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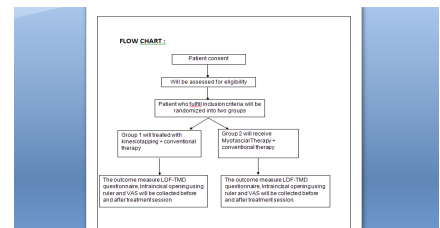
PHYSIOTHERAPY

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Effects of kinesio-tapping versus myofascial release in temporo-mandibular myofascial muscle dysfunction: A randomized clinical trial

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Temporomandibular joint disorders are defined as a subcategory of craniofacial pain involving pain in TMJ, masticatory muscles and associated head and neck musculoskeletal structures. The National Institute of Dental and Craniofacial Research classified TMJ disorders into 3 categories: (1) Myofascial pain, (2) Internal derangement and (3) Degenerative joint disease. Myofascial pain is the pain that derives from myofascial trigger point. Myofascial trigger point is a hyperirritable tender point associated with a taut band of a skeletal muscle. Myofascial pain, TMD, neuralgia, dental pain mostly presents with overlapping signs and symptoms. The SCM can be said to be a factor that may affect the ROM of the temporomandibular joint along with the muscles that move the chin. Masseter acts chiefly in closing the jaw and is used for greater closing force. If pain is predominately emphasized with closure of the jaw then it is likely that the sequence of lateromotion is involved. This sequence has a sub-unit in the masseter muscle. Kinesio Taping was studied in a wide range of painful disorders including musculoskeletal pathologies. Myofascial release is a collection of technique used for purpose relieving soft tissue from an abnormal hold of a tight fascia. Masseter and SCM are both involved in TMD causing limitation of mandibular motion and pain. To compare the effectiveness of kinesio tapping and MFR in treatment of in masseter and SCM muscle leading to TMJ dysfunction. It is a randomized control trial in which 2 groups is selected. 1st group will be treated with kinesio-tapping and conventional therapy 2nd group will be treated with myofascial therapy and conventional therapy. The used variable was: VAS, Intra-incisal opening, limitations of daily functions- temporomandibular disorder questionnaire. Intragroup comparison shows improvement in both groups after 1 week but in experimental group showed significant improvement ($p=0.05$). KT taping is useful to reduce pain or improve ROM in patient with TMD by releasing MTrP in masseter and sternocleidomastoid and its better option for treatment.



Biography

Uzma Mustakahmed Shaikh has completed her Bachelor's degree from Gujarat University, India. She is pursuing Masters in Musculoskeletal Condition and Sports. She had completed four modules of kinesio-taping and presently she is working on kinesio-taping effect on different orthopedic condition.

References

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