

The Correlation between Surface Electromyography and Bite Force of Mastication Muscles in Asian Young Adults

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Nothing to Disclose

Background

- Surgical indication
 - Functional
 - EOM, diplopia, trismus,
 - malocclusion
 - Aesthetic
 - asymmetry



Outcome assessment

- Functional
 - Sensory
 - V_1, V_2, V_3
 - Light touch, pain, 2-PD
 - Motor
 - Occlusion, MMO, diet



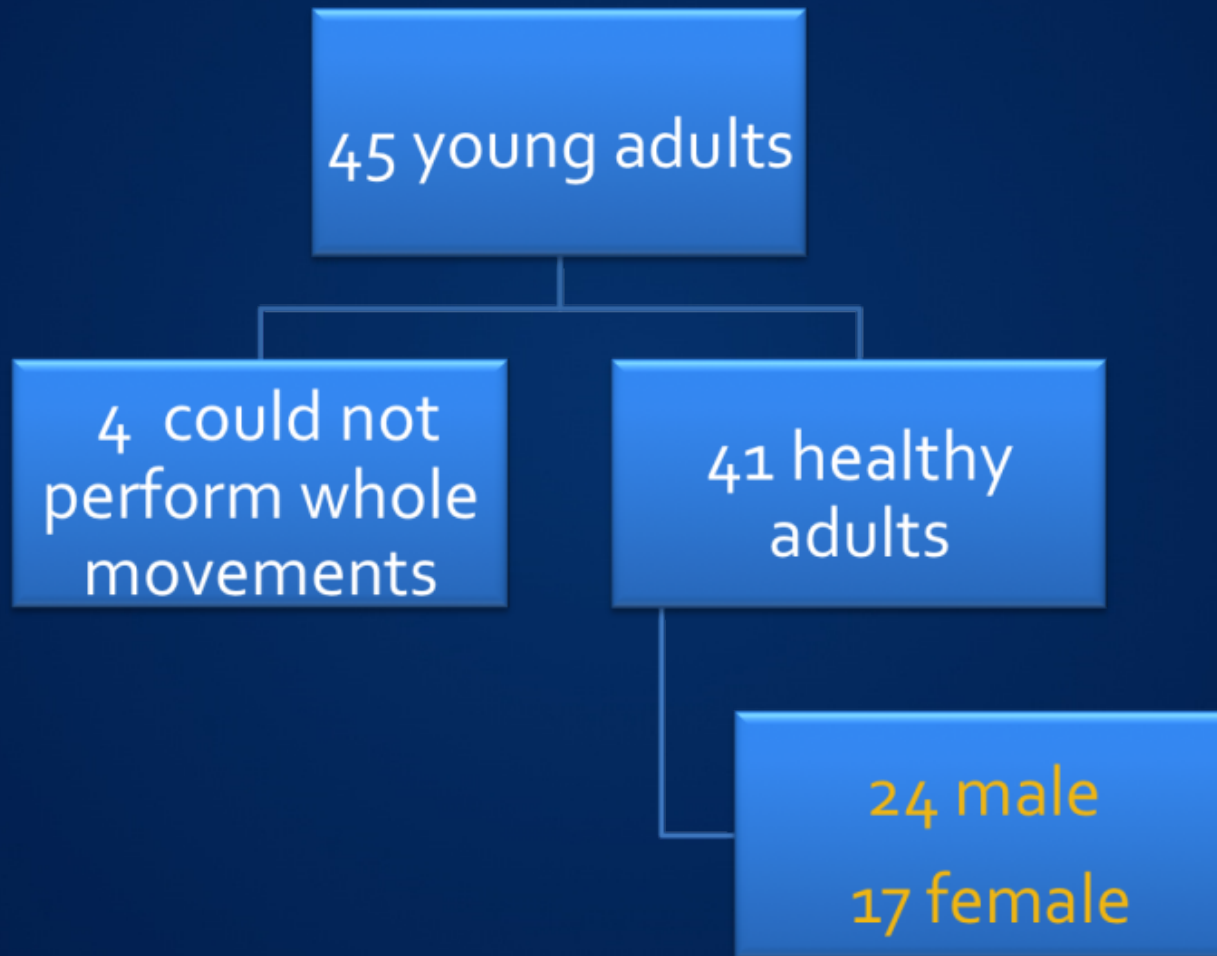
Previous studies

- Different recording system
 - No detail information about the device
- Small series (case < 30)
- Not quantitative
- Gender limitation
- Not comprehensive evaluation

