Intraoral Review { The Idea Crucible - Webinar



- 1. Introduction
- 2. Osseous Anatomy
- 3. Nervous Anatomy
- 4. CST II Techniques
- 5. SER I (Avenue of Expression) Techniques
 - 1. Hyoid Muscles
- 6. Finishing Touches
- 7. Alternate Options & Clinical Suggestions
- 8. Question & Answer
- 9. Closure

Presentation Overview

Osseous anatomy { Intraoral protocols





A useful simplification

g Nervous anatomy

Craniofacial junction

- № CSR & CST. A compressed junction acts as a hard "brake" on the CSR
- System will deplete/exhaust itself attempting to undo the compression
- Nervous implications include sympathetic ramifications as well as localized pain & dysfunction
- Because of CST/CSR impact, implications extend beyond structures directly passing through osseous junctions

Clinical implications

Video #1, #2, Somes of the cranium





Maxillae

Video #3, { Bones of the cranium



Vomer

- $_{\&}$ Paper thin bone
- & Part of nasal septum
- & Full length of hard palate mid-sagitally
- Runs posterior/superior and articulates with the rostrum of the sphenoid



Video #4, { Bones of the cranium



Posterior vomer



Palatine bones

Nervous Anatomy { * related foramena

Facial Nerve (CN VII)
 Glossopharyngeal Nerve (CN IX)
 Hypoglossal Nerve (CN XII)
 Trigeminal Nerve (CN V)
 Maxillary (V2)
 Azygomatic nerve
 Nasopalatine nerve
 Mandibular (V3)

Nervous Structures-CranioFacial Junction

- ℵ Sensory/Motor
- & Facial expressions
- ${}_{\&}$ Taste on anterior tongue
- Pathway doesn't directly pass through ossesous foramena, but mainly through soft tissue junction structures
- Avenue of expression impact more than osseous impact

Facial nerve (CN VII)

- Speech, swallowing, saliva production, taste on back of tongue, pressure sensors on carotid arteries
- Avenue of expression impact more than osseous impact

Glossopharyngeal (CN IX)

& Motor

 ${\scriptstyle \&}$ Extrinsic muscles of the tongue

ø Genioglossus

ø Hypoglossus

ø Styloglossus

& Intrinsic muscles of tongue

Hypoglossal (CN XII)

- k For our purposes we are talking primarily about
 V2 (Maxillary) and V3 (Mandibular)
- & Facial sensation
- & Biting & Chewing
- Close connection to the sympathetic division of the autonomic nervous system

Trigeminal (CNV)

& Maxillary branch

- ø Upper division innervates maxilla
- & Mandibular branch

Trigeminal pathways

- Pathway running right through the palatine bone (in between ptyerygoid process and maxilla)
- - ø Zygomatic nerve
 - σ Nasopalatine nerve
 - σ Posterior superior alveolar nerve
 - ø Pharyngeal nerve
- Compression also can stimulate sympathetic autonomic division

Pterygopalatine fossa



Pterygopalatine fossa

CST II Skills { Review

- 1. Nasals
- 2. Zygomae
- 3. Maxilla
- 4. Vomer
- 5. Palatine
- 6. Teeth
- 7. Finishing touches

CST II Protocol

 Core intent of freeing up the nasal bones from the cranium
 Different variations

Nasals

Video #5, {Bones of the cranium

- & Core intent of releasing the zygomae off the cranium
- Engage under the zygoma and disimpact anterolaterally

Zygomae

Video #6, Somes of the cranium

- Core intent to disimpact maxilla from palatines and cranium
- ℵ Flex/ext lesion
- & Torsion
- & Shear
- & Disimpaction

& Stabilize sphenoid during non-physiologic lesions



Video #7, 8, 9, 10 { Bones of the cranium

 Core intent of disimpacting vomer off of the sphoidal rostrum
 Same sequence as maxillae



Video #11,12,13, 14 { Bones of the cranium

 Core intent to mobilize palatines in between maxilla and sphenoid

 ø Superior
 ø Lateral
 ø Medial
 ø Inferior

Palatines

Video #15 { Bones of the cranium

k To arc to and treat individual teeth as needed

Good for tooth health, gum health, and bone health

Teeth

- & Core intent of leaving someone balanced and in good shape
- & Common finishing touches include
 - ø Sphenoid decompression
 - g TMJ decompression
 - ଛ Ear pull
 - ଟ CV-4
 - σ Whatever else is needed

Finishing touches

Pause & restart recording