³ Headaches and migraines have also been strongly associated with TMDs,^{4,5} as have ear,⁶ voice,⁷ swallowing,⁸ and orofacial sensory changes,⁹ to name a few lesser-known presentations of TMDs. When there is localized pain at the TMJ, it may be associated with anterior disc displacement (with or without reduction), retrodiscitis, capsulitis, lateral pterygoid spasm, inflammation, or arthritic changes, to name the most common causes. A thorough assessment of the TMJs is helpful to aid in determining the cause of localized presentation of pain.

“One of the best ways to minimize pain with intra-oral treatment is to inform the patient prior to the start of the treatment that they can adjust the pressure of a technique or cease the technique at any time.”

“A thorough assessment of the TMJs is helpful to aid in determining the cause of localized presentation of pain.”

Below are some of the symptoms associated with TMDs:

- headaches
- migraines
- otological (ear) issues
- tooth pain
- malocclusion
- tightness
- stiffness
- sinus issues
- dizziness
- decreased mandibular range of motion
- tongue tension
- vocal issues
- swallowing issues
- ocular pain
- clicking, popping, or thuds at the TMJ
- open or closed lock
- referred facial sensations
- fatigue, tension, and/or weakness with chewing or speaking
- orofacial sensory changes
- facial neuralgia

MYTH 4

RMTs can specialize in TMD rehabilitation

Only dental professionals who have been designated as specialists by the Royal College of Dental Surgeons of Ontario can claim to be TMJ specialists.¹⁰ It is common for RMTs to state that they are TMJ specialists, or that they specialize in TMJ, if they've taken courses or spend a lot of their clinical time treating this anatomical area. However, the title "TMJ specialist" can only be used by dental professionals who have completed 12–16 years of schooling and are designated by the Royal College of Dental Surgeons of Ontario.¹⁰ RMTs claiming to be TMJ specialists or to specialize in TMJ/TMDs are misleading the public into thinking that they have completed extensive advanced studies, when there are no advanced designations within our profession. There exist no standards for completion of education and training, and the CMTO's position on specialization clearly indicates that RMTs "cannot include any: term, title or designation that states or implies a specialty."¹¹ For those who have advanced training and

who want to work more or exclusively with this patient population, the terms focused or dedicated are aligned with the CMTO.

MYTH 5

Clenching and grinding cause of TMDs

There are a multitude of causes for TMDs. Often the first providers that patients with TMD seek or are referred to are dental professionals, as many are trained to assess and treat bruxism. The effects of bruxism are defined as repetitive jaw-muscle activity characterized by clenching or grinding of the teeth, as well as bracing or thrusting of the mandible. These effects can frequently be seen on the teeth in the form of dental erosion, chipping, or cracking. This demographic



of patients is often prescribed an oral appliance to protect their teeth and in advanced cases can be referred to a TMJ specialist for the assessment and treatment of their TMD. Bruxism does biomechanically affect both the muscles and joints of the masticatory system, resulting in muscle/joint pain, and stress factors aggravate those symptoms¹² and can be a causative factor of TMDs. However, it is important to note that there are many more factors that may also cause or influence TMDs. Though bruxism can in some patients be the causative factor for their TMD, it is of great importance not to assume that it is the only one. There is more and more research on the variety of causative factors for TMD, including the role that hormones play (especially estrogen¹³), the higher incidence of TMDs in patients with sleep apnea,¹³ hypermobility disorders,¹⁴ anxiety,¹⁵ and prolonged mandibular depression at dental appointments,¹⁶ as

“Though bruxism can in some patients be the causative factor for their TMD, it is of great importance not to assume that it is the only one.”

well as the role of overuse injuries, such as one sided-chewing, to name a few. A thorough health history intake and assessment of the patient will allow RMTs to provide effective treatment, build helpful self-care programs, and refer out when appropriate.

These are some of the common factors that can cause or contribute to TMDs:

- malocclusion
- hormones
- disordered breathing during sleep
- whiplash
- hypermobility conditions
- stress/anxiety (situational and chronic)
- dental appointments
- habitual parafunctional behaviours (chewing gum, nail biting, biting inside cheek, etc)
- cervicogenic origins
- traumatic intubations
- psychological distress

- arthritic changes
- psychosocial factors
- overuse injuries
- direct blow to the mandible
- medications
- infections

Myths and misconceptions surrounding TMD exist not only within our profession, but also among the general population and other medical professions. By elevating our standards of care to be patient-centred, staying informed with the current research, using the correct terminology, and having a better understanding of the complex nature of TMDs, RMTs will continue to elevate their profile among both the public and the medical community as important collaborators in the rehabilitation of TMDs. ¹⁰

References available upon request.

A New Paradigm for Healing Injury

Are you looking to deliver breakthrough results for your toughest clients?



Imagine walking into every client consult being completely confident that within a few minutes you could pinpoint the source of the problem. Then, with a series of gentle treatments, completely resolve the underlying injuries accumulated over a lifetime. That is what Matrix Repatterning Practitioners do everyday and you can too. Matrix Repatterning is a breakthrough, scientific system based on a revolutionary understanding of how the body actually works and heals itself. This clinically proven, easily learned program will give you the skills to provide lasting pain relief, restore well-being to an unprecedented level and help you create the practice of your dreams.

To receive a *free video series* on this new paradigm of human biology and the life-changing treatment system used by leading practitioners around the world, visit:

MatrixForPractitioners.com/Welcome



“This procedure can be very helpful for... traumatic brain injuries and other head injuries, even as a first intervention. Observing such cases has led me to hope that one day Matrix Repatterning will be routinely applied in hospital emergency departments.”

.....
Dr. Norman Doige MD
Bestselling Author: *The Brain's Way of Healing*

“Matrix Repatterning is a rational, logical jewel of a technique with reproducible results. This is the holy grail.”

.....
Fiona Rattray RMT
Linda Ludwig RMT
Authors of: *Clinical Massage Therapy*