

**Evaluating the effectiveness of The Jing Method
of Clinical Massage on adults who experience
chronic pain and other symptoms associated
with Temporomandibular Joint Dysfunction**

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Fusion Massage Therapy

A dissertation submitted in partial fulfilment of the requirements of Jing
Advanced Massage Training for the Professional Diploma in Advanced Clinical
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"I certify that this work has not been accepted in substance for any degree, and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Advanced Massage Training. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others".

Mx Rosie 'Doodle' Gompertz – Fusion Massage Therapy:

Date: 20th January 2025

I give endless thanks to my parents, Henry and Jill Gompertz, whose patience, love and support has given me an invaluable safety net and tether: without which I would not be able to take the huge career and life risks that I have, and that have resulted in so much happiness and fulfilment. I am also incredibly grateful to them for teaching me the value of radical kindness.

To the entire team at The Jing Institute of Complimentary Medicine; founders, teachers, mentors, peers, family of 'Clinical Hippies'. You have changed my life! I hope to use what you have given me to help change the lives of others and continue the 'Jing Ripple Effect'.

Grime. You have, quite literally, saved my life and I would not have been able to do any of this without your help, love, patience and forgiveness. I will always try to make you proud and I love you more than I knew it was possible. To many more adventures!



To Mr. Pancake, I've never loved something so much, knowing you would trade me for a chicken nugget in a heartbeat.

ABSTRACT

Background

The aim of this study was to investigate the effectiveness of the Jing Method™ of clinical massage therapy in treating the pain and symptoms associated with temporomandibular joint dysfunction (TMJD). TMJD is extremely common condition, affecting twice as many women as men (Macri et al. 2022); which is characterised primarily by pain around the jaw, ear, head and neck, clicking, popping and locking of the jaw, headaches, difficulty with chewing and difficulty fully opening the mouth; amongst other associated symptoms (NHS 2023). Despite multiple studies into treatment modalities for TMJD there is no conclusive evidence of any singular, effective treatment approach (Armijo-Olivo et al. 2016).

Method

7 participants undertook a 16 week, within subjects' design, research study. The TMJ-7 questionnaire was the validated instrument for this study, which participants completed weekly to monitor their symptoms. Weeks 1-6 were a control phase in which participants recorded their symptoms without intervention. Weeks 7-12 participants received the Jing Method™ TMJ protocol in weekly treatments and guided self-care to undertake twice daily. Weeks 13-16 participants were encouraged to undertake self-treatment as they saw fit, with no further intervention or guidance from the therapist. A NRS questionnaire to record the symptom intensity throughout the study was included in the final questionnaire.

Results and conclusions

The data shows a 48% reduction in the mean symptom frequency and a 42% reduction in the mean symptom intensity from week 1 to week 16 of the study. There were only marginal changes in symptom frequency and intensity recorded from week 12 to 16; suggesting the value of the Teaching element of HFMAST in the Jing Method™ is integral in lasting symptom management; as the only intervention during this phase was self-directed treatment.

This study concludes that The Jing Method™ of Clinical Massage is a viable, non-invasive, low risk and lasting treatment for TMJD pain and symptoms, and as such should be considered as a primary treatment option for sufferers of TMJD.

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ABBREVIATIONS

TMJD: Temporomandibular Joint Dysfunction/Disorder

NHS: National Health Service (UK)

GCPS: Graded Chronic Pain Scale

NRS: Numerical Rating Scale

TMJ: Temporomandibular Joint

CS: Central sensitisation

DC/TMD: Diagnostic criteria for temporomandibular disorders

LITERATURE REVIEW

Defining temporomandibular joint dysfunction

Temporomandibular joint dysfunction is the second most common cause of orofacial pain, next to dental pain (such as toothache) (Manfredini et al 2011). The National Health Service (NHS) defines Temporomandibular Joint Disorder (TMJD) as “a condition affecting the movement of the jaw”, which includes symptoms such as: “pain around your jaw, ear and temple, clicking, popping or grinding noises when you move your jaw, a headache around your temples, difficulty opening your mouth fully” and “your jaw locking when you open your mouth”. (NHS 2023). Some other common signs and symptoms of TMJD are: toothache, migraines, visual disturbances, ringing of the ears (tinnitus), dizzy spells, earaches (without infection), difficulty swallowing, difficulty speaking, headaches, chronic pain or tenderness of the muscles around the ear, neck, face, upper back and shoulders; worn teeth, twitching in the face and eye muscles, difficulty sleeping, sensitivity to light and noise, and Bruxism (teeth grinding), Trismus (difficulty opening mouth normally)” (Fairweather and Mari; 2015; Ghurye and McMillan, 2017; Yost et al 2020).

Another study refers specifically to the displacement of the articular disc, superior to the head of the mandible, as the primary measurement/symptom of TMJD (Korkmaz and Karacay 2023). However, the most reliable and valid diagnostic tool for TMJD is The Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) which classified TMJD into 3 groups; joint and disc disorders, masticatory muscle disorders and headache attributed to TMJD (Mnguni et al 2020). An analysis of multiple research studies (National Institute of

Dental and Craniofacial research, 2018), conducted internationally regarding TMJD concluded; “There is no standard definition for TMJD; it is measured by asking about various types and durations of muscle, joint, and facial pain, difficulty with chewing, joint sounds, etc.”

With so many varied symptoms and definitions of TMJD, and no singular, robust definition or criteria that are universally accepted amongst researchers or practitioners, it seems necessary to specify which symptoms will be considered as part of this research study and why, with consideration given to how these symptoms will be assessed and measured and their impact within a biopsychosocial context. Which symptoms are being measure has been determined by the data collection instrument, TMJ-7 questionnaire (Koufos et al 2022), which collects data on the frequency that the 7 most common TMJD associated symptoms effected the participants. (See Appendix 3)

Prevalence

TMJD affects between 5-12% of people; it is twice as common in women as in men and, unusually for chronic pain conditions, has a higher prevalence in younger persons than other chronic pain conditions (National Institute of Dental and Craniofacial research, 2018). A more recent systematic review evaluating the prevalence of TMJD among the general population found the prevalence to be 31% in the elderly population and 11% for children/younger people. (Valesan et al 2021). These statistics, although apparently contradictory, can both be true due to the specific geographical data pool of each study. Additionally, 75% of the general population may have at least one abnormal sign associated with the temporomandibular joint itself (e.g. clicking), and about 33% have at least one symptom of temporomandibular joint dysfunction (Wright 2013). Just as there is significant variation in the data regarding the prevalence of TMJD in the population internationally,

there is a significant variation in the symptoms associated with, or the definition of, temporomandibular joint dysfunction. This lack of specific and accurate criteria within existing research presents a challenge when drawing comparisons in data from TMJD studies.

Causes

There is arguably just as much variation amongst research studies regarding the causes of TMJD. The NHS states that common causes of temporomandibular disorder (TMD) are, “teeth grinding, wear and tear of the joint, a blow to the head or face, stress” or “an uneven bite.” (NHS 2018). In addition, a significant pool of data has been collected regarding specific causes, or aspects of TMJD; articulated disc dysfunction (Kerawala and Newlands 2010; Scully 2008; Greenberg and Glick 2003); muscular dysfunctions affecting the muscles of mastication, (Louca Jounger et al 2017; Armijo-Olivo et al 1999) as well as bruxism and occlusal factors (Louca Jounger et al 2017; Pingitore et al 1991; Pullinger et al 1993, Lipp 1990; Glaros et al. 1998)

However, there is significant evidence to suggest that causes of TMJD are more complex than muscular-skeletal or biological factors alone. A study conducted by Osaka Dental University concluded that, “psychological factors such as stress have an influence on temporomandibular disorder” (Kanehira et al 2008.) Similarly, a study conducted by the International Association of Oral and Maxillofacial Surgeons found “the presence of depression contributed significantly to pain sensitivity” for women with painful TMD and concluded that “the results of the study are consistent with the involvement of CS (Central sensitization) in women with painful TMD” (Campi et al 2017). Other studies that reference the prevalence of chronic pain in women make similar conclusions with respect to stress and central sensitization as being significant contributing factors. (Nunes et al 2008; Harukazu et al 2008; Pingitore et al 1991; Stockstill and Callahan 1991).

With possible contributing causes to TMJD cited as being as varied as; trauma or injury (Cawson et al. 2002; Scully 2008), disc displacement (Scully 2008), degenerative joint disease, psychosocial factors such as stress and emotional factors (Kanehira 2008) or hormonal and genetic factors (Cairns 2010) amongst many other plausible causes and/or correlations; it follows that the research data regarding the effectiveness of various treatment methods is similarly varied.

Treatments

If TMJD is to be considered to be a cluster of related disorders with common features and symptoms rather than a singular syndrome (Fernandez et al 2009); so are the approaches to treatment just as varied and complex. With possible causes being so diverse, it follows that the range of treatments is similarly varied with research studies attempting to verify the effectiveness of pain medication, (Mujakperuo et al 2010), manual therapies, such as, muscular, myofascial and trigger point treatments (Armijo-Olivo et al 2016), dental splints (Wassell et al 2008) and even surgery (Hagandora et al 2008). However; the evidence as to the effectiveness of these treatments remains inconclusive according to several meta-analysis studies on the subject. (Jung et al 2001; Armijo-Olivo et al 2016; Majakperuo et al 2010).

As the treatment methods for TMJD being are so varied; and research studies remain inconclusive as to the effectiveness of any one specific treatment (List and Axelsson 2010); it could be concluded that an effective treatment protocol for TMJD should follow a multi-modal and biopsychosocial approach in order to address a broader spectrum of the most common causes and symptoms. Much of the research data cited in this literature review focuses on one specific treatment method, or addresses a narrower focus in terms of symptoms or cause of TMJD. In contrast, several small-scale studies conducted regarding the effectiveness of the Jing Method of advanced clinical massage therapy in treating chronic

pain and symptoms of TMJD, have shown promising data with a universal decrease in pain and symptoms across all studies. (Clarke 2024; Schaay 2023; Lindsay 2023). Further supporting studies regarding the effectiveness of the Jing Method of massage therapy regarding treating other related musculoskeletal and chronic pain conditions, lends further credence and validity to this data. (Murdoch 2023; Weaver 2024; Clarke 2012; Davies 2021; Fabry 2023; Harte 2023).

“The biopsychosocial approach systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery” (University of Rochester, 2019). This model, “has evolved into a more progressive and holistic model of illness” (Wade and Halligan 2017, p7.) therefore it is fitting that a more ‘progressive and holistic’ protocol for treatment should be considered.

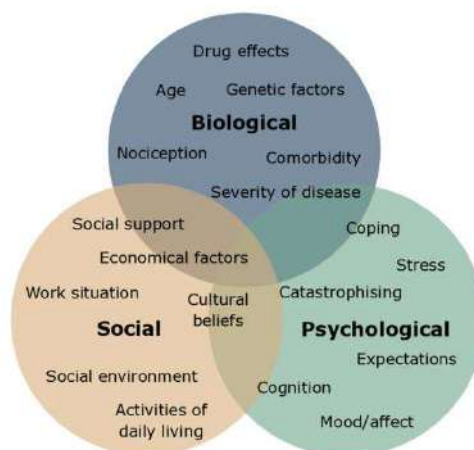


Fig 1: Biopsychosocial model

The Jing Method™

This leads us to why this study is focusing on The Jing Method™ of massage therapy as the treatment protocol for the treatment of TMJ pain and symptoms. The Jing Method™ is a “multi-modal approach” (Fairweather and Mari, 2015) comprising of a biopsychosocial focused consultation and assessment; followed by six, weekly treatments of a ‘clinical hour’ each (50 minutes). Each Jing Method™ protocol comprises of six elements to be included in every treatment, ‘HFMAST’, Heat- the use of hot or cold; Fascia- the use of fascial release techniques; Muscles- treating muscular tissue including trigger point therapy techniques; Acupressure points stimulation; Stretching and Teaching- both in terms of self-care and knowledge of clinical assessment findings in order to empower clients. There are established Jing Method™ protocols for a variety of chronic pain conditions, including TMJD, which have been developed by Fairweather and Mari in accordance with an evidence-based, biopsychosocial approach. (Fairweather and Mari 2015)

There is existing evidence and literature regarding the effectiveness of any one of these approaches to treatment of musculoskeletal and chronic pain in isolation;

Jing Method™ Element	Summary of literature findings	References
Heat	The application of heat to soft tissue has physiological effects such as increased blood flow and connective tissue flexibility as well as psychological effects such as decreased pain sensitivity and anxiety.	McGorm et al (2018); Nakano et al (2012); Ga et al (2015); Kwon et al (2022)
Fascia	Fascial adhesions and restrictions can cause pain and reduced mobility. Myofascial release techniques have been shown to alleviate pain and increase range of movement in associated muscles and joints.	Kalamir et al (2012); Miernik et al (2012); Arguisuelas et al (2017)
Muscles	Trigger points in muscles are significant contributors to pain either within the affected muscle or in referral patterns to other areas of the body. Treatment of trigger points in the muscles of mastication have	Korkmaz and Karacay (1992); Menendez-Torre et al (2023); Oliveira-Campelo et al (2010);

	been shown to greatly reduce pain and increase joint mobility.	Moraska et al (2015)
Acupressure	Acupuncture or acupressure is an Eastern medicine practice whereby application of pressure or a thin needle to specific points on the body correspond to energetic pathways and are used to unblock 'Qi' or the energy pathways. Western understandings of the body have incorporated similar practices in 'dry needling' as a way to release muscular trigger points and myofascial adhesions. However; the literature regarding the efficacy of these practices specifically regarding TMJD is inconclusive.	Jung et al (2011); Turp (2011); La Touche et al (2010); Cho and Whang (2010); Laurence (2012); Song et al (2022)
Stretching	Stretching increases the range of motion at a joint and can reduce pain. Evidence suggests this may be due to an increase in sensory pain tolerance or proprioceptive feedback.	Dickerson et al (2017); Aggarwal and Keluskar (2012); Behm et al (2021)
Teaching	Teaching clients about their pain conditions, the treatment process, outcomes of any clinical assessments as well as self-treatment protocols, not only builds confidence in the practitioner and helps to build a therapeutic alliance but also empowers them helps move away from a passive or dependent role in their symptom management. Knowledge also often reduces anxiety or fear around pain, which, in turn reduces central sensitization and stress; which in turn often reduces the perception of pain and brings a greater perception of control.	Caudill (2016); Nordin et al (2002); Abdallah and Gaha (2017)

However; this evidence, although comprehensive, remains somewhat inconclusive into the effectiveness of any single treatment approach with particular regard to treatment of TMJD.

