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Mouth/neck interaction: Who wins the adaptive race?

David Zimmerman

TMJ Therapy Center, New Zealand

Significant muscle hyperactivity of head posturing muscles is reduced by temporarily maintaining a patent pharyngeal airway. These changes appear to be durable, lasting many years despite short treatment time with non-invasive 'clip-on' teeth that alters oro-pharyngeal architecture while being worn. The adaptive process is always a compromise; this presentation shows that respecting the hierarchy of need, placing air at the top followed by afferent nociception there can be great resolution in pathology and improvement in Quality of Life. The slide from the presentation shows how sub-optimal maxillary growth entraps the mandible holding it back and taking the tongue into the pharynx. The young spine adapts and develops reverse lordosis around the glottis. Given the neurological interrelation between DRG C2 and the face this is the frequent culprit in sinus pain, headaches and neural interactions as described by such as Bogduk Borkum Sessle Lavigne Guilleminault and many others. What is less well considered is the broad muscle-recruitment involved in maintaining a patent airway and in our TMJ practices one motor reflex test used involves both the Common Peroneal Nerve [CPN] and Morton's Neuroma checking-which is the adaptive change where a forward head posture alters weight distribution loading the fore-foot compressing the CPN. Compression of this nerve is confirmation of entrapment. This can be reversed by mandibular reposturing (biting edge-to-edge) and re-testing. Bunions are a frequent sign and had been reported by patients to have resolved where orthodontics has been focused on improving airway. The figures circled are Acoustic Reflection data (oral sonar). This shows that mimicking sleep state drops the narrowest point from 2.37 sq cms to 1.66 sq cms. This is very common and gives insight into the degree of adaptation required to get an airway of 2.37 sq cms and this is by c/spine adaptation.

Biography

David Zimmerman has been interested in craniofacial pain, sleep and breathing after completing a two years course (Diploma in Clinical Dentistry) in Orthodontics.

david@tmjtherapycentre.co.nz

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