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for better diagnosis
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Rehabilitation of Temporo-Mandibular Dysfunctions

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Abstract :

The rehabilitation of the temporomandibular joints must be included in a more global problem. What is the problem? The rehabilitation of mandibular disturbances is not limited to localized care of one or even two connected joints. Mandibular mobility can be quantitatively disturbed. Amplitude deficits in all three axes of mobility are observed. Asymmetries of lateral motions can be measured. Qualitatively, asymmetry in the speed of movement of the condyles can be seen, for example, in mouth openings with deviated movements in an arc, laterally, in a Z-shape, or in a bayonet. The articular disc moves with the condyle in an anarchic manner, resulting in various articular noises, cracking, snapping, grinding.

How does oro-maxillo-facial physiotherapy work on this subject?

The treatment is global. First of all, prophylaxis against the danger of sudden movements of large amplitudes is explained. The normality of dental disocclusion is explained. Then physiological ventilation/swallowing praxis re-education, the two vital and indissociable praxis. Alternating unilateral physiological mastication is sought. Mandibular mobility will be worked on in all three axes. This work is strictly active, under visual supervision. These slow mandibular movements require fine adjustments of the contractions/relaxations of the masticatory and suprahyoid muscles. The movements are limited to painless amplitudes, without articular noises, without forcing. When disc and condyle resume a synchronous movement, the gain in amplitude comes progressively