(Al-Moraissi et al 2024)

In contrast, the multitude of studies conducted by students of the Jing Institute of Massage and Complementary Medicine regarding the effectiveness of the multi modal approach of the Jing Method™ of massage therapy collectively bring significant data supporting the suitability of this approach to treatment for most chronic pain conditions. This data is not without some challenges however; it is important to note that although the overall

collective conclusions of each study conclude overwhelmingly positive outcomes; each individual study holds challenges to the validity in regards to small data pools, lack of geographical range, inconsistent application of the massage therapy techniques and protocols between each study as well as unavoidable biases in such small scale studies, for example the effect of the therapeutic alliance in the subjects' experience. Irrespective of such challenges, the collective data is incredibly promising and a thorough meta-analysis of these collective studies could provide an invaluable resource.

The logical hypothesis regarding treatment of TMJD related pain and symptoms; with respect to the wide variety of known causes, symptoms and treatments detailed above; is that following a multi-modal and biopsychosocial protocol would yield the most positive outcomes by ensuring the broadest scope of symptom treatment, whilst maintaining consistent application of this protocol throughout a 'within subjects; design' research study.

METHOD

This research is a within subjects' design study of 16 weeks total, divided into 6 weeks of data collection without intervention as the control period, then 6 weeks of data collection and intervention as detailed below, then a period of 4 weeks of self- directed treatment only and a follow up/feedback questionnaire given at week 16, after the completion of the study.

A within subjects' design was better suited to this study as it removes the effects of individual differences between controls, it is statistically more powerful as there is a smaller sample group in this study.

Ethical approval and consent was granted for this study. (Please refer to appendices 1 and 2)

The validated instrument/questionnaire used throughout this study is the TMJ-7 as it has good internal consistency and can be used reliably for assessment of TMJD symptoms in adults (Koufos et al 2022).

Weeks 1-6: Data collection: Control phase.

Questionnaires were completed by the candidates independently and submitted electronically measuring TMJD symptoms; these were completed on the same day weekly for consistency.

(Please refer to appendix 3.)

Weeks 7-12: Data collection: Intervention/Treatment phase.

Questionnaires were completed by participants weekly, as far as practicable on the same day as the control phase. The day of the questionnaire submission was 2-5 days following the participant's intervention/treatment. Participants received a Jing Method™ TMJ protocol massage working major muscle groups implicated with headaches, and neck and jaw pain such as trapezius, sternocleidomastoid (SCM), scalenes and both external and internal oral massage work to masseter and pterygoid muscles. Please refer to appendix 6 for full protocol.

Week 7: 120-minute session. Detailed consultation, TMJ assessment and Jing Method™ TMJ protocol treatment. A self-treatment protocol was taught and given to each participant to be undertaken by participants, up to twice daily, during the following week of the intervention period.

Please refer to appendices for consultation form sample (Appendix 4), TMJ assessment template sample (Appendix 5), self-treatment manual (Appendix 7) and TMJ Jing Method™ treatment protocol (Appendix 6)

weeks 8- 11: 60-minute session. Review of self-treatment protocol, ensure participant was confident with the methods and execution of self-treatment. Participant confirmed how many

times they completed the self- treatment protocol in the prior week. TMJ protocol treatment given.

Week 12: 90-minute session. Review of self-treatments and questionnaire, TMJ re-assessment and treatment.

Throughout the study candidates recorded a variety of anecdotal data in their own journals, this combined with my own clinical notes gathered data for each candidate regarding the intensity of their symptoms: This was then captured in a universal manner at the week 16 interview.

Week 16: Follow up questionnaire to be completed. This included a numerical rating scale (NRS) to map the intensity of candidate's symptoms on a scale of 0-10 for the duration of the study.

Please refer to appendix 8 for final questionnaire sample.

Candidates were requested to undertake self-treatment protocols independently during the intervention period, as part of the research study and these were prescribed uniformly to be undertaken 1-2 times per day and should have taken approximately 5 minutes to complete. Compliance was measured as part of self-treatment review at each intervention/treatment weekly. The self-treatment protocols updated uniformly throughout the intervention period.

During the 4 weeks post-intervention phase, prior to the final questionnaire at week 16, candidates were encouraged to undertake self- treatment protocols that they felt were most suited to managing their presenting symptoms and were asked to keep a note of the frequency in which they self-treated and to note which protocols they undertook.

There were 9 candidates screened at the interview stage as suitable for the study; 8 of whom began the research study and 7 of whom successfully completed the study. The data relating to the candidate who did not complete the study had been removed in full from the results.

RESULTS

These results are taken from data collected from 7 participants who completed a weekly TMJ-7 questionnaire over a period of 12 weeks, 6 weeks of the control phase and 6 weeks through the intervention phase, and a final questionnaire at 16 weeks.

The TMJ-7 questionnaire measures the frequency of 7 symptoms of TMJD and groups them into 5 groups which are then scored accordingly.

Rarely or never=0

A few times per month=1

Once or twice a week=2

Nearly every day=3

The minimum score for a questionnaire is 0 and the maximum is 21.

Fig. 2 displays the mean TMJ-7 scores, that is the frequency of all 7 recorded symptoms, for the collective participants over the course of the study.

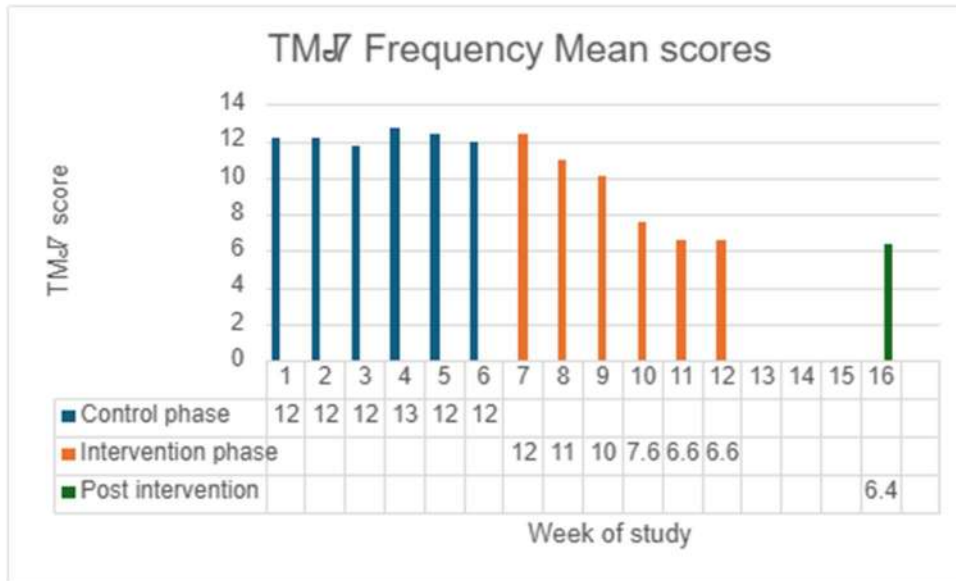


Fig. 2: TMJ-7 Mean of collective symptom data (frequency) Maximum score is 21

Fig. 3 displays mean data for all collective participants for the frequency of the individual symptoms, recorded in the TMJ-7 questionnaire.

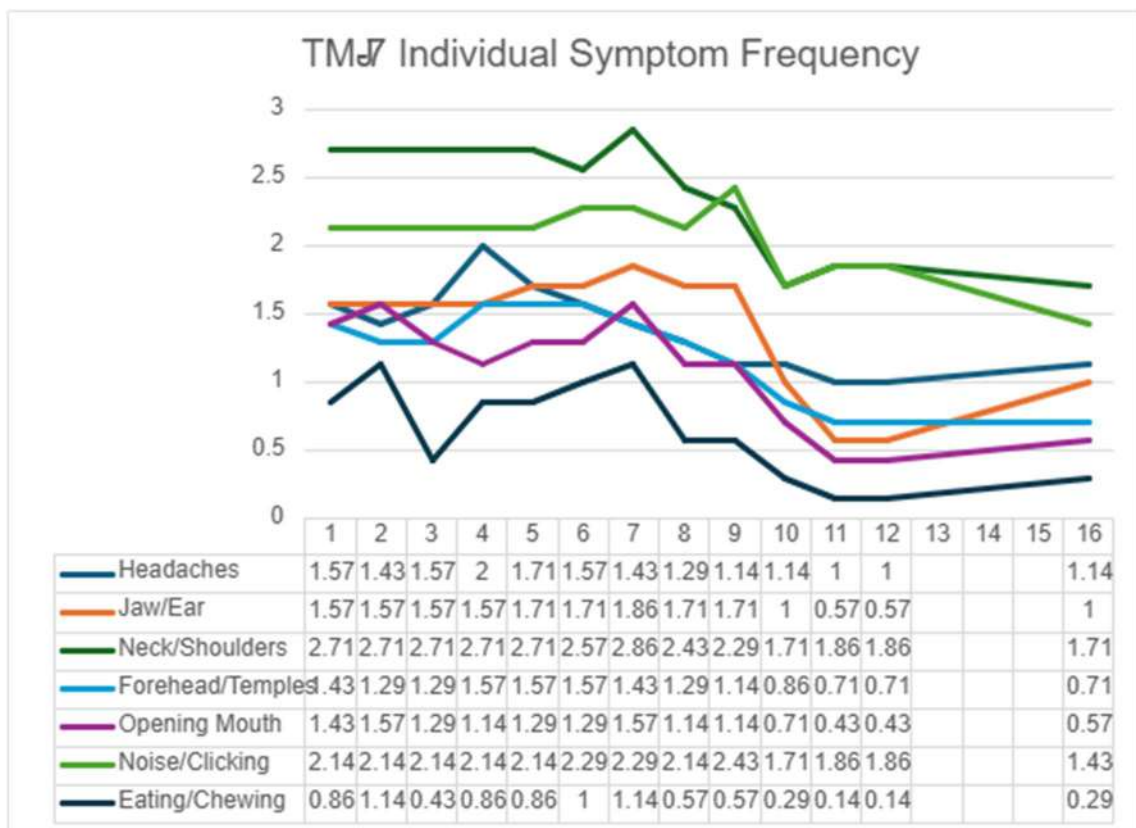


Fig. 3: TMJ-7 Mean of individual symptom data (frequency)

Participants also recorded the intensity of each of the 7 symptoms detailed on the TMJ-7 questionnaire as it is apparent that it is possible for the frequency of symptoms to remain constant but the intensity of these symptoms to be altered as a result of intervention and it was important to capture this data.

Participants scored the intensity of each of the 7 symptoms from a scale of 0-10, 0 being no symptom, 1 being 'I barely notice it' and 10 being 'extreme, and unable to focus on anything else'

Fig. 4 displays the mean intensity scores of the collective participants.

