



# **Evaluating the Effects of the Jing Method™ of clinical massage of TMJD pain in adults.**

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A dissertation submitted in partial fulfilment of the requirements of Jing Advanced Massage Training for the Professional Diploma in Advanced Clinical Massage and Sports Massage

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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”.*

Sarah Davies: \_\_\_\_\_ Date:

## ACKNOWLEDGEMENTS

*I give a heart-felt thanks to all the teachers at Jing.*

*Your vision of enhancing the standards of massage therapy, through the quality of your instruction and methods by which you teach, while remaining grounded in love is inspiring.*

*Especially to Megan and Rachael, who provided a beacon of light through the dark days of the covid lockdown. Your passion for the industry to keep going was infectious, and despite the hardship, you built a special community of therapists who were joined together through frustration and despair, showing us just how big our hearts can be, if we kept the faith of brighter days.*

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*I would like to recognise all BTEC6 students who have preceded me on this journey. Your accomplishments serve as a source of inspiration for future students, whether or not they have the opportunity to meet you.*

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*My deepest gratitude to my Husband, Dorian, for his belief in me, and his limitless continued emotional and mental support.*

*My family, Mum, Dad, Jordan, Ffion and Steve, for graciously putting up with my absence while I was studying and training.*

*And lastly, but by no means least, a special dedication is given to all my clients, past, present and future.*

*Your dedication to your own well-being and watching your lives change through persistence and a belief to live better, makes me want to be a better therapist to support your journey's.*

*Your support, and shared interest, excitement and patience, while I developed new skills will always hold a special place in my heart.*

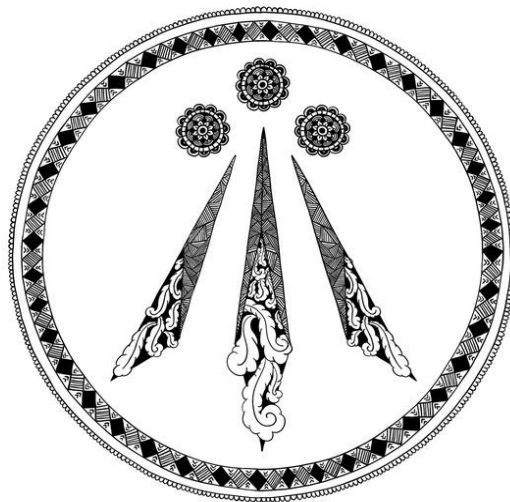
*For everyone who has supported me on my journey, both directly and indirectly,*

***Diolch O galon***

***Thank you, from the bottom of my heart.***

*With just a tiny seed  
A garden may grow  
With just a drop of water  
A river soon may flow  
For every dream that is ever dreamt  
A wish may soon come true  
So it is with life  
And so it can be with you*

*Leslie C. Dobson*



## **ABSTRACT**

### **BACKGROUND**

Temporomandibular disorders (TMJD) are common in adults aged between 20-40 years, found mainly in females and is responsible for pain that can range from acute to chronic.

The main symptoms include clicking or popping of the jaw, headaches localised around the temples and restriction in opening the jaw.

The cause is often unknown, complicating treatment efforts; therefore, further research is needed to determine the most effective treatment modalities.

### **METHOD**

Seven participants were recruited for the study, aged between 36 and 78 years of age. The TMJ-7 questionnaire was issued weekly to each participant to monitor the frequency of symptoms during weeks 1-12.

Weeks 1-6 had no intervention to provide a baseline. Weeks 7, 9 and 11 included a 50-minute hands-on clinical massage treatment using the Jing Method™ TMJ protocol™. While weeks 8, 10 and 12 involved participants following a self-care session at home that copied the techniques used in clinic three times a week.

A follow-up questionnaire was then issued at week 16 to assess any long-term effects of the intervention.

### **RESULTS**

This study provides quantifiable evidence that the Jing Method™ of the TMJ Protocol™ is an appropriate and effective treatment for TMJD. The results show an overall 65.2% decrease in symptoms, with restriction on opening the mouth being the most effective. At week 16 the symptoms had continued to decrease further.

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## LITERATURE REVIEW

### WHAT IS TMJD?

It is estimated that between 5% - 12% of the population experience jaw problems (National Institute of Dental and Craniofacial Research, 2018) and found 1.5-2 times more in women aged 20-40 (Bonjardim, 2005). It's suggested up to 75% of adults present with at least one sign of joint dysfunction upon examination, with one third symptomatic, and 5% becoming chronic (Rutkiewicz T, 2006).

The temporomandibular joint (TMJ) is a synovial joint of the jaw, that connects the jawbone to the skull. Without restriction, it performs painless chewing, swallowing and speaking.

Temporomandibular joint disorder, (TMJD) refers to a cluster of diseases and disorders characterised by pain, popping, stiffness or limited function of the joint and/or surrounding tissues upon movement (National Institute of Dental and Craniofacial Research, 2023). A full list of symptoms can be found in appendix 1.

### Causes

The pathology is idiopathic and multifactorial. A common suggestion in many articles suggests misalignment of the teeth, probably influenced by a large study of 1,342 children aged between 6-17 by Riolo, (1987). However, many argue that abnormal dental occlusion can be seen equally in people with and without TMJD symptoms Koh (2004), Dworkin (1990) and Buescher (2007).

Movement of the jaw can be impaired by several factors including physical impact, such as whiplash, or one dominant chewing side. Pathological bruxism can be linked to conditions like arthritis or dental issues, or influenced by mental health factors such as stress, anxiety, and depression. Bruxism may act as both a cause and a symptom.

Another explanation is myofascial pain (Sobral et al., 2021), influenced by an impaired nervous system, linking to neck pain and headaches (La Touche et al., 2020).

## **Classification**

TMJD can be acute – a sudden onset with sharp, intense pain, but short-lived or chronic – lasting longer than three months and can continue for years. (Ghurye and McMillan, 2017).

## **Diagnosis**

With the cause being multifactorial, it is difficult to diagnose. However, the condition can be split into three categories according to Mnguni et al. (2020)

1. Joint and disc disorders
2. Muscle disorders
3. Headaches attributed to TMJD

## **NON-SUGICAL MEDICAL INTERVENTION**

### **Medication**

There are various medications for musculoskeletal pain, however, most, if not all, come with a list of side effects. Several reviews have analysed their effectiveness for pain management, but none have reached a definitive, quantitative conclusion due to TMJD having a nonspecific diagnosis. Naproxen is commonly prescribed for TMJD (Drammling, 2022)

Herman et al. (2002) found during a randomised control trial on jaw pain, cyclobenzaprine was effective compared to a placebo, alongside information on the management, pathophysiology, diet and sleeping positions (Hersh et al. 2008.). From this, we can look at just how valuable the importance of education and self-care is, when providing a holistic approach to care.

## **Antidepressants**

There is a correlation between chronic pain and depression (Nonsurgical Management of Temporomandibular Joint Disorders [Internet]). Amitriptyline has shown to be effective in the treatment of TMJ Rizzatti-Barbosa, (2003) Hersh, et al. (2008) & Cascos-Romero, et al. (2009). Citalopram and Paroxetine have effectively eased neuropathic pain and bruxism. (Ouanounou 2017) & (Abouelhuda, et al. 2018).

