

Speed Treatment

Bruxism. Clenching. Intense dreams. Millions of us have been figuratively and literally gritting our teeth to get through the stress of COVID-19 and lockdown, which is triggering pain issues that are already extremely common.

The National Center for Biotechnology Information (NCBI) released a [study](#) in October titled, “Temporomandibular Disorders (TMD) and Bruxism Outbreak as a Possible Factor of Orofacial Pain Worsening during the COVID-19 Pandemic,” which analyzed the surge in symptoms in two sample countries, Israel and Poland. Symptoms are on the rise, worldwide.

For those who suffer from the agony and frustration of head, neck and jaw pain – particularly related to TMD – little hope has been offered as there has been no clear consensus among medical, dental, and other clinical treatment options. Since so many of us endure stress by literally



Temporal mandibular disorders have long fallen between cracks in care system, leaving patients without any resolution for an issue causing severe pain. That’s not the case any longer.

gritting our teeth, it’s no wonder that those who already suffer are experiencing flareups, and those who have never had the issue are experiencing it for the first time. These symptoms include popping or even temporary locking of the jaw, an inability to open the mouth more than a fraction of what normal range of motion should be, and severe pain and tenderness of the face, jaw, neck, scalp, ears, and temples.

The gap in care for TMD/TMJ (for temporomandibular joint) has not been lost on the National Institute of Health (NIH) and National Academies of Science, Engineering and Medicine, which released a comprehensive [report](#) of the lack of treatment options for sufferers last spring.

There may finally be help with the [Speed2Treat](#) system – an at-home therapy program developed by San Diego-based Orofacial Therapeutics, LP.

“Speed2Treat is groundbreaking because it establishes a protocol that can be followed by any

healthcare provider, to help a patient with an acute head, neck or jaw pain condition or flare-up,” says Ann McCulloch, founding partner, Orofacial Therapeutics. “Until now, there was no guidance from experts who are post-graduate trained in craniofacial care. The protocol for treating ankle sprain – RICE or rest, ice, compression, elevation – was developed by orthopedic specialists who recommended a care plan that can be followed on a consistent basis by all healthcare professionals or by patients at home – this is similar.”

The Speed2Treat home-healing kit “can benefit most people who are experiencing a recent injury or flareup of a preexisting TMJ disorder, specifically musculoskeletal TMD pain and complications,” McCulloch says. “For most TMDs, there is no ‘fix.’ But having pain relief and the focused four-week care plan outlined in the kit – in addition to the benefit of more than 20 online videos with pain education, breath coaching and

exercises – helps a patient experience significant relief. If they dedicate the time to promoting recovery and determine if they can self-manage their condition, they may not need to pursue physical therapy or other measures.”

The Speed2Treat system comes with two ReTHERM packs that can be micro-waved to heat or put in freezer to cool. They come with a Velcro wrap that wraps around the head or neck to alternate heat and cold on the painful area, a do-it-yourself QuickSplint (also developed by Orofacial Therapeutics) that allows individuals to create their own mouth guard. Additionally, it provides specific “Jaw Rx-Ercises,” which are jaw exercises that can ease pain, break daytime clenching habits that strain or overwork jaw and temple muscles, and increase range of motion for the jaw. An optional “gentle jaw” or “yoga for the jaw” passive stretching system has also been developed by McCulloch and her team.

Users need to commit to using the QuickSplint while sleeping for the four-week period, do the exercises and use the heat and cold packs. Online videos can also teach and reinforce proper breathing, posture, tongue placement, etc. to help speed healing and ensure less reoccurrence of the issues.

“The training videos and documents are there to assist, but it is essentially a self-directed program,” McCulloch says. “Orofacial pain specialists gives patients everything they need to use and follow for four weeks. A provider only needs to step in if the patient is experiencing no improvement in the first two weeks or is getting worse and that can be done via telehealth consultation.”

Masseter or jaw muscle soreness can be a trigger for headaches and/or jaw pain. Performing Jaw Rx-Ercises throughout the day for up to one week “will retrain the jaw muscles and brain to relax the jaw in a comfortable resting position, keeping teeth apart and tongue up,” she adds. For patients with acute jaw and muscle strain or sprain or JAMSS, daytime exercises “maintain blood flow to the muscles and joints to improve range of motion over time.”

Why has proper recognition and treatment for these disorders been so elusive? There are multiple reasons that are summed up in the NIH/NASEM report: “Too long compartmentalized as a dental issue, both the clinical management of and research addressing TMDs, needed to implement a holistic and multidisciplinary approach. Individuals with TMD symptoms often encoun-

ter health professionals (across medicine, dentistry, and beyond) that are unfamiliar with TMDs and do not know where best to refer patients for further diagnosis and treatment. The divide between medical and dental care is currently vast in the United States and much of the world and is a divide that profoundly affects care systems, payment mechanisms, and professional education and training.”

A lack of consistency with how to treat has been a main inhibitor of solving these issues. The author of this article has suffered from TMD for more than 30 years. Doctors will refer to dentists and dentists can only offer a mouth guard that may protect the teeth but does not solve the musculoskeletal pain or the underlying causes that created it in the first place or continue to make it worse.

The NIH/NASEM study goes on to define why there has not been resolution or relief for this issue. TMDs represent a distinct group of conditions that differ from other pain conditions in important ways:

- The symptoms of TMDs occur in the masticatory system, which includes arguably the most complex joint in the body, combined with an intricate neuromuscular apparatus that must be effectively coordinated for healthy functioning. Hence, understanding the factors contributing to TMDs and their associated symptoms requires a consideration of this complex musculoskeletal system.
- TMDs are associated with fewer disability days than either headache or low back pain, suggesting that despite comparable pain and psychological distress, individuals with TMDs may continue to function more than their counterparts with other pain conditions.
- There are no observable physical changes for those suffering with a TMD. This may contribute to stigma and sufferers feel as if they must convince others of their symptoms and its impact on their lives.

Orofacial Therapeutics is developing multiple treatments and protocols to educate and share with clinicians of all disciplines. One such product is a search engine called FaceMyPain that was just recently launched. — By Susan Belknap, California Business Journal.

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