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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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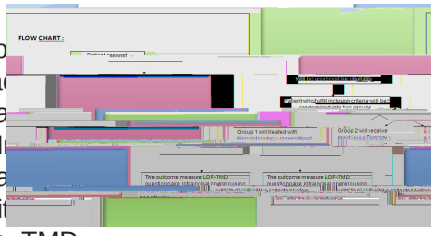

Temporomandibular joint disorders are de ned as a subcategory of cranio pain involving pain in TMJ, masticatory muscles and associated hea neck musculoskeletal structures. e National Institute of Dental and Craniofa Research classi ed TMJ disorders into 3 categories: (1) Myofascial pain, (2) I derangement and (3) Degenerative joint disease. Myofascial pain is the pa derives from myofascial trigger point. Myofascial trigger point is a hyperirri tender point associated with a taut band of a skeletal muscle. Myofascial pain, TMD, neuralgia, dental pain mostly presents with overlapping signs and symptoms. e SCM can be said to be a factor that may a ect the ROM of the temporomandibular joint along with the muscles that move the chin. Masseter acts chie y 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. is 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 so 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 e ectiveness 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. e used variable was: VAS, Intra-incisal opening, limitations of daily functions- temporomandibular disorder questionnaire. Intragroup comparison shows improvement in both groups a er 1 week but in experimental group showed signi cant 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.

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