



A 48-year-old male presented for care due to complaints of a deviated septum, headaches, and TMJ dysfunction

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Introduction

Unraveling a complex patient presentation is a challenging endeavor and often necessitates interdisciplinary cooperative care. This case report focuses on a 48-year-old male patient with a history of a deviated septum, breathing difficulties, headaches, and TMJ dysfunction. Initially in the differential diagnosis process, it is crucial to consider whether these conditions are more likely independent or possibly interrelated necessitating interdisciplinary care.

Case History

A 48-year-old male presented with complaints of occluded breathing on the right side of his nose rated at 1-2 on a 1-10 scale with full airway function at a 10. He also presented with right-sided suboccipital headaches, described as migraines occurring once a week and lasting 24-48 hours. The headaches were relatively unresponsive to medication and rated at an 8 on a pain scale of 1-10 with 10 being most painful possible. Visual inspection revealed a left nose deviation and TMJ deflection with crepitus. The TMJ in static posture was observed to be deviated to the right.

Radiographic Studies

Pre-Treatment



Post-Treatment



Intervention/Outcomes

The patient's initial chiropractic care included 17 cranial facial release (CFR) nasocranial balloon treatments, sacro occipital technique (SOT), and a SIJ support belt. The dentist prescribed a TMD/OSA night and daytime appliances, acupuncture, and cold laser therapy. Patient was referred to another chiropractor for SOT cranial and chiropractic manipulative reflex technique (CMRT) care (6-office visits). The patient responded favorably to the interdisciplinary care and noted increased/improved nasal breathing rated at 7 (using a 1-10 scale representing full airway function at a 10) along with associated significant reduction in headache frequency/intensity.

Conclusion

Two chiropractors and a dentist with dual training in dentistry and acupuncture treated this patient with a positive outcome consisting of improved breathing, reduced TMD and headaches. Further studies with similar patient presentations are warranted to determine if this type of conservative collaborative care can represent a low-risk treatment option.