## **Corticosteroids**

These block inflammatory pathways through the inhibition of enzymes, this is injected directly into the TMJ joint. Long-term use carries a risk of Cushingoid disease, osteoporosis, electrolyte instability, hypotension, diabetes and acute adrenal crisis (Grennan, 2019)

## **Gabapentin**

Reduces pain at the temporalis and masseter compared to a placebo, (Hersh et al. 2008) and (Kimos et al. 2007) and is prescribed to patients where TMJ surgery has failed. However, side-effects include dizziness, somnolence and peripheral edema (Ouanounou et al. 2007)

## **Diazepam**

less frequently used for TMJ but have shown to be effective for muscle hyperactivity and nocturnal bruxism. (Singer et al. 1997) and (Hersh et al. 2008).

## **SURGICAL MEDICAL INTERVENTION**

Maxillomandibular Advancement (MMA) is an advanced surgery that repositions the upper and/or lower jaw forward and is commonly used in the treatment of sleep apnoea and overbites.

There are 4 types of surgery;

1. Maxillary osteotomy (upper jaw)
2. Mandibular osteotomy (lower jaw)
3. Genioplasty (chin surgery)
4. Distraction osteogenesis (lengthening of the jawbone)

These surgeries are last resort for TMJD, have no guarantees of success and carries risks.

### **Results following Maxillomandibular Advancement Surgery (1&2)**

<b>Pre-surgery</b>	<b>Post-surgery</b>
16% had TMJ pain	24% had TMJ pain
64% had TMJ sounds	16% had TMJ sounds
20% had both pain & sounds	60% had both pain & sounds

***“Conclusion: patients with preexisting TMJ dysfunction undergoing orthognathic surgery, particular mandibular advancement, are likely to have significant worsening of the TMJ dysfunction post-surgery. “***

*– American Association of Oral & Maxillofacial Surgeons, 2003.*

Young adult females have less improvement and are more prone to condylar resorption - a condition where the ends of the lower jawbone breakdown and shrink, leading to more TMJD issues. (Valladares-Neto, José, et al. 2014)

## **NON-MEDICAL INTERVENTION**

### **Topical therapy**

Topical pain management has shown effectiveness with fewer side effects (Kulkarni et al. 2020, Senye M et al. 2012, Di Rienzo Businco 2004). However, the small sample sizes make it hard to gauge true efficiency.

A randomised double-blind, placebo-controlled study with thirty participants using capsaicin cream on localised pain in TMJ noted significant muscle and subjective pain improvement in both groups (Winocur et al. 2000).

## **THE BIO-PSYCHOSOCIAL MODEL & IMPACT ON PAIN**

Evidence suggests that anxiety, stress, and other biosocial and psychological factors can worsen TMJ symptoms, especially in those with chronic pain (McNamara, 1995). The Biopsychosocial model, introduced by George Engel in 1977, states that a person's medical condition is influenced by more than just medical factors. Background, gender, upbringing, ethnicity, job, status, support network, and cultural, social, and economic influences all play a role in an individual's wellbeing.

One study of 287 adults aged between 20-30 years of age found a link between psycho-emotional stress and poor oral habits with TMJD symptoms (Hong, 2014). To build on that, in their classification of disorders of the oral cavity, Shamim (2012) suggests that Psychosomatic disorders can be characterised by physiological changes that originate from emotional factors.

A study by Kim YK (2012) which looked at 317 patients with TMJD found a correlation with severe depression to nonspecific physical symptoms. This highlights the importance of psychological factors, and the impact they have on chronic pain.

## **THE JING METHOD™**

JING™ is an institute for advanced clinical massage in Brighton, England. Founders Rachael Fairweather and Megan Mari developed an integrative approach to treat chronic pain using clinical massage. This method emphasizes a therapeutic alliance between therapist and client, involving detailed consultations that consider external influences from the Biopsychosocial

model and identify 'Yellow flags'. By benchmarking range of motion, pain scales, and setting SMART goals, treatments and aftercare are tailored to individual needs.

Fairweather and Mari (2015) use the mnemonic '**HFM**AST' for elements in the Jing Protocol: Heat, Fascia (Myofascial Release), Muscles, Acupressure, Stretching, and Teaching self-care.

Previous Jing Method studies on TMJD have also reported positive results. Lindsey (2023) provided an online self-care only and saw a 50% decrease. Schaay (2023) offered a mix of in-person and online treatments also saw a decrease in pain, and Clarke (2024) reported a 59.9% decrease in pain from receiving 6 Jing clinical massage treatments following the Jing TMJ protocol.

## **Heat Treatment**

Young-Hee Lee et al. (2011) found that heat combined with massage significantly reduced serum cortisol and plasma norepinephrine levels in 139 subjects experiencing chronic pain after 40-minute sessions, 5 days a week for 2 weeks. This suggests that heat massage can enhance relaxation of the autonomic nervous system without adverse effects.

Dermus (2022) found that combining massage with a hot pack reduced labour pain more effectively than using either method alone, in a study of 120 participants.

A review of 13 studies by Furlan et al. (2015) on the application of heat for TMJD concluded that applying moist heat to facial and cervical regions for at least 20 minutes daily significantly relieved pain, reduced muscle tension, improved mandible function, and increased mouth opening.

## **Fascia Release**

Fascia is the webbing that surrounds soft tissue structures. Myofascial Release (MFR) is a form of massage that focuses on the fascia with direct and indirect techniques.

Casrtó-Sanchez et al. (2011a & 2011b) observed improved pain levels and quality of life for patients with fibromyalgia. Another study comparing Swedish Massage to Myofascial Release (MFR) for pain levels in fibromyalgia patients found consistent pain reduction in the MFR group (Liptan et al., 2013).

Aggarwal et al. (2020) divided 30 patients into two groups and found that the group receiving NSAIDs alongside MFR massage experienced a decrease in their daily function score from 22.2 to 5, compared to the NSAIDs-only group, whose score decreased from 21.3 to 13.5. This indicates the potential impact of combining massage with medication.

In a randomized control trial looking at intra-oral myofascial therapy for TMJD, Kalamir et al., (2010) concluded that both alone, or with addition of self-care, fascia release may be of benefit. However, they suggest a longer study over 1-2 years would be beneficial.

## **Muscles and Massage**

A study by Wieckiewicz, et al. (2015) reviewed 11,467 articles in the national Library of Medicine on TMJ from 1994 to 2014. They concluded that *“the most commonly reported conservative treatments are massage therapy and occlusal splints.”* They added these methods should be considered a first choice, due to the low risk of side effects and minimal invasive procedures. However, in a study on the efficacy of occlusal splints in the treatment of bruxism, Hardy & Bonsor (2021) argues a lack of comparison and trial quality.

A meta-analysis by Wagner Rodrigues Martines et al. (2015) found that musculoskeletal manual therapies significantly improve active mouth opening and reduce pain compared to other treatments.

A review of eight studies by Calixtre et al. (2015) concluded that myofascial release is moderately more effective than the control group, cervical mobilization is highly effective, and manual therapies are highly effective in improving pain, mouth opening, and pain pressure threshold in the management of TMJD signs and symptoms.

### **Acupressure**

Acupressure is like acupuncture, but it involves applying pressure with the fingers instead of using needles.

Aroca et al. (2022) conducted a sham-controlled and randomized clinical trial of acupuncture for TMD, finding significant improvements in both physical and emotional aspects similar to those in the occlusal splint group compared to the sham group.

In their review of 52 studies, Mohamad at al., (2023) concluded that acupuncture reduced pain and tenderness in the medial pterygoid muscle and jaw dysfunction when compared to shams or no treatment. However, due to high risk of bias, more evidence is needed for a clearer conclusion.

