

TMJ - TEMPOROMANDIBULAR JOINT SYNDROME

Dysfunction of the jaw joint is probably the most misdiagnosed cause of chronic pain. Estimates of people actually affected with varying degrees of this condition range from 25% to as high as 80%!

The condition may arise from one or more of the following situations: untreated or incorrectly treated "bite" problems; traumatic injuries to the lower face; whiplash injuries; and unsuccessful compensation for body balance. Although the conditions that produce these situations affect both sexes equally, the symptoms affect women more frequently, by a ratio of 6 to 1.

The most common symptoms include: chronically recurring headaches; dizziness; ringing in the ear; other noises or earaches; pain in the jaw when in use; locking or popping in the jaw joint; sore throat; facial pain; pain behind the eyes or visual disturbances; neck pain; shoulder pain; back pain; chronic fatigue and digestive stress.

Chronic TMJ degeneration results from chronic misuses of the joint while chewing and swallowing. Improper alignment of the teeth can distribute at the back of the joint when pressures are applied to the teeth. The body may try to relieve this pressure by altering the bone construction in the cranial portion of the joint

This bone alteration is medically termed as a degenerative osteoarthritis and should not be confused with rheumatoid arthritis, which is a chronic disease. Proper TMJ therapy with active functional appliances have been shown to reverse this degeneration and stimulate bone repair.

The alignment of the teeth determine the position of the bones in the jaw joint. If the position that the teeth best fit together does not coincide with the best mechanical position for the bones within the jaw joint; the jaw joint is stressed every time the teeth are brought together. Muscles that open the jaw and relieve the pressure are continuously stimulated and become over worked. This futile muscle