Purpose

- Clinically applicable, reliable, quantitative and noninvasive system
- Jaw movement and function
- Normal population

Materials and methods



Inclusion/exclusion criteria

- Inclusion criteria
 - young adult, 20~35 years old
 - fair dentition, normal occlusion
- Exclusion criteria
 - craniofacial anomalies
 - previous facial trauma/surgeries, orthodontic treatment
 - symptoms or signs of TMDs

Kinetic and sEMG

EMG

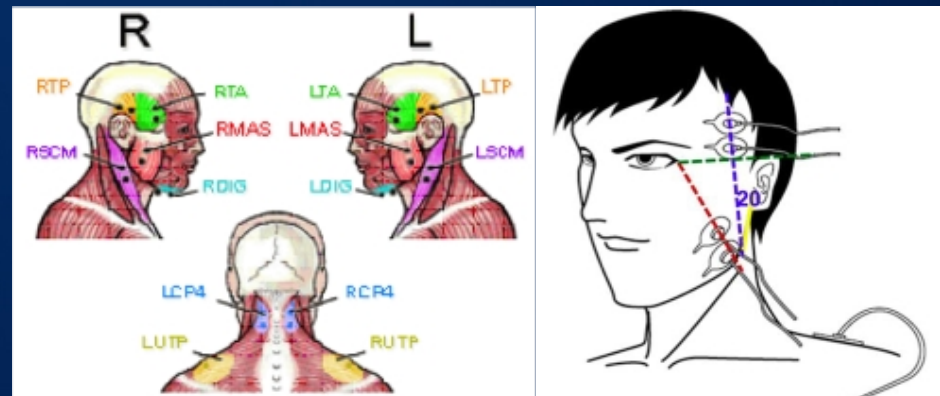
- The sEMG machine (Zebris, Germany)

Alteration of Masticatory Electromyographic Activity and Stability of Orthognathic Surgery in Patients With Skeletal Class III Malocclusion

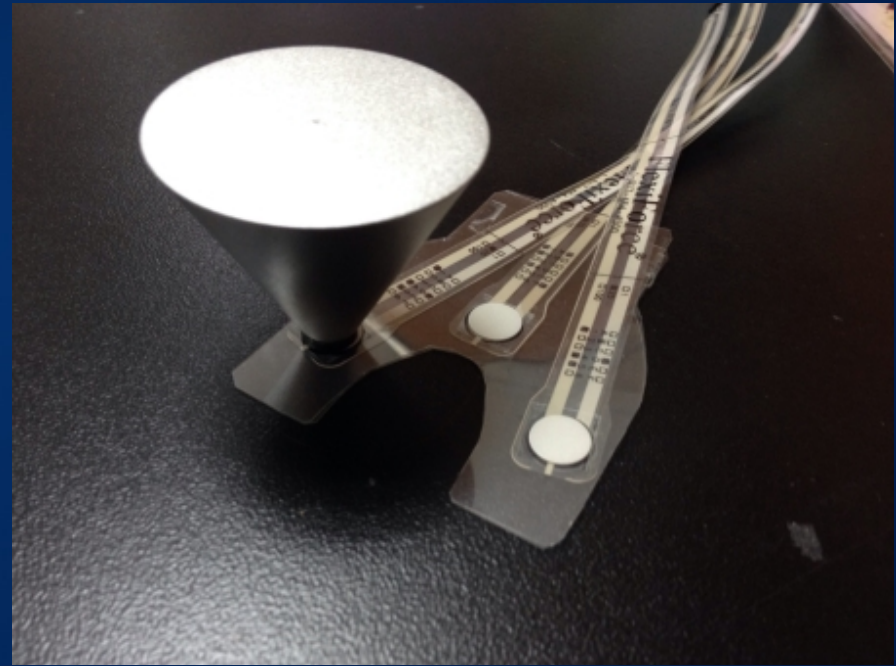
*Ellen Wen-Ching Ko, DDS, MS, * Chiung Shing Huang, DDS, PhD, † Lun-Jou Lo, MD, ‡
and Yu-Ray Chen, MD §*

