

# SOT and the Treatment of TMJ

## WHY DENTISTS AND CHIROPRACTORS NEED TO WORK TOGETHER

By Charles Blum, DC

As chiropractic moves into the 21<sup>st</sup> century improving patient care and expanding interdisciplinary relationships will be the way of present and future. However there are serious impedances inhibiting the natural relationship of chiropractic and dentistry.

Chiropractors tend to think they have all the answers when it comes to TMJ (temporomandibular joint) care. Commonly they assume that some form of a chiropractic adjustment will have lasting changes on the shape of the TM disc(s) or even possibly change the shape of the teeth's occlusal surfaces. On the other hand many dentists ignore vertebral imbalance and its affect on the musculature affecting TMJ function. For the best in patient care, how can we both work together with these seemingly opposing philosophies?

One-way is to understand what the research tells us, particularly about how the teeth come together (dental occlusion), and its affect by and on body posture.

For too long dentists and chiropractors have been treating TMD (temporomandibular disorders) independently, and successful integration of dentistry and chiropractic care involve understanding that:

1. The body functions as a closed kinematic chain, and effecting one part will have a cascade of effects throughout the musculoskeletal system from head to toe.

2. There are postural imbalances that travel superiorward towards the TMJ called ascending patterns and postural imbalances that travel inferiorward from the TMJ called descending patterns.

For years dentists have interpreted TMD as being a local dysfunction to dental occlusion, condyle position, or TM disc function. On the other hand chiropractors have been looking at TMD as solely being related to the pelvis, cervical spine, and craniofacial sutural dysfunction. What is important is that both professions are right.

While some patients might have a preponderance of a descending (dental primary) or ascending (chiropractic primary) pattern of dysfunction, commonly there are degrees of both in all TMD patients. [Figure 1 and 2]

A co-treatment model may work on the following premises:

1. Posture has been shown to affect occlusion and condylar position.<sup>1-3</sup> Therefore before a dentist modifies occlusion or condylar position posture must be as balanced as possible.

2. Once the posture is balanced then dental modification of occlusion or condylar position will tend to be more successful.

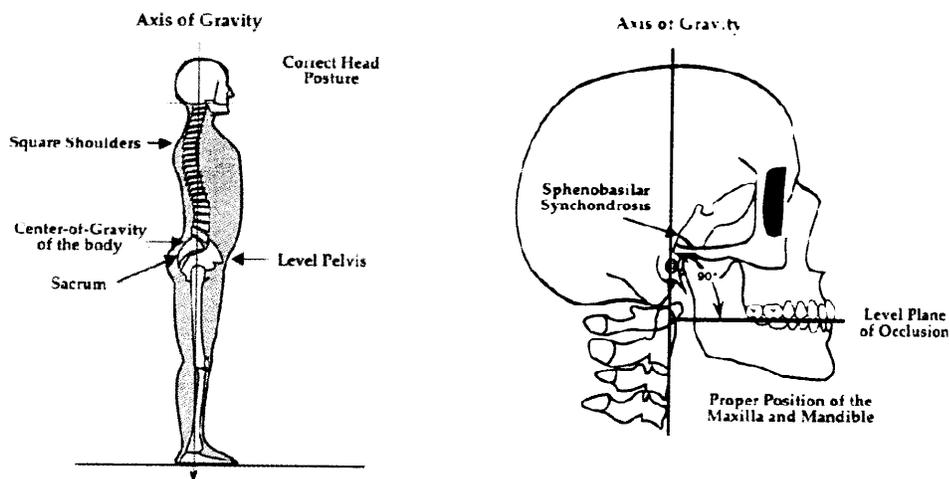


Figure 1. Carlson JE, Orthocranial Occlusion, Blue Pine Unlimited: Woodinville, WA, 2003

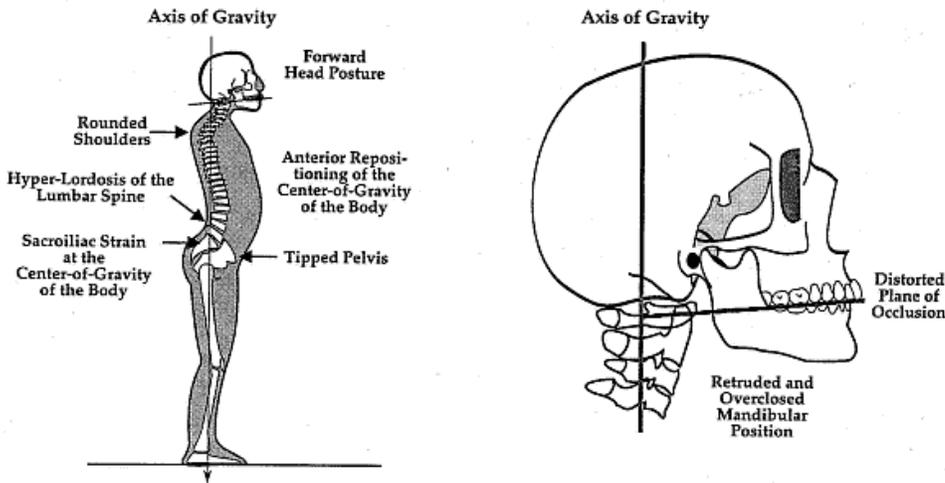


Figure 2. Carlson JE, Orthocranial Occlusion, Blue Pine Unlimited: Woodinville, WA, 2003

3. Conversely since occlusion and condylar position has been shown to affect posture,<sup>4-6</sup> once the dentist has modified the patient's occlusion chiropractic care can help maintain this change in the patient's posture.

