

IMPACT OF OSTEOPATHIC TREATMENT ON BRUXISM STUDENTS : A feasibility study exploring jaw et cervical range of motion



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Introduction

- Bruxism is a common disorder often associated with other musculoskeletal disorders.^{1,2}
- Osteopaths offer functional assessments and management for a range of health-related disorders including bruxism and neck pain.^{3,4}
- **New instruments and methodologies** are now available to quantify ROM data in a clinical context.⁵
- This study explores **the value of using motion analysis to evaluate cervical and jaw range of motion (ROM)** on students with bruxism when comparing Osteopathic Manipulative Treatment (OMT) to sham in an Osteopathic Educational Institution (OEI).

Materials & Methods

- **23 volunteer students** (21.1 ± 2.0 years) from an OEI.
- **2 Groups :**
 - A treated* bruxism group [Brux_OMT]
 - A control** bruxism group [Brux_sham]
- Received two **OMT** sessions separated by one week and individualized (45'). ** Received two **SHAM** treatments separated by one week consisting of three manual techniques (45').
- All participants were assessed 4 times: pre-treatment (T1), post-treatment (T2), follow-up pre-treatment (T3), follow-up post-treatment (T4). **ROM of jaw and cervical spine** was measured through a video based-system constituted by :
 - **15** body landmarks
 - **3** sport cameras (GoPro)
 - Kinovea software to analyse data

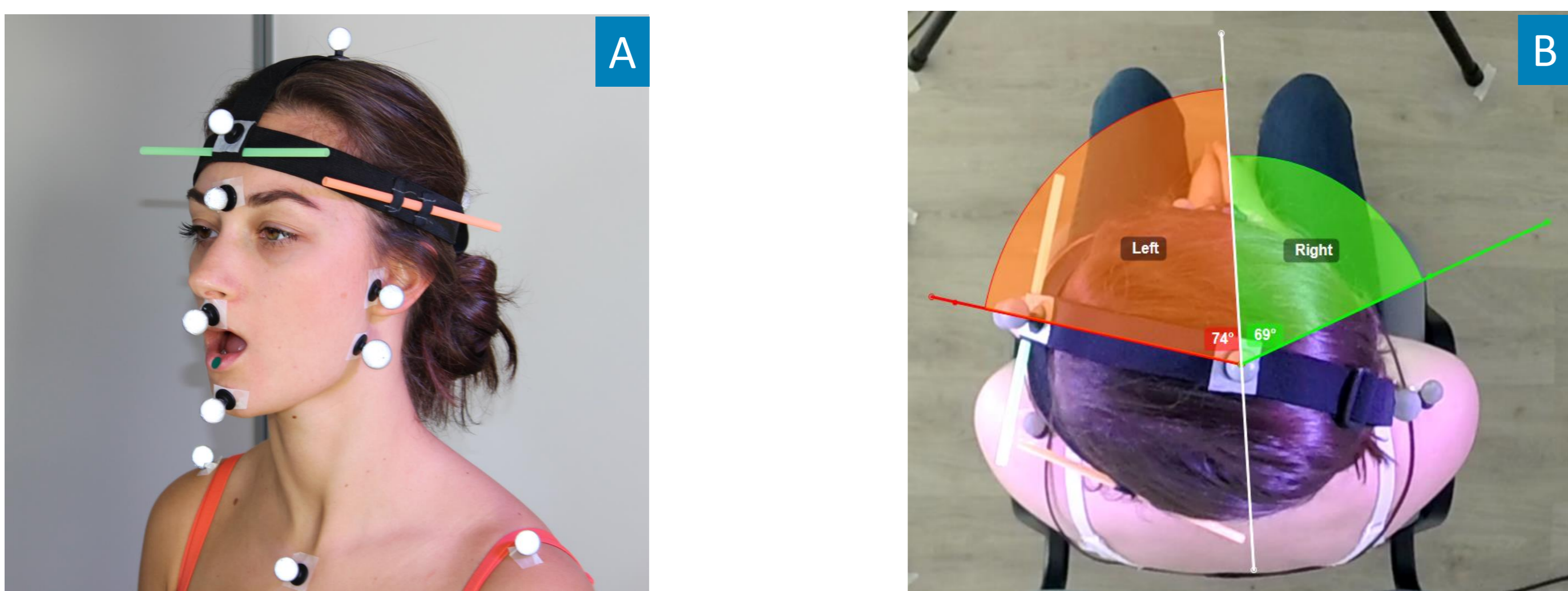


Figure 1 : Participant equipped by body landmarks performing a jaw opening (A) and data export of cervical rotation with the analysis software. (B)

Results

- Repeated measures of joint motion at baseline **showed high levels of reliability** ($0.953 < ICC < 0.985$).
- Motion analysis detected **important differences between OMT and sham** one-week post-treatment (T3) for jaw lateral ROM (3.3° ; $p = 0.018$) and cervical rotation ROM (12.0° ; $p = 0.003$) in participants with bruxism.
- **Following the second treatment (T4)**, effects were more important and current for all parameters.
- Changes over time at one week **were correlated between jaw and cervical ROM**. Students that gained in lateral jaw movement also gained in cervical side-bending ($\rho = 0.595$, $p = 0.003$) and cervical rotation ($\rho = 0.440$, $p = 0.036$).

