

TEMPOROMANDIBULAR DISORDER (TMD)

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The most common symptoms of TMD are noise in the joint, pain in the jaw muscles, and pain in the temporomandibular joint (jaw joint) itself. It is not uncommon for pain to also spread around your ears to your head, neck, shoulders and back. However, people with Parkinson's often do not feel their pain. Common symptoms of TMD include:

- Clicking, popping or grating sounds in the jaw joint
- Being unable to open the mouth comfortably or wide
- The jaw locks when you attempt to open your mouth
- A bite that feels uncomfortable or "off"
- Chronic headaches
- Dizziness and vision problems
- Facial pain
- Neck pain or stiffness
- Ringing in the ears, ear pain or decreased hearing ability

TEMPOROMANDIBULAR DISORDER (TMD) TREATMENT: When occlusion (the blockage or closing of a blood vessel or hollow organ) problem or tissue damage to the head, neck and facial area is diagnosed, it is important to have an evaluation by a trained and qualified TMD dentist. This professional should take a full examination of the TM joints, head, neck and facial region, as well as X-rays and will also request an MRI evaluation. They are able to objectively determine the pathological nature and extent of joint sounds and injuries to the TM joint area to arrive at a realistic prognosis. Frequently, a custom-made (specifically to your bite) orthotic ("splint") is prescribed for orthopedic and musculoskeletal stabilization.

Patients can benefit a lot from this non-surgical, conservative treatment. Once pain is controlled and the jaw joint is stabilized, the bite is balanced so the teeth, muscles and joints all work together without strain or pain. Initially, treatment addresses the pain by reducing inflammation and addressing the primary source of pain. Secondly, function is restored through the use of orthotic appliances and various physical therapies. Thirdly, the patient is stabilized and a discussion takes place of what is necessary to maintain proper bite alignment. Very rarely is surgery necessary to see improvement. Because problems associated with the jaw joints can be progressive, accurate and immediate diagnosis and treatment is crucial.

In addition, some of the trained and qualified dentists are trained in the ALF (Advanced Light Force wire) technology in which the upper jaw and palate are allowed to expand and develop to their best potential over the course of time. The ALF has proven to be an extremely valuable tool for those patients who otherwise might have been told they need their upper or lower jaw surgically moved.

CAUSES OF TEMPOROMANDIBULAR DISORDER (TMD) The truth be known, while many factors are believed to contribute to TMD, the exact cause is unknown. And sometimes it is not possible to determine the exact cause of the symptoms. There is considerable evidence that the relationship between the upper and the lower teeth and the teeth to the TM joints, as well as supporting ligaments and muscles, is a significant factor. Other contributing factors may include:

- **Trauma:** The joint is damaged by a blow or other direct and indirect impact. Strains, sprains and injuries can lead to both pain and dysfunction. Birth trauma is a strong factor in TMD as many practitioners well know.
- **Improper Occlusion:** When teeth do not fit together properly, it causes sustained microtrauma to other joints. If the condition is not addressed, over time, the body begins to compensate by involving muscles in other areas: the neck, throat and upper back. In many cases, patients have undergone previous orthodontic treatment which has left their bite in a poor occlusion relative to the jaw joints, and this can cause problems.
- **Muscle Hyperactivity:** This goes hand-in-hand with internal jaw joint problems. Any condition that prevents the complex system of muscles, bones and joints from working together in harmony can contribute to TMD. Various ways this system can be disrupted include trauma, connective tissue disorders, arthritis or skeletal malformation.
- **Posture:** Poor posture places unnecessary wear and tear on all the joints including the jaw joints. Over time, consequences of postural neglect can be as damaging as an injury.

Stress: Increased physical and emotional stress is another factor that impacts patients with TMD. Some patients unconsciously clench or grind their teeth (bruxism) in response to increased stress. Chronic clenching and

bruxing (a condition in which you grind, gnash or clench your teeth) creates strain on the TM joints and muscles which can intensify TMD problems.

Cervical Strains: Research now indicates that if the cervical spine (neck) is out of proper position, this will lead to problems in the TM joint. You will need to make sure your TMD doctor understands how to diagnose this issue as well.