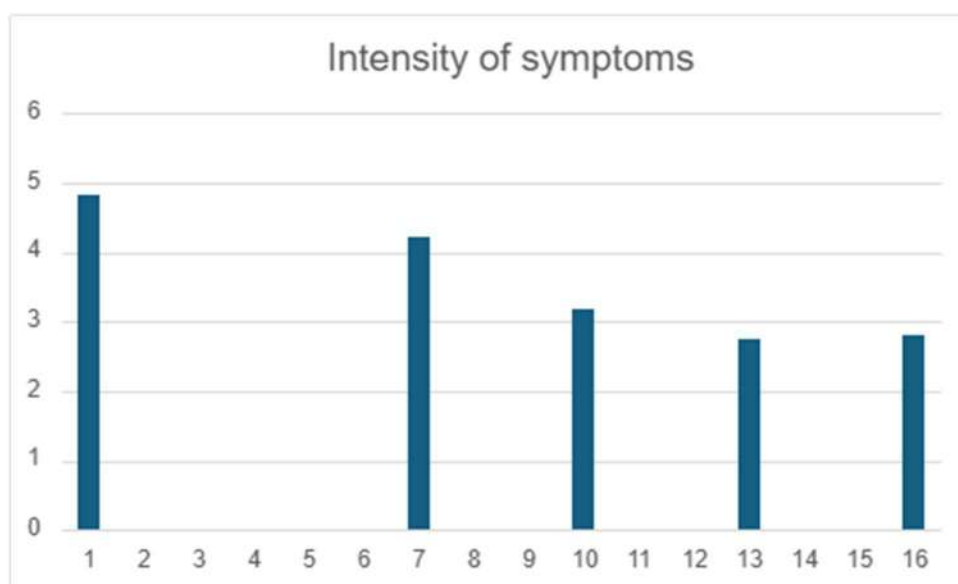


Fig. 4: NRS Mean of collective symptom data- (intensity). Sale 0-10.

When we overlay the mean frequency of the symptoms, recorded by the TMJ-7 questionnaire; with the reported intensity of the symptoms, recorded using a numerical rating scale (NRS) from 0-10, we can see that over the course of the study that both the mean frequency and mean intensity of symptoms decrease. (Fig. 5)

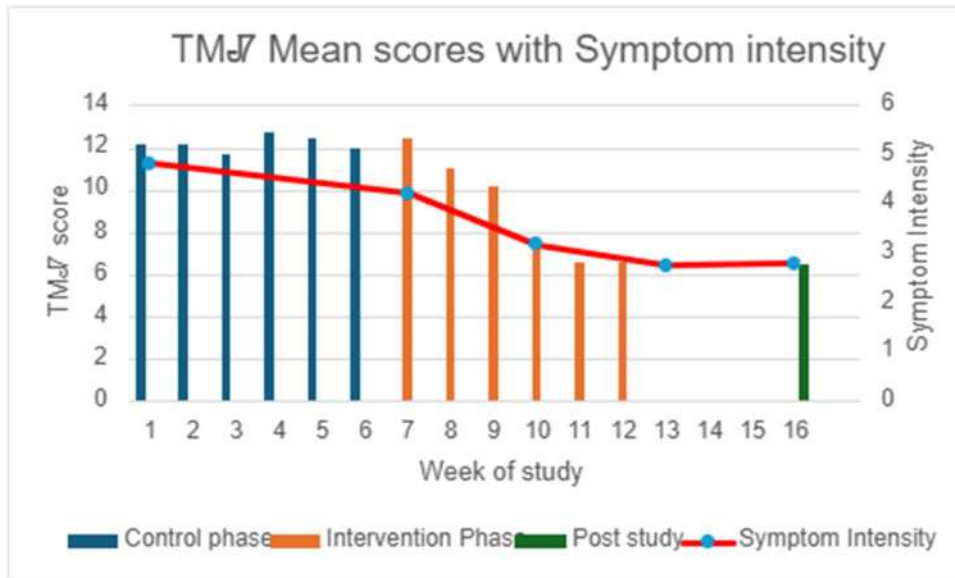


Fig.5: Mean of collective symptom data from TMJ-7 and NRS overlay

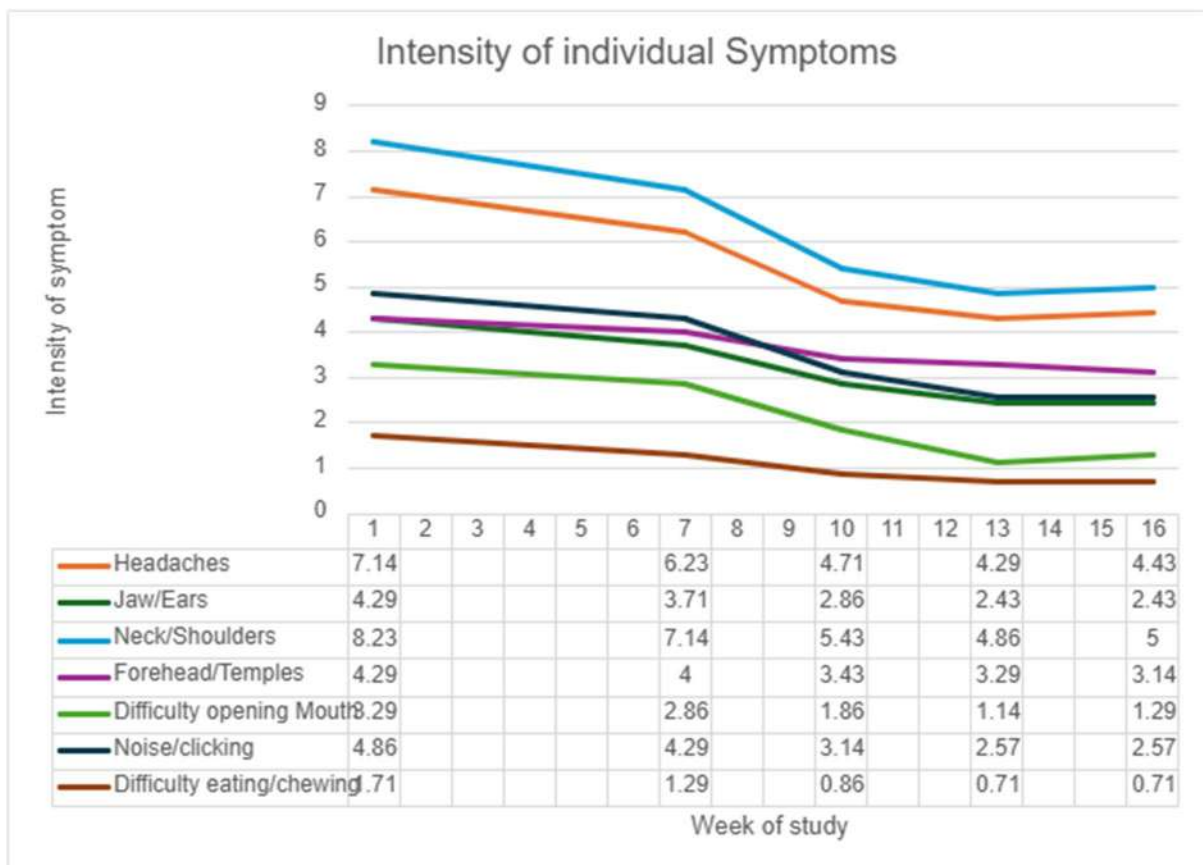


Fig.6: NRS Mean of individual symptom data (intensity)

DATA ANALYSIS

All participants reported a reduction in the **intensity** of symptoms over the course of the intervention phase and follow up 4 weeks later. The mean reduction in symptom intensity is 42%.

A reduction in the **frequency** of symptoms was reported in 86% of participants over the course of the intervention phase. The biggest average reduction in symptom frequency being between treatments 3 and 4. The mean reduction in symptom frequency (TMJ-7 score) from the start to the end of the study is 48%.

All symptoms remained significantly reduced in both frequency and intensity at the 16-week point, suggesting a lasting effect of the Jing Method™ of massage therapy intervention, and a possible indicator of the effectiveness of the self-treatment protocols in managing symptoms independently by candidates.

One participant (14%) did not report any reduction in the frequency of symptoms, however confirmed a significant reduction in the intensity of symptoms over the intervention period. The symptom with the highest reduction in frequency from start to finish was neck and shoulder pain, the symptom with the least reduction in frequency was headaches.

In terms of symptom intensity, the largest reduction in intensity was also neck and shoulder pain and the least reduction of intensity was reported in difficulty in chewing and eating. Although it should be noted that all seven candidates reported neck and shoulder pain as one of their symptoms and only two candidates reported chewing or eating as a symptom, only one of these candidates ended the study still reporting any symptoms regarding chewing or eating. The extremely small data pool regarding this particular symptom may impact the validity.

A visual representation of the area(s) of the face and head that participants identified as areas affected by their symptoms prior to, and following the intervention phase of the study is included in the appendices. Each candidate was asked to map onto an outline of a face and head their own areas of symptoms prior to their first treatment and following their final treatment, using the key. These have been overlaid manually to provide an approximate visual representation of the areas of symptoms for candidates as reported at the start and end of the intervention phase of the study. (See Appendices 9 and 10).

DISCUSSION

The aim of this study was to evaluate the effectiveness of the Jing Method of massage therapy in treating chronic pain and symptoms associated with temporomandibular joint disorder (TMJD). The results demonstrate a consistent reduction in both the frequency (48%) and intensity (42%) of TMJD symptoms, both when considering the data regarding the individual symptoms but also when considering the collective mean data.

Comparisons with other studies

There are a multitude of studies regarding the efficacy of various, single treatment approaches to the treatment of TMJD pain and symptoms; however, the findings of these remain inconclusive according to various meta-analysis of this data. (Jung et al 2001; Armijo-Olivo et al 2016; Majakperuo et al 2010). The Armijo-Olivo meta-analysis supported massage with exercise as having potential as a treatment for TMJD. In contrast, the results of the growing number of small-scale studies regarding the efficacy of the Jing Method™ of clinical massage in the treatment of TMJD and other chronic pain conditions is

overwhelmingly positive, although the size of these studies presents challenges in validity in comparison.

Previous TMJD studies conducted by Jing students (Clarke 2024, Schaay 2023 and Lindsay 2023) have used the 'Graded Chronic Pain Scale' (GCPS) Questionnaire (Von Korff et al 2020) as the instrument for data collection. This was initially considered for this study in order to make this data directly comparable to previous studies. However, after the initial interview stage it became apparent that pain was not the primary symptom for the majority of participants and the GCPS would not capture the most pertinent data; therefore, the TMJ-7 questionnaire (Koufos et al 2022); which is designed to capture the frequency of seven common symptoms associated with TMJD, was chosen.

This study's findings correlate with the findings of other small-scale studies regarding the efficacy of the Jing Method™ of clinical massage therapy in the treatment of various chronic pain conditions. Of particular note is a parallel study conducted by Davies (2025) which also used the TMJ-7 questionnaire. Davies' data reported a 70% reduction in the frequency of symptoms over the course of a similar 16-week study, although Davis's study was a blended approach of hands-on massage and online guided self-treatment. Similarly; Clarke, N (2024) reported an approximate decrease in pain of 60% using the GCPS questionnaire and also used a blended treatment approach, and Schaay (2023) and Lindsay (2023) reporting similar data trends in the reduction of TMJD related pain following The Jing Method™ treatment.

During the course of the intervention phase of the study, candidates feedback that although the TMJ-7 questionnaire collected data regarding the frequency of symptoms; they did not feel that their full experience was being accurately demonstrated by this instrument alone, as the intensity of their symptoms was not captured formally but through clinical notes

and candidates' own journals. In order to represent this data, a Numerical Rating Scale (NRS) questionnaire regarding symptom intensity was added to the final questionnaire (Appendix 7), which asked candidates to rate the intensity of their symptoms throughout this study. In any similar, future studies it would be recommended that data recording the intensity of symptoms was also collected throughout the duration of the study using a validated NRS instrument.

Limitations and considerations

This study has faced challenges with fitting the multifaceted and complex, biopsychosocial factors that may impact TMJD pain and symptoms into a quantitative study. Despite including a secondary NRS instrument to measure TMJD symptom intensity, as well as the TMJ-7 questionnaire to measure symptom frequency; the multitude of associated factors to TMJD, for example stress and central sensitization (Kanehira et al 2008; Campi et al 2016; Nunes et al 2008; Stockstill and Callahan 1991; Harukazu et al 2008; Pingitore et al 1991) have not been recorded or captured.

Similarly, several participants provided similar, and consistent, anecdotal data throughout the study, such as their experience of pain and symptoms during different stages of their menstrual cycles, changes to social support and emotional stresses and other biopsychosocial elements that could present significant validity or challenges to the collected data. Including an element of qualitative data could have provided a broader data set which would be better suited to a biopsychosocial approach; but may present further challenges in terms of validity and ethical challenges.

Arguably, the key strength of the Jing Method™ in the treatment of TMJD is the multi-modal approach of HFMAST. As TMJD has a multitude of possible causes (Cawson et al 2002; Scully 2008; Kanehira 2008; Cairns 2010) to which there are a multitude of differing

treatments (Al-Moraissi et al 2024; List and Axelsson 2010; Jung et al 2001; Armijo-Olivo et al 2016; Majakperuo et al 2010) to employ a treatment protocol which encompasses elements of all of these would ensure the greatest probability of positive outcomes. However, this broad-spectrum approach could also present challenges in terms of data validity when only a specific data set is collected within a much broader approach.