- Temporalis, masseter

J Oral Maxillofac Surg 71:1249-1260, 2013



Bite force



Modify protocol

- Bite as hard as possible for 2 seconds
- With bite force for 2 seconds
- Firing pattern
 - increasing force gradually for 10 seconds
- Fatigue test
 - Bite in full strength for 10 seconds



Statistical analysis

- SPSS package version 20.0
- Mann-Whitney U test
- Wilcoxon signed ranks test
- Statistically significant at $p < 0.05$

RESULTS

Show: **Bar Chart**

Unit: _____

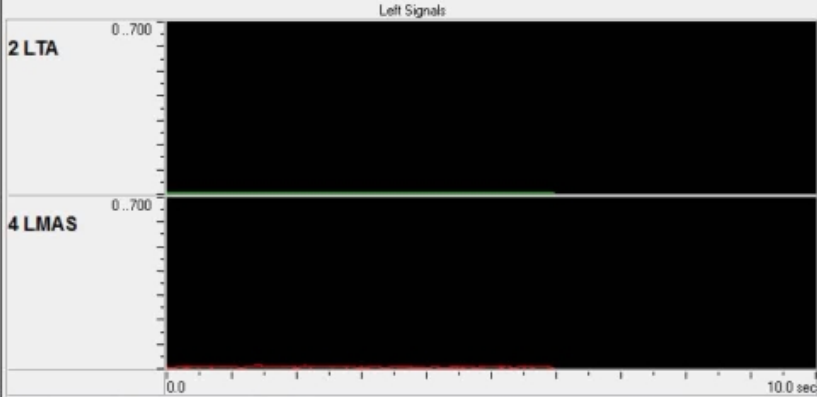
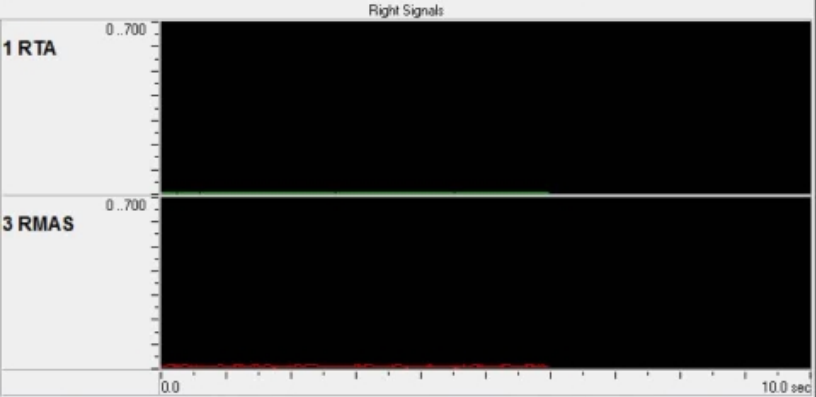
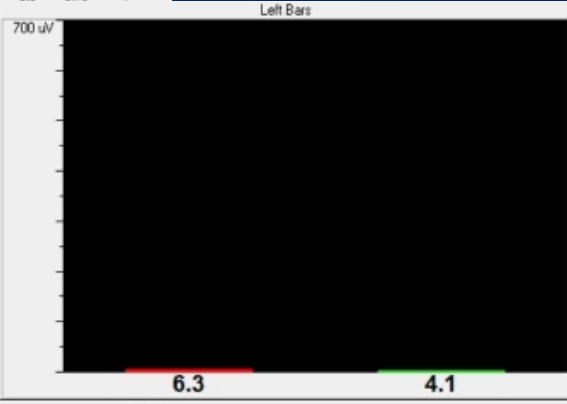
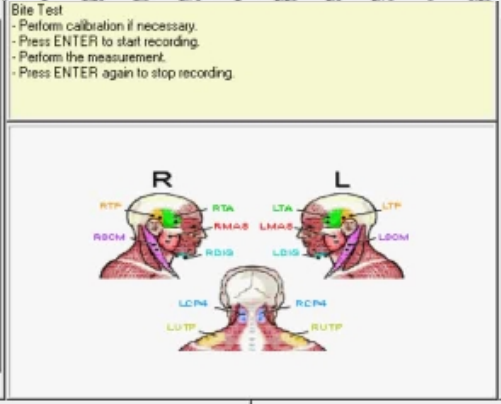
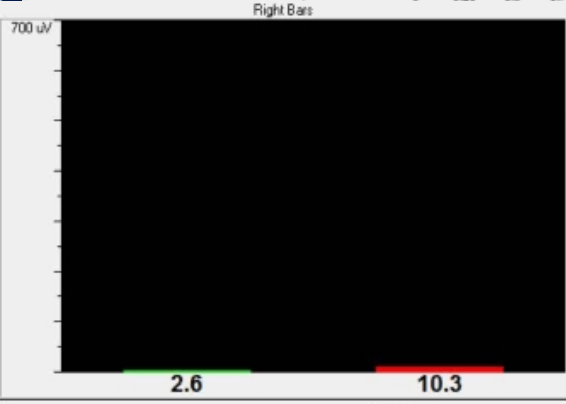
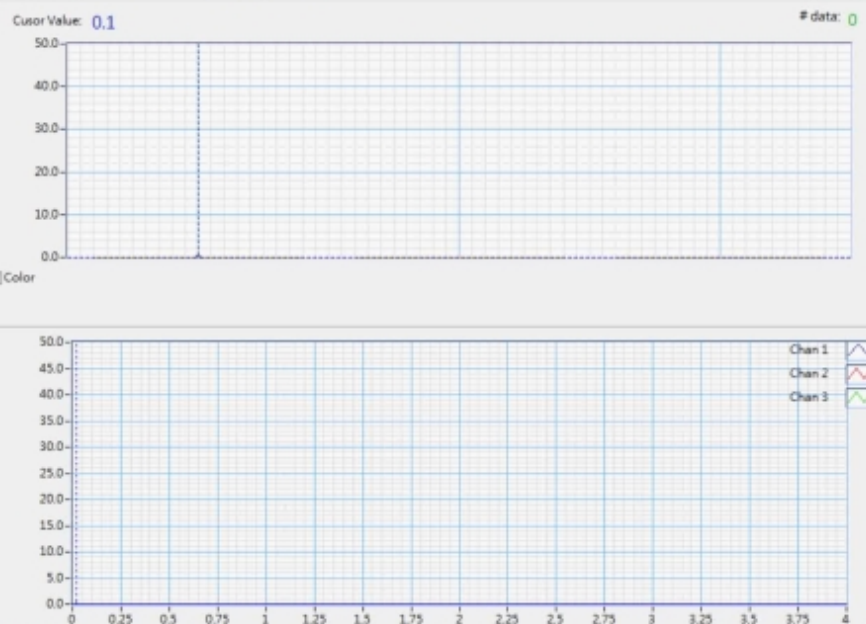
Sampling rate: 100 (Hz)

