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## **NOUVEAUTÉS LITTÉRATURE 2005-2018**

### ***Anterior Bite Opening in Adulthood***

- 62% avaient céphalées
- 24% clicks
- 66% bruxisme
- 66% dysfonction ATM pré-béance
- Causes possibles : Plaques occlusives partielles, pression de la langue et grossesse.

### ***Anterior throat pain Syndrome: Causes***

- Ernest syndrome
- Eagles syndrome
- Carotid artery syndrome
- Hyoid bone syndrome
- Superior pharyngeal constrictor syndrome

### ***Change in hyoid bone position in patients treated for and resolved myofascial pain***

- Scan de 30 patientes ayant des douleurs myofasciales avant et après traitements
- -2,0mm distance menton-C3 et +1,5mm distance os hyoïde du plancher de la bouche (abaissement)
- Résolution des douleurs myofasciales corrélées avec une diminution de la protraction de la tête et relaxation de la musculature supra-hyoïdienne.
- Le potentiel pour changements de la dimension oropharyngienne des voies respiratoires est mis en évidence.

### ***Chewing and swallowing in young women with temporomandibular disorder***

- Posture langue et lèvres inadéquates pendant la déglutition
- Adoption plus fréquente d'un patron mastication unilatérale
- Position de l'os hyoïde plus inférieure.

### ***Correlation between clinical findings of temporomandibular disorders and MRI characteristics of disk displacement***

- Déplacement discal observé dans 81% des clients symptomatiques
- 9% pour les patients asymptomatiques

### ***Attachements du disque ATM (10 cadavres)***

\*\* Nouveautés

- Différences entre les régions latérales, centrales et médiales
- Latéralement, Capsule et ligament discal latéral s'unissent au pôle condylien
- Médialement, Fibre musculaire, capsule et disque s'unissent au pôle médial du condyle  
\*\*Aucune insertion franche du ptérygoïde médial a été observé dans cette étude, qui se limite aux insertions sur la capsule et sur le condyle (pterygoid fovea).
- Postérieurement :
  - Partie postéro-supérieure : s'attache au méat cartilagineux et la partie tympanique de l'os temporal.
  - Partie postéro-inférieure : s'attache à la surface postérieure du condyle  
\*\*Dans 4 des spécimen, replis dessous la partie postérieure du disque de forme triangulaire qui s'étant médit-latéralement.

### **Anatomical study of the human discomalleolar ligament using cone-beam tomography imaging and morphological observation.**

- Antérieur: attaché au disque
- Postérieure : attaché à la tête et au processus antérieur du Marteau par la fissure pétro-tympanique
- Associé à la mobilité du marteau
- Innervé, donc associé à des douleurs à l'oreille

### **Evaluation of the relation between the horizontal condylar angle and the internal derangement of the TMJ – MRI study**

- Variation de 0-30°, normal 15-20°
- Angle plus élevé et les gens avec dérangement discal.
- Plus grande possibilité d'étirer le ligaments disques-condyles.
- Auteurs pensent que le dérangement est la cause et non la conséquence d'un angle plus élevé (embryologie)
- Données similaires du côté opposé au dérangement, et même supérieur.

### **EMG activities of two heads of the lateral pterygoid in relation to mandible condyle movement and biting force**

- SUP: se comporte comme un muscle de fermeture, étant active lorsque le sujet mord, mais à des forces moindres, en comparaison des autres gros muscles d'élévation.  
Un réflexe d'étirement a été noté, cette fonction étant de stabiliser en antérieur les force postérieures des gros muscles masticateurs.  
Contrôle l'angle entre le disque et le condyle
- INF : contrôle la relation du disque avec le maxillaire.

### **The lateral pterygoid muscle: A review of some experimental aspects and possible clinical relevance**

- Encore controversé même si cliniquement accepté.
- Classique : SUP : actif en fermeture, rétrusion et latéral ipsi  
INF : actif en ouverture, protrusion et latéral contra
- Nouvelles recherches : théorie classique simpliste.  
Par exemple : SUP actif aussi en fermeture, et coordonnée selon 3 différentes zones latéro-médiales.
- Théorie demande donc une ré-évaluation
- Activité nulle au repos, donc pas de rôle au maintient postural.
- INF grande activité dans les mouvements de latéralité, pour la fonction de bruxisme et pour les patients dont la position de repos change d'une évaluation à l'autre.

