



Dr Ken Russell BDS, GDDSM

As the senior partner of a large Dental Practice I was responsible for the management of the Practice while providing active dental treatment. In my Dental Practice I provided a wide and varied parcel of dental services. After selling my practice I retired from active Dental Practice in 2016 and I am currently managing my private general practice Dental Management and Mentorship Company. I am also a senior tutor to final year students at the Adelaide Dental Hospital.

Having been in general Dental Practice for over 40 years I have had the opportunity to observe and evaluate the progression of dental disease and its impact on my client's general health. I have seen the benefits our profession's therapy can make in this area and also have witnessed the iatrogenic problems it can also cause.

Very early in my professional career I realised that a marked relationship existed between the Temporo-Mandibular Joint Complex and its related musculature and the physical wellbeing of my clients. I now refer this damage and disease as "Temporo-mandibular Muscular Dystrophy" ie, "TMD". I would also point out that many working in my area now refer to these issues as "Temporomandibular-cervical muscular dystrophy".

In 1990 a minor snow skiing accident caused me to need a C5/C6 discectomy and fusion. The surgery was successful eliminating the numbness and pain in my fingers but made little difference to the neck pain and headaches I was experiencing. My journey back to health was long and difficult and not very successful until I came across a medical practitioner who gave me a series of cervical prolotherapy injections. First hand experience of this treatment developed my interest in another method for the treatment of my TMD clients. After a professional career embracing possible poor postural hygiene when working and a youthful contact sport career I felt that other cervical spinal areas were obviously damaged as well. The simple impact of a snow skiing injury was final insult to spiral me into disease. This final and possible minor damage leading to disastrous consequences is a situation that I have come across with many of the chronic pain patients who came to my practice for the treatment of TMD.

TMD is an insidious disease resulting from both acute and chronic trauma and fatigue to the Temporo-Mandibular Joint Complex and its related musculature. I have also observed a symbiotic relationship between TMD and Cervical Spine problems on many occasions. The educated Dentist in this area is pivotal in the treatment as he alone can develop the complex's functional stability after damage, however too few are prepared to implement the anatomy and functional knowledge they have studied and most are unwilling to become involved in simple prolotherapy treatment. The Dentist is also pivotal to the diagnosis and treatment of Sleep Apnoea and I have seen an ever increasing relationship between this and TMD.

In my presentation for you I would like to introduce and discuss the dental treatment of TMD and the methods that have been most successful for me. This treatment includes the use of "trigger point" injections and prolotherapy as well as reconstructive and dental orthopaedic splint therapy..