

# The World of Manual Medicine

## Science & Research in the News: JULY 2016

Research should be judged on the merit of its scientific findings rather than on the basis of professional degrees held by investigators. In this spirit, [Science in the World of Manual Medicine](#) offers citations & links likely to be of interest to physicians in our member's societies as well as to the Manual Medicine community generally. FIMM offers these items from peer-reviewed journals without comment and does not specifically endorse the research. Subscription may be required to access full article. Let us know if you have seen any evidence-based items of interest to share with the Community.

### Clinical Application of Manual Medicine Approaches

**Headache attributed to temporomandibular disorders and masticatory myofascial pain.**

[Journal of Oral Science, 20162016;58\(2\):195-204.](#) (Lead author K Hara from Tokyo JAPAN.)

Thirty-four (34) subjects completed this study. All fulfilled diagnostic criteria for temporomandibular disorder (TMD) without joint disease and ICHD-3 beta diagnostic criteria for Headache Associated with Temporomandibular Disorder (HATMD). Intervention consisted of 2wks self-administered masticatory muscle-stretching & massage (5X/day). Facial pain intensity, pericranial muscle pressure pain threshold, max unassisted jaw opening, HATMD intensity & frequency, and tooth contact ratio were assessed initially, pre- & post-treatment. Headache improved during TMD treatment & was temporally related to amelioration of TMD symptoms.



### Biomedical Sciences Underlying Manual Medicine

**Long-term effectiveness of sphenopalatine ganglion stimulation for cluster headache.** [Cephalalgia May 2016; 0\(0\) 1-12.](#) (Lead author TP Jürgens from Hamberg GERMANY).

The sphenopalatine parasympathetic ganglion (SPG) plays a pivotal role in cluster headache (CH). The authors evaluated long-term effectiveness of SPG stimulation in 33 medically refractory, chronic CH patients followed for 24 months post-insertion of a SPG microstimulator. With response defined as reducing >50% of attacks or a >50% reduction in attack frequency vs baseline, SPG stimulation proved effective. 61% (20/33) of all patients were either acute or frequency responders or both (5956 attacks); the majority maintaining their therapeutic response through the 24-month evaluation.

### Documenting Musculoskeletal Medicine Approaches

**Targeted Pressure on Abductor Hallucis and Flexor Hallucis Brevis Muscles to Manage Moderate to Severe Primary Restless Legs Syndrome.** [JAOA July 2016; 116\(7\):440-450.](#) (Lead author PJ Kuhn in Lake Erie PA USA).

32 subjects with moderate to severe Restless Legs Syndrome (RLS) used an external RLS home device producing targeted pressure on abductor hallucis and flexor hallucis brevis muscles. Intervention greatly reduced symptoms without medication adverse effects. International RLS Study Group (IRLSSG) scores dropped from severe (≈25) to mild (≈8); mean sleep disturbance severity dropped from moderate (2.7) to mild (0.6). At baseline, subjects had reported losing ≈2 hrs of sleep because of RLS; on the final testing day, they reported only losing 22 mins of sleep (P<.001).

### FIMM Member Research & Opportunities in MM

The call for papers and short presentations to be delivered in Varna BULGARIA on **September 17, 2016** is now closed. [A call for posters](#) for the **16<sup>th</sup> International Scientific Congress of FIMM** in conjunction with the Bulgarian Society of Manual Medicine remains open until **July 31, 2016**.