### **Stretching**

Eisensmith (2007) observed that massage, alongside strain-counter-strain techniques, improved jaw movement while reducing the intensity and frequency of pain without surgical or pharmacological intervention. The patient received a 30-min massage twice weekly, over three weeks. Although the result was favourable, there was only one participant, and the data is not published to provide the exact measurable figures.

The article also highlights the importance of education along with relaxation therapy, particularly for those with tension type headaches and bruxomania (the habit of grinding teeth when awake).

One study looking at rehabilitation of masticatory motor system functional disorders, that include TMJD has documented that muscular training is the best mode for muscle restoration, being the simplest and non-invasive. Showing to be effective in 70% of patients. The other 20% did not see improvement due to arthritis pain or a limited range of movement (Lietz-Kijak, 2013). Highlighting manual rehabilitation is not suitable for arthritis.

## **Teaching**

***The importance of patient education is invaluable. It enables and supports individuals to make informed choices about their health-related behaviour.***

(Bellamy 2009)

Ramos-Remus (2000) noted, non-medical causes that link back to the Biopsychosocial model can be reduced with the inclusion of patient education.

The need for correct structured patient education is more important now than ever, due to the plethora of inaccurate sources, such as the internet as noted by DeMarco et al., (2011)

Patient education has proven to be effective in both subjective and objective patient recovery, especially combined with information and coping strategies (Webber, 1990).

Even computer-based education has been reviewed. 13 studies relating to the management of chronic pain showed a greater improvement compared to “traditional instruction”. Not only is this beneficial for patients, but also favourable financially (Lewis, 1999).

## Online Learning

With the recent surge of online learning following the Covid-19 pandemic, this growing trend has provided learners, teachers and support advisors unique opportunities to reach a wider audience.

However, alongside the positives, there are also drawbacks to providing education and support online.

Ambawati et al. (2021) surveyed 186 science teachers and found that 77.5% struggled with online teaching. The difficulties included poor internet access (42.4%), lack of student motivation (21.5%), and challenges with learning applications (36.1%).

Erlangga (2022) collected data from 25 students, revealing challenges in online learning. Students faced technical issues, poorer communication, and negative impacts on learning. The study concluded that teachers should provide more interactive, engaging, and dynamic material compared to in-person learning.

Despite the common pitfalls of delivering education and support online, there are many positive articles and studies to support this modern alternative.

In previous Jing BTEC6 studies, students during the pandemic had no choice than to provide participant education, rehabilitation and support online, and still had encouraging results.

While looking at prescriptive rehabilitation online, Kyriacou (2020) had positive results, and concluded the importance of keeping the therapeutic alliance online. While Davies, (2021) noted the importance of gaining trust and (therapist and client) working together.

Allen (2021) saw a 70% positive effect in her study looking at the effects of online self-care massage on academic burnout.

A review of studies by Freitas et al., (2013) concluded self-management-based therapies are a beneficial low-cost alternative treatment that potentially improves harmful behaviours in the symptoms of TMJD.

While examining the efficiency of online self-care for the treatment of musculoskeletal pain, and getting positive results, Rock (2020) concluded beautifully;

***“We are all individual, which makes our pathologies individual, which in turn, makes the treatment we need also, individual.”***

## **THE METHOD**

Ethnical approval was received for the study from Jing Advanced Massage Training on May 1<sup>st</sup>, 2024. See appendix 3.

The study involves participants completing six-weeks of a symptom questionnaire, and six-weeks of intervention. The intervention includes three hands-on massage treatments using the Jing Protocol for TMJ, and three pre-recorded self-care sessions to adults who experience TMJ symptoms.

Seventeen people replied to my recruitment advert on my Facebook business page on social media. Two were unable to commit to the study due to a holiday scheduled during the study, one person had work commitments, two people were unsuitable due to waiting for maxillofacial surgery and three people did not meet the inclusion/exclusion form. Two completed the control weeks questionnaire, but did not receive any intervention.

Leaving seven participants comprising of five women and two men aging between twenty-four and seventy-eight.

## **Participant criteria**

- three or more symptoms listed on the TMD-7 questionnaire
- not awaiting orthodontic or maxillofacial treatment for the study duration
- not receiving any other treatment, medical, dental or complementary for TMJ symptoms for the total duration of the study
- commitment of completing an online questionnaire for twelve weeks
- attending my clinic in Pontypridd for three hands-on treatments
- watching three self-care videos
- completing the self-care routines at least 3 times each week for the six-week intervention period.

Participants were recruited during July 2024. Those that showed interest were sent a Participant Letter via email, with an online link to the TMJ-7 questionnaire. They were then sent the questionnaire online to complete weekly for 12 weeks and then a follow up at week 16. All participants agreed to inform me if they had received medical, dental or any additional complementary treatment each week to the neck, shoulders or jaw.

The study is within subject's design, with participants completing the TMD-7 scale (Koufos et al. 2022) for a control period of six weeks prior to intervention to establish a baseline, and throughout the six-week intervention period to compare the changes, if any to the frequency of symptoms. The TMJ-7 - a brief measure of assessing Temporomandibular disorder, is an established measure of pain and TMJ symptoms comprising of seven symptom questions, plus three general questions (see appendix 3).

The six treatment sessions were alternating between a 45–55-minute hands-on massage treatment and a 45-minute pre-recorded video of self-care sessions, broken down into ten sections, based on the Jing Method HFMAST Protocol for TMJ™ (Fairweather and Mari, 2015)