AutoScale Y.Scale: 50

Clear

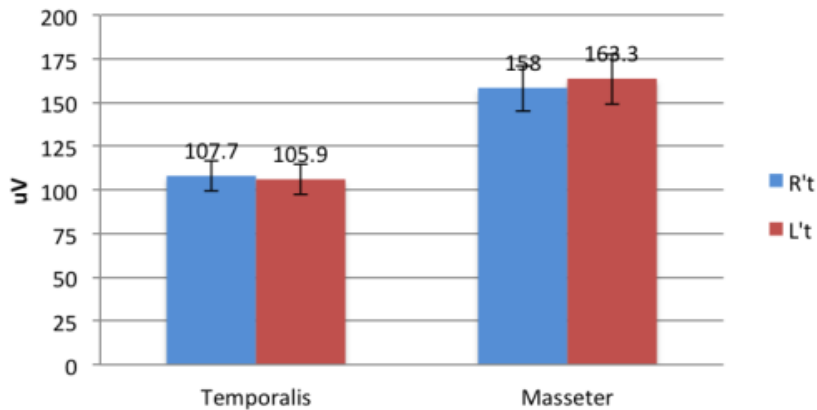
Channel List

CH Name	Color	Value
<input checked="" type="checkbox"/> Chan 1	Blue	0.1
<input checked="" type="checkbox"/> Chan 2	Red	0.1
<input checked="" type="checkbox"/> Chan 3	Green	0.0

