Trismus is **COMMON**.

32%-50% of all Head & Neck Cancer patients will develop trismus.

62%-85% TRISMUS incidence with NPC.

54% TRISMUS incidence with OPC.

Trismus **LOWERS QUALITY-OF-LIFE**.

*TRISMUS Complications*: Reduced oral hygiene; Dental decay; Disrupted cancer/dental care; Compromised airway; Inhibited speech; Joint degradation; Reduced social interaction; Dehydration malnutrition.

Trismus is **PREVENTABLE**.

72% MORE ORAL OPENING with PREVENTATIVE REHABILITATION. 68% LESS TRISMUS in patients with EARLY REHABILITATION. 

“Rehabilitation training can IMPROVE SWALLOW FUNCTION and SLOW DOWN PROGRESS OF TRISMUS in NPC patients following radiotherapy.” Tang

Trismus is **TREATABLE**.

Rehab Devices like the ORASTRETCH PRESS can INCREASE mouth opening by an average 26mm.
Trismus DIAGNOSIS

Three-Finger Basic Diagnostic

Severe
SEVERE < 1 Finger

Moderate
Mild to Mod 1-2 Fingers

Mild

> 3 Fingers “Normal” MIO

The 3-Finger method accounts for body size, the primary determination of MIO. Normal MIO is about the height of a person’s pointer, middle, and ring finger on their NON-DOMINANT hand.

35mm is the clinical CUT-OFF for adult TRISMUS. Below 35mm MIO patients lose function.\(^{14,15}\)

Trismus PREVENTION

Reduce INCIDENCE & SEVERITY of trismus with rehab.

"EARLY REHABILITATION is helpful to DECREASE the occurrence of TRISMUS in NPC Patients after RT and IMPROVE QUALITY-OF-LIFE." Li\(^{25}\)

TO ORDER:
Call us or FAX AN RX-ORDER FORM to 303-480-9115

MORE INFO/STUDY ABSTRACTS:

PREVENT AND TREAT TRISMUS with a jaw motion rehab system like the ORASTRETCH PRESS.