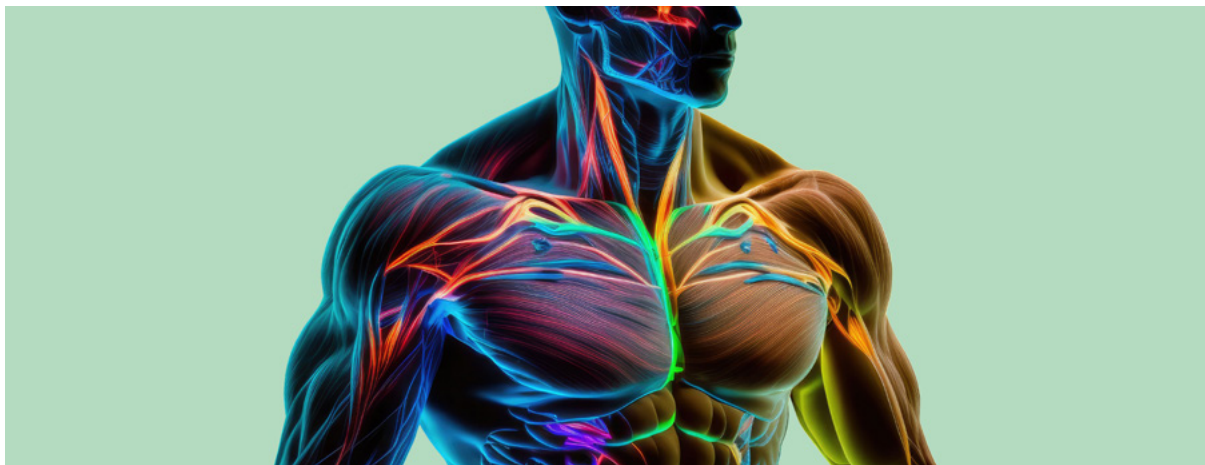


Reasons to advise "aftercare"

Tethered oral tissues (TOTs) refer to restrictive tissues in the mouth that impacts how you are able to use your mouth. TOTs are connected to the fascia system (1). Traumatized fascia disrupts normal biomechanics of the body, increasing tension exerted on the system and causing myofascial pain and reduced range of motion (2). So why should you advise "aftercare" when TOTs are released:

“The fascia forms the largest system in the body as it is the system that touches all the other systems.”

- James L. Oschman, PhD



Short term

1.

“Buy time”

Oral mucosa has superior wound healing and reduced scar formation compared to skin trauma. Wound closure starts within 24 hours. Wound healing is an essential process to restore tissue integrity after trauma (3).

Long term

2.

“Form follows function”

Form follows function and function alters with form. Fascia has a lifelong adaptability but also remodels slowly over the timeframe of months. It depends on the age (baby's versus adults) how much the fascia has adapted. It is important to assess movement ability in the first months of life, highlighting any dysfunctions at the fascial level. The fasciae can be imagined, initially, as “white tablets” on which the various forces, movements, loads and gravity, “write their history” (4).

3.

“TOTs affect fascia”

“The fascia covers every structure of the body, creating a structural continuity that gives form and function to every tissue and organ(5). There are several types of fascia. Under normal conditions the fascia tends to be fluid and move with minimal restrictions. TOTs create dysfunctional fascia (6).

4.

“Keep on moving”

Fascia has the ability to elastically lengthen (tension) and recoil (shorten) to enhance movement efficiency. It is clear that strain direction, frequency and duration, impact important fibroblast physiological functions known to mediate pain, inflammation and improved range of motion (7). It rejuvenates the tissues.

5.

“Muscle collaboration”

Muscles and fascia are an inseparable movement synergy. Muscles make the movements, and the fascia passes it on. They have different training requirements but need to work together. When skeletal muscles are passively stretched, they exhibit measurable resistance. This passive muscle stiffness is also referred to as passive elasticity, passive muscular compliance, passive extensibility, resting tension, or passive muscle tone and elasticity resulting in fascial restriction (8).

“Without change, there is no growth”

Literature:

1. Mills N, Pransky SM, Geddes DT, Mirjalili SA. What is a tongue tie? Defining the anatomy of the in-situ lingual frenulum. Clin Anat. 2019 Sep;32(6):749-761. doi: 10.1002/ca.23343. Epub 2019 Feb 19. PMID: 30701608; PMCID: PMC6850428.
 2. Meltzer KR, Cao TV, Schaid JF, King H, Stoll ST, Standley PR. In vitro modeling of repetitive motion injury and myofascial release. J Body Mov Ther. 2010 Apr;14(2):162-71. doi: 10.1016/j.jbmt.2010.01.002. Epub 2010 Jan 29. PMID: 20226365; PMCID: PMC2853774.
 3. Waasdorp M, Krom BP, Bikker FJ, van Zuijlen PPM, Niessen FB, Gibbs S. The Bigger Picture: Why Oral Mucosa Heals Better Than Skin. Biomolecules. 2021 Aug 6;11(8):1165. doi: 10.3390/biom11081165. PMID: 34439831; PMCID: PMC8394648.
 4. Pirri C, Petrelli L, Pérez-Bellmunt A, Ortiz-Miguel S, Fedde C, De Caro R, Miguel-Pérez M, Stecco C. Fetal Fascial Reinforcement Development: From “a White Tablet” to a Sculpted Precise Organization by Movement. Biology (Basel). 2022 May 11;11(5):735. doi: 10.3390/biology11050735. PMID: 35625463; PMCID: PMC9138366.

5. Bordini B, Mahabadi N, Varacallo M. Anatomy, Fascia. 2023 Jul 17. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. PMID: 29630284.

6. Stecco C, Hammer WJ, Vleeming A, Caro DR. Functional Atlas of the human fascial system. Churchill Livingstone Elsevier. 2015.

7. Standley PR, Meltzer K. In vitro modeling of repetitive motion strain and manual medicine treatments: potential roles for pro- and anti-inflammatory cytokines. J Body Mov Ther. 2008 Jul;12(3):201-3. doi: 10.1016/j.jbmt.2008.05.006. Epub 2008 Jun 30. PMID: 19083676; PMCID: PMC2622428.

8. Schleip R, Naylor IL, Ursu D, Melzer W, Zorn A, Wilke HJ, Lehmann-Horn F, Klingler W. Passive muscle stiffness may be influenced by active contractility of intramuscular connective tissue. Med Hypotheses. 2006;66(1):66-71. doi: 10.1016/j.mehy.2005.08.025. Epub 2005 Oct 4. PMID: 1620907.