ELVA MEDICA

(Craniovertebral Biomechanics Clinic)

For COSEM - Florence

APPLIED KINESIOLOGY SEMINAR

ROME

10 - 11 FEBRUARY 1990

THEORETICAL-PRACTICAL COURSE ON

KINESIOLOGY OF TEMPOROMANDIBULAR JOINT AND OCCLUSION

Speaker: Prof. Louis Nahmani

* President of French Society of Gnathology
* Director of Biotherapy Institute, Reims
* Head of Department, Faculty of Dental Surgery

PROGRAMME

Day 1

9:00 am – Opening message by Vincenzo SCOTTI, Member of Parliament

9:30 am – A new kinesiological test to control the normality of occlusion and TMJ

11:00 am – Coffee break

11:30 am – The mandibular – craniosacral mechanism: teeth, TMJ, vertebral spine

12:30 pm – Introduction to chiropractic

13:00 pm – Lunch

14:30 – 16:30 pm – Kinesiological tests applied to chewing, swallowing, phonation and locomotion, and their relation to TMJ and occlusion

16:00 pm – Coffee break

Day 2

9: 00 am – Treatment of TMJ algo-dysfunctional syndrome: TMJ repositioning using repositioning appliances and interocclusal splints

10:30 am – Coffee break

11: 00 am – Treatment of clicking joints

– When should we record the centric relation?

– When should we not record the centric relation?

– Which other relations should we record?

The kinesiology concept

CONGRESS VENUE

HOTEL ALDOVRANDI PALACE

Via Aldovrandi n. 15

00197 - ROME

Tel. 06 - 8841091

Applications for the course should be submitted to:

ORGANISING SECRETARIAT:

Elva Medica

Piazza Mazzini, 27

00195 - ROME

Tel. 06 - 316549

Participation in this course is restricted to odontologists, dentists and chiropractors.

About Kinesiology

Kinesiology is a new dental diagnostic science that uses neurological, chiropractic, osteological and acupuncture concepts to evaluate muscle function or dysfunction.

It applies to all body muscles, and allows the evaluation of the ENERGY AVAILABILITY of all joints.

In gnathology, a kinesiological analysis makes it possible to verify, at the level of the muscles and of the joints of the head, neck and upper and lower limbs, the positive influence of TMJs or the negative consequence of their dysfunction, including algo-dysfunctional syndrome, bruxism, joint clicking, cervicalgia (neck pain), dorsalgia (back pain), headache, and sometimes migraine.

In orthodontics, a kinesiological analysis makes it possible to avoid the diagnostic errors that lead to relapse, and to verify the good progress of treatment, phase by phase.

In prosthetics, a kinesiological analysis makes it possible to record occlusal errors (precontacts, overocclusion, interference, vertical dimension) with an accuracy that is still unmatched today.

PRESS RELEASE

It has been calculated that 25 million people suffer from migraine headache, a condition that most of them have learned to manage with the help of painkillers.

However, almost all migraines can resolve completely, and without the use of drugs, through an accurate chiropractic and dental diagnosis.

This is what emerged from the Applied Kinesiology Seminar held on 10 and 11 February, and sponsored by "Elva Medica" in Rome, one of the most advanced chiropractic institutes in Italy.

The speaker, Professor Louis Nahmani, President of the *Société Française d'Occlusodontie* and Head of the Dental Medicine Faculty, demonstrated that even a 10-micron defect in dental occlusion causes headache in 40 to 50 percent of all cases.

Professor Nahmani also explained the mechanism by which, in addition to migraines and headaches, a dental malocclusion can also lead to dizziness, cervical and spinal pain, and may even involve the limbs and impair the athletic performance.

"Considering this complex of consequences, we odontologists need a chiropractor who identifies the problem, said the French scientist. Moreover, without the professional contribution of a chiropractor, our mouth repositioning therapies would fail in 40 out of 100 cases."

PRESS OFFICE: Cecilia Astolfo - Tel. 06-3498500 (fax)

The need for a close cooperation between the chiropractor and the odontologist was also evident from the presentation of Dr. Peter Christensson, chief of staff of Elva Medica. After specializing in Chiropractic Medicine at the National College in Chicago, he moved to Italy where he has been living for many years now. "According to my experience in Italy, a bad dental occlusion is responsible for over 30 out of 100 cases of headache, he said. Therefore, cooperation with an odontologist is imperative for patient’s full recovery. By focusing on "parallel" work, we often succeeded in eliminating headaches that had persisted for decades."

In the presence of dental malocclusions, a chiropractor has a double role to play. From a diagnostic point of view, a chiropractor can relate specific disorders to a bad occlusion, thanks to his kinesiology background and to his specific knowledge of the spine.

A chiropractor plays an even more decisive role, when the opposite problem occurs, i.e. an "incorrect posture" due to a spine misalignment that results in an imbalanced occlusion.

From a curative point of view, a chiropractor intervenes to restore the correct posture, whether it is the cause or the effect of a bad occlusion.

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