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Getting Results by Working Inside the Mouth:
A Key Territory for Treating Whiplash and Jaw Pain
by Lauren Christman, LMP and Richard Polishuk, LMP

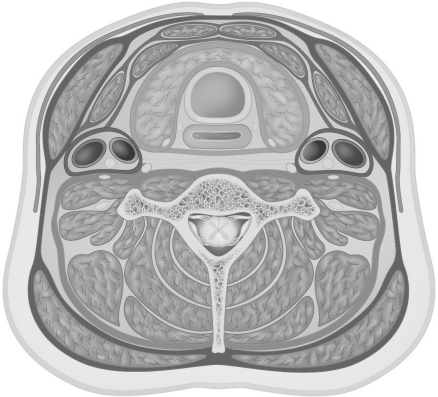
Improving alignment and easing tension in the jaw, head and anterior neck has become an essential treatment for many of our clients. Since 2008, intraoral massage has been legal for Washington massage practitioners, giving us important new treatment options. When clients are unfamiliar with this work, introducing it calls for trust on their part, and willingness and skill on ours. With a little focused training, practitioners can become more comfortable with relevant anatomy, learn the essential skills, and be ready to practice this work. To put intraoral work in context, let's talk about whiplash and TMJ pain.

Whiplash

In whiplash, muscles and ligaments of the neck are overstretched to the point of injury. After such an injury, the larger, more superficial muscles—trapezius, sternocleidomastoid and levator scapulae—take over the job of stabilizing the head. This muscular guarding is extremely valuable in early recovery. However, stabilization can change from a solution to a problem in later stages of healing, as these muscles continue to brace, perpetuating discomfort and stiffness.

Most of the musculature that holds the head *up* is actually holding the head *back,* so we often focus treatment on the posterior neck layers. The front of the neck, however, is no less important in balancing the head. There are three distinct layers to consider. The superficial layer includes the SCM. The middle layer includes the hyoid muscles and visceral tubes. The deepest layer, covering the front of the vertebrae, includes the scalenes, longus capitis and colli, and the anterior longitudinal ligament.

One part of the deep layer—scalenes—has become a routine topic in entry-level massage training. Investigating this layer more thoroughly is critical in treatment, since these structures often suffer the most damage in whiplash.



Fascial layers of the neck: superficial, middle and deep.
From 'Fascial Release for Structural Balance,' used with kind permission.

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Many people are surprised to hear that visceral structures can also be involved in whiplash, but these tubes receive the same forces as the musculoskeletal structures. Precise work in the middle layer (the hyoid sling, trachea and esophagus) can help our clients regain normal cervical function.

The Jaw, the Neck, and TMJ Pain

Because eating is such a fundamental function, we know that the jaw is relevant to our overall health. Chewing and swallowing involve a complex set of reflexes coordinating many voluntary and involuntary muscles. Any anatomy text will tell us about the muscles of mastication: masseter, temporalis, and pterygoids. When we consider the strength of the bite, however, we may sense that there's more to the story.

Try this experiment: close your jaw so that the biting surfaces are just touching. Put your fingertips on the masseter and temporalis bellies and feel them work. Now, continue to add pressure to your bite and feel how the muscular compression expands to include the upper neck. Returning to gentle occlusion, notice how tipping your head forward and back changes the way your teeth meet. Clearly, head and neck position are influenced by occlusion—and vice versa.

Misalignment, strain and compression in the upper neck directly affect jaw function and placement. Imagine that the cranial base, upper cervicals and mandible are a team of horses, reined together and directing the weight of the head. If one of the horses shifts direction, the team either resists, increasing tension, or goes along, increasing misalignment. An effective treatment strategy needs to take the whole team into account. In doing so, we see the relationship between jaw tension, neck tension, and even full-body alignment patterns.

Whether we're addressing localized problems like headache or teeth grinding, or looking systemically at whiplash or scoliosis, balancing the jaw can yield great results. Clients often want to receive intraoral work as part of their care even after their acute problems have resolved. These clients are also likely to want to learn to treat themselves. Getting to this step—when clients gain new understanding and move towards better self-care—is one of the most gratifying aspects of our practices.

To learn more, see the extended article on our website: www.craftedtouch.com