### **The tongue, mandible, hyoid system**

- Par opposition au système cranio-cervical (postérieur), l'auteur décrit le système langue-mandibule-hyoïde.
- Joue un rôle clé dans les fonctions de mastication et déglutition.

1. muscles, fascia, bones, and viscera with dysfunctions that impair the temporomandibular joint function and postural patterns
2. occipital, temporal, and zygomatic bones to the level of their sutures
3. masticatory muscles
4. hyoid bone muscles
5. sternocleidomastoid muscle and the sternum
6. cranio-cervical fascia
7. condyle and the articular disk
8. sphenomandibular, stylomandibular, and pterygomandibular ligaments

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Quelques 200 articles traitant des sujets suivants :

Névralgie du trijumeau, évaluation, ATM, chirurgies ATM, symptômes associés, acouphènes (tinnitus), index de dysfonction, traitements dentaires de l'ATM, plaques occlusales, diagnostics différentiels, EMG, musculature masticatoire et cervicale, posture, techniques de déblocage, whiplash et ATM, désordres intra-articulaires, effets des positions du cou et de la tête sur l'ATM, questionnaires subjectifs ATM, notions d'occlusion, dentisterie, syndrome myofascial, anatomie, classification diagnostique, auscultation, épidémiologie exercices, approche multidisciplinaire, bruxisme, hypermobilité, ATM bloquée, etc...

Pour en nommer que quelques-uns

Provenants surtout des 2 journaux scientifiques suivants :

The Journal of craniomandibular practice de 1980 à 2001, publié par CHROMA, Chattanooga USA.

Journal of Orofacial Pain publié par Quintessence Publishing, Illinois

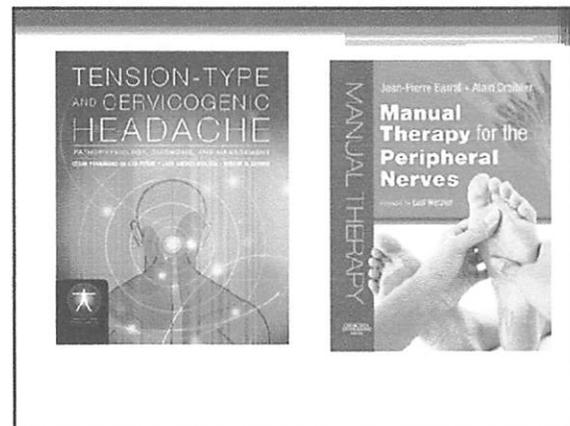
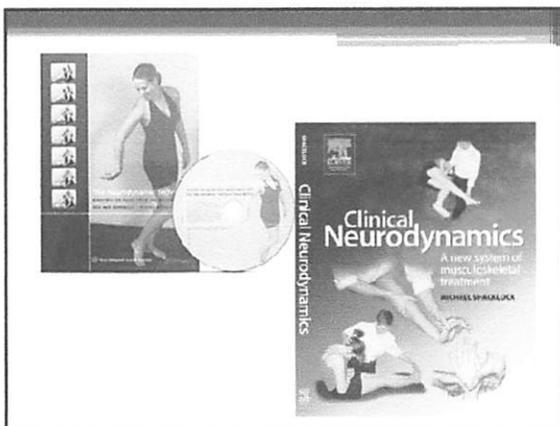
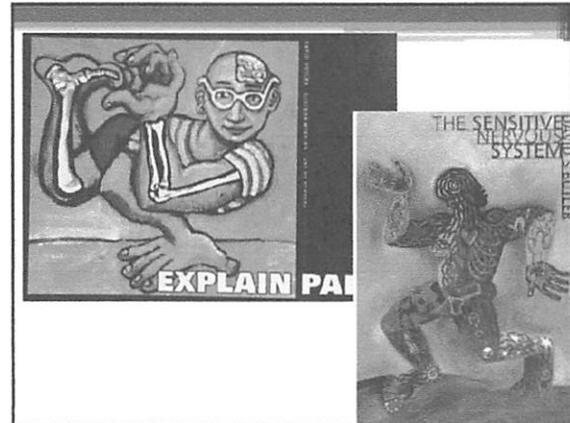
## NOTES DE COURS DE DIFFÉRENTS AUTEURS ET CONFÉRENCIERS