To summarize, with any ascending postural influences chiropractic care should be considered before making any permanent changes to the patient's occlusion.

[Figure 3]

Chiropractic alone has not been shown to over a long term affect dental occlusion or condylar position. Dentistry alone however cannot take into account postural influences on occlusion and subsequent changes of occlusion on posture. Together chiropractic and dentistry need to work together for the best interests of their patients.

There is a special group of chiropractors that are leading the way in dental chiropractic co-treatment.<sup>7-9</sup> They practice a method of chiropractic called Sacro Occipital Technique (SOT) and is taught by the Sacro Occipital Technique Organization (SOTO) – USA.

SOTO-USA is a member of the Alliance of TMD Organizations, which has been created to represent the broad interests of professional organizations and their member practitioners who understand the importance of effective diagnosis and treatment of craniofacial disorders. In order for dentists and chiropractors to work together it is necessary to develop a common syntax and mutual understanding of our concepts.<sup>10-4</sup>

Dentists are looking for chiropractors to refer patients and co-treat. However they are reticent to refer to a chiropractor that does not understand a cotreatment model and who assumes that only chiropractic care is needed to treat TMD. Remember no chiropractic treatment can “magically”

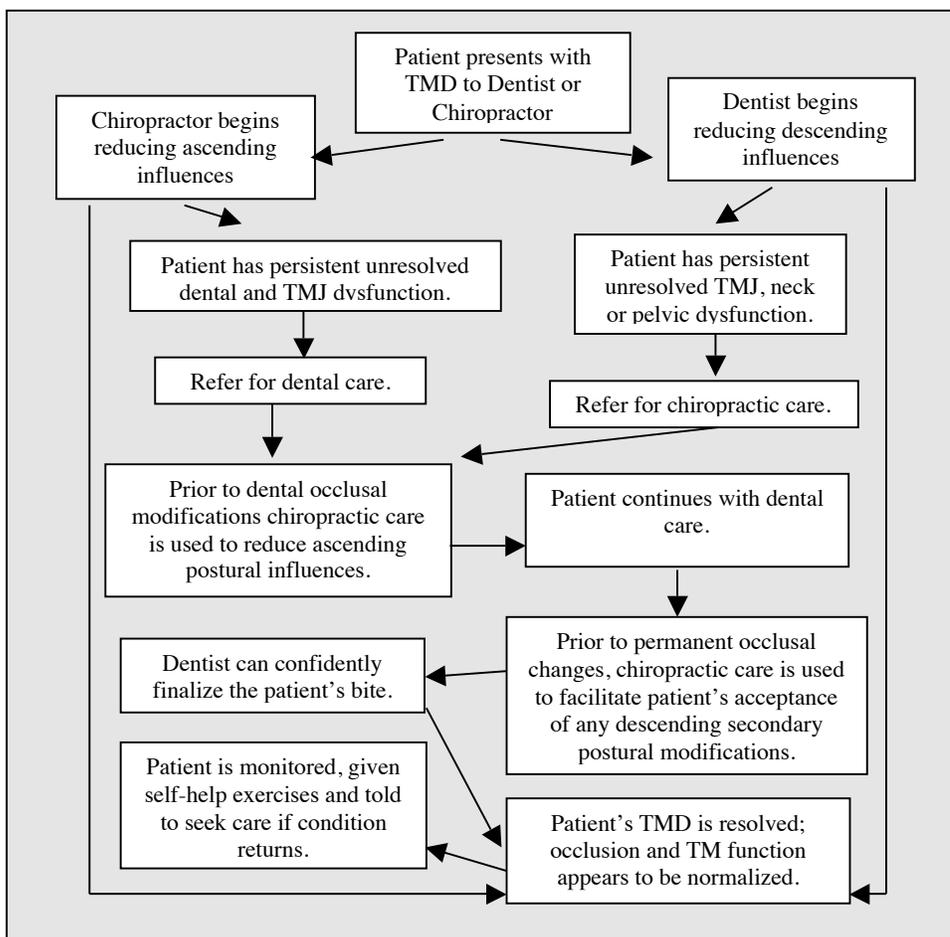


Figure 3. Possible dental chiropractic co-treatment algorithm

change the shape of the teeth and every time a patient bites down or swallows the teeth contact each other, affecting the patient's body posture.

At SOTO-USA's clinical symposium in October three days will be dedicated to dental and chiropractic co-treatment. Visit the SOTO-USA website for more information at [www.SOTO-USA.org](http://www.SOTO-USA.org) or contact me directly for any information [drcblum@aol.com](mailto:drcblum@aol.com).

Interdisciplinary care offers chiropractors a unique opportunity to expand their practice options, receive referrals from allied health practitioners, and offer improved patient care.

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