## **RESULTS**

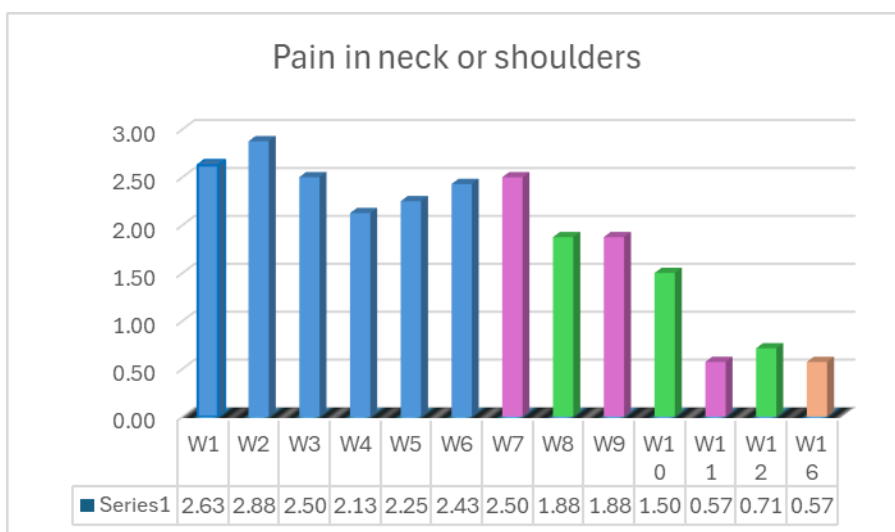
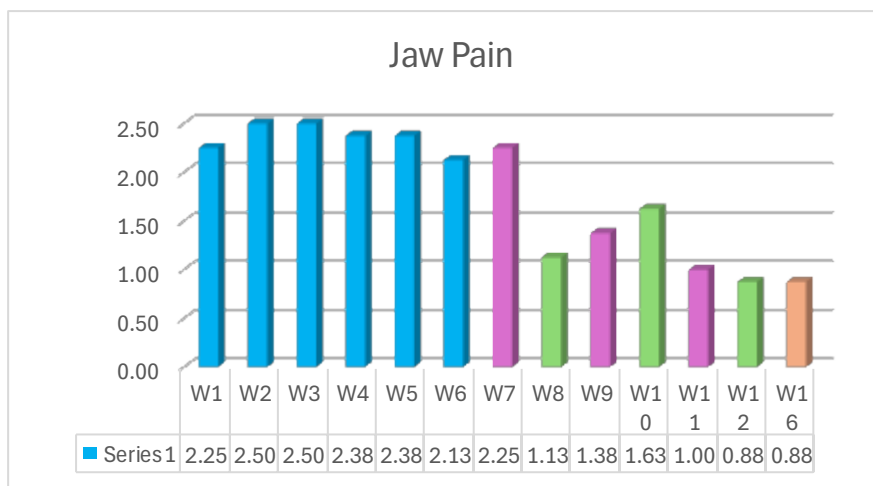
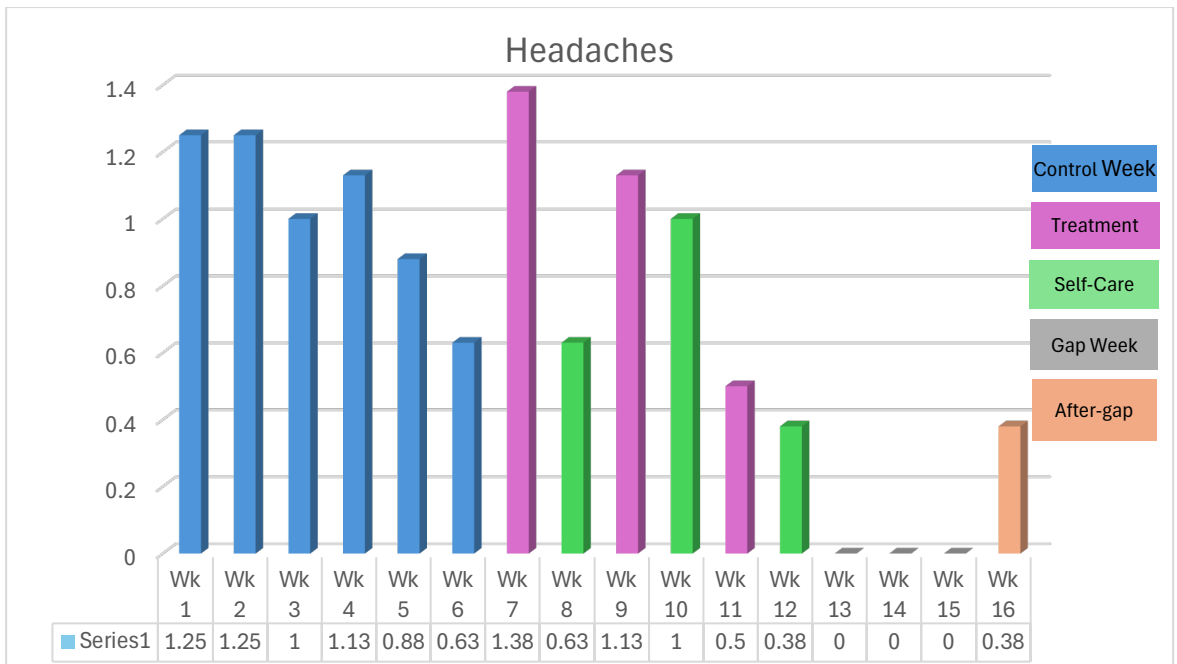
The results are collected data of 7 participants who completed the TMJ-7 questionnaire over 12 consecutive weeks. The first 6 weeks were the control phase, followed by 6 weeks of the intervention phase, with a final questionnaire at 16 weeks to measure the progress if any.

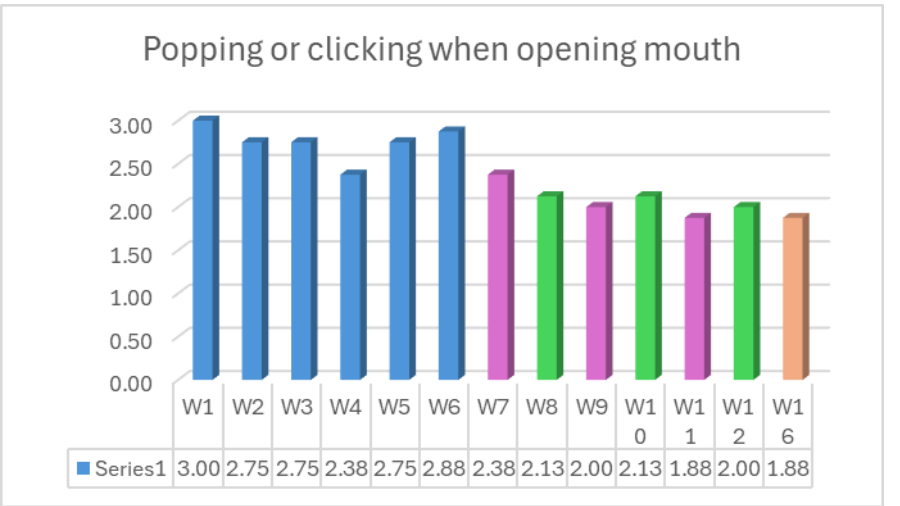
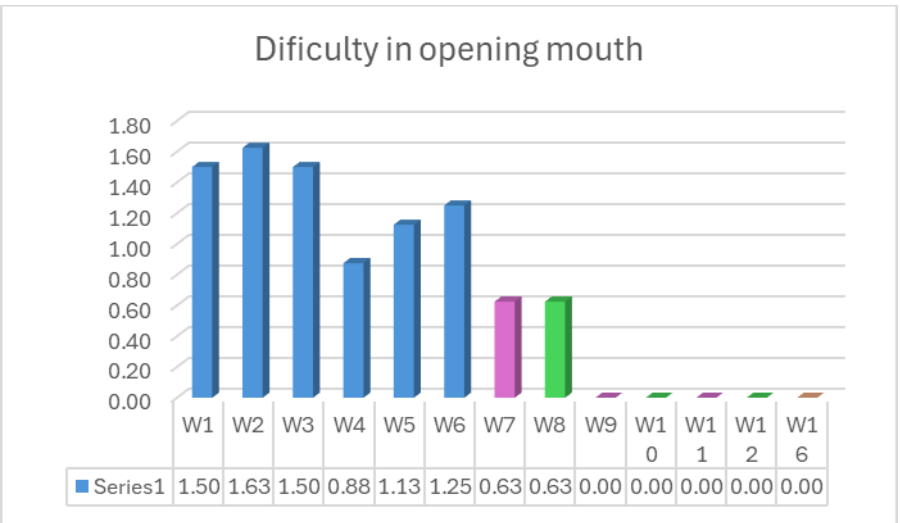
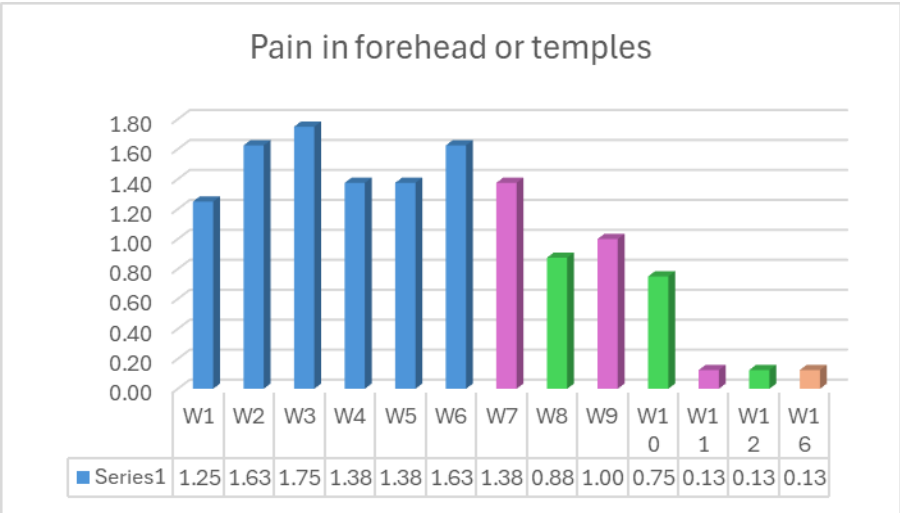
The TMJ-7 questionnaire measures the frequency of 7 main symptoms experienced with TMJD. The result scoring is as follows.