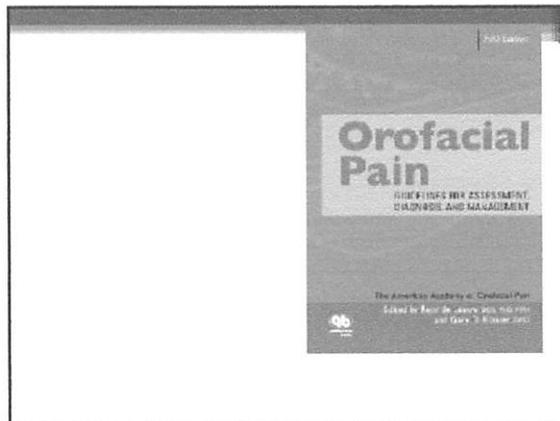
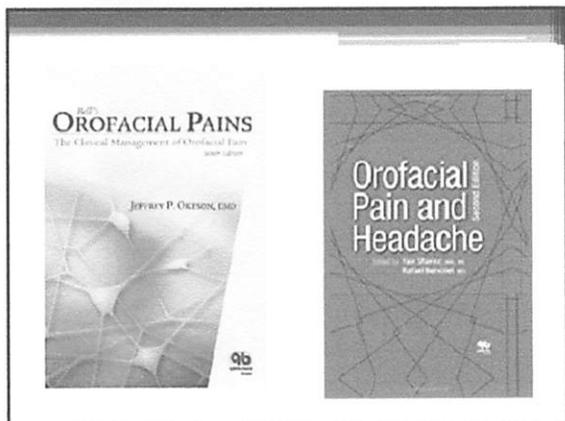
- rééducation myofonctionnelle de la langue
- Dentisterie
- Occlusion
- Plaque occlusale
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- Syndrome myofacial
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Waide, FL et al. Tolerance of ultrasound over the temporomandibular joint. J JOSPT 15(5)1992:206-8.

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Di Fabio R P, Physical therapy for patients with TMD: a descriptive study of treatment , disability and health status. J orofacial pain 1998;12:124-135.

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## Articles relation posture—occlusion-ATM

Noboli, A, Adversi, R. Relationship between posture and occlusion: a clinical and experimental investigation. J Craniomand pract., 1996, 14(4), 274-280.

Revue de littérature entre problèmes posturaux et les variations occlusales fonctionnelles avec étude sur plateforme pour différentes malocclusions. Les résultats démontrent que les sujets en malocclusion classe II ont une posture antérieure de la tête (PAT) et que les malocclusion classe II ont une posture postérieure.

Wright, EF, Domenech MA & Fischer, JR. Usefulness of posture training for patients with temporomandibular disorders. J Am Dent. Ass. , 131 feb 2000, 202-210.

La rééducation posturale à un effet bénéfique chez les patients souffrant de désordres de l'ATM. L'étude démontre une amélioration statistiquement significative entre les patients recevant de la rééducation posturale et des conseils sur l'ATM par rapport à ceux ne recevant que des conseils ATM pour les signes et symptômes suivants : ouverture maximum sans douleur, un index de sévérité des symptômes, pression à l'algomètre et perceptions de l'état de l'ATM et du cou surtout dans les cas de désordres musculaires.

Hackney J, Bade D & Clawson A. Relationship between forward head posture and diagnosed internal derangement of the temporomandibular joint. J orofacial Pain 1993;7(4):386-390.

Les résultats ne démontrent aucune différence entre les 2 groupes (DI de l'ATM et contrôle) pour des mesures de PAT.

Bazzoti, L. Mandibule position and head posture : Electromyography of Sternocleidomastoids. J Craniomand pract. 1998; 16(2):100-108.