Other limitations to consider with this study are the small data set both in terms of participant numbers and in terms of geographical area and the narrow focus of the data collected. The impact of therapeutic alliance between therapist and participant should also be discussed in the context of data validity and bias. Although the therapeutic relationship between participant and researcher/therapist could be seen to present challenges to data validity in terms of subconscious bias or impacting upon emotional or psychological wellbeing and in turn impacting upon the participant's experience of pain/symptoms. For example, a therapist's relationship as part of the intervention/study providing positive emotional or psychological support in respect of the biopsychosocial model, could be argued to invalidate the data regarding the intervention/treatment. However; the therapeutic alliance between therapist and participant is one of the components of the Jing Method™ of clinical massage therapy, and so this should not be considered an outside factor which may invalidate the data, but part of the intervention itself.

CONCLUSIONS

The findings of this study indicate that the Jing Method™ of massage therapy is a suitable and effective treatment for the chronic pain and symptoms associated with TMJD. The data collected demonstrates a 48% reduction, in the frequency, and a 42% reduction in the intensity, of common symptoms associated with TMJD. The continued reduction in symptoms following the intervention phase, from weeks 12-16, demonstrates the importance of the HFMAST, Teaching element of the Jing Method™ protocol in long-term symptom management/treatment. All participants undertook self-directed treatment as they saw fit throughout this period; there were no issues with participant compliance with self-treatment throughout the full duration of the study.

This study adds further validity to the collective small-scale studies regarding the efficacy of The Jing Method™ of clinical massage therapy in the treatment of TMJD pain and symptoms and concludes similarly; that the Jing Method™ of massage therapy should be considered as a primary treatment option for TMJD treatment due to the non-invasive nature, low risk of complications or further side effects and significant reduction in both TMJD related pain and symptoms.

In terms of future research, it would be interesting to see the effect of the Jing Method™ of massage therapy on the frequency/intensity of TMJD symptoms in correlation to other commonly associated and possibly causal conditions associated with TMJD, such as stress and central sensitization (Kanehira et al 2008; Campi et al 2016; Nunes et al. 2008; Stockstill and Callahan 1991; Harukazu et al. 2008; Pingitore et al. 1991).

There is a growing pool of data in relation to the effectiveness of The Jing Method™ of massage therapy in the treatment of a multitude of chronic pain conditions; comprising of over 170 small scale studies conducted across the UK and spanning well over a decade (since

2010). A comprehensive meta-analysis of this data could be invaluable in presenting a more valid and robust case for The Jing Method™ as an effective treatment protocol for chronic pain conditions.

This may, in turn, inspire funding from central government organisations if shown to be a cost-effective, non-invasive and low-risk alternative to the multitude of current treatment options for, and financial repercussions of, chronic pain within the UK. For example, the cost of paid sick leave for workers effected by chronic pain; poverty and unemployment/low income disproportionately experienced by individuals and families affected by chronic pain and disability; and the resulting impact upon the welfare system; and the cost to the NHS in surgical interventions or pain relief medication; which, according the research literature reviewed as part of this dissertation, could be argued to yield fewer positive and lasting outcomes in the reduction of chronic pain.

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APPENDICES

Appendix 1: Ethics Form/Approval



CHECKLIST OF INSTRUCTIONS FOR STUDENTS		✓
1	Complete Section 1 to Section 13	
2	Electronically sign and date	
3	Participation information form (see separate form)	
4	Participation consent form (see separate form)	

Jing BTEC Research Ethics Form
BTEC Level 6: Professional diploma in
Advanced Clinical and Sports Massage

Section 1: to be completed by student

Student's name:	Rosie 'Doodle' Gompertz
Student number:	PF69872

BTEC Year-group:	2023-2025
Date of application:	18.04.2024
Student e-mail address:	info@fusionmassagetherapy.co.uk
Title of research project:	Evaluating the effects of the Jing method of Clinical Massage on adults who experience chronic pain and symptoms associated with the temporomandibular joint.

Section 2: Does your project involve any primary research using human subjects?

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	X	
If yes, does it involve children under 16?		X
If yes, does it involve children under 18?		X
Other vulnerable populations (i.e. mental illness, aged subjects)?		X
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		X
Are you planning to use deception?		X
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?		X
Does your study involve paying participants or an alternative incentive to participate		X
Could the study put you or someone else at risk of injury?		X
Does your project make use of a validated questionnaire?	X	

If yes, please specify the name of the validated questionnaire you are using and attach a copy here.

The validated instrument for this research study is the TMJ-7 Questionnaire.

Section 3: Research premises

Where is your research being undertaken?

Home therapy clinic: Fusion Massage Therapy, 100A North High Street, Musselburgh. EH21 6AS.

If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.

Not applicable

Section 4: Recruitment

How will you recruit subjects for this research study?

Advertisements in local social media groups and on my own social media pages, Google business page and website

Posters/flyers in local dental practices and (if permission granted) local GP practices.

Section 5 Outline your project procedure

This is effectively a draft of your method, include information on when questionnaires will be used, what your intervention will involve, any stimuli used, etc.

Proposed timeline of study:

April 2024: Research proposal and ethics form completion and sign off

May 2024-June 2024: Recruitment of candidates

June- 2024: Candidate screening/interviews to check eligibility for the study, answer any questions and obtain consent.

Weeks 1-6: July 8th- August 18th 2024: Data collection: non-intervention/Control phase. TMJ-7 questionnaire to be completed once a week for 6 weeks to obtain a baseline of participants' pain/symptoms.

Questionnaires to be completed by the candidates independently and submitted electronically measuring symptom frequency; to be completed on the same day weekly for consistency.

Weeks 7-12: August 19th- September 29th 2024: Data collection: Intervention/Treatment phase.

Intervention weekly schedule.

Questionnaires to continue to be completed by participants weekly. The questionnaire submission will be 5 days following the participant's intervention/treatment.

Week 7, (19th- 25th August): 120-minute session. Full consultation to be undertaken, TMJ assessment and Jing method TMJ protocol treatment based on Chapter 18 Jing Method of Massage Fusion' using techniques such as fascial release, trigger point work and acupressure points. Self-treatment protocol to be taught.

Weeks 8- 11 (26th August- 22nd September (inclusive)): 60-minute session focusing on TMJ protocol.

On week 7 a 5–10-minute self-treatment protocol to be taught at the end of the session. A handout with instructions and an instructional video will also be given to each participant to be undertaken by participants twice daily throughout the full intervention period. This self-treatment protocol will develop uniformly throughout the study and will include self-treatment of the SCM, temporalis and masseter muscles, fascial release of the scalp and acupressure point SI 19 (small intestine 19). This list is not exhaustive.

Review of self-treatment protocol, ensure participant is confident with the methods and execution of self-treatment. Participant to confirm how many times they have completed the self- treatment protocol in the prior week.

Week 12 (September 23rd- 29th): 90-minute session for TMJ re-assessment and treatment.

Week 16 (21st- 27th October): Follow up questionnaire to be completed and feedback survey.

Section 6: Describe what your participants need to do

Complete screening interview online or in person in June 2024.
If screening interview is successful send the participant letter, consent form and brief consultation form to be completed prior to start date of July 8th 2024. Participants to agree a set day and time for the questionnaire completion and treatment.

Complete the TMJ-7 questionnaire on a weekly basis for the first six weeks as a control period, to gather a baseline of the participants' pain levels without any intervention.

Following this control period the participants then need to attend six, weekly treatment sessions during the intervention weeks. (weeks 7-12) and 5 days after each hands-on session complete and return the questionnaire.

Week 7 full consultation to be undertaken in person, as well as a TMJ assessment, the Jing TMJ protocol treatment and participants will be taught the self-treatment protocol. This session will take 120 minutes.

Weeks 8-11 attend 60-minute treatment session and week 12 a 90-minute session this is to allow for final assessment after intervention to take place.

Every week, participants will undertake some self-treatment, twice daily, throughout the intervention period. (weeks 7-12)

This should take participants no more than 10 minutes. This self-treatment will include the SCM, temporalis and masseter muscles, fascial release of the scalp and acupressure point SI 19 (small intestine 19). This list is not exhaustive.

Complete the final questionnaire and feedback form 4 weeks following the final treatment (week 16).

Section 7: Respecting confidentiality and ethical issues for participants

Data held will be in accordance with the General Data Protection Regulation (GDPR)
Information on initial signup form informing participants that their information will not be available to third parties.
Participants' names will be replaced by numbers so they will be anonymous.
On completion of the study all their details will be deleted.
There is minimal risk of injury but possibly there might be some localized bruising, especially if participant presses too hard during self-care or transient muscle aches that can occur after a massage. This will be explained to participants before consenting to the study

Section 8: Inclusion and exclusion criteria

Inclusion criteria:

Candidates who experience chronic pain (that is pain lasting for three months or longer); which is associated with the temporomandibular joint who also exhibit at least one additional symptom of TMJ dysfunction. This can be a second area of pain or a non-pain related symptom as detailed below.

Participants will have at least one area of pain associated with TMJ for inclusion:

Headaches/Migraines, particularly around the temples.

Pain around the jaw, ear and temple.

Pain when specific jaw movements occur, such as opening the mouth, chewing or biting down/clenching the teeth.

Chronic pain or tenderness of the muscles around the ear, neck, face, upper back and shoulders.

Participants will also experience at least one non-pain related symptoms of TMJ disorders for inclusion:

Worn teeth, resulting from teeth grinding or jaw clenching (Bruxism)

A change in the way the teeth fit together

Tinnitus (ringing in the ear)

Dizzy spells

Earaches (without infection or other known cause)

Clicking, popping or grinding noises when the jaw is moved

Difficulty opening mouth fully (Trismus)

Jaw locking

Twitching in the face or eye muscles

Difficulty sleeping

Sensitivity to light and noise

Difficulty speaking

Difficulty swallowing

Exclusion criteria:

Candidates who are not able to access the clinic space.

Candidates who are not able to complete the questionnaires (although alternative formats can be provided).

Candidates who are not able to commit to the full 12 sessions within the required timescale.

Candidates who have acute temporomandibular injury such as recent extensive dental work or impact injuries; or who are scheduled to receive extensive dental work during the study timeline.

Section 9: Student declaration:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES X	NO
--	----------	----

Student's handwritten signature:


(To be completed, once ethical approval has been provided)

Print Name: Rosie 'Doodle' Gompertz

Date: 18.04.2024

ONCE YOU HAVE COMPLETED THE ABOVE ETHICS DETAILS, THEN YOU CAN PROCEED TO PARTICIPANT INFORMATION AND CONSENT FORMS, SO READ BELOW AS IT IS IMPORTANT TO BE CLEAR ABOUT WHAT YOUR PARTICIPANTS NEED TO DO.

Informed consent must be obtained for all participants before they take part in your project. The Consent Form should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time.

Studies should not involve participants under 18 without express permission from your supervisor. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature: **date:**

OR:

This project is designed to include fieldwork with human participants.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature:date:

OR:

This project is designed to include fieldwork with human participants.
(please circle yes or no)

YES All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

YES The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

YES I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

YES I am confident the participants' confidentiality will be preserved.

YES I consider that any risks involved to the student, the participants, and any third party are minimal.

YES I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature:Susan Harrison..... date:27/4/24.....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:

Advisor's name (please print):

Advisor's signature: date:

Appendix 2: Participant consent/information



Rosie Gompertz
Fusion Massage Therapy
100A North High Street
Musselburgh
EH21 6AS
Email: info@fusionmassagetherapy.co.uk
Tel: 07537 169951



Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Dear Participant,

Re: Evaluating the effects of the Jing method of Clinical Massage on adults who experience chronic pain and symptoms associated with the temporomandibular joint.

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about myself and what the study entails.

I am an advanced clinical massage therapist and I have a special interest in the treatment of chronic pain. In my clinic, I work with a wide variety of people and conditions including injury and rehabilitation, muscular and joint pain but mostly with individuals suffering with a range of chronic pain conditions including things like Fibromyalgia, migraines, arthritis and various kinds of chronic joint and muscular pain.

In 2023, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by The Jing Institute of Advanced Massage and Complementary Medicine, the highest level of education a manual therapist can achieve in the

UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and carry out a study into the effects of clinical massage on chronic pain. I have chosen to investigate the effectiveness of the Jing Method of Massage for the treatment of chronic TMJ pain.

I am looking for people who experience some of the following TMJ symptoms, specifically one of the detailed areas of pain and at least one other of the symptoms listed as discussed during the screening process. See below *

You do not need any formal diagnosis to participate.

Unfortunately, this study would not be suitable if you:

- Are not able to access my clinic, which is up one flight of stairs.
- Are not able to commit to the full 12-week study.
- Are scheduled to receive any extensive dental work during the study.

If you decide to participate the study, it will begin the 8th July and finish 29th of September with a final feedback questionnaire sent out 4 weeks later (28th October). Participation is completely voluntary, and you can withdraw from the study at any time without giving a reason. All your information will be kept confidential, stored securely under GDPR guidelines and will not be shared with any third parties and your data will be anonymized for the purposes of the study.

What does the study involve?

We will have an initial 1 to 1 zoom/face-to-face meeting where we talk through the study, I will gather your contact information, and I will introduce you to TMJ-7 questionnaire.

We will agree a set day and time for your questionnaire submission and your treatment schedule. Once the study is fully explained to you, you can give your consent to take part.

