Erratum - an Error in Layout: P.286

This insight on the Temporal Mandibular Joint (TMJ) was incorrectly placed in the chapter on the *Thoracic Spine*.

**Insight**

**TMJ & Cranial Osteopathy**

PR-ROM protraction, if sustained, will decompress the TMJs. It will also apply a gentle stretch to the temporals, the masseter and the medial pterygoid muscles. One of the most important connections is that the lateral pterygoids attach onto the sphenoid bone.

Within cranial osteopathic manipulation, the connection between the TMJ and the sphenoid is considered quite important. One of the most important connections for the TMJ and the sphenoid is that the lateral pterygoids attach onto the sphenoid, which is considered the most important cranial bone. Its importance comes from the idea that the sphenoid is the principal axis for all movements of the skull as it directly contacts all of the bones that make up the cranium. Therefore, because of this TMJ connection to the sphenoid, any impairment to the TMJ can be a source of cranial motion impairments.

Further connections of note:
- Bulk of the medial pterygoid also attaches to the sphenoid, and some on the maxilla. The masseter attaches onto the zygomatic arch and the zygomatic process of the temporal bone.
- Temporalis attaches to the temporal fossa on the temporal bone. The suprhyoid attaches to the temporal bone via the mastoid process. Considering all of these connections between the jaw and the cranium it is no wonder that the treatment of TMJ impairments is considered an important component of cranial osteopathic manual practice.

It does, however, appear in its proper place on page 365, in the Cervical Spine Chapter in the section dealing with the temporal mandibular joint.