



## EFFECTS OF THE ATLASPROFILAX® THERAPY ON SYMPTOMS RELATED TO WITH TMJ DYSFUNCTION, BRUXISM AND DENTAL MIDDLE LINES RELATIONSHIP.



Study by Dra.  
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Dra. Gutiérrez Navas studied dentistry and orthodontistry at the Santo Tomas de Aquino University in Bucaramanga, Colombia. She specialized in aesthetics dentistry as well as in TMJ rehabilitation and handling. Dra. Gutiérrez is medical auditor and is postgraduate in Orthodontics at USTA University according to the MEAW japanese orthodontics approach.

Dra. Gutiérrez is autor of several articles:

- ❑ MANUAL DE SUSTENTO TEORICO PARA LAS HISTORIAS CLINICAS, CAPRECOM E.P.S. February 1996 (Theoretical support manual for clinical records)
- ❑ MANUAL DE BIOSEGURIDAD EN ODONTOLOGIA, Bucaramanga, Octubre de 1996 (Biosecurity in Odontology)
- ❑ REVISTA ORTOUSTA 2002;2:101-103 Efectividad de los magnetos en el tratamiento de Maloclusión clase II. Bucaramanga, Diciembre 2002 (Effectivness of magneto-therapy in malocclusion treatment class II)
- ❑ REVISTA ORTOUSTA 2003;3:13-19. Uso de implantes como anclaje en el movimiento dental Ortodónico. Bucaramanga, Diciembre 2003 (Using implants as orthodontic anchorage in the tooth movement)
- ❑ REVISTA USTASALUD ODONTOLOGIA 2006;5:85-73. Morfología Craneofacial en Padres de Niños con Paladar Hendido. (Craniofacial Morphology in Parents of Children with Cleft Palate.)

In 2012 Dr. Gutierrez specialized in the Swiss AtlasPROfilax® method that combines and complements her professional work in the field of dentistry and orthodontics.

## INTRODUCTION

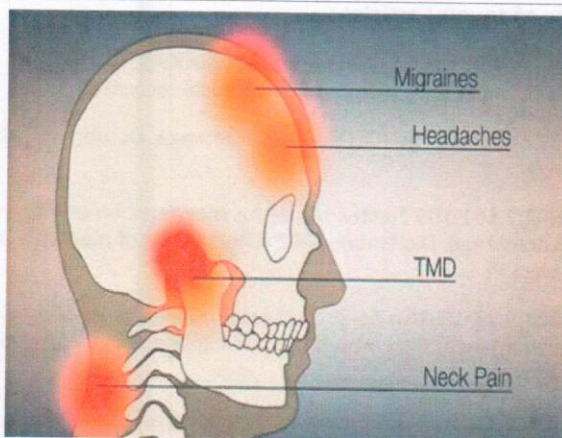
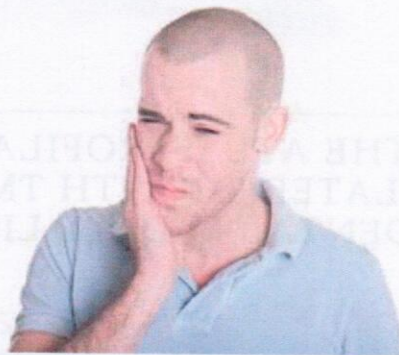
>Aldana PA, Báez RJ, Sandoval CC, Vergara NC, Cauvi LD, Fernández-de-la-Reguera A. Asociación entre maloclusiones y posición de la cabeza y el cuello. *Int J. Odontostomatol.* 2011, 5(2):119-125

>Sonneesen L, Kjaer I. Cervical column morphology in patients with skeletal Class III malocclusion and mandibular overjet. *Am J Orthod tofacial Orthop.* 2007, 132:427.e7.e12)

>Armijo-olivo S, Rappoport K, Fuentes J, Gadotti IC, Major PW, Warren S, et al. Head and Cervical Posture in patients with temporal disorders. *J Orofacial Pain.*2011;25:199-209

Several studies report a close relationship between the cervical spine and craniomandibular complex, both capable of being reciprocally influenced.

Altered posture of the head and neck may cause or predispose painful conditions which alter the biomechanics and muscle balance of the cranio-cervical region.