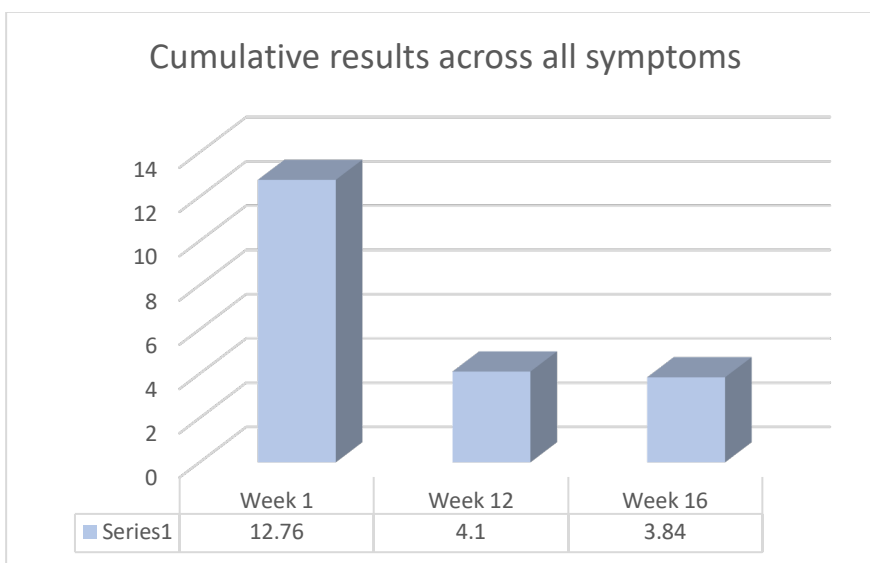
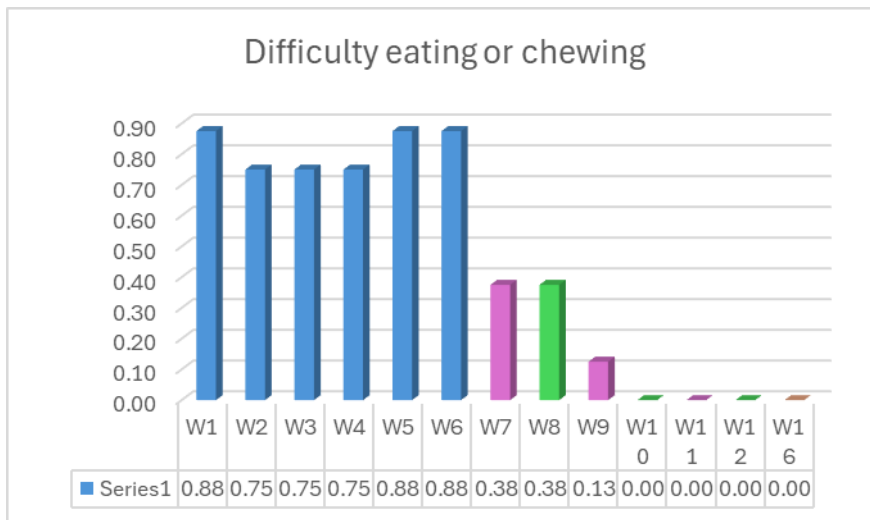
- Rarely or never = 0
- A few times per month = 1
- Once or twice a week = 2
- Nearly every day = 3

The results were worked out by the mean, taking the total score and dividing by 7. Making the maximum combined score for each question 3, and the minimum 0.

- Blue = control phase
- Purple = intervention phase of hands-on treatment
- Green = self-care at home treatment
- Orange = week 16 after 4-week gap







## DATA ANALYSIS

The data shows a 70% overall improvement on all 7 symptoms with a lasting improvement 4 weeks post treatment. The control weeks show a non-linear pain scale with a dip in the middle and a slight increase at week 6 just before intervention started.

The biggest improvement was seen in difficulty opening the mouth, going from 1.62 in week 2, to 0.0 in week 9 and stayed there for four weeks after intervention.

The least improvement was to headaches with a 0.37 score drop. However, the questionnaire only recorded frequency and not intensity. Therefore, the stats do not fully reflect the full scope on the reduction of symptoms.

None of the symptoms worsened 4 weeks post treatment, with headaches and jaw pain remaining the same at week 12, suggesting participants maintained their homecare routine, as advised as part of the Jing Protocol.

## **DISCUSSION**

This study adds to the knowledge of advanced clinical massage for TMJD and telehealth through providing evidence that clinical massage, particularly when using the HFMAST formular is an effective non-invasive method to lower the frequency of the seven most common symptoms of TMJD and can be provided both in-person and online in the form of self-care.

The results do not show a perfect linear downward trend in the reduction of symptoms, especially on popping of the jaw. They coincide with participant feedback of a lack of confidence in the selfcare. This highlights potential challenges on participant involvement. Raising questions about whether they did complete the selfcare and how efficiently it was performed. By the third visit in clinic (week 11), guidance was given to correct any mistakes, and with reassurance, the pain levels continued to steadily decrease.

The results also show a decrease in across all seven symptoms. Not only does this demonstrate the effectiveness of a JING massage for the treatment of TMJD, but also for the management of individual symptoms of tension headaches and musculoskeletal neck and shoulder tension.

## **Comparison**

The results of this study support the meta-analysis by Wagner et al. (2015) and Calixtre et al. (2015) who state, manual therapies are highly effective on improving opening the mouth, compared to other TMJD symptoms.

For participants who scored higher on the frequency of symptoms, their complex background and several influencing lifestyle factors disclosed during consultations, supports George Engel's Biopsychosocial model for health (1977) and the impact that it has on chronic pain as noted by Shamim (2012), Kim YK (2012), Fairweather and Mari (2015) and Ramos-Remus (2000).

The drop in progress during the self-care weeks can be compared to the online learning difficulties noted by Ambawati et al. (2021) and Erlangga (2022).

## **Design flaw**

With the self-care element, initially the plan was to offer live on-line zoom calls to guide participants through the training. However, it became clear that for effective monitoring of participants were performance, they would also need to be on camera. This requirement could be problematic if participants lacked internet access zoom or a camera and could compromise participant anonymity. Additionally, it would depend on participants availability. Therefore, the format was changed creating short videos that participants could watch and follow along at their own pace and convenience.

## **Suitability**

Although the questionnaire TMJ-7 was designed for TMJD, it only recorded the frequency of the symptoms, and not the intensity. Therefore, the results do not give a true over-all picture of the positive impact from the intervention.

