**Your Name and credentials**

**Tempromandibular Joint and Muscle Disorders**

“The most common cause of facial pain is a group of conditions called temporomandibular

joint and muscle disorders (TMJDs). These disorders cause recurrent or chronic pain and

dysfunction in the jaw joint and its associated muscles and supporting tissues. TMJDs are

the second most commonly occurring musculoskeletal conditions resulting in

pain and disability (after chronic low back pain), affecting approximately 5 to12%

of the population, with an annual cost estimated at $4 billion. About half to two-thirds of those with TMJ disorders will seek treatment. Among these, approximately 15% will develop chronic TMJD.”

**-National Institute of Dental and Craniofacial Research**

**Therapeutic Dry Needling (DN)**

“Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neu- romusculoskeletal pain and movement impairments. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral no- ciceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.” **–American Physical Therapy Association**

**Effectiveness of DN in the Teatment of TMJ**

►Dry Needling treatments targeting the lateral pterygoid muscles, once a week for three weeks, resulted in significantly decreased pain at rest and with mastication, along with improved range of motion and was shown to be more effective than methocarbamol/paracetamol, even when measured up to 70 days after treatment. 1

►A double-blind, RCT found dry needling of the temporalis and masseter muscles significantly reduced pain, as measured by pain-pressure threshold, in comparison to sham-dry needling, among persons diagnosed with TMD with masticatory muscle involvement. 2

1. Gonzalez-Perez, Infante-Cossio P, Granados-Nunez M, Urresti-Lopez F-J, Lopez-Martos R, Ruiz-Canela-Mendez P. Deep dry needling of trigger points located in the lateral pterygoid muscle: Efficacy and safety of treatment for management of myofascial pain and temporomandibular dysfunction. *Med Oral Patol Oral Cir Bucal*. 2015;20(3):e326-e333. doi:10.4317/medoral.20384.

2. Diracoglu D, Vural M, Karan a, Aksoy C. Effectiveness of dry needling for the treatment of temporomandibular myofascial pain: A double-blind, randomized, placebo controlled study. *J Back Musculoskelet Rehabil*. 2012;25(4):285-290. doi:10.3233/BMR-2012-0338.

**Our Treament Approach**

In this section take the oporunity to provide information about you practice, your background/experience, certifications or training including dry needling manual therapy, CCTT, etc. Emphasie here that dry needling is not appropriate for successful treatment of all patients with TMD and that for those who are appropriate, it is merely one tool which is used in a comprehensive, multidisciplinary approach which includes extensive patient education, activity modification, stretching and range of motion exercises, manual therapy, postural correction, psychosocial interventions, bite guards and occlusal devices, and pharmacological intervention.

 **Address www.yourwebsite.com Phone:**

**Email: Fax:**

**Insert your Clinic Name and Logo Here**

