Case history #3:

**Posterior Tongue Tie** -
the amazing story of Michale Fetzik’s 12 year search for migraine relief.

Presented by Michale Fetzik, Orofacial Myofunctional Therapist from Wichita, Kansas
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**Abstract**

This case presentation chronicles an Integrative Functional and Multi-Disciplinary approach to alleviating Chronic Atypical Tension Migraines in a 46-year-old female. Headaches were approximately three times per month with duration of three days each. Intensity was rated at ten on a ten-point pain scale and considered “debilitating” in nature.

**Introduction**

History:
- vaginal feet-first breech birth
- breastfed for one year
- chronic tonsillitis, open-mouth posture, mouth breathing, sinus issues
- retractive headgear orthodontics at age 15, for
- overbite and anterior open bite
- post orthodontic sleep issues
- forward-leaning posture (leaning forward at waist)
- TMJ appliance for clenching/grinding at age 29
- orthodontic relapse; anterior open bite
- headache onset at age 36

Twelve year history of Chronic Atypical Tension Migraines triggered by stressful events, low blood sugar, vocalization (talking, singing or crying), physical exertion and fatigue. Headaches began in the right scapula/rhomboid region traveling superiorly to the right trapezius/right occipital area and around the cranium to the right eye. Occurrence was three to four times per month with duration being approximately three days; the only relief was a dark, cool room. Medications were refused due to sensitivity of the patient. Interaction with family was affected, as was ability to work.

Therapeutic interventions employed in an attempt to relieve headaches:
- OTC (over the counter) medications: Excedrin, ibuprofen, guaifenesin
- dietary changes: gluten free, dairy free, sugar free, low-carb diets
- BHRT (Bioidentical Hormone Replacement Therapy)
- anti-oxidant therapy with nutritional supplements
- bilateral breast reduction: DDD to C cup
- chiropractic adjustment (traditional osseous adjustment)

None of the above interventions brought significant, lasting relief to the headache presentation.
Method
Tipping Point “Diagnosis”: Fibromyalgia

At age 44, the patient was “diagnosed” with fibromyalgia by a chiropractor who suggested this after trigger point evaluation and health history consistent with the condition. Patient did not have increased perception of pain.

TMJ Appliance Therapy
At age 45, TMJ (Temporomandibular Joint) appliance therapy was sought with the thinking that correcting joint relationship may alleviate the onset of headaches. After six months of treatment, while neck tension had resolved to a degree, the headache cycle was not broken. Initially a day appliance was used exclusively. After six weeks, attempt of a night appliance was made, but was not tolerated due to mouth breathing. TMJ appliance therapy resulted in an exaggerated anterior open bite, which the patient had experienced in her teens. Swallow dysfunction was mentioned during this therapy but no treatment was prescribed. Open-mouth posture was not addressed.

Orthodontics
Orthodontics was recommended to close anterior open bite. It was at this time orthodontist prescribed “Orofacial Myofunctional Therapy” (OMT) to correct anterior tongue thrust, a dysfunctional swallow. Since there were no local therapists and the patient had the necessary background to complete training, a combination of training and treatment was sought and achieved. During the next year, Orofacial Myofunctional Therapy was completed. This therapy resulted in a complete resolution of headache incidences. However, chronic neck and
shoulder tension remained.

Myofunctional Therapy corrected the open-mouth posture. Lip seal and tongue/palate contact was achieved and anterior tongue thrust swallow was achieved.

Correct tongue-rest posture allowed forward excursion of the mandible, creating a greater need for forward advancement of the mandible. Although the practitioner attempted facial tipping of the maxillary anterior teeth, the patient elected to use a removable palatal expander (see pic) with Hang™ clasps distal to the canine teeth. This sagittal device reversed the retractive headgear effect of her original orthodontics as a teen allowing the mandible to move forward into a new functional occlusion.

**Bodywork**
The patient/therapist was evaluated by a physical therapist and found to have a floor of mouth restriction or tether (sometimes known as Posterior Tongue Tie), which was also connected into the alveolar ridge of the mandible in the lingual aspect; these areas were released via laser by her husband (general dentist Dr. Stephen P. Fetzik, Wichita, Kansas). This tissue release, in combination with Cranial Adjusting Turner Style (CATS) and continued chiropractic adjustment, yielded the cranial dimension changes evident in the photos.

Craniosacral Fascial Technique (The Gillespie Approach) was used over a period of four days in the post-operative period. This fascial unwinding technique was instrumental in removing deep fascial strain patterns allowing the mandible to relax even further, as evidenced by change in occlusion.

**Results**
Following lingual and maxillary central tether releases, shoulder and neck tension abated completely. Chiropractic adjustment and CATS continued until adjustments were held. The debanding and retention phase was achieved. Maintenance CATS treatments continue on a four to eight week schedule. Anterior movement of the mandible is evidenced in the photos.

A post-operative respiratory spirometry and pharyngometry study was completed and the airway declared “that of an opera singer.” Weight loss was achieved; sleep and overall health improved.

Total treatment time and course of therapy was over a 2 year period. Occurrence of previously scaled migraine...
has been zero. One tension headache at a rating of three was treated with homeopathic remedies (arnica and hypericum). Another tension headache at a rating of five was treated with one Excedrin.

**Discussion**

The dramatic improvements in this case are evident based on the before and after photos. Although direct anthropology was not performed in assessment, the photos seem to indicate that there were changes in the measurements. Orbital dimensions became more symmetrical. Facial Width (Zy-Zy) appears to have increased reflecting cranial stability from palatal support via correct and effective tongue rest posture. The mandible appears to have moved forward. Once the maxillary position advanced via anterior expansion, the mandible was permitted to move forward. Further conditioning and training via Myofunctional Therapy consolidated this jaw position. Release of the posterior lingual tethering permitted relaxation and further comfort in this advancement. Subjective reports from the patient were the alleviation of Fibromyalgia trigger point pain, improved sleep, weight loss and an overall sense of well being. The patient also received coaching from a Buteyko Breathing practitioner to reduce the rate and volume of breathing which aided in the transition from mouth breathing to habitual nasal breathing.

Such an integrative approach proved very beneficial in this case. Results are currently stable for two years and one half years.
**British Society for the Study of Craniomandibular Disorders (BSSCMD)**

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