

Ouch! TMJ & TMD seem to be affecting more and more people, but now thanks to two Manhattan health professionals there are a couple of non-surgical options to treat the pain

Dentist Uses Neuromuscular Dentistry to Diagnose and Treat, While Physical Therapist Helps The Body Realign

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TMJ and TMD (temporomandibular joint disorder) are no fun. The disorders can cause pain in the jaw, headaches, popping, clicking and locking of the jaw, as well as limited jaw movement. Things as simple as eating and talking can be downright excruciating for some. What's astonishing is that more than 35 million Americans are now victims. This is not something that is talked about a lot in the media, but with this many people suffering the time to react is now.

The good news? Two leading experts in our area are now collaborating to offer new solutions that don't mean going under the knife!

[Dr. Frederick Stange, D.D.S.](#), specializes in TMD & TMJ treatment for his patients through breakthrough Neuromuscular Dentistry.

"Many times chronic TMJ pain is from an unbalanced TMJ system," says Dr. Stange, who suffers from TMD himself. Dr. Stange uses a machine called TENS (Trans-Epithelial-Nerve-Stimulation). "This small electrical current stimulates and relaxes the deep muscles of the TMJ, which allows us to find the source of the problem. That may be the teeth and their relation to the jaw bones. The muscles connect these two, and many times pain can be alleviated by correcting the conflicting positions. Some non-surgical corrections are TMJ orthotics (splint), Braces (invisalign), or tooth restorations."

Once balance is achieved symptoms improve.

And that's where expert physical therapist Karena Wu comes in.



Wu owns and operates [ActiveCare Physical Therapy](#), and has a special interest in treating patients with TMD.

Wu practices soft tissue mobilization techniques in the immediate jaw area, helping patients to unclench their teeth, but she also concentrates on the lumbopelvic region of the body - as she calls it - "the foundation of the house".

"If the base is out of alignment, anything above and below on the kinetic chain can be out of alignment as well," Wu says. "The cranium sits on the cervical spine, and if you follow the spine from the lumbar, to the thoracic to the cervical, you might find the cranium is not sitting correctly on the spinal column, which could mean the mandible bone isn't sitting correctly in connection with the cranium (this is how the joint comes together)."

Wu tells of one patient she had with terrible clicking in her jaw. After Wu performed the shotgun technique (where she aligns the 2 halves of the pelvis and resets the lumbopelvic region), her clicking diminished significantly.

"I looked at her entire kinetic chain to see how it might affect her jaw - and it did, " Wu continued. "Then, I went directly to the area itself and addressed the immediate tissues in and around the joint and the combination of the work made her joint feel significantly better in one session."

Karena Wu and Dr. Frederick Stange are available for interviews and to demonstrate these techniques.