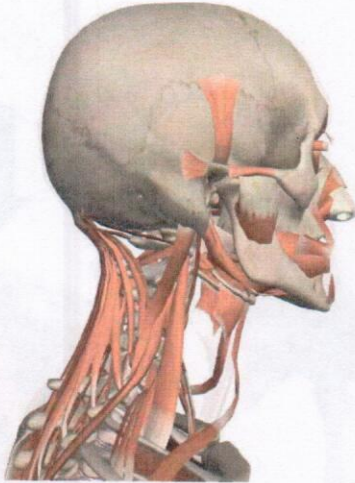
A forward head posture.

Flexion of the upper cervical spine (C1-C3).

accompanied with flexion of the lower cervical spine (C4-C7).

Center of gravity of the head moves and the spine supports a larger weight.





The jaw muscles are part of the muscle chain that allows the individual to remain standing with erect head .

When postural changes occur, muscle contractions at the stomatognathic system change mandibular position, who tries to adapt to the need to operate.

Aldana PA, Báez RJ, Sandoval CC, Vergara NC, Cauvi LD, Fernández-de-la-Reguera A. Asociación entre maloclusiones y posición de la cabeza y el cuello. Int J. Odontoestomatol. 2011, 5(2):119-125.

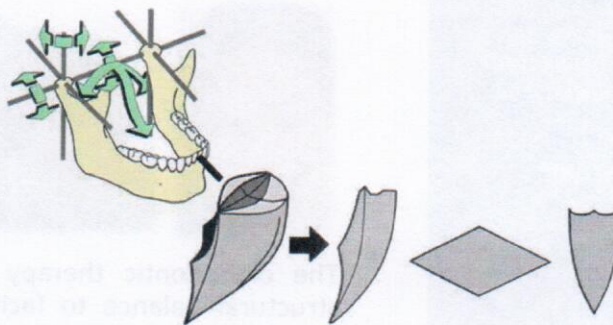


Mandibular deviations during opening and closing, are manifestations of inflammation or impaired balance and position of temporomandibular complex.

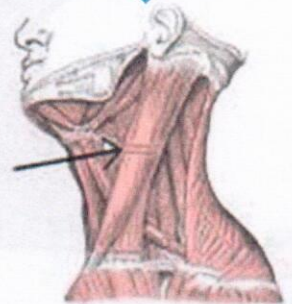
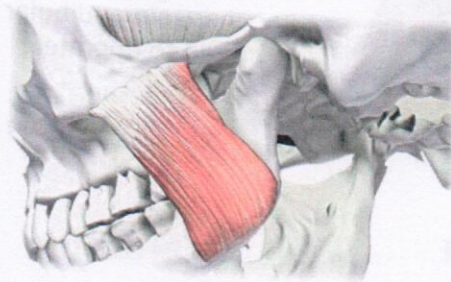
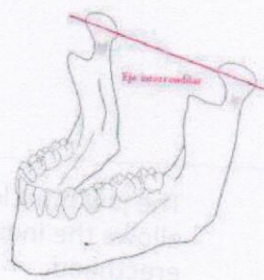
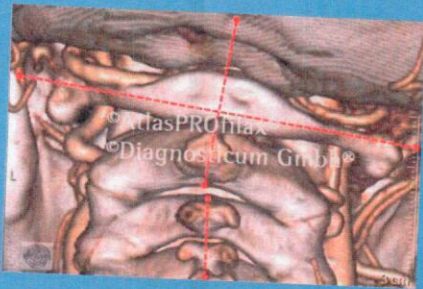
The may be the result of changes in head position.

>Capurso U. Postural and respiratory factors of the condylar position in the Temporomandibular Joint. Revista Romana de Stomatologie.2007;13(3) .

>Celic R, Jerolimov V, Zlatic DK, Klatic B. Measures of Mandibular Movements in Patients with Temporal Disorders and Asymptomatic Subjects. Coll Antropol; 2003: 27(2):43-49



# TILT AND ROTATION OF THE ATLAS



>American Society of Temporomandibular Joint Surgeons. Guidelines for Diagnosis and Management of Disorders Involving the Temporomandibular Joint and Related Musculoskeletal Structures. 2001.  
<http://astmjs.org/final%20guidelines-04-27-2005.pdf> (Mayo 2013)

>Koul R. Orthodontic implications of growth and differently enabled mandibular movements for the temporal joint. Seminars in Orthodontics. 2012;18(1):73-91

The importance of clinical examination and non-surgical treatment to control pain and dysfunction.

The limited effect the maxillo-mandibular appliances are like plates, splints, orthodontic treatment, etc. can have.

Physical therapy in association with other treatment methods may be helpful in relieving musculoskeletal pain and improve movement.



The orthodontic therapy should be addressed to achieve structural balance to facilitate physiological adaptation and rehabilitation of patients affected by TMJD.