The first 6 weeks is about understanding your pain and symptoms. During this time, you will fill in the questionnaire via email/Google forms on the agreed day. It should take you approximately 5 minutes to complete. I will send you an email prompt to remind you. Once all that data is gathered over the six weeks, we can then start the treatment phase. You do not need to attend any in-person appointments during this time.

On week 7 a full consultation will be undertaken in person at my clinic as well as an assessment of your jaw, the 60-minute treatment itself and I will teach you some self-treatment techniques to complete over the following week. The appointment for week 7 will be 2 hours in total.

For weeks 7-12, you will receive a 60-minute clinical massage treatment per week. Each session will (ideally) be held on the same weekday and will involve a variety of massage techniques to treat your symptoms. You will also receive a handout/short video of self-care exercises to perform three times during the following week.

Week 12 will also include a re-assessment of your jaw which takes approximately 20-30 minutes, so this session will be 90 minutes long.

During these 6 weeks, you will continue to fill out the TMJ-7 questionnaire, five days after treatment. I will continue to send you an email prompt and I will ask how many times you have performed the self-care routine. For weeks 7-12 you will need to be able to commit to attending weekly in-person treatments at my clinic in Musselburgh.

Four weeks after the last hands-on treatment you will fill out the TMJ-7 questionnaire and a feedback form I will send you a final email prompt.

At the end of the study, I will ask that we have a feedback meeting where we discussed what worked for you and what didn't and your personal perspective on any change in your pain throughout the study. If the sessions are working for you there will be an opportunity to continue.

Are there any risks or benefits to taking part?

There is minimal risk associated with this project. For example, if you complete the self-care treatments incorrectly you may experience a slight increase in pain levels; however, this risk is minimized through teaching, video guidance and a handout to ensure you are confident in the self-treatment aspects.

Very occasionally there may be a slight increase in discomfort during or immediately following a treatment, but this usually eases within 1- 2 days.

The benefits for taking part in the study are that you might experience a significant reduction in your pain and symptoms and a greater understanding of how to manage your symptoms.

Your data will be mathematically analyzed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.

It is very important that you don't engage in any other new pain-relieving activity during the study including the use of pain medication or trying a new therapy for your pain without letting me know. Similarly, if you find you no longer need to take pain medication, please let me know also.

The cost of these six sessions will be £100, £20 of which is a refundable deposit which can be returned to you on completion of the study.

***Inclusion criteria:**

Candidates who experience chronic pain (that is pain lasting for three months or longer); which is associated with the temporomandibular joint who also exhibit at least one additional symptom of TMJ dysfunction. This can be a second area of pain, or a non-pain related symptom as detailed below.

Areas of pain associated with TMJ for inclusion:

Headaches/Migraines, particularly around the temples.

Pain around the jaw, ear and temple.

Pain when specific jaw movements occur, such as opening the mouth, chewing or biting down/clenching the teeth.

Chronic pain or tenderness of the muscles around the ear, neck, face, upper back and shoulders.

Non-pain related symptoms of TMJ disorders for inclusion:

Worn teeth, resulting from teeth grinding or jaw clenching (Bruxism)

A change in the way the teeth fit together

Tinnitus (ringing in the ear)

Dizzy spells

Earaches (without infection or other known cause)

Clicking, popping or grinding noises when the jaw is moved

Difficulty opening mouth fully (Trismus)

Jaw locking

Twitching in the face or eye muscles

Difficulty sleeping

Sensitivity to light and noise

Difficulty speaking

Difficulty swallowing

Please call*, text or email me with any questions.

*Due to the nature of my work, I am not able to answer calls when in clinic, but please leave a voice message and I will reply as soon as practicable.

Thank you again for considering this project, your participation will make a difference to your pain and that of others.

Sincerely,

Rosie Gompertz



PARTICIPANT CONSENT FORM

Title of study: Evaluating the effects of the Jing method of Clinical Massage on adults who experience chronic pain and symptoms associated with the temporomandibular joint.

Name of student: Rosie Gompertz

	Yes	No
I have read the information letter about this study		

I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
<p>I understand that I am / the participant is free to withdraw from this study:</p> <ul style="list-style-type: none"> • At any time (until such date as this will no longer be possible, which is once all anonymised data has been merged) • Without giving a reason for withdrawing • That I am free to refuse to answer any question without saying why • That the services I am receiving will not be affected whether I participate or not. 		
I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking 'No' here.		
I understand the study might involve other participants who I know personally, and I will respect the confidentiality of the group and not share information about my treatments with others until the completion of the study.		
I agree to take part in this study		
Signature (participant)	Date:	
Name: (BLOCK LETTERS)		
BTEC students contact details (including telephone number and e-mail address):		
Rosie Gompertz Tel no: 07537169951 Email: info@fusionmassagetherapy.co.uk		

Appendix 3: Blank Questionnaire TMJ-7

Research Study: TMJ-7 Questionnaire: Intervention weeks

Questionnaire for tracking TMJ symptoms as part of Fusion Massage Therapy, Jing Method research study

Please complete weekly, IDEALLY at least 48 hours after your treatment, and 24-48 hours before your next treatment. This is the same form to be completed each week from now on. This is to start AFTER your first treatment.

* Indicates required question

1. Email *

.....

2. Date *

Example: 7 January 2019

.....

3. How often (approximately) have you been able to undertake your self-treatment? *

Mark only one oval.

- twice per day or more, every day
- once or twice most days
- A few times over the week but not consistently
- Did not undertake
- Other:

4. Where in your treatment programme are you currently? i.e I have received 2 treatments and I am due my third in 2 days... *

.....

5. Anything to note or to feedback?

e.g this self treatment was sore, this one didn't seem to help? It's been a stressful week? Any notable changes in symptoms?

7. Have you had orthodontic treatment before? *

⌵ Dropdown

Mark only one oval.

Yes

No

8. Which term closest represents your gender? *

⌵ Dropdown

Mark only one oval.

Male

Female

Non-Binary

Prefer not to disclose

6. How often are you bothered by any of the following problems... *
(Check (x) one box for each item below)

Tick all that apply.

	Rarely or never	A few times per month	Once or twice per week	Nearly every day
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your jaw or ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your neck or shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your forehead or temples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty opening your mouth all the way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise when opening or closing your mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty when eating or chewing your food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 4: Consultation Form



The Jing Method: Fusion Massage Therapy
Confidential Consultation Form



Personal Details

Full Name:		Date of 1 st Treatment	
Tel. No.		D.O.B.	
Email:		Referral:	
Emergency Contact:		Tel. No.	

GP Information

GP Name/ Surgery		GP. Tel No.	
GP Address:		Initial here if you give your consent for your therapist to contact your doctor's surgery if they deem it necessary	

Health History

Question:	Notes:
<input type="checkbox"/> Are/could you be pregnant? Number of wks?	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> DVT/blood clot risk	
<input type="checkbox"/> Infection/colds/fever in the last week?	
<input type="checkbox"/> Skin conditions	

Any current medical conditions diagnosis'?

Are you currently taking any medication or supplements? If yes, how do they make you feel? Any noticeable side effects?

Are you currently under the care of any medical professionals/complementary health care practitioners? Details of treatment?

Reason for seeking treatment

Rosie Gompertz / Fusion Massage Therapy | Tel: 07537169951 | Email: info@fusionmassage.com



Desired Outcome

Massage Information

Have you ever had a professional massage before? Have you experienced The Jing Method before?

If yes, what did you like/dislike? (Pressure? Favourite areas to be massaged? Any areas you dislike being touched?)

Any Additional Information

Treatment plan

10	Unimaginable unbearable
9	Excruciating unbearable
8	Utterly horrible
7	Very intense
6	Intense
5	Very distressing
4	Distressing
3	Tolerable
2	Discomforting
1	Very mild
0	No pain

FRONT **BACK** **SIDE**

Observation Notes

[Empty box for observation notes]



Informed Consent and GDPR

Informed Consent:

- I have had a thorough consultation with my chosen practitioner
- I have been informed of the proposed treatment plan and agree to proceed with my therapist to address my specific needs.
- I understand that therapeutic massage is not a substitute for traditional medical treatment.
- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional considerations based on my physical/emotional/psychological condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.

Client Signature		Date:	
Therapist Signature		Date:	

I would love to sign up to your newsletter and be contacted with all your practice updates

GDPR May 2018:

The data collected on this form will be used for the sole purpose of clinical massage and will not be disclosed to any external sources. For insurance purposes these records shall be kept for at least 7 years following the last occasion on which treatment was given.

Appendix 5: TMJ assessment

Examination of the Jaw - Palpation Assessment

The palpation assessment below is a summary of the test a dentist would use to assess TMJ. As massage therapists it is not within our role to diagnose but the below will help you to assess which muscles are involved.

Client seated: Stand behind with flat fingers resting with light pressure on each cheek directly in front of ear

- o Ask them to open and then close the jaw.
- o You are looking for:

Clicking: May be in just one side or both

Deviation on opening.

Maybe to right or left. This will indicate tight pterygoids on side where deviation occurs.

Pain: They will tell you where they feel pain and the intensity.

Limited opening: known as a *trismus*

- o Ask client to open wide and with gloved hand place index finger gently in buccal surface with thumb on outside. Ask them to half close then clench. You will feel anterior fibres of masseter.
- o Open again, half close and insert little finger into buccal space moving posterior and superior. You will feel the upper posterior insertion of masseter and the descending fibres of temporalis at coronoid process. (feels like the fin of a shark)
- o Place finger firmly just in front of ear and open/close. If you feel a click or they yelp this indicates problem with anterior joint capsule
- o Place finger in ear and push cartilage forwards. Ask client to open and close mouth again. Pain/click indicates the problem is with posterior joint capsule.
- o Palpate above zygomatic arch. Ask client to open/close/clench - you will feel the fibres of temporalis.
- o Resisted pressure using hand on one side of jaw get them to push one way then same opposite side. Any pain will suggest problem is in pterygoids. Alternative way is to get them to relax the chin then

use your thumb to push back and get them to close.

If someone attends complaining of other symptoms, which make you suspect TMJ, but they have not seen their dentist or had a diagnosis of TMJ you can use the protocol, above as an initial assessment then you can refer them to their dentist for a full assessment and then BRING THEM BACK TO YOU.

Temporomandibular joint pain protocol

Introduction

The techniques in this chapter stem directly from clinical experience as outlined in the quote:

During my 15 years experience as a dental nurse I had watched so many people suffer with TMJ and its associated symptoms (including toothache, migraine, visual disturbances and ear disorders) while the usual orthodox treatment protocols seemed to be ineffective at best, or painful and potentially damaging at worst. Then almost 14 years ago after training in massage, and with the support of my dental surgeon and a willing group of TMJ patients I developed a massage and trigger point protocol that saw sufferers move out of pain and misery, and back into enjoying their lives. Many clients were reporting a reduction in symptoms from their first treatment and every one of them were either completely resolved if not dramatically improved within 4-6 treatments. That protocol became the basis for the techniques outlined in this chapter which has now been taught to hundreds of therapists around the UK and Europe, who are freeing people from the misery of TMJ. Trigger Point Therapy is changing people's lives. It is that simple and that powerful.

TRACEY KIERNAN, Ex-DENTAL NURSE AND JING MASSAGE THERAPIST AND TEACHER

The techniques in this chapter have been used to great effect for a variety of common jaw disorders including:

- † Temporomandibular joint (TMJ) disorder
- † Bruxism (extreme teeth grinding)
- † Migraines

- † Headaches
- † Unexplained face and jaw pain.

For maximum effect, the techniques can also be combined with those from the neck and shoulder protocol (see Chapter 13).

Heat and preparatory work over the drape

- † The client is in a prone position. Start with heat application over the neck and shoulder area.