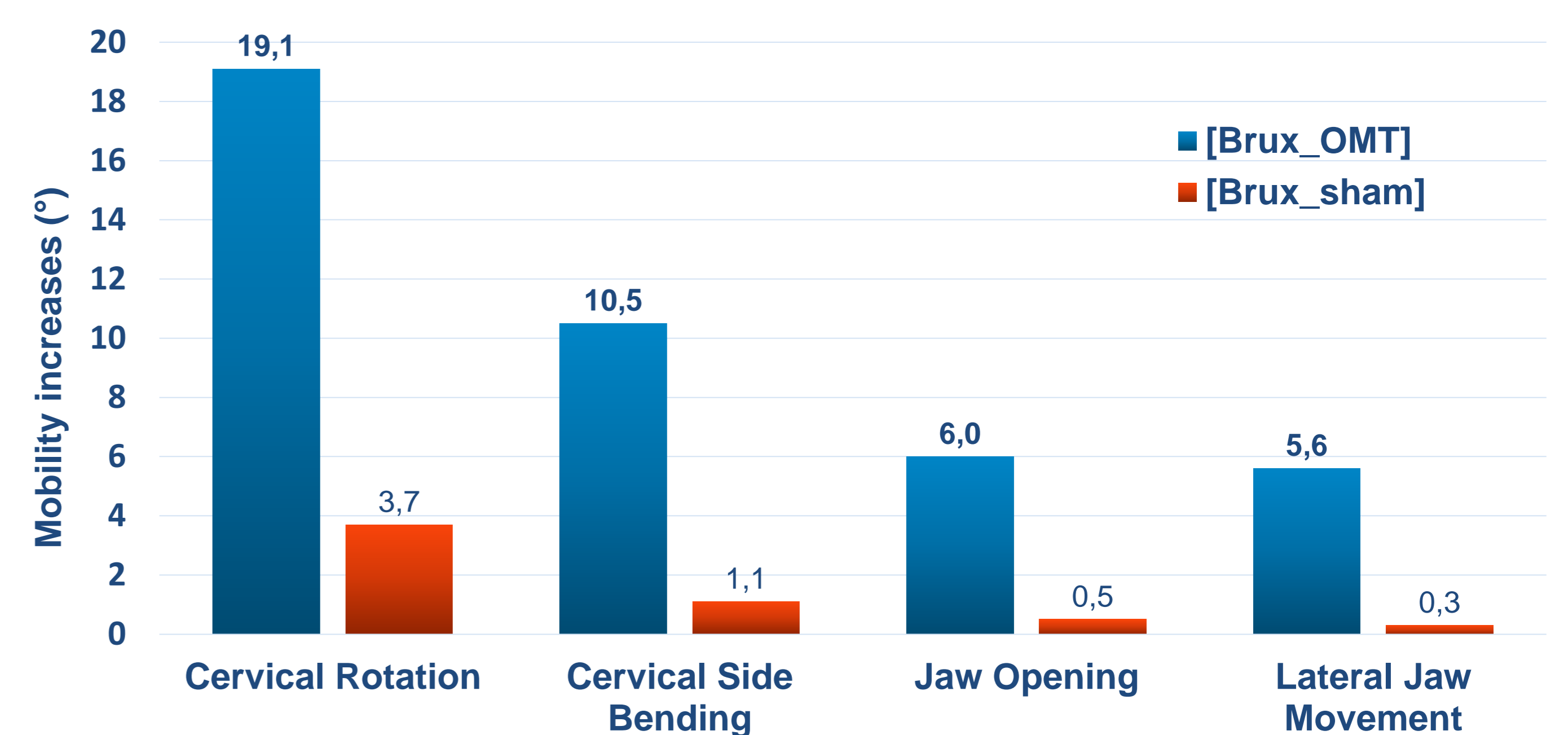


Figure 2 : Mobility increases between T1 and T4 for the two groups.

Discussion

- Osteopathic manipulative treatment **improves cervical and jaw ROM in bruxism students** compared to control group.
- All effects were **more** important after the second intervention that **highlighted the importance of a follow-up of patients**.
- The correlations observed testify to **the (close?) relationship between the manducatory sphere and cervical mobility**, in a quantifiable manner.

Conclusion

- Motion analysis **can detect** the effects of OMT on cervical and jaw ROM in students with bruxism.
- **This complementary evaluation approach** to traditional methods **could allow a better understanding of the injury mechanisms of patients** with functional disorders of the craniocervical region.

Références

- (1) Martinot et al. 2020. *Chest* 157 (3).
 (2) Martynowicz et al. 2019. *Frontiers in Neurology*, 10.
 (3) Thomson et al. 2014. *International Journal of Osteopathic Medicine* 17 (3).
 (4) Vaucher et al. 2020. *BMJ Open*, 8 (8).
 (5) Bernardina et al. 2017. *Journal of Applied Biomechanics*, 35 (1), 80–86.
 (6) Akgol et al. 2019. *International Journal of Health & Allied Sciences*, 8 (1), 38.