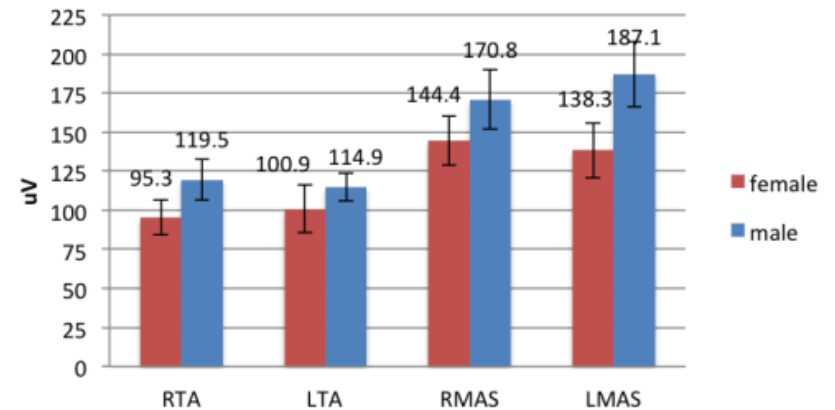


Results

EMG, right vs.left

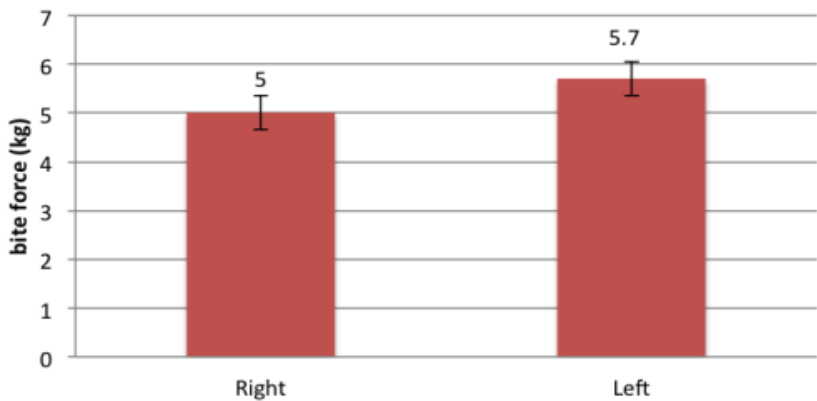


EMG, female vs. male

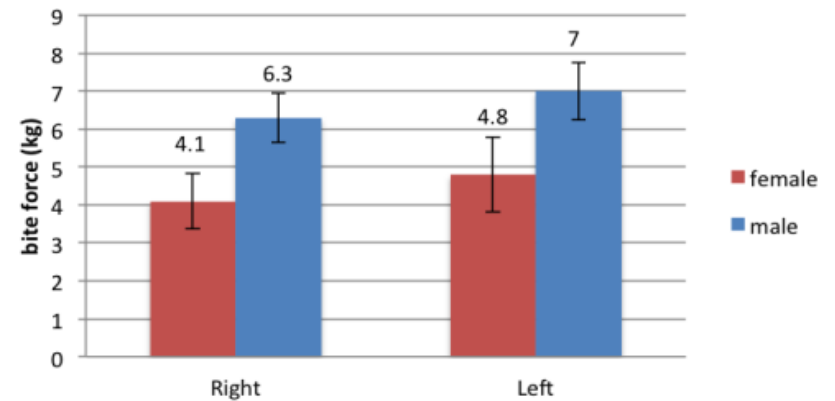


No significant difference of EMG signal between right and left , female and male