Évaluation de la relation entre position du mandibule, son mouvement, l'activité musculaire et la posture de la tête. Aucune différence entre les patients et les contrôles. Mais l'étude suggère que la phase orale du mandibule et la phase de stabilisation de déglutition jouent un grand rôle dans l'équilibre et la posture de tête.

Miralles, R et al. Body position effects on EMG of SCM and masseter muscles in healthy subjects. J Craniomand pract. 1998, 16(2):90-99.

Il existe significativement plus d'EMG dans les SCM en décubitus latéral, moins d'EMG dans les masseters en décubitus dorsal. L'étude suggère donc qu'il existe un différent contrôle neuro-musculaire entre les SCM et les masseters. On a aussi trouvé des différences significatives dans les patrons EMG et l'activité EMG des masseters et SCM dans toutes les positions entre les contrôles et les patients avec dysfonction ATM.

Friedman, MH, Weisberg, J. The craniocervical connection: a retrospective analysis of 300 whiplash patients with cervical and temporomandibular disorders. J craniomand pract. ;2000 ;18(3) :163-167.

Ils ont conclu<sup>ent</sup> que L'ATM et les tissus environnants devrait être autant évalués que le cou après un AVM car ils sont aussi fréquents . Les symptômes rencontrés à la suite d'un AVM sont en ordre décroissant: douleur à l' ATM, douleur cou, céphalées post-traumatiques, fatigue masticatoire, click ATM.

Santander H et al. Effects of head and neck inclination on bilateral sternocleidomastoid EMG activity in healthy subjects and in patients with myogenic craniocervical mandibular dysfunction. J craniomand. pract. 2000  
EMG significativement plus élevé (côté contralatéral) et plus asymétrique dans le groupe ATM que le groupe contrôle.

Makofsky, HW. The influence of forward head posture on Dental occlusion. J Craniomand. pract. 2000 ; 18(1) :30-39.  
On a essayé de voir si la PAT influence réellement la position mandibulaire et donc l'occlusion., L'étude n'a pas pu démontrer qu'une corrélation entre PAT et patron de contact occlusal mais plutôt entre l'âge et le patron occlusal.

Gonzalez, HE & Manns, A. Forward head posture: its structural and functional influence on the stomatognathic system, a conceptual study. J Craniomand. pract. 1996;14(1):71-79.

Il y a une forte relation entre PAT et croissance crâniofaciale et les dysfonctions neuromusculaires Ils ont établi une corrélation entre PAT et occlusion classe II et dérangement interne de l'ATM. Effet de PAT sur la position de repos de l'ATM.

Rocabado M, biomechanical relationship of the cranial, cervical, and hyoid regions. J craniomand. pract. 1983; 1(3):61-66.  
La relation entre ces trois régions peut être changée par des plaques occlusales ou par des techniques de thérapie manuelle. L'auteur suggère de coordonner ces 2 approches. Il évalue de façon objective sur rayons-X la position de l'os hyoïde, la courbure cervicale, la distance entre l'occiput et l'atlas ainsi que l'angle entre le crâne et la colonne cervicale.

Makofsky HW, Sexton TR. The effect of craniovertebral fusion on occlusion. J Craniomand. Pract. 1994;12(1):38-45.  
Les résultats démontrent que 4 des 5 patients avec fusion cervicale ont des occlusion très différentes des sujets contrôles, suggérant que la fusion empêche l'adaptation cervicale normale dans les changements des positions de tête sur l'occlusion. Les auteurs suggèrent que tout clinicien qui traite des problèmes d'occlusion devrait considérer l'influence de la colonne cervicale.

Bracco, P. et al. Observations on the correlation between posture and jaw position : a pilot study. J craniomand. Pract. 1998; 16(4): 252-258.  
Les données démontrent une amélioration de la position centrique d'occlusion vers la position myocentrique avec une amélioration de la posture.

NOTE : Une liste de références (195 articles/livres etc) et de résumés intitulés  
"Cervical trauma as an etiology of TMD" publié en 1998 par « American Academy of Head, Neck and Facial Pain » démontre clairement et de façon extensive la relation entre ces deux régions. Ce document est beaucoup utilisé en cas de litige d'AVM.