Investigating the Ability of Chiropractors to Advertise on Their Website an Expertise in the Treatment of Temporomandibular Joint Disorders.

Charles L. Blum, DC

Charles L. Blum, DC is the Sacro Occipital Technique Organization – USA’s (SOTO-USA) research chair. He is also adjunct research faculty at Cleveland Chiropractic College – Los Angeles, associate faculty at Southern California University of Health Sciences, teaching cranial biodynamics and cranial technique, and associate faculty at Palmer College of Chiropractic – West teaching sacro occipital technique (SOT). Dr. Blum is a Certified SOT Cranial Practitioner, and on the peer review board of the Journal of Vertebral Subluxation Research and Journal of Chiropractic Medicine. He has lectured nationally and internationally, has written various SOT related texts, compiled SOT and cranial related research, and extensively publishes in multiple peer reviewed indexed journals and at research conferences from 1984 to the present. Dr. Blum is the SOTO-USA representative to the American Alliance of TMD Organizations and a Senior Clinical Instructor at the White Memorial Medical Center’s Cranial Facial/TMJ Clinic in Los Angeles, California.

The field of chiropractic is attempting to encourage the concepts of evidence-based care to chiropractors in clinical practice. This desire is to help support the ethics and integrity of chiropractic while at the same time protecting the public from any harm physically or financially. One avenue of this concern involves what a chiropractor might advertise on their website \(1,2\). There have been a few articles written about the level of evidence utilized by chiropractic national organizations’, chiropractic colleges’, and research organizations’ in brochures and on websites \(3,4\). For instance in the Grod and Sikorski study “web sites were reviewed for claims related to chiropractic theories and methods for which there is currently inadequate scientific evidence, to the best of our knowledge \(4\).”

The Canadian Chiropractic Association guidelines describes in the “Consultation and Examination (Item 13): The chiropractor will recommend only those diagnostic procedures deemed necessary to assist in the care of the patient, and treatment considered essential for the well-being of the patient \(5\).” The challenge becomes determining what are the international chiropractic standards for colleges, the scope of practice, and what does the evidence based literature reveal?

In this document it will investigate whether it is reasonable for a chiropractor to place on their website that they treat a specific condition such as temporomandibular joint (TMJ) disorders or jaw pain. Certain questions need to be posed as a means to come to an educated and reasonable conclusion.

1. **Is diagnosis and treatment of TMJ disorders part of chiropractic college curriculums and within the chiropractic profession?**

   In chiropractic colleges world wide the study of the anatomy of the TMJ as well as diagnosis and treatment of TMJ related disorders is part of their undergraduate
curriculum. It is quite common for post-graduate courses at colleges internationally to also teach various aspects of TMJ diagnosis and treatment, from direct hands on analysis or treatment to rehabilitative exercise. For related chiropractic research associated with chiropractic’s involvement in TMJ diagnosis and treatment please see appendix.

2. **Is diagnosis and treatment of TMJ disorders part of the chiropractor’s scope of practice?**

In the United States the issue of scope of practice regarding diagnosis and treatment of TMJ disorders was investigated in 2006. Essentially TMJ care is within the scope of practice of chiropractors in the United States. Of interest in this study is “that some states had no problem stating that TMJ care was within their scope while others struggled with wording and were extremely cautious with their communications. It would appear that this might be due to litigious activities occurring in that specific state or fear of reprisals from various entities directed toward that board of chiropractic examiners.”

However the issue is quite complex because the chiropractic scope or practice laws internationally have not been explicitly stated. The assumption is that if TMJ diagnosis and treatment are part of a doctor’s curriculum, postgraduate studies, and with the profession’s evidence base of literature that it would be within the doctor’s scope of practice. For instance within the chiropractic literature, which describes the techniques chiropractors commonly use to diagnose and treat, care of the TMJ are always be found.

3. **Does the chiropractor actually have training in the diagnosis and treatment of TMJ disorders?**

Sacro occipital technique (SOT) developed in the early 20th century in the United States by Major Bertrand DeJarnette, DO, DC is a specific method of chiropractic taught internationally for decades. It has one focus, which involves care of TMJ related disorders and can involve interdisciplinary cooperative efforts with the dental profession. Postgraduate seminars are routinely held which help interested doctors gain greater education and skill in TMJ diagnosis and treatment.

Sacro Occipital Technique Organization – USA (SOTO-USA) [www.soto-usa.org] represents all the SOT organizations internationally at the American Alliance of TMD Organizations [www.tmdalliance.org]. The TMD alliance is an alliance of organizations that have as their focus the diagnosis, treatment, and care of patients suffering from TMJ related disorders. This alliance has a preponderance of dentists, approximately 18,000, and SOTO-USA represents the chiropractic profession as well as SOTO Europe in this arena.