Bite force



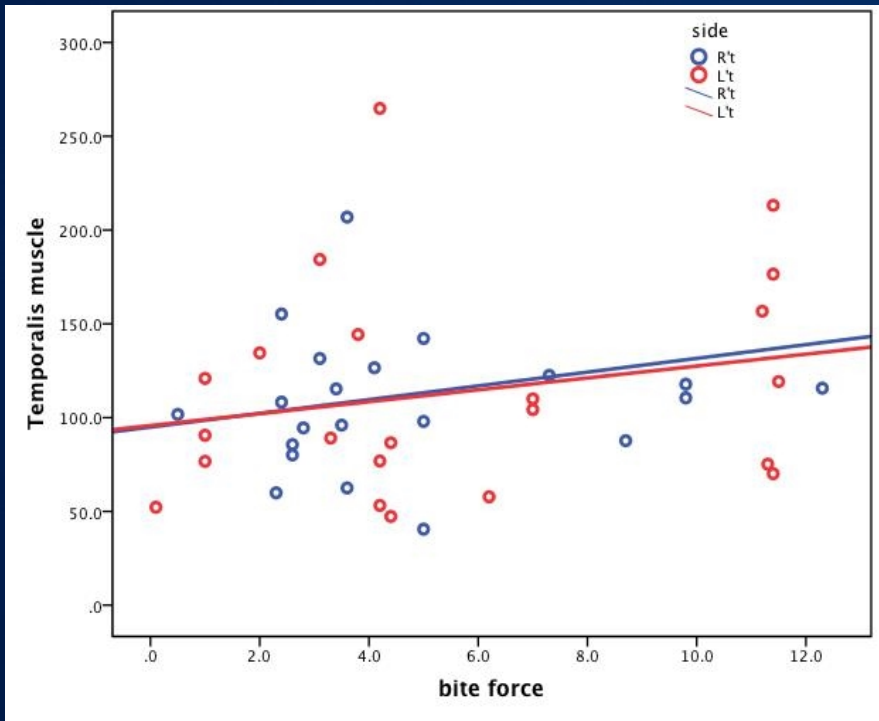
bite force, female vs. male



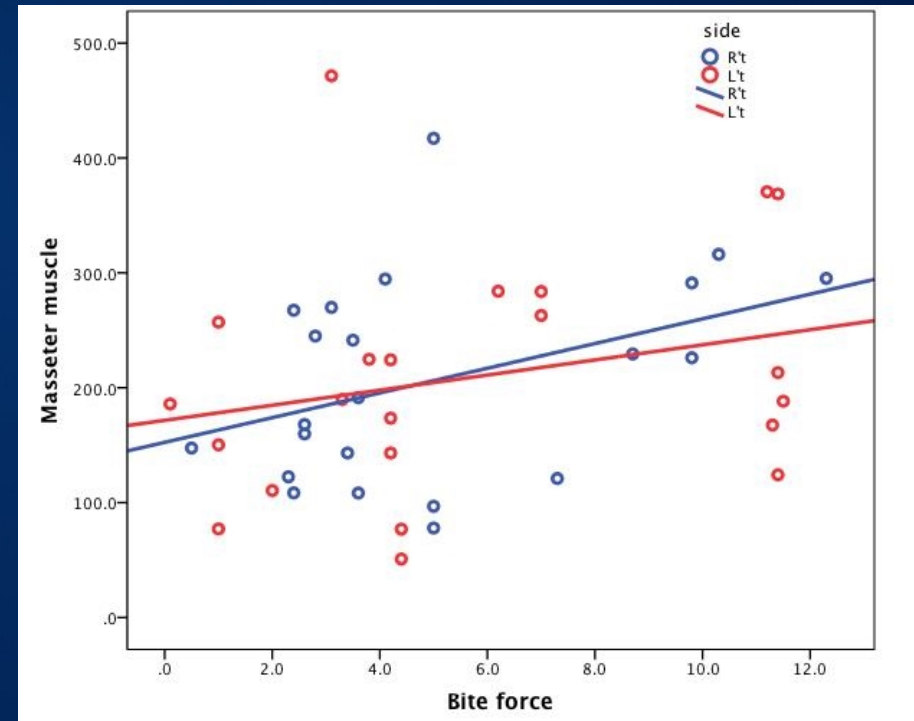
No significant difference of bite force between right and left , female and male