Despite a clear reduction in all 7 TMJD symptoms, including self-care in the first 6 weeks of treatment was a mistake. Better results were expected with client education, but it hindered the process for both participants and the practitioner.

Participants with chronic TMJD experience ongoing pain. The majority (5 out of 7) had not previously received hands-on treatment. Receiving professional treatment one week and then being asked to replicate it at home led to their anxiety and uncertainty, rather than the confidence expected. In hindsight, adhering to the traditional Jing format of providing six hands-on treatments before gradually introducing self-care over a longer period might have yielded more favourable results.

## **Limitations**

There are limitations to this study, the main one being the sample size. A solo therapist can only offer so many clinic hours within a week, limiting the number of participants.

The suitability for treatment had its own restrictions. Those who are expecting to receive dental treatment within the 16-week period, those who had received dental treatment within the past 6 weeks, and those who had been experiencing pain for less than three months did not qualify as chronic pain. Along with those who had suspicions or confirmed diagnosis of arthritis in the jaw based on the study by Lietz-Kijak (2013) highlighting manual rehabilitation is not suitable.

## **REFLECTION**

Consultation time was limited before treatment to focus on protocol effectiveness, avoiding personal connection or therapeutic alliance. The approach became more clinical, reducing chattiness and personal questions, and emphasizing only participant symptoms. This overlooked the importance of the influence of the biopsychosocial model impacting the therapeutic alliance and the person-centred approach that Jing is known for.

The participants who lived with the chronic pain for longer or who had additional lifestyle influences, were the ones who experienced less overall improvement, and their headaches spiked following the hands-on sessions, in conjunction with their stress levels.

To replicate the study, it is advisable to follow the procedure used in the clinic and allocate an additional 30 minutes during the first visit. This approach can help establish a relationship and build trust, creating a safer space where participants feel acknowledged.

It is hypothesised that a personal one-to-one self-care intervention online, with real-time instruction and guidance, would reduce pain more effectively. However, due to time constraints and participant access limitations, this was not possible in this study.

## **CONCLUSION**

The aim of this study was to evaluate the effects of the Jing Method of clinical massage of seven main symptoms of TMJD in adults. This study showed a combined 70% decrease in all symptoms, with a 107.47% improvement in symptoms, concluding that the Jing Method is an effective non-invasive treatment for TMJD symptoms, and provides long-term benefits after intervention has ended.

It has been a successful study that adds to the cumulative data, building on clinical evidence of massage being a measurable effective non-invasive treatment for the management of chronic pain in musculoskeletal conditions and symptoms.

For future studies, there is the possibility of conducting a split study of one group receiving the online videos and another attending live sessions to compare. Or to split the self-care into two groups where one focuses on the rehabilitation elements, and the other focuses on meditation and mindfulness to compare the biopsychosocial model with clinical rehabilitation.

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## **APPENDIX**

### **1. Symptoms**

- Dizzy spells/vertigo,
- Tinnitus (ringing in the ears)
- Fullness of ears or earache
- Difficulty swallowing or speaking
- Toothache
- Headaches around temples
- Unexplained face and jaw pain
- Malocclusion - misaligned bottom to top teeth (cause or effect)
- Trismus (difficulty opening the mouth)
- Bruxism (teeth grinding) – cause or effect
- Twitching of face and eye muscles
- Sensitivity to light and noise
- Jaw locking when opening or closing
- Chronic pain or tenderness in the muscles around the shoulders, neck and face.
- Pain around the jaw, ear and temple
- Clicking or popping sounds on movement of jaw

(National Institute of Dental and Craniofacial Research, 2023) (NHS.UK, 2023),  
(Cleveland clinic.org, 2024. Accessed Oct 2024)

### **2. Causes**

- One dominant chewing side
- Consistent chewing of gum or chewy foods
- Joint capsule inflammation or damage
- Bruxism (teeth grinding or clenching)
- A blow to the head or face

- Stress, Anxiety or Depression
- Arthritis in the jaw joint
- Whiplash
- Abnormalities of the intra-articular disk
- Ill-fitting dentures
- Dental orthodontia (treatment to align teeth with braces or surgery)
- Frequent telephone use, leaning the head to one side while lifting the shoulder
- Iatrogenic (medical examination or treatment)
- Mental health disorders, stress and Biopsychosocial influences

(Nhs.uk, 2023, Cleveland clinic.org, Accessed 2024)

## Ethics Form



	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:	Sarah Davies
Student number:	ND57635
BTEC Year-group:	2023-2025
Date of application:	18/04/2024
Student e-mail address:	sarahdaviestherapies@gmail.com
Title of research project:	Evaluating the effects of the Jing Method of clinical massage on TMJ Disorder pain in women aged 30-60.

## 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	
<p>If yes, please specify the name of the validated questionnaire you are using and attach a copy here. Graded Chronic Pain Scale (GCPS)</p>		

### Section 3: Research premises

<p>Where is your research being undertaken?</p> <p>1) My treatment room: Sarah Davies Therapies, JR House, Nantgarw, Pontypridd, CF37 5UR</p> <p>2) Online via Zoom</p>	
<p>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.</p>	<p>Not applicable</p>

## Section 4: Recruitment

How will you recruit subjects for this research study?

I'm aiming to recruit participants that are local to me in Pontypridd, although, I am happy to see people who live in the surrounding boroughs of Caerphilly and Cardiff, due to practicality and to increase my connection with the local community and increase my client base. The methods of recruitment will be:

- Hard copy posters and leaflets on local shop windows and notice boards in Rhydyfelin: Key stores, Spar, Morrisons, Cole's Bakery, Super Fry, Chan's, Oscar's, Super Cutz, Ilan Centre, and Community Centre. Upper Boat: Tesco, Fords, and Upper Boat Inn. Hawthorn: Local News, Cut Above, Roses', the Community Centre, the Leisure Centre, the swimming pool and Hawthorn Pub. Treforest Industrial estate: JR house, JR business centre, Business in focus, Post Office, One to One gym, Lost Boyz, Pink Rooms and in my office space.
- Make connections and gain permission from the local Doctor's surgery and dentists located in Hawthorn and Tongwynlais.
- Soft copy adverts on social media: Facebook, Twitter, Instagram, LinkedIn, and my Google listing.
- Soft copy adverts on local Facebook groups: Pontypridd Town, what's on in Pontypridd, Rhydyfelin News, Rhydyfelin Group, Mums of Pontypridd, Mums of Caerphilly, Tongwynlais Page, Rhydyfelin selling page, Pontypridd selling page, Hawthorn and Taffs Well, What's on in Cardiff, Sarah Davies Therapies, Tai Chi with Sarah Davies, Hawthorn Community Centre and Cardiff Mummy Says.
- Email client list.
- Word of mouth through people I know.

## 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.

- I will recruit participants through the methods listed above.
- For participants who show interest, I will send them the participant's letter outlining the details and timeline.
- I will arrange a telephone appointment to check if they meet the inclusion or exclusion criteria and answer any questions they might have.
- Once both parties are happy to proceed, I will ask them to sign and send back the consent form.
- Starting on Sunday September 1<sup>st</sup>, I will send a weekly GCPS questionnaire for six weeks to get a base line and control period of participant's pain levels.
- On weeks 7, 9 and 11, participants will receive a hands-on treatment of the Jing protocol for TMJ. The first session will include a consultation and will be for 1 clinical hour.