Another arena where chiropractors treating TMJ related conditions are involved is the Cranio Group. The Cranio Group is an international study group of health care professionals who have a particular interest in the treatment of disorders of the cranio-mandibular-cervical system (once known as “TMJ”). Members are mainly Dentists and
Orthodontists (65%) plus Osteopaths, Chiropractors, Physiotherapists, and other healthcare practitioners. The group was initiated in 1992 by Dr. Richard Dean and Dr. Noel Stimson. The membership now includes many internationally known professionals from all associated disciplines and from many countries including Britain, Ireland, Europe, USA, Canada and Australia. [http://www.craniogroup.com/]

4. Is there evidence in the published literature regarding chiropractic diagnosis and treatment of TMJ disorders?

What does the term “evidence” mean in the context of a chiropractic clinician? Evidence-based practice (EBP) aims to apply the best available evidence gained from the scientific method to clinical decision-making. It seeks to assess the strength of evidence of the risks and benefits of treatments (including lack of treatment) and diagnostic tests. While this seems quite benign and reasonable there are some issues that make EBP not so simple. EBP has been used as a tool by policy makers, insurers, and regretfully by opponents to complementary alternative healthcare to prevent professions such as chiropractic from exercising their best practice clinical decisions.

Evidence-based medicine categorizes different types of clinical evidence and ranks them according to the strength of their freedom from the various biases that beset healthcare research. For example, the strongest evidence for therapeutic interventions is provided by systematic review of randomized, triple-blind, placebo-controlled trials with allocation concealment and complete follow-up involving a homogeneous patient population and medical condition. In contrast, patient testimonials, case reports, and even expert opinion have little value as proof because of challenging obstacles such as the placebo effect and the biases inherent in observation and reporting of cases.

Anthony Rosner, PhD (past research director of the Foundation for Chiropractic Education and Research) notes that “in the space of just about a decade, health policy-makers have begun to move away from a base of only randomized clinical trials and meta-analyses to a triad of decision-drivers that also includes clinical judgment from experience and the empowerment of the patient through their values, expectations and requests. This is precisely why the term evidence-based medicine has only recently fallen out of favor, being replaced by the moniker, evidence-informed medicine.”

Rosner has shared a quote from the American social scientist Donald Campbell, "More and more I have come to the conclusion that the core of the scientific method is not experimentation per se, but rather the strategy connoted by phrase, 'plausible rival hypotheses.' ... We should use those singular event case studies [which can never be replicated] to their fullest, but we should also be alert for opportunities to do intentionally replicated studies. ... I like to believe that this shift was facilitated by ... laboratory research on that most hard-to-specify stimulus, the human face, and that this experience provided awareness of the crucial role of pattern and context in achieving knowledge."  

It is important to remember that when we look at the evidence based practice or evidence informed medicine credo, it states that part of this evidence involves the biological
plausibility of a therapeutic intervention, case reports, and clinical judgment of the practitioner. Based upon the published evidence based literature (see appendix) it is clear that there is an emerging evidence base of literature that encompasses various aspects of chiropractic involvement in TMJ diagnosis and treatment.

As chiropractic is developing a presence in the complementary alternative medical (CAM) field our agencies and governing organizations need to be aware of our presence in various arenas such as TMJ disorders (TMD). In a study in the Journal of Orofacial Pain they found “In general, respondents who used CAM for their TMD reported being most satisfied with the ‘hands on’ CAM therapies (massage, acupuncture, and chiropractic care) 20.” Another study from the same journal found that with CAM therapy for patients with myofascial TM disorders, “The most common type of CAM treatment was relaxation therapy (12.7%), followed by chiropractic treatment (9.5%) 21.” From these studies it is obvious that patients are looking for chiropractors for care of their TMJ disorders and that this care is offering them relief.

Conclusion:

1. TMJ diagnosis and treatment are part of chiropractic college curriculums and within the chiropractic profession.
2. Based on college curriculum, postgraduate studies, and the chiropractic evidence base the diagnosis and treatment of TMJ disorders is part of the chiropractic scope of practice.
3. Chiropractor’s that have both undergraduate and postgraduate training in the diagnosis and treatment of TMJ disorders should be able to share on their website a description congruent with their expertise in a reasonable and ethical manner.
4. There is extensive evidence in the published literature regarding chiropractic diagnosis and treatment of TMJ disorders.
5. In the CAM field chiropractors have been an active part of TMJ related treatment and this care is patient driven. One way of communicating expertise and availability of care is on a doctor’s website.

All the above clearly illustrate that a chiropractor who is trained, has experience in a specific method of analysis and care, and is part of a co-treatment arena should be able to accurately describe themselves on their website with regard to treating patients with jaw or TMJ related pain and disorders.
References:


## Appendix

1. **Diagnosis and Evaluation of TMJ Disorders**


2. **Chiropractic Care of TMJ Disorders - Reviews**

3. Treatment of TMJ Disorders in Chiropractic Peer Reviewed Literature:


4. **Chiropractic Treatment of TMJ Disorders in Related Healthcare Peer Reviewed Literature:**

   
   
   
   
   
   
   
   
   

5. **Chiropractic Diagnosis and Treatment of TMJ Disorders Conference Presentations:**

   
   
   
   
   Blum CL. Sleep Apnea, Forward Head Posture (FHP), and its Relationship to Temporomandibular Joint Dysfunction (TMD). TMJ Bioengineering Conference Proceedings, Boulder, CO. November 4-7, 2009: 47
   
   
   