EMG vs. bite force

Temporalis



Masseter



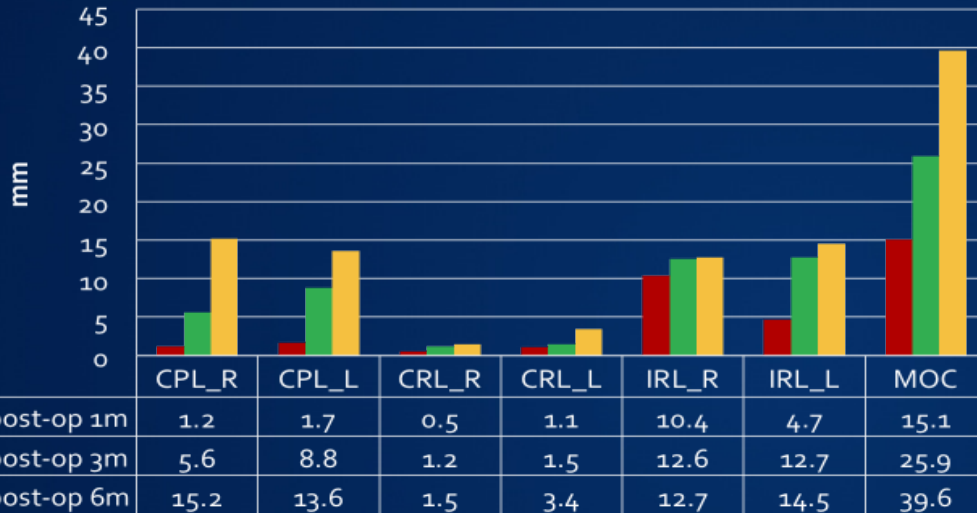
Case report

- # Case report
- 22 year-old man, motorcycle accident
- Left zygoma closed fracture
- Open reduction and fixation five days later
- Post-op followed-up at 1,3,6 months

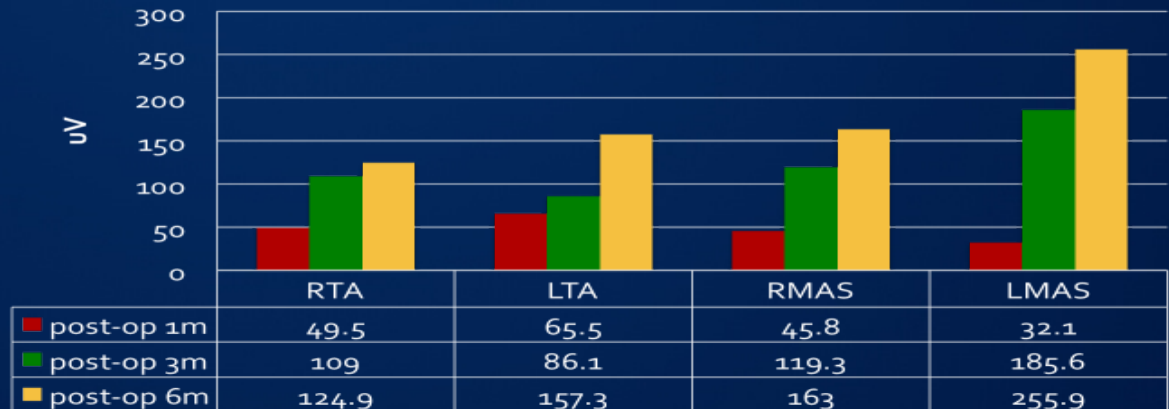


Post-op follow-up

Jaw movement



EMG

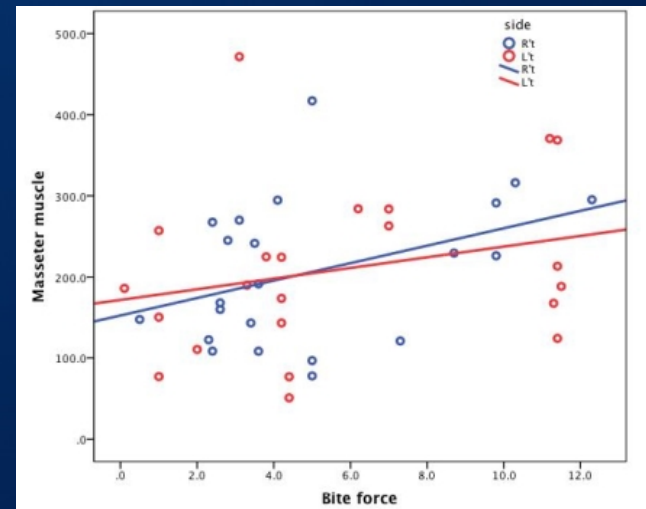
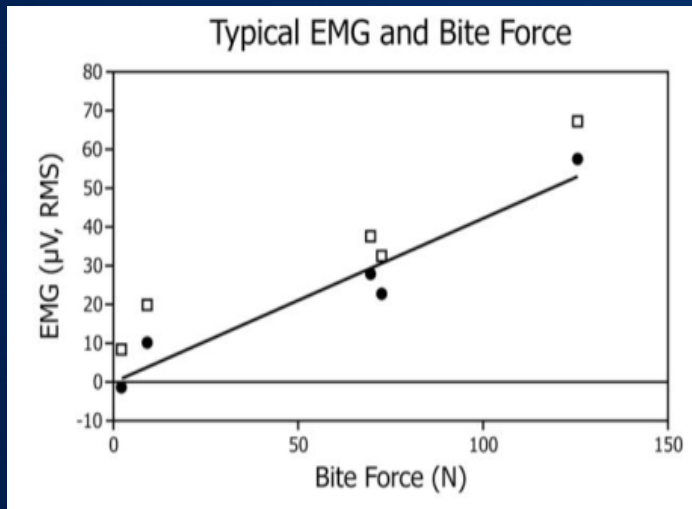


