

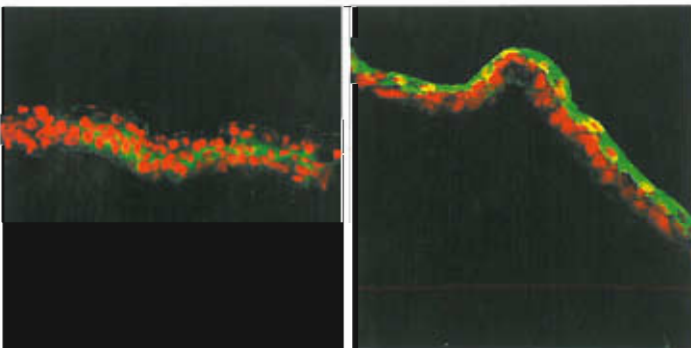
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## Bruxism: Diagnosis and new ways of functional treatment by the Face-Former-Therapy

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Looking at the current recommendations for treatment craniomandibular disorders (CMD) of bruxism in particular, those are based primarily on two approaches: On one side, dentists try to change the occlusion with occlusal splints. Furthermore nocturnal bruxism is explained as a reaction of the subconscious to stress. The patient is treated more psychotherapeutically.

Both approaches alone or in combination should reduce the symptoms or prevent long-term consequences, such as tooth abrasion or periodontal disease. A new therapeutic approach for the treatment of CMD is the Face Former therapy after Berndsen/Berndsen.

Following the researchers description, the main causes of CMD is disturbed muscle function. They explain the relationship with their "Interactive Cranio Cervical Myofunktions Model" (CCMM). The "Face Former Therapy" is based of this model and takes account of neurophysiological processes; for the exercises require a training device, the "Face-Former". By this the interactive features of the craniomandibular muscles are consistently activated. Muscle function will also be harmonized and strengthened. Furthermore, the physiological breathing, tongue position, mouth and head balance physiologically trained.

A pilot study was developed. Initiating partners were the Centre of Rehabilitation, ISST-Unna and the Department Of Orthodontics of Frankfurt University. Patients and their live partners were rated respectively proxirated by the "Multi-Lickert-Scale".

All patients were treated for 8 weeks with the Face-Former-Therapy. 8 of them had had already several years occlusal splints therapy. 6 participated in a combined dental therapy and physiotherapy. None of these showed a sustained positive change. 4 participated for the first time. 6 patients already showed a significant improvement after two weeks of Face Former Therapy in pain symptoms.

The ratings shows for the period of 8 weeks an average increase of 61.36(patients), the Proxi-Ratig of 56.82 percent.

Summary: The Face Former Therapy effectively reduces craniomandibular disorders. Through rigorous training, a muscular Dysbalance in the stomatognathic system subsided.



# New ways of functional treatment of bruxism Face Former Therapy

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## CONTEXT

Bruxism is considered as a parafunction with pathological effects. Conventional treatments are carried out using occlusal splints and behavioral interventions. Both methods rarely achieve satisfactory therapeutic results. A new approach for the treatment of CMD is the Face Former Therapy® (FFT). On the basis of the Cranio-Cervical-Myofunctional-Model (CCMF) pathological disorders of the orofacial region should be repealed by activation of muscle chain functions and should be replaced by new habitual neurophysiological patterns.

## AIM OF THE STUDY

In a pilot study it was checked whether the positive results of the FFT, which were found in the treatments for the cranio-mandibular and cervical disorders, are also valid for patients with bruxism.



Face Former Therapy: Pull Position



The Face-Former  
Equipment of the treatment

## RESULTS

After 2 weeks FFT showed at 6 participants a clear improvement. Temporomandibular joint pain and muscle pain were rated as significantly reduced. After eight weeks of treatment period were 61.36% free of symptoms. Proxirating 56.82%.

## CONCLUSION

With regular application of the FFT malfunction in cranio cervical system can be corrected into a new neurophysiological function type. This shift causes a reduction or a waiver of bruxism and pain conditions. Even after two weeks showed positive changes. After 8 weeks, most of the participants were without symptoms. Because the new neurophysiological patterns have to become habitual and to prevent falling back into old patterns the developers recommend a treatment duration over 6 months.

## PARTICIPANTS AND METHOD

Es Inspired by far-reaching positive experience with the Face Former Therapy in CMD, a pilot study was developed for the treatment of patients with bruxism. Initiating partners were the Centre of Rehabilitation, ISST-Unna and the Department Of Orthodontics of Frankfurt University. The participating patients validated pain and nocturnal bruxism in the same way as their changes by the "Multi-Lickert-Scale" (1 to 5). In addition, a Proxi-rating of the life partners, rating also the frequency and intensity of bruxism during the night, based on the "Lickert-scale, was included as well.

The study included twelve patients (5 women, 7 men, average age 44.3 years) with serious bruxism. All patients were treated for 8 weeks with the Face-Former-Therapy. The patients complained about pain, which is primarily based on the TMJ and related masticatory muscles, but also occurred in the cervical muscles. Three patients, beyond that, often suffered under severe tension headaches. All patients were diagnosed with TMJ noise.



Changes of habitual bite situation and muscle tension by Face Former Treatment



Thermography: : Shows the extent of muscle activation with Face Former Treatment

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