Figure 18.1
Paddy pawing of the trapezius

- | Begin with a few minutes of still work over the towel. One hand rests between the scapula and the other on the sacrum.
- | Palm and compress the upper trapezius from the head of the table. Use an alternate rocking motion using your body weight to lean into the tissues - like a cat doing 'paddy pawing'. **See Figure 18.1, p. 345**

Muscular and trigger point work

Posterior cervicals

- | In forward t'ai chi stance facing the head, knead the posterior cervical muscles using pick up petrissage. Grasp the tissue at the back of the client's neck with a broad grasp: your thumb is one side and your fingers the other. Knead the tissues slowly and rhythmically. The hand that is not working rests on the top of the client's head. Move from your Hara so



Figure 18.2
Kneading the posterior cervicals

that your stroke is dynamic, with involvement from your whole body. **See Figure 18.2**

Suboccipitals

In the same position, work under the occipital ridge with the same side thumb (see description for posterior cervicals). Use static pressure first then cross fibre friction with the pressure in one direction only. Treat any trigger points you find. Trigger points in the suboccipital muscles located under the skull are a common cause of headache and migraine pain. **See Figure 18.3**

Upper trapezius

- | Undrape the upper back. Apply wax or oil at this point.
- | In kneeling stance, use a soft fist or forearm effleurage to open up the upper trapezius. Support the head at the occiput with one hand and lean in with your bodyweight at the end of the stroke to give a slight stretch to the trapezius. **See Figure 18.4**

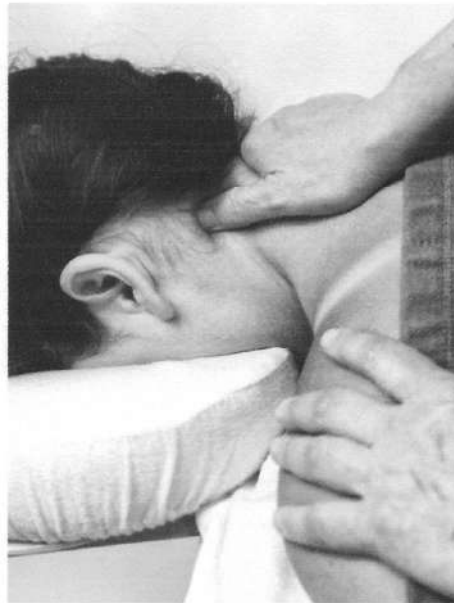


Figure 18.3
Treating the suboccipitals



Figure 18.4
Broad work to the upper trapezius



Figure 18.5
Stripping the upper trapezius

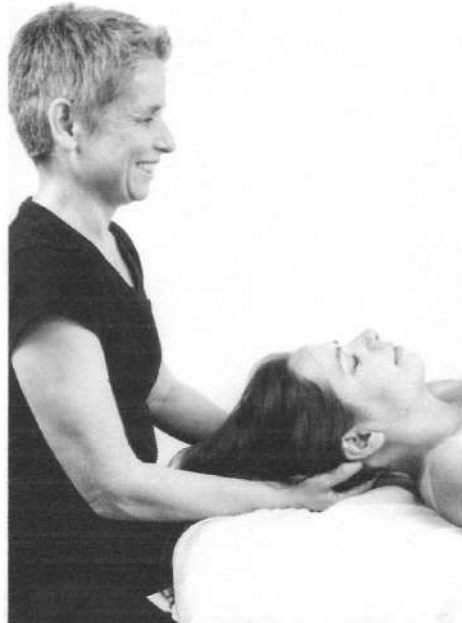


Figure 18.6
Holding the head and grounding

- Y **Trapezius:** using supported thumbs, muscle strip the upper trapezius. Stand or sit at the head of the table at the opposite corner to where you are working. Use body weight to apply deep muscle stripping from the occipital ridge to the acromioclavicular joint. Treat trigger points using thumb over thumb or supported fingers. **See Figure 18.5**
 - I Repeat on the other side and finish with forearm work to both trapezius muscles.
- Holding the head and grounding
- I Now turn your client so that they are in a supine position.
 - I In a seated stance, sit and hold your client's head for a few minutes. This is an incredibly relaxing experience. If you tune in with your listening touch you may also be able to feel the cranial rhythm

which feels like a very subtle filling and emptying of fluid in a water filled balloon.
See Figure 18.6

Sternocleidomastoid (SCM)

- I Sit in a seated stance at the head of the table. To work the right SCM turn the client's head slightly to the right and bring it a little closer to their shoulder.

This puts the SCM on a slack and makes it easier to grasp for the trigger point work.

- † Rest your right forearm on the table and have your left hand on the client's head. Use a pincer grasp to gently squeeze and compress the SCM starting up by the mastoid process. Work slowly as this muscle can be exquisitely tender. As you work down to the clavicular attachment, where the belly gets thinner, you can pronate your hand to grasp the muscle. Work with care as the carotid artery is in this region. 'Don't press on anything that presses back at you!' **See Figure 18.7**
- † **Working the attachment points:** to work these points on the sternum and clavicle you can hook in with a downward pressure.



Figure 18.7
Working the SCM with pincer grasp

- † To finish off use a claw-like hand and rake into the muscle above the point where the sternal and clavicular heads divide. Sweep upward to the occiput (the cranial fascia anchors around the ear). Use static pressure to work the attachment points around the mastoid process.

Platysma and clavicopectoral fascia

- † Use myofascial release (MFR) cross hand stretch over the pectoral area to treat the superficial fascia and platysma muscle (i.e. the superficial muscle you see when you make a 'monster face').
- † **Thoracic release:** place one hand under the head and the other on the client's chest. Put the fascia on a stretch and use your sense of listening touch to follow the tissues. Wait and hold for any releases that may occur. **See Figure 18.8**
- † In addition, you can place your upper hand gently under the chin, which provides a more targeted fascial stretch of this area. **See Figure 18.9**

Intra-oral technique using gloves

The techniques below allow you to get to some of the attachment points of muscles inside the mouth. Explain to your client why you are doing this and ensure that they are comfortable with the techniques. Agree a signal so that you will come out of their mouth if they feel uncomfortable. Use fresh gloves on each client and always check for a latex allergy first. Vinyl gloves are an alternative. Although the techniques are very safe you



Figure 18.8
MFT thoracic release



Figure 18.9
Thoracic release with hand under chin



Figure 18.10
Treating the masseter

may also wish to check with your insurance provider that you are covered to carry out intra-oral work. If you do not wish to carry out these techniques yourself you can show the client how to self-treat the muscles involved.



Figure 18.11
Treating the temporalis tendon

Masseter

- 1 Sit at the side of the table on the opposite side to where you are working and ask the client to open their mouth.

- 1 Wearing gloves, place your thumb against the buccal surface of the cheek and ask the client to half close their mouth. Move your thumb as far back between the cheek and the teeth as is comfortable. You should be able to feel the tip of your thumb touching the coronoid process, the fin shaped piece of bone rising from near the back of the mandible.
- 2 Using the thumb and index finger, apply gentle compression to the masseter using a pincer grasp. Work slowly and carefully as the masseter trigger points can be very tender, so work with communication and keep an eye on your client's face. **See Figure 18.10, p. 349**

Temporalis tendon

- 1 With the client's mouth open as far as possible without inducing pain, ask the client to shift their mandible towards the side being treated to allow more room to work. With the pad of your little finger of your right hand touching the inside cheek surface, glide your finger posteriorly very

until it runs into a fin shaped bony surface embedded in the cheek. This is the coronoid process.

- 2 Place your little finger on the inside surface of the coronoid process and use gentle static pressure to examine where the temporalis tendon attaches. The tendon is very hard and will feel like a continuation of the coronoid process. Friction may be used if the tendon is not too tender. **See Figure 18.11, p. 349**

- 3 Remove gloves.

External treatment of the temporalis

- 1 With the client's mouth closed, work the temporalis tendon directly above the zygomatic arch (cheekbone) with transverse friction. Ask the client to clench their teeth and you will feel it move beneath your fingers. **See Figure 18.12**
- 2 Repeat with the client's mouth open to stretch the tendon slightly. Less pressure is needed when the tendon is stretched.



Figure 18.12

External treatment of the temporalis

- 1 Use a 'shampoo' technique to relax the temporalis. Treat one side of the client's head at a time, working the muscle with soft relaxed fingers. You can also work the temporalis using deep thumb pressure by using the weight of the client's head to apply pressure to the muscle by gently turning their head onto a supported thumb. Work specifically and treat any trigger points you find.

Acupressure points

There are three points in front of the ear (at the side of the face) that are very effective for treating TMJ disorders. The middle point, SI 19, is the easiest to find and locating this one first will help you to orientate to the position of the other two.

Small Intestine 19 (SI 19): Auditory Palace

- 1 **Location:** anterior to the tragus (the pointy bit in the middle of the ear) in a depression formed when the mouth is opened. **See Figure 18.13**
- 1 Ask your client to open their mouth slightly and palpate for the small depression just

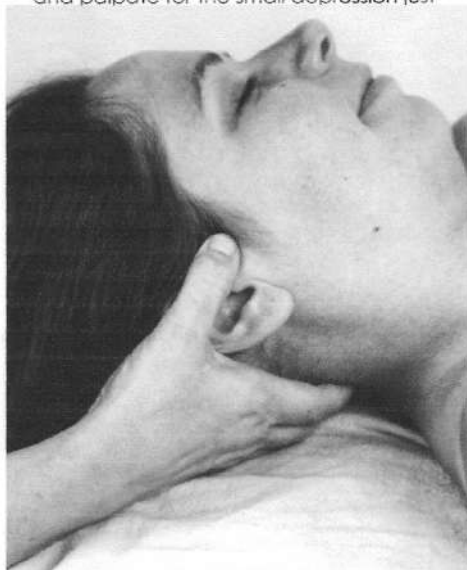


Figure 18.13
Location of acupressure point Small Intestine 19

middle of their ear. Manipulate the point with thumbs or fingers and hold for 3-5 breaths.

San Jiao 21 (SJ 21): Ear Door

- 1 **Location:** in another small depression just above SI 19.
- 1 Manipulate the point in the same way as above.

Gall Bladder 2 (GB 2): Auditory Convergence

- 1 **Location:** in another small depression just below SI 19 (located with the mouth open).
- 1 Manipulate the point in the same way as above.

Stretches

Manual traction

- 1 With the head in a neutral position, hook your fingers under the occiput. Gently traction the head back towards you with your fingers in the occiput and leaning backwards slightly. **See Figure 18.14**

SCM stretch

- 1 Support the client's head on either side. Ask the client to breathe **in** and then on the out breath take them into a gentle rotation. Your upper hand



Figure 18.14
Manual traction



Figure 18.15
SCM stretch



Figure 18.16



Figure 18.17

Temporomandibular joint pain protocol

gently presses their head towards the table to encourage maximum range of motion (ROM). Both your hands are working - like rotating a ball in your hands. Work with client communication so that they tell you when they feel the stretch. Wait and hold for 10-30 seconds.

See Figure 18.15

Stretch for the masticatory muscles

- 1 Ask the client to open their mouth approximately 15 degrees. Place both of your thumbs on their chin. Ask the client to close their mouth while you provide

resistance to the closure with your thumbs. Hold the masticatory muscles under isometric tension, for approximately 5 seconds. **See Figure 18.16**

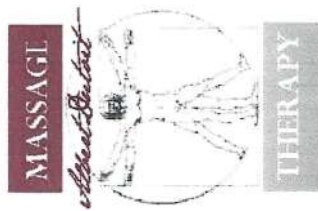
Finish the sequence with grounding and still work.

See Figure 18.17

Teaching self-care suggestions

These can be found in the Self-Care Resources (available at <http://www.hand.springpublishing.com/resources/self-care-resources-for-massage-clients/>).



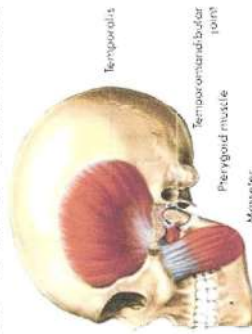


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TMJ

Self-Care Manual



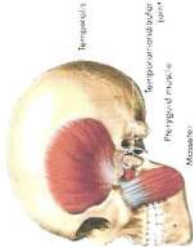
Your self treatment guide for pain relief after having extensive dental work.



Introduction:

TMJ stands for Temporomandibular Joint, or the jaw joint. You have two TMJs, one in front of each ear, which connect the lower jaw bone to the skull. The joints allow movement up and down, side to side, and forward and back-everything necessary for biting, chewing and swallowing food and for speaking.

If you place your fingers just in front of your ears and open your mouth, you can feel the joint and its movement. When you open your mouth, the rounded ends of the over jaw (condyles) glide along the joint socket of the temporal bone. The condyles slide back to their original position when you close your mouth. To keep its motion smooth, a soft disc lies between the condyle and the temporal bone. This disc absorbs shock to the temporomandibular joint from chewing and other movements. Of course things don't always work smoothly and problems and disorders may occur.



Categories of TMJ Disorder:

TMJ disorders fall mainly into three categories. For the purpose of this manual we will concentrate mainly on the first category. It's possible for you to have one or more of these conditions at the same time:

Myofascial pain: This is discomfort or pain caused by trigger points in the muscles that control your jaw function. It can also extend to the muscles in your neck and shoulders. This category is mostly associated with dental work.

Internal derangement of the joint: This involves displacement of the disc that acts as a cushion between your skull and lower jaw.

Inflammatory joint diseases: Various forms of Arthritis can affect the joint. In addition, Synovitis, an inflammatory condition of the synovial membrane can also cause TMJ. The synovial membrane lines the joint and produces a fluid that lubricates the joint. The later two categories may develop if the first one is not treated in time. You might then experience a development of a variety of symptoms.

Different TMJ Symptoms:

1. Pain in the facial muscles and jaw joints may radiate to the neck or shoulders. Joints may be overstretched. You may experience muscle spasms from TMJ. You may feel pain every time you talk, chew, or yawn. Pain usually appears in the joint itself, in front of the ear, but it may move elsewhere in the skull, face, or jaw.
2. TMJ may cause ear pain, ringing in the ears and even hearing loss. Sometimes people mistake TMJ pain for an ear problem, such as an ear infection, when the ear is not the problem at all.
3. When the joints move, you may hear sounds, such as clicking, grating, and/or popping. Others may also be able to hear the sounds. Clicking and popping are common. This means the disc may be in an abnormal position.
4. The jaw may lock wide open (then it is dislocated), or it may not open fully at all. Also, upon opening, the lower jaw may deviate to one side. You may find yourself favouring one painful side or the other by opening your jaw awkwardly. These changes could be sudden. Your teeth may not fit properly together, and your bite may feel odd.
5. Headache and dizziness may be caused by TMJ. You may feel nauseous or vomit.

