FIT NEWS

www.fitnessphysiotherapy.com

Hours of Operation
Monday through Friday 7:30am - 7:00pm, Saturday 9:00am- 2:00pm

Physiotherapists: Deirdre Benedict, Jeff Blair, Lesa Campbell, Anne Dawson, Marina Pianosi, Kathleen Ryan, Gisele St. Hilaire, Louise Vermette, Dona Watts-Hutchings

Massage Therapist: Robert Stegmaier

Our team of licensed physiotherapists & registered massage therapist are here to help you manage all of your musculoskeletal pains and sports injuries and accidents from the jaw and head to the foot. Some of us are also certified acupuncturists, licensed and trained Stott® Pilates instructors, trained manual therapists, certified Feldenkrais® practitioners, and trained craniosacral therapists.

Methods of Treatment:

Foot Orthotics
Manual Therapy Techniques
Neuro Muscular Electrical Stimulation
Sports Injuries
Taping
Tens
TMJ Rehabilitation
Ultrasound

Acupuncture
Craniosacral Therapy
Feldenkrais® Method
Golf Rehabilitation
Lumbar Sacral Stabilization
Lymphatic Drainage
Pilates Rehab Method
Stott® Rehab Pilates
Trigger Point Needling Therapy
Urinary Incontinence Retraining

Please ask for appropriate therapist placement if you prefer a certain style of treatment.

Physio Events

Fitness Physiotherapy has two locations to serve you:

- * 135 Roslyn Road and 390 Academy Road, inside Pilates Manitoba
- * Phone 982-9600 to book an appointment at either location

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Fitness Physiotherapy Ltd. - Mission Statement
We are a team of licensed Physiotherapists utilizing the full spectrum of therapeutic knowledge
Our goal is to provide exemplary treatment as effectively and efficiently as possible.

Spring 2003

Do's & Don'ts for Jaw Pain

By Lesa Campbell, BMR, PT

TMD (temporomandibular disorder) is the name given to the group of problems that can affect the temporomandibular joint (TMJ). There are many causes ranging from trauma, overuse, disease, oral habits, and even postural problems.

These problems can involve the muscle or myofascial structures, the actual temporomandibular joint, or both. Distant areas like the neck or back posture can also affect the problem. Symptoms can be similar in both the muscular and joint disorders and may vary over time. Symptoms could include pain/discomfort, tightness/pressure/tiredness in the jaws, limited opening/difficulty chewing, headaches, earaches, and discomfort referred into the neck. Grinding/clenching are common culprits and may be associated with TMD symptoms, teeth pain and fractures. Clicking or other jaw joint noises are common requiring intervention if they become painful, change in their position on opening, or they progress to catching or locking.

Prevention and early diagnosis can be successful at preventing years of pain and dysfunction. A basic understanding of your posture, movements, and activities and what to avoid can often help in decreasing the stresses and prevent progression of TMD.

1. COMPRESSION HABITS

DON'T	DO			
Avoid compression habits which cause overuse of muscle and joint stress Avoid – teeth contact, lip pressure, biting activities (lips, pens, nails & cheeks) - resting chin on hand	 encourage self-awareness our teeth should only touch when we eat or swallow become aware of times & positions in which compression habits occur tip of tongue barely touching roof of mouth to prevent compression with no lip pressure 			
Avoid – bracing or holding with face or shoulders holding breath with teeth/lip contact	 actively use expiration to release tension in face and shoulders to prevent clenching pattern 			
Avoid compression with food - stop gum chewing - avoid large, hard/chewy food (i.e. bagels, raw veggies, biting into fruit, chips, sunflower seeds, hard meat, be tentative when biting through varying textures or hardness	 be careful how you bite ensuring good posture cut food into small pieces, puree/blend choose treats that you can suck without manipulation choose ground, marinated or soft meats/fish choose pastas, soups 			

Spring 2003 Do's & Don'ts for Jaw Pain (Con't)

2. TRANSLATION HABITS

DON'T	DO			
Avoid poking your chin out or leading with your chin during neck or mouth movements, even dental appointments	- be posturally aware, use your eyes to guide neck movements - imagine your head is a ball floating in the middle of a saucer of water			
Avoid prolonged positioning of your head turned to the side especially in a poking chin posture	- turn your entire body to face things ensuring eye level rule			
Avoid sleeping postures which cause jaw strain (stomach sleeping poking chin posture)	 use pillows to support your neck and arm (if side-lying). Check position with physiotherapist if night discomfort 			
Stop wiggling habits of your jaw with tongue or jaw movements (jaw cracking, playing with your food or teeth)	 use expiration to release tension if you jut your chin on mouth opening use the trick of putting tip of tongue barely resting on roof of mouth as you start to open 			
Avoid opening by jutting chin/teeth out initially	- assessment and exercises from a physiotherapist specializing in TMJ			

Treatment for TMD includes patient education/awareness with avoidance of habits. A physiotherapist and a dentist experienced in treating TMD will give you the specific treatment necessary for your individual set of problems.

At home you should use ice (freezie) for 8-10 minutes if you have sudden trauma or joint stress that causes sharp or throbbing joint (close to ear) pain. Heat is effective for less acute myofascial pain with tightness and less specific soreness. You should see your dentist for follow up if your splint changes over time with greater contact on one spot. Assessment by a physiotherapist and a dentist is necessary if jaw clicking changes to painful catching or locking occurs.

Rehabilitative Exercise

Work one-on-one with a Fitness Physiotherapy Stott® Pilates trained Physiotherapist.

Rehab Pilates can be the perfect protocol for neuro-muscular re-education, offering new pathways of movement to the injured client. Working together with your qualified Pilates instructor, you will explore the best path to improve motor learning.

Pilates at Fitness Physiotherapy integrates motor control, motor reprogramming, biomechanical counselling, proprioceptive and kinesthetic training required for dynamic stabilization.

Our goal is to restore muscle balance lost by poor posture, habitual adaptations and compensations due to injuries.

Pilates rehab instructors are problem solvers. Working with the client, the rehab Pilates instructor suggests options for more efficient training to achieve optimal movement patterns.

The result: the client works with less muscle/joint stress.

The Pilates environment may be the missing link in your health care program. Rehab Pilates should elicit improved awareness while training core stability, functional strength, co-ordination, flexibility, balance and effortless breathing. Core stability is the foundation of core strength. This improves athletic performance as well as rehabilitative conditioning.

Intelligent Exercise. Profound Results ™

2003 EXERCISE CLASS TIMETABLE FOR PILATES & REFORMER

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				•	Mat/Reformer II 9:30-10:30
					Micro III Mat/Reformer 10:30-11:30
		Work In/Out Conditioning 12-1			
Mat/Reformer Academy 1-2pm Mat III 5:00-6:00 Reformer 6:00-7:00		Mat/Reformer Academy 1-2pm		Mat/Reformer 11:30-12:30	
		Mat/Reformer 1:30-2:30			

*Note: Please see your Physiotherapist for further information or referral. All classes are taught by a licensed Physiotherapist. Fees are billable as Physiotherapy, after appropriate authorization. Classes can be combined with other treatments; please pre-register.