DISCUSSION

Correlation

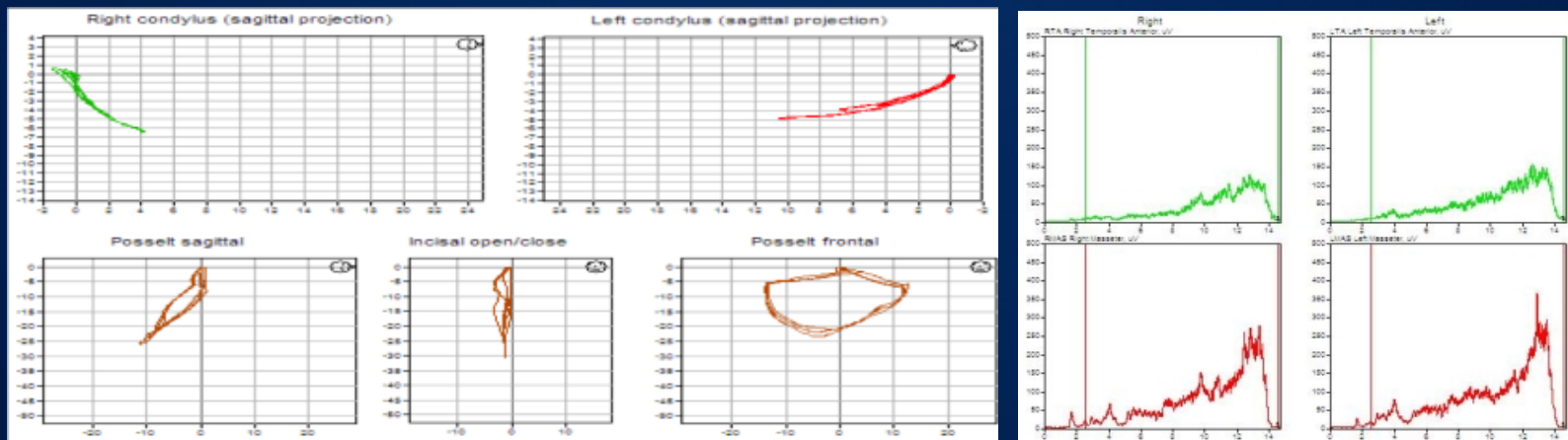
- Slopes of the EMG activity versus bite-force for a given biting situation were reliable for temporalis and masseter muscles.

Eur J Oral Sci. 2011 June; 119 (3):219-224



Variability

- Inter-measurement variability was low
- Intra-subject and Inter-subject variability
 - Use one side more than the other?
 - No significant difference between right and left
- Unilateral craniofacial deformity or facial trauma



Advantage/disadvantage

advantage	disadvantage
<p>Non-invasive Not time-consuming(40 minutes) Not heavy Easy to understand Instant Visual feedback Testing and educating</p>	<p>Hard for Old people or children Edentulous people Only for alert patient</p>

Conclusion

- Reliable, quantitative and noninvasive system
- Dynamic, continuously, biofeedback
- No significant difference between female and male, and bilateral condylar and incisal movement, EMG and bite force in young adults
- The mouth opening and closing ratio is about 6:4
- EMG and bite force has positive correlation
- Comprehensive evaluation of jaw function in kinematic, kinetic and functional way