**The Jing TMJ HFMAST protocol includes:**

- **Heat** – in the form of hot stones. Focusing on the sacrum and upper shoulders
- **Fascia work** – focusing on the neck, shoulders and jaw, along with the glutes
- **Massage** – deep tissue massage including Trigger point therapy to the muscles of the shoulders, neck and jaw

- **Acupressure** – includes specific points around the ear
- **Stretching** – focusing on the neck
- **Teaching self-care** – guiding participants through the exercises listed above to do at home.
- During weeks 8, 10 and 12, participants will receive online group coaching via zoom, and will include self-care advice that will mirror or be a natural progression to the after-care advice given during the hands-on sessions. These sessions will last 20-45 min minutes depending on the size of the group.
- Participants will be encouraged to perform the self-care at least three times a week, or when needed if pain or discomfort occurs in-between the treatment sessions.
- Participants will also be asked to continue filling in the questionnaire every week for the first 12 weeks, and then during week 16 to include a four-week non-intervention period.

**The self-care advice includes:**

- **Heat** – the application of wheat/heat bags at home
- **Fascia** – slow, relaxing fingertip and flat hand movements across any tight muscles
- **Massage** – self massage including trigger point work to the shoulders and neck
- **Acupressure** – specific points around the ears, includes taking 3 deep breaths that also help relax the nervous system
- **Stretching** – includes static and AIS stretches to the neck, shoulders and jaw

**Online coaching**

- Will include the self-care as listed above, along with visuals of the TMJ joint, the muscles and their corresponding trigger points. The sessions will last 20-45 min, and depending on the size of the group, and time will be allocated for any questions or clarification around the self-care exercises.
- Each week I will ask and record how many times self-care was performed.

## **Section 6: Describe what your participants need to do**

- Once participants have shown an interest, a letter to participants will be sent via email, introducing myself and outlining the timeline. If interested, they will receive a telephone consultation to ensure they meet the requirement criteria and ask any questions they might have.
- If both parties are happy to proceed, the participants will be asked to fill in and return the consent form.
- Participants are required to fill in a graded pain scale questionnaire (GCPS) for the first six weeks to obtain a base line and control period.
- Then attend a hands-on treatment in my clinic space during weeks 7, 9 and 11
- Attend a 45-min on-line zoom during the weeks 8, 10 and 12

- A questionnaire will be sent out weekly, every Sunday for the first six weeks, then every 6 days after their intervention. Participants will be asked to fill in the questionnaire within 24 hours.
- Participants will attend an appointment for a hands-on treatment at my clinic for 60 mins, three times during the study.
- Participants will also attend an on-line zoom group coaching call to learn self-care techniques.
- Participants will be asked to perform the self-care as outlined during the hands-on sessions and online sessions, three times weekly in total.
- Participants will be asked to notify me if they start or stop any medication, particularly pain medication, or if there any other changes to their mental or physical wellbeing.

## Section 7: Respecting confidentiality and ethical issues for participants

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. What ethical considerations are there?

- **Confidentiality:** I stick to strict guidelines that come under my code of conduct set by my governing body – The Federation of Holistic Therapists.
- **Recorded basic personal data:** name, date of birth, address, employment, GP surgery, email address, and basic health and lifestyle information is saved and stored on my booking software that is password protected on a laptop that is also password protected.
- **Privacy policy & GDPR policy:** can be given on request.
- **Confidentiality & client confidentiality policy:** New clients are sent the details of my policy and asked to sign as part of my consultation form. Client data is held in accordance with GDPR regulations.
- **Security:** Electronic soft copies are always double protected with two passwords to my booking system, and laptop. Hard copies are kept under lock and key in a locked filing cabinet located in my treatment room that only I have access to.
- **Anonymisation:** Participants will be assigned a number. All data will be stored in separate files under numbers to remain anonymous.
- All data will be deleted after the study.
- During the online group coaching sessions, participants will be asked not to have their cameras on, and to only enter their initial to protect their indemnity.
- **Risks:** there is a small possibility that participants may ache, or pain levels increase after both the hands-on treatment and self-care exercises. This however, should be temporary, and can be managed with rest and a hot or cold pack to ease discomfort.

## Section 8: Inclusion and exclusion criteria

### **The study will include:**

- Adults male and female
- Participants who have been diagnosed with TMJ, or, self-diagnoses by experiencing chronic pain – lasting three months or longer, that is associated with TMJ, including having one chronic pain symptom listed below;

### **Chronic pain related symptoms associated with TMJ**

- Headaches/migraines, particularly around the temples
- Pain around the jaw, ear or temple
- Pain when moving the jaw (talking, chewing, biting down, clenching teeth, or moving the jaw to one side against resistance.)
- Pain or tenderness around the ear, neck, jaw, or shoulders.

Participants who also experience at least one additional non-painful symptom of TMJ (listed below).

### **Non-painful related symptoms associated with TMJ**

- Worn or sensitive teeth, caused from grinding teeth or clenching the jaw.
- A change in the way the teeth fit together
- Ringing in the ear/s (Tinnitus)
- Dizziness
- Earache (not related to infection, or other known causes)
- Clicking or popping sounds when the jaw is moved
- Difficulty opening or closing the mouth fully (Trismus)
- Face or eye twitches
- Difficulty sleeping
- A sensitivity to light or noise
- Difficulty speaking or swallowing

### **The study will exclude:**

- Participants who have undergone recent neck, mouth, or jaw surgery in the last 12 weeks, or who are expecting to have surgery during the study time frame.
- Participants who have had TMJD symptoms for less than six weeks.
- Participants who do not identify as a women
- Participants who rate higher than 1-2 on the pain scale.
- Participants who are unable to complete the questionnaires, neither the online or paper version
- Participants who are unable to commit to the full 12 sessions within the timeframe
- Participants who have acute temporomandibular injury

## 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
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**Student's handwritten signature:**

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

**Print Name:**

**Date:**

**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.  
(please circle yes or no)

**YES / NO** 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 / NO** 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 / NO** 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 / NO** I am confident the participants' confidentiality will be preserved.

**YES / NO** I consider that any risks involved to the student, the participants, and any third party are minimal.

**YES / NO** 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:** ..... **date:** .....

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:** .....

**Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.**

## Recruitment Poster

# JAW PAIN?

I'm a qualified massage therapist with 17 years experience, looking for candidates for my clinical research study on massage for jaw pain.

The study involves a short 6-week questionnaire, & 6 weeks of treatment involving alternative weeks of hands-on massage & guided self-care.



Application  
Closing date:  
25/08/2024

### DO YOU HAVE 3 OR MORE OF THESE?

Persistent jaw ache or pain

Clicking or popping sounds in jaw

Misaligned top & bottom teeth

Stiffness or tightness in neck

Headache/pain around temples

Pain when chewing or talking

Jaw locking on opening or closing

Earache, tinnitus or fullness in ears

Clench or grind teeth



### FOR MORE INFORMATION

Contact Sarah: 07983 806 042 

Treforest Industrial Estate   
Nantgarw | Pontypridd

[www.sarahdaviestherapies.co.uk](http://www.sarahdaviestherapies.co.uk) 

\*Not suitable for those who have had dental work in the past 12 weeks, or planning to have during the 16-week study period from September 1st to December 15th, or any other medical or holistic treatment for TMJ.



**STUDENT NAME:** Sarah Davies  
**STUDY LOCATION:** XXX XXX  
**Tel:** XXX XXX  
**E-mail:** XXX XXX



**Jing Advanced Massage Training**  
**28/29 Bond Street**  
**Brighton BN1 1RD**  
[www.jingmassage.com](http://www.jingmassage.com)  
**01273 628942**

Dear XX,

**Re: Evaluating the effects of the Jing Method of clinical massage on TMJ pain in adults.**

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 what it entails.