Trigger Points

Trigger points are typically defined as hyperirritable spots present in the skeletal muscle. Also known as muscle knots, these points are like tight nodules located in skeletal muscles that produce sensations of tenderness, twitching, or lumping when touched or pressured.

The muscles related to the posture are the ones most affected by the trigger points. These tender spots might actively occur in the affected muscle or produce additional tender spots in the body elsewhere.

Trigger points can usually occur in two forms, active and latent. Active trigger points are those that cause a strong sense of discomfort right away and can be diagnosed as soon as they are formed. Meanwhile, latent trigger points do not present themselves in the beginning and continue getting worse with time and other causative factors.

Referred pain is the most characteristic symptom of a trigger point. This implies that trigger points usually send their pain to some other site. Generally, a trigger point feels like a hard 'bump' knot or band in the muscle. It can be very sensitive to touch or light pressure. To treat a trigger point is to put pressure on it and wait for it to 'melt' or for the pain to ease off. In some cases, trigger points can also manifest as tension headaches, linitus and temporomandibular joint pain (TMJ)

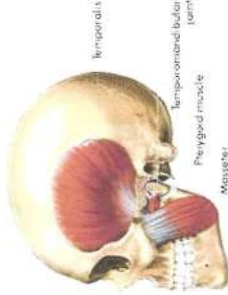
The Muscles:

Although there are a great number of muscles in the jaw, face and head, prolonged dental sessions mainly affects the two chewing muscles, the **Masseter** and the **Temporals**.

Trigger points in these two muscles, along with those found in the upper part of the shoulder (**Trapezius**) and neck (**Sternocleidomastoid**) muscles, account for much of the pain in the jaw, face and head, including the infamous TMJ.

Trigger points in the other smaller muscles of the jaw, face, and head usually exist as satellites to trigger points in the Masseter and Temporals.

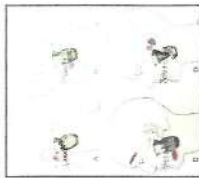
Symptoms from the other smaller muscles, Pterygoids and Digastrics, may spontaneously disappear when trigger points in the primary muscles are deactivated.



We will first look at the two main muscles, the **Masseter** and the **Temporals**. These two are mainly affected with prolonged opening of the jaw in dental treatments.

Masseter:

Trigger points in the Masseter is marked with X. The patterns of tenderness and pain referred from trigger points are the red parts. (Essential zone, solid red, spill over zone, stippled)
A: Upper trigger points B: Central trigger points
C: Lower trigger points D: Back upper part trigger points



Masseter Symptoms:

Trigger points in the masseter cause pain in several places. The trigger point in the deep layer (D) right in front of the ear is especially important as a cause of pain in the TMJ. Masseter trigger points can also increase muscle tension to such an extent that it restricts opening of the jaw.

Masseter trigger points cause pain in both upper and lower teeth. They are also a common cause of tooth hypersensitivity to heat, cold and touch. Misinterpretation of these symptoms can result in unnecessary dental work, even needless tooth extraction. Masseter trigger points may cause you to neglect to brush or floss sensitive teeth, which can lead to their deterioration.

Trigger points in the Masseter muscle also cause pain in the front of the face, under the eyes, and over the eyebrow. Symptoms often mistaken for sinusitis. When sinus medicine does not help your sinus pain, Masseter trigger points may be the problem.

Bags under the eyes can be caused by trigger points in the Masseter muscles. They can also cause pain deep in the ear, with a sense of fullness or the sound of low roaring. They are often the cause of that maddening itch inside your ear that you can't quite seem to reach.

Treatment:

Trigger points can be found at any place in the masseter, from the top to the bottom. The Masseter feels very firm, thick and rubbery. If you are working the right place, you will feel the tip of your thumb touching the sharp-edged, fin-shaped plate of bone rising from near the back of the jaw bone (Coronoid process).

To work the Masseter most effectively it is necessary to put your thumb inside your mouth and knead the muscle between thumb and fingers.

Seek out each tender spot, from the cheekbone to the bottom of the jaw, and massage it as strongly as you can bear, pausing on any tender points you find.

Massaging the masseter can be extremely painful if they are afflicted with trigger points.

You could expect to experience soreness afterwards for a day or two. The soreness only indicates how badly the muscles needed the attention.

Don't let the discomfort make you give up. Work on them everyday until squeezing the muscle no longer hurts.



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Temporalis:

The Temporalis is a large flat muscle covering the temple above the arc in front of the ear. This muscle is attached to the top of the lower jaw (Coronoid process) and assists the masseter in bringing the jaws together. Like the masseter, the Temporalis is a chewing muscle.



Trigger points in the Temporalis is marked with X. The patterns of tenderness and pain referred from trigger points are the red parts. (Essential zone, solid red, spill over zone, stippled)

Temporalis Symptoms:

Temporalis trigger points contribute to headaches in the front and sides of the head. They are also a very common, though usually unsuspected, cause of pain and hypersensitivity in the upper teeth, along with pain and minor inflammation in the upper gums. Your teeth may be bothered more by hot and cold than by pain. Dented pain in the upper teeth and jaw when you chew or bite down is almost sure to be coming from the temporalis muscle. Your teeth may feel like they can't fit together right.

Trigger points in the masseter and Sternocleidomastoid muscles, sponsor trigger points in the temporalis and can reach there after you've gone through the trouble to deactivate them.

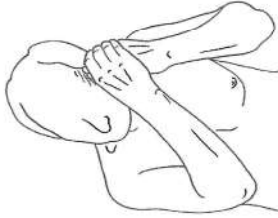
Muscles have this kind of effect on one another. It is therefore important to track down and treat all the muscles that are related by proximity or function. Like in this case we would treat the Masseter, Sternocleidomastoid and Temporalis.

Treatment:

Massage the Temporalis with supported fingers. Note that the weight of the head events the pressure on your supported fingers. Seek out each tender spot, from the cheekbone upwards towards the top of the head. Work your way in a fan like shape around the ear, covering the whole muscle. Massage it as strongly as you can bear, pausing on any tender points you find.

You could expect to experience soreness afterwards for a day or two. The soreness only indicates how badly the muscles needed the attention.

Don't let the discomfort make you give up. Work on them everyday until massaging the muscle no longer hurts.



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Sternocleidomastoid:

Trigger points in the Sternocleidomastoid is marked with X. The patterns of tenderness and pain referred from trigger points are the red parts. (Essential zone, solid red, spill over zone, stippled). A primary function of the Sternocleidomastoid is to turn the head to the opposite side. It also helps maintain a stable position of the head during movements of the body. Trigger points can therefore be created by postures that keep the muscles contracted to hold the head in position. Holding our head back to work overhead is particularly bad. Having your head in a backward posture during prolonged dental work can therefore cause a variety of trigger points.



Sternocleidomastoid Symptoms:

People are rarely aware of Sternocleidomastoid trigger points, though their effect can be amazingly wide spread. Their influence on other muscles extends their effects significantly. This muscle is divided into two parts:

- A- Sternal division and
- B- Clavicular division.

There are important differences in the referred pain patterns for the two branches, although both generally send their symptoms upwards to the head, face and jaws.

Trigger points in the Sternal branch can cause deep eye pain, tongue pain when swallowing, and headaches over the eye, behind the ear, and in the top of the head. This can contribute to TMJ pain, their referral pattern tending to promote trigger points in the jaw muscles.

Trigger points in the Clavicular branch can cause a deep earache and a toothache in the back molars. An unusual feature of clavicular trigger points is that the frontal headache can be cross referred to the opposite side of the forehead.

The good news about the confusing assortment of symptoms generated by this muscle's trigger points is that you can fix them yourself in the simplest way.

Treatment:



To massage the Sternocleidomastoid, take all the soft tissue that you can between your fingers and thumb and knead firmly. Try to distinguish between the two parts of the muscle.

One is in front of the other. If you pay close attention, you should be able to feel them separately. If you squeeze the inner branch (Clavicular) and roll off it, you should feel a slight trough between it and the outer branch (Sternal). Seek out each tender spot, starting up behind your earlobe, all the way down to your collarbone, and massage it as strongly as you can bear, pausing on any tender points you find.

Don't be afraid of these muscles. They may hurt like the devil to massage, but you can't do them any harm; every squeeze you give them will be of benefit. Your symptoms may disappear in a short time, but continue working them repeatedly over several days, until you can no longer find a place that hurts.

A single session of massage to this muscle shouldn't last longer than a minute or two per side.

(Don't massage a spot where you can feel a pulse)

Trapezius:

Although the Trapezius is located on the upper back and functions mainly to move the shoulder, we will still address this muscle because the trigger points in the upper fibres are a primary source of pain in the jaw and teeth.

The first "Trapezius trigger point," "Trapezius number 1,"

is located in the topmost fibres of the thick roll of muscle on top of the shoulder.

You can only find it by pinching a tiry roll of skin right where the shoulder joins the neck. You should feel a taut band containing the trigger point between your fingers about the thickness of a knitting needle. It is the primary cause of a temple headache but

may also send pain to the masseter muscle at the angle of the jaw, down the side of the neck behind the ear, and deep behind the eye. Moreover, it's capable of including satellite trigger points in muscles in the temple and jaw, making it an indirect cause of jaw pain and toothache.



Trigger point 1 in the Trapezius is marked with X. The locations of headaches and pain referred from trigger points are the red area. (Shoulder area, solid red, spot over area, stippled)

Treatment:

It is important to understand that the Trapezius number 1 in the angle of the neck is right under the skin. It takes only a shallow pinch to take hold of it. You should feel a firm strand or cord as small as a pencil lead or it can be as thick as a knitting needle.



Massage it by rolling it between your thumb and first two fingers. A good strong squeeze of the trapezius number 1 will quite often reproduce or accentuate a temple headache, which verifies it as the cause. To make the strand easier to get hold of, release the muscle by putting your hand in your pocket. Virtually everyone has this trigger point and it causes an incredible amount of grief. There is likely to be more than one trigger point at this site, along the top of the shoulder blade. Trapezius trigger points should be massaged six or more times a day for best results. Limit the sessions to no more than 12 strokes per trigger point.

Don't try to kill them, let your body do the healing

The other muscles Associated with TMJ Disorders

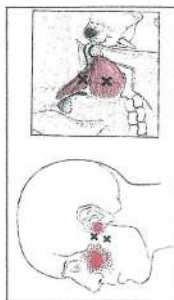
1. Lateral Pterygoid muscle.
2. Medial Pterygoid muscle.
3. Digastric.
4. Buccinator.

Pterygoid Muscles:

The Pterygoid muscles are well hidden by the lower jawbone, which is very inconvenient, since their trigger points are a frequent cause of pain associated with TMJ disorders. There is two muscles, the **Medial Pterygoid** and the **Lateral Pterygoid**.

Lateral Pterygoid:

The Lateral Pterygoid muscle is the number one myofascial source of pain and TMJ dysfunction.



Trigger points in the lateral Pterygoid is marked with X. The posterior of neckbones and pain referred from trigger points are the red parts. (Essential zone, solid red, spill over zone, stippled)

Lateral Symptoms:

Consistent trigger point generated tension in the lateral pterygoid leads to pull the lower jaw forward and disarticulate, or partially dislocate, the joint. Major dental work that stresses jaw muscles by requiring you to hold your mouth open for long periods of time can be the unsuspected cause of long-term chronic pain in the face and jaws. Trigger points in masseter and temporalis muscles can cause trigger points to develop in the lateral pterygoid by making them work harder to open the mouth.

Treatment:

Massage the lateral pterygoid with the index finger of either hand inside the mouth. The finger tip should seek the deep pocket back beyond the upper molars.

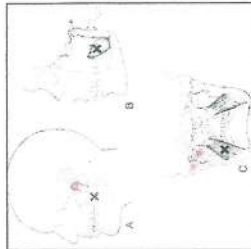
Push back as far as you can, then push both upward and inward using tiny, short strokes. If trigger points are present, this can be excruciating/painful.



If you have chronic jaw or face pain, this is well worth it.

Medial Pterygoid:

The medial pterygoid muscle helps close the jaw. Its problems are therefore strongly associated with those in the masseter



Trigger points in the Medial Pterygoid is marked with X. The patterns of tenderness and pain referred from trigger points are the red parts. (Essential zone, solid red, spill over zone, stippled)

Medial Symptoms:

The medial pterygoid muscle causes pain in the TMJ and the ear, which increases when you bite down on something. Medial pterygoid trigger points make it difficult to open the mouth wide. A sense of stuffiness in the ear can come from a tight medial pterygoid when it prevents the Eustachian tube (in the middle ear) from opening.

