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Idiopathic referred tooth pain due to *Orbicularis Oris* trigger point activity

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Narrative: In treating idiopathic tooth pain that does not respond to the usual approaches of Applied Kinesiology, the presence of orbicularis oris trigger point activity should be considered.

While tooth pain is not a frequent initial complaint in a chiropractic Applied Kinesiology (AK) practice, as patients gain experience with the positive results that are typically achieved for the presenting problems, they are more likely to mention other symptoms, sometimes in an off-hand way. One of these is tooth pain, which most patients only consider in the purview of dentists.

Thanks to the Neurologic Tooth (NT) procedure, many good results have been achieved in relieving tooth pain, and not uncommonly preventing the need for more invasive dental procedures. In cases where results are not achieved and dental problems are not the obvious cause of the tooth pain, the procedure described here may be of benefit.

Referred pain is a well-established phenomenon related to trigger point activity. This finding adds just one more tool to the toolkit for dealing with tooth pain. While to date in my experience, the muscle spindle technique has been successful in dealing with *orbicularis oris* trigger points, other techniques for dealing with trigger points, such as percussion and fascial release should be considered when indicated.

Indexing terms: Chiropractic; Applied Kinesiology; Idiopathic; Tooth Pain; Trigger Point; Muscle Spindle; Orbicularis Oris.

Introduction

While tooth pain is not a frequent initial complaint in a chiropractic Applied Kinesiology (AK) practice, as patients gain experience with the positive results that are typically achieved for the presenting problems, they are more likely to mention other symptoms, sometimes in an off-hand way. One of these is tooth pain, which most patients only consider in the purview of dentists.

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Discussion

An established and long-term patient asked me '*Can you do anything about*

tooth pain'? The patient was undergoing orthodontic work using clear plastic aligners. Orthodontia commonly causes specific tooth pain whenever there are adjustments to the aligners, whether traditional braces or the clear aligners. In this case, the pain the patient was experiencing was atypical of the usual pain of aligner adjustments, and since the patient had finished the treatment and was wearing retainers only at night, the aligners themselves were unlikely to be causative.

The pain was described to be moderate to severe, brief and lancinating with varying frequency and typically with mouth movement. In this case, there were three teeth involved; the right upper 2nd incisor, the canine, and the first premolar. The usual tests to determine the presence of NT involvement were negative and there were no indications of temporomandibular joint or muscles of mastication involvement.

It occurred to me that since the pain was so atypical and involved multiple teeth, that it may be trigger point related. On having the patient therapy localise (TL) over the upper right *orbicularis oris* muscle, there was a positive response. Tapping over the area also elicited a positive response when testing an indicator muscle.

I also found that the trigger point could be challenged by having the patient puff the lips, resulting in a change in the indicator muscle. I then applied gentle muscle spindle correction in the area that was positive using approximating direction of pressure with the result of complete elimination of the pain which was lasting in effect.

Since that original observation, I have found this technique to be useful on many patients with otherwise unexplained tooth pain. One patient in particular is worth mentioning. She had been a patient for decades and through the years, I had found and corrected NT problems, multiple cranial faults, and many other possibly related problems, but was never successful in helping her with the recurring and often constant tooth pain, involving multiple teeth and often migrating from right to left or involving the maxillae in general. Unfortunately, this patient had undergone many invasive dental procedures over the years for this tooth pain with equally unsatisfying results. I tested her using TL over the *orbicularis oris* and also tapping and found positive reactions. I made the appropriate correction using gentle muscle spindle technique with approximating pressure. To my delight, and especially the patient's, this chronic idiopathic pain was eliminated.

Conclusion

Referred pain is a well-established phenomenon related to trigger point activity. This finding adds just one more tool to the toolkit for dealing with tooth pain. While, to date, in my experience, the muscle spindle technique has been successful in dealing with orbicularis oris trigger points, other techniques for dealing with trigger points, such as percussion and fascial release should be considered when indicated.

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