I have been a massage therapist since 2007, and I specialise in the treatment of chronic pain.

In my clinic, I work mostly with individuals suffering with a range of complex conditions, such as headaches, frozen shoulder, and fibromyalgia.

In 2020, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage. This is 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 wellness program. I have chosen to investigate the effects of the Jing Method of clinical massage on jaw pain/disorders in adults.

I am looking for people who experience three or more of the following symptoms:

- *Pain or tightness in the jaw or ears*
- *Pain in neck or shoulders*
- *Pain in the forehead or temples*
- *Clicking or popping sensations when opening or closing the jaw*
- *Difficulty with opening or closing the mouth*
- *Headaches/migraines, particularly around the temples*
- *Misalalignment between the bottom and top teeth*
- *Difficulty eating, chewing or talking*

Unfortunately, the study is not suitable if you;

- Are under the age of 18
- Are unable to attend my premises for hands-on treatment for three visits
- Are unable to complete a weekly questionnaire either online or on paper

- Have received any surgery to the jaw, neck or teeth in the past 12 weeks, or are due to receive surgery during the trial period.
- Have an acute impact injury to the jaw

If you decide to participate in the study, it will last for 16-weeks. **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, and your data will be anonymised.

### **Timeline**

- Weeks 1-6 is the 6-week control period. You will be asked weekly, every Sunday, to fill in a short 7 question questionnaire about your pain levels. This should take no longer than 5–10 minutes.
- Weeks 7, 9 and 11 will include a 60-minute appointment of clinical massage to your shoulders, neck, and jaw. Along with inter-oral work that involves a gentle massage to your cheeks and jaw joint. You'll also be asked to continue filling out the weekly questionnaire.
- Weeks 8, 10 & 12 will include a 45-minute online coaching group/or video. Here, we will explore easy self-care techniques that you can do at home in-between hands-on sessions. These weeks will also include filling in the pain questionnaire.
- Week 16 – 4 weeks after intervention, you'll be asked to complete the final questionnaire.

### **Are there any risks or benefits to taking part?**

There are minimal risks in taking part of the study. For example, if you perform the self-care exercises incorrectly, you may experience slight discomfort. Occasionally, there might be a slight risk of pain levels increasing after treatment if there is muscular tension, but that should ease within two/three days.

Hopefully, there will be several benefits to taking part. With the aim to ease and reduce pain and discomfort in the jaw and surrounding areas, and a greater understanding of managing the condition. My reason for this study is to provide clinical evidence of the effectiveness of massage. Your participation will not only be a springboard for future studies, but also offer a more gentle and holistic approach to treating jaw pain (TMJ).

Your data will be mathematically analysed 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 on our chosen topics.

It is very important that you don't engage in other pain-relieving activities including the use of pain medication, trying a new therapy for your pain/wellbeing/stress without letting me know.

**What to do next**

If you would like to sign up, you can check your suitability by filling out [the study questionnaire by following this link](#). This is the same questionnaire you will be asked to fill in weekly.

Please contact me with any questions.

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

Yours Sincerely,

***Sarah Davies – Advanced Clinical Massage Therapist***

## PARTICIPANT CONSENT FORM



**Title of study:** The effects of using the Jing method of clinical massage to treat TMJ pain in adults.

**Name of student:** Sarah Davies

	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		
I understand that I am / the participant is free to withdraw from this study: <ul style="list-style-type: none"> <li>• At any time (until such date as this will no longer be possible, which is once all anonymised data has been merged)</li> <li>• Without giving a reason for withdrawing</li> <li>• That I am free to refuse to answer any question without saying why</li> <li>• That the services I am receiving will not be affected whether I participate or not.</li> </ul>		
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 that online sessions may not be recorded		
I understand the online sessions might involve other participants and I will respect the confidentiality of the group and not share information with others		
I agree to take part in this study		
<b>Signature (participant) <span style="float: right;">Date:</span></b>		
<b>Name: (BLOCK LETTERS)</b>		
<b>Signature (parent/guardian/other, if under 18) <span style="float: right;">Date:</span></b>		
<b>Name: (BLOCK LETTERS)</b>		
BTEC students contact details (including telephone number and e-mail address):		
Sarah Davies Tel no: 07983 806042 Email: sarahdaviestherapies@gmail.com		

## TMD-7 QUESTIONNAIRE

# TMD - 7

Complete before appointment

How often are you bothered by any of the following problems ...	Rarely or never	A few times per month	Once or twice a week	Nearly every day
<i>Check (✓) one box for each item below</i>	0	1	2	3
1. Headache				
2. Pain in your jaw or ears				
3. Pain in your neck or shoulders				
4. Pain in your forehead or temples				
5. Difficulty opening your mouth all the way				
6. Noise when opening or closing your mouth				
7. Difficulty when eating or chewing your food				
A. Have you had orthodontic treatment before?	Yes <small>circle one</small>	No		
B. Have you filled out this questionnaire before?	Yes <small>circle one</small>	No		
C. Your age is =	Male <small>circle one</small>	Female		

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10329541/>

# EDITED WEEKLY TMD-7 QUESTIONNAIRE USED

## Research Study: TMJ-9 Week

B I U ↺ ↻

Questionnaire for tracking TMJ symptoms for The Jing Method research study, by Sarah Davies Therapies

This form is automatically collecting emails from all respondents. [Change settings](#)

Initials: (this is only for my records) \*

Short answer text  
.....

In the past week, how often did you experience the following symptoms: \*  
(Check (x) one box for each item below)

	Nearly every day	Once or twice per ...	A few times per w...	Rarely or never
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain/discomfort in...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain/discomfort in...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain/discomfort in...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty opening y...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popping or clickin...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty when eatL...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken paiL...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you receiving any other medical or holistic treatment for jaw pain? \*

Yes

No

What is your age at the time of completing this survey? \*

Short answer text  
.....

Question \*

Month, day, year

## **JING METHOD TMJ PROTOCOL™**

45-min routine with hot stones

### **PRONE**

- Amma with heat over drape
- Forearm work to top traps and neck
- Trigger point work to top traps and neck

### **SUPINE**

- Holding the head to ground
- Neck stretches and mobilisations
- Attachment points on sternum and clavicle
- MFR to Pectorals
- Thoracic release

### **INTRA-ORAL WORK**

#### **FACIAL MASSAGE**

- MFR along jawline
- Temporalis tendon
- Trigger point work to cheeks
- Acupressure points around ears

#### **NECK STRETCHES**

- Manual traction
- SCM stretch
- Scalenes stretch
- Neck mobilisations
- Trigger point along scalenes and SCM

## LINKS TO ONLINE SELF-CARE VIDEOS

- Welcome - <https://youtu.be/NpBRNN1aLfg>
- Muscles & Facia - <https://youtu.be/hUqtGYDVMgg>
- Muscles 1, shoulders - <https://youtu.be/rUxI58JFiU8>
- Muscles 2, the neck - <https://youtu.be/rUHhxUyGQZs>
- Acupressure - <https://youtu.be/4wDVchJWDKg>
- Stretches - <https://youtu.be/XfgR3LzzrMg>
- Resistance stretches - <https://youtu.be/AGEQ06EmhNk>
- Intraoral work - <https://youtu.be/TrMg8HG84JE>
- The full routine - <https://youtu.be/xUY0hFN3wU8>