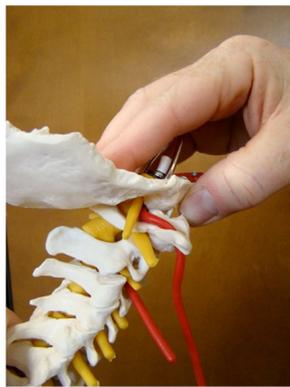




Forward Head? You're Heading for Trouble

Hundreds of patients are treated each year at JCPT for facial pain, headache and/or neck pain. A majority of these are suffering from nerve entrapment at the base of the skull or from trigger points which have developed in the cervical musculature, secondary to **forward head posture**. Research confirms the relationship between



forward head posture and chronic tension-type headaches (CTTH).¹ To see how forward head posture compresses the area at the base of your skull, keep your eyes looking straight ahead and poke your chin forward. In this posture the base of your skull rolls down onto the top of your neck, trapping the upper spinal nerves and the greater occipital nerve (see image). These nerves have direct input into the sensory distributions of the face.² Research also confirms chronic tension-type headaches

are related to forward head posture and the trigger points that develop in the cervical muscles as a result of this posture.¹ Here's how we teach patients about forward head posture and start to address the problem.

We provide patients with the following analogy...

Imagine your neck as an upright pillar with the muscles of the front and back of your neck as "cables" supporting the pillar vertically. If the pillar begins to lean forward, cables in the back get loaded and the front cables shorten. Now think of your head as a sphere balanced on top of that pillar, adding to the challenge of maintaining the pillar's vertical position secondary to the weight of the head.

This is the same thing that happens with forward head posture. *The weight of the head functionally increases by 12 pounds for every inch the head sits forward of the ideal gravity line descending from the ear through the tip of the shoulder.* Research correlates chronic muscle holding with trigger point development.¹

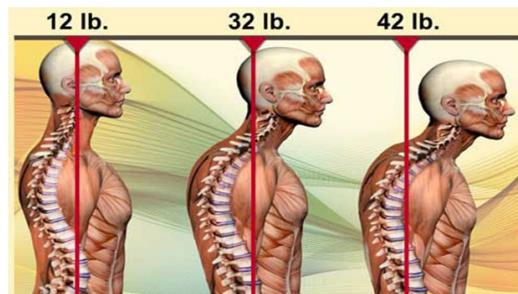


Figure 1

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Bill Esser, PT, MS, CCTT

Teaching, Learning, Teaching some more...

In April, Bill Esser, PT, MS, CCTT, attended the Annual Conference of the American Academy of Orofacial Pain in Las Vegas NV

On September 17, Bill presents "*Stretch, Stabilize, Strengthen*" to Gnathology Northwest at the Steamboat Inn on the Umpqua.

On September 21, Justin Carson, DPT, CSCS, OCS, will present "*Injury Prevention for Dentists*" to the Southern Oregon Dental Society, Medford.

On October 8-9, Bill will attend "*Evaluation and Treatment of the Temporomandibular Joint*" taught by Steve Kraus, PT, OCS, MTC, CCTT, in Seattle WA.

On November 5, Bill presents "*The Interrelationship of the Cranium, Cervical Spine and Occlusion: A Team Approach for Optimal Outcome*" at the annual meeting of the OBI Foundation for Bioesthetic Dentistry in Dallas TX.

On November 10, Justin will present "*Injury Prevention for Hygienists*" to the Rogue Valley Dental Hygienists in Medford.



Care for TMJ patients is offered at two of Jackson County Physical Therapy's four locations.

In Medford, by
Bill Esser, PT, MS, CCTT
Justin Carson, DPT,
CSCS, OCS
Matt Jurek, DPT, CSCS

In Ashland, by
Tim Palmesano, MSPT,
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Summer chuckles:

"Gardening requires lots of water -- most of it in the form of perspiration."

- Lou Erickson

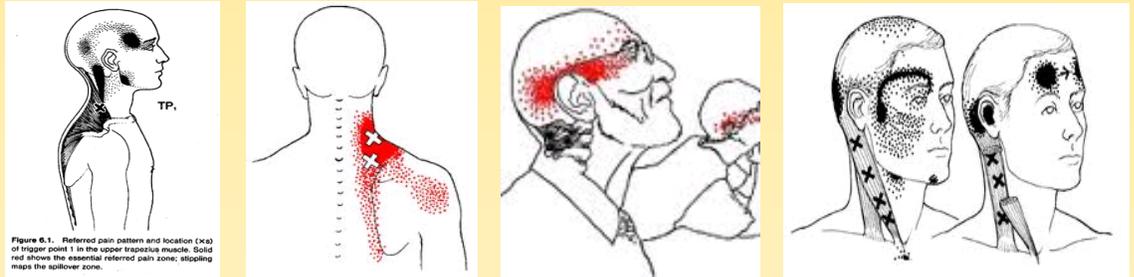
"Life expectancy would grow by leaps and bounds if green vegetables smelled as good as bacon."

- Doug Larson



Forward Head? You're Heading for Trouble, cont'd.

Upon palpation the most common trigger points are found in the upper trapezius and levator scapula (the posterior cable supports of the neck), in the suboccipital muscles, and in the sternocleidomastoid and scalene which function as the front cable system in our pillar analogy. Here are illustrations of distribution of pain which occurs from the trapezius, levator scapula, suboccipital, and SCMs. Palpation of these muscles is important to help determine if trigger points in these muscles are a source of our patient's head and facial pain.



Addressing the issues...

If your patient presents with forward head posturing and is experiencing head, neck or facial pain, we can help. As physical therapists we are experts in the **differential assessment** of the musculoskeletal and nervous system to track down the source of pain or dysfunction. We then use **manual techniques** including trigger point release (strain counter strain, Travell, ischemic compression), various **soft tissue massage techniques** (Graston, ASTYM, myofascial release) and **manual stretching** for treating trigger points. Equally important is patient education in **home exercises** designed to restore normal physiological balance—**returning the musculoskeletal system to a state of dynamic rest**—so that patients can function optimally in balanced posture. At JCPT it's what we do to help your patient help themselves!

References:

- ¹Cesar Fernandez-de-las-Penas, PT, et al. *Trigger Points in the Suboccipital Muscles and Forward Head Posture in Tension-Type Headache*. Headache 2006; 46:454-460.
- ²April C, Axinn MJ & Bogduck N. *Occipital headaches stemming from lateral atlanto-axial (C1-2) joint*. Cephalgia 2002; 22:15-22.

Need a past issue? We are pleased to offer this newsletter emphasizing care for patients with orofacial pain, headaches, and neck pain. Past issues addressed Caring for the Close-Locked TMJ (Fall 2009), TMJ Mechanics (Winter 2010), The Dysfunctional TMJ (Spring 2010), Managing Early Disc Displacement (Fall 2010) and Measuring Oral Opening (Spring 2011). Copies available; contact us at (541) 776-2333 or by email at justinc@jc-pt.com.