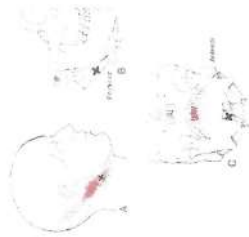
Treatment:

You can massage the medial pterygoid muscle by pressing up with your thumb inside the inner edge of the back of your lower jaw. This can be an exceedingly painful spot.



As with the masseter, massaging the pterygoids can leave you sore, so go easy at first.

Digastric:
 Trigger points in the Digastric muscle are under the chin (anterior) behind and below the corner of the jaw (posterior), immediately in front of the Sternocleidomastoid.



Trigger points in the Digastric muscle is marked with X. The patterns of tenderness and pain referred from trigger points are the noc parts. (Essential zone, solid red, spill over zone, stippled)

Symptoms and Treatment:

The posterior digastric trigger point, lying just behind the corner of the jaw, refers pain to the top end of the Sternocleidomastoid muscle and the mastoid bone.
 The anterior trigger point, which is under the chin, refers pain to the lower front teeth.



Massage both parts of the muscle by deep stroking with the finger tips. Looking for those tell tale tender spots.

Incorporate this muscle in the total treatment routine of your TMJ problem.

Resources:

**The Trigger point Therapy Workbook
 (Second edition)**
 Clair Davis, NCTMB with Amber Davis NCTEM

The Concise Book of Trigger Points
 Simpson Nish-Asher

**Myofascial Pain and Dysfunction:
 Trigger Point Manual Vol. 1**
 Travell, J.G., and D.G. Simons 1992

Trigger Point Self-Care manual
 Donna Finando, L.Ac., L.M.T.

Appendix 8: Final Questionnaire

Research Study: TMJ-7 Questionnaire: Intervention weeks

Questionnaire for tracking TMJ symptoms as part of Fusion Massage Therapy, Jing Method research study

Please complete this final questionnaire based on your symptoms and continued self-treatment AFTER the hands on treatments finished,

* Indicates required question

1. Email *

2. Date *

Example: 7 January 2019

3. How often (approximately) have you been able to undertake your self-treatment over the past few weeks? *

Mark only one oval.

- twice per day or more, every day
- once or twice most days
- A few times over the past few weeks but not consistently
- As and when I felt symptoms returning I self-treated to manage. As and When.
- started quite consistently but have since stopped.
- Did not undertake
- Other: _____

4. Any feedback regarding the self- treatment; for example, this has been helpful; I *
use X more than Y which works for me, knowing what to do for certain symptoms is
all I need now....?

5. How often are you bothered by any of the following problems... *
 (Check (x) one box for each item below)

Tick all that apply.

	Rarely or never	A few times per month	Once or twice per week	Nearly every day
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your jaw or ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your neck or shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your forehead or temples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty opening your mouth all the way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise when opening or closing your mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty when eating or chewing your food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please rate the INTENSITY of each of the following symptoms throughout the research study. 1 being 'I barely notice it' and 10 being 'extreme and unable * to focus on anything else'. If you do not experience this symptom please rate 0.

HEADACHES

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate the INTENSITY of each of the following symptoms throughout the research study. 1 being 'I barely notice it' and 10 being 'extreme and unable * to focus on anything else'. If you do not experience this symptom please rate 0.

PAIN IN JAW OR EARS INCLUDING TINNITUS

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rate the INTENSITY of each of the following symptoms throughout the research study, 1 being 'I barely notice it' and 10 being 'extreme and unable * to focus on anything else'. If you do not experience this symptom please rate 0.
PAIN IN NECK OR SHOULDERS

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate the INTENSITY of each of the following symptoms throughout the research study, 1 being 'I barely notice it' and 10 being 'extreme and unable * to focus on anything else'. If you do not experience this symptom please rate 0.
PAIN IN FOREHEAD OR TEMPLES

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate the INTENSITY of each of the following symptoms throughout the research study. 1 being 'I barely notice it' and 10 being 'extreme and unable to focus on anything else'. If you do not experience this symptom please rate 0.
 DIFFICULTY OPENING MOUTH WIDE

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please rate the INTENSITY of each of the following symptoms throughout the research study. 1 being 'I barely notice it' and 10 being 'extreme and unable to focus on anything else'. If you do not experience this symptom please rate 0.
 NOISE WHEN OPENING OR CLOSING MOUTH

Tick all that apply.


	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate the INTENSITY of each of the following symptoms throughout the research study, 1 being 'I barely notice it' and 10 being 'extreme and unable to focus on anything else'. If you do not experience this symptom please rate 0.
 DIFFICULTY EATING OR CHEWING

Tick all that apply.

	0	1	2	3	4	5	6	7	8	9	10
4-6 weeks prior to the research study beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 1-3 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weeks 4-6 of the hands on treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7, the week after the study finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now, several weeks after the study finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Did you find this approach to treatment more beneficial than other approaches you may have tried before or since? Whether yes, or no, please indicate any other treatments or approaches you have tried (whether self treatment or other healthcare/holistic services) and give a few points as to why.

15. Would you recommend this course of treatments to others with TMJ pain/symptoms? *  Dropdown

Mark only one oval.


- yes
 no

16. The current cost of an hour's treatment is £60. What do you think about this price point? *

Mark only one oval.

- This seems too expensive
 This seems about right
 This seems too cheap, I would pay more

17. If too expensive or cheap what would you feel is a reasonable cost, or range of prices? *

13. Overall, did you find the course of treatments successful for your TMJ symptoms? *  Dropdown

Mark only one oval.

- Yes
 No
 Somewhat: helped some symptoms but not others

18. Please share any thoughts or feedback regarding the treatments themselves, self treatment guidance and general content and approach of the Jing method, what did you enjoy the most or least, what was most or least helpful, what would you have liked more or less of?

19. Please share any thoughts or feedback for Rosie. what did you like or dislike about her approach, environment, demeanour. Were there any things that you would have liked to change?

This is for Rosie's own personal and professional growth and is not part of the data collection for the research study; but any feedback is welcomed.

20. FINALLY. *

THANK YOU! all so much for seeing it through to the end. As stated at the start I would like to offer to refund part of your payment as a thank you. (£20) Let me know whether and how you would like this sent to you.

Mark only one oval.

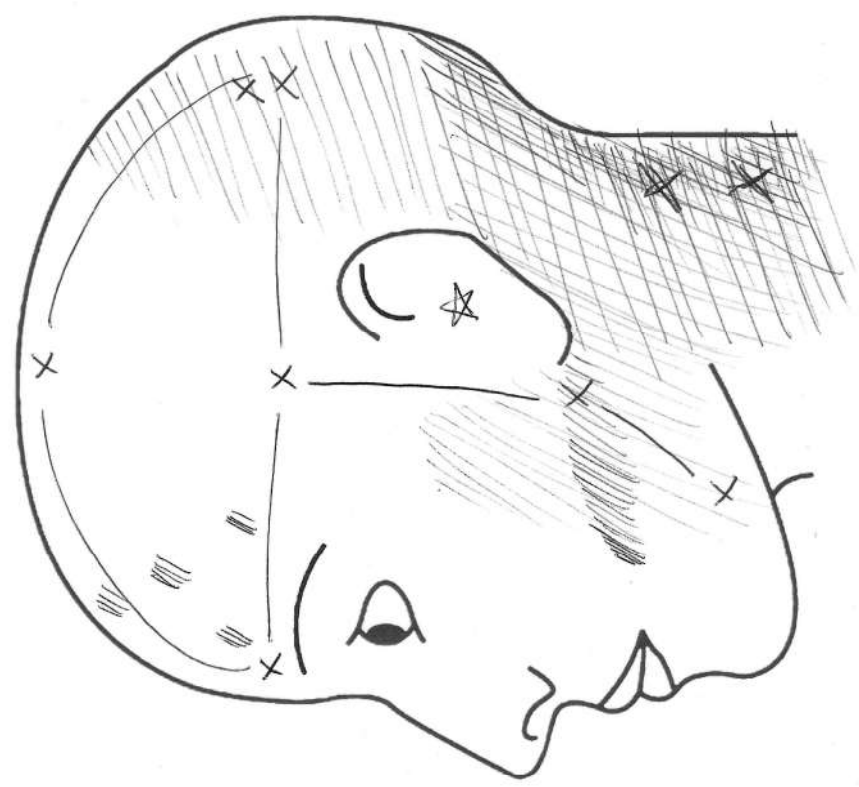
- I do not want the part refund
- Please deduct £20 from a future treatment
- Please send the £20 back vis bank transfer/Paypal/Cash I will email to give details.

This content is neither created nor endorsed by Google.

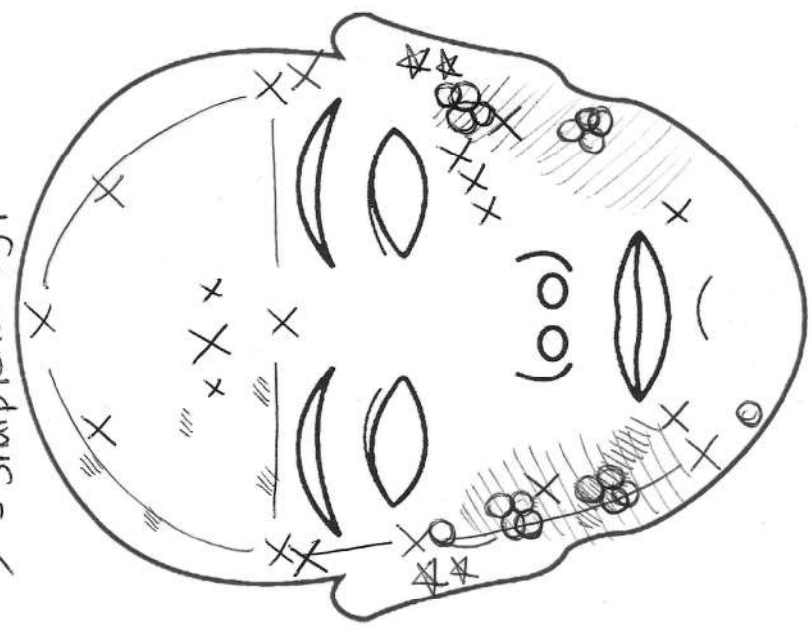
Google Forms

Appendix 9: Face map of symptoms prior to intervention

OVERLAY OF SYMPTOMS (COLLECTIVE)
 PRIOR TO STUDY INTERVENTION
 PHASE
 (WEEK 6)

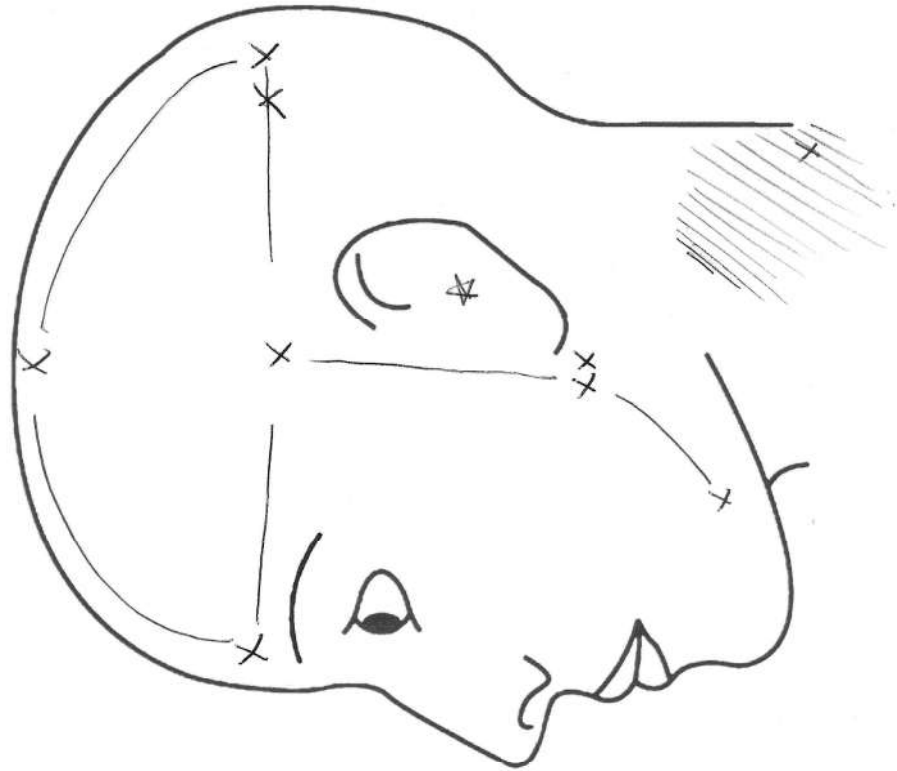


- KEY:
- - clicking
 - X - specific point of pain
 - ★ - tinnitus
 - /// - dull ache
 - / - sharp/shooting pain



Appendix 10: Face map of symptoms after intervention

OVERLAY OF SYMPTOMS (COLLECTIVE)
 FOLLOWING FINAL TREATMENT,
 (WEEK 13)



KEY
 O - clicking
 X - specific point of pain
 ★ - tinnitus
 // - dull ache
 / - sharp/shooting pain

