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Forward Head Posture (FHP) and its Relationship to Temporomandibular Joint Dysfunction (TMD) and the Sacro Occipital Technique (SOT) Category System

INTRODUCTION: Forward head posture (FHP) is a pandemic condition affecting a large aspect of the population, particularly associated with the aging process. Recently various factors have been found that could be contributory to the cause of FHP. One particular cause of FHP has been found to be associated with temporomandibular joint dysfunction (TMD) and its related myofascial dynamics with their affect on oral cavity airway space.

DISCUSSION: Chiropractors treating both TMD and FHP will need to be able to differentiate the various causes of TMD as well as the various causes of FHP. Patterns of influence to the TMD/FHP can be ascending from the feet, lower extremities, pelvis, spine or neck or descending from the stomatognathic or craniofacial systems, or even related in either direction by way of visual or vestibular righting mechanisms.

From a dental perspective TMD conditions tend to broadly have three possible (not mutual exclusive) causative factors: (1) imbalanced occlusion, (2) dysfunctional condylar position, and/or (3) airway space disorders. Dysfunctional airway space disorders can be associated with occlusal, condylar, and myofascial compromise of the oral cavity through primary or secondary factors. When airway space is compromised the body moves the head into a forward position opening up the airway space, often creating a hyperlordotic upper cervical region and a straightened or reversed cervical curve throughout the rest of the cervical spine.

Chiropractors treating FHP need to exercise caution if the patient has a TMD airway component since treatments to increase the cervical curve may actually inhibit airway space. Also it can be important to differentiate between conditions in the Sacro Occipital Technique (SOT) arena such as sacroiliac joint hypermobility (category two), which may affect TMJ function, as well as altered or reduced sacral nutation (SB +/-), which may affect head posture or respiratory function.

CONCLUSION: The FHP ascending/descending complex incorporates dental and chiropractic cotreatment along with the understanding of SOT and craniofacial dynamics. Greater research is indicated into the relationship between the various components of FHP to determine if this condition is associated with quality of life and if improvement of the condition will assist the patient with greater function and well being. *(This is an abstract from a conference presentation only and does not represent a full work that has been peer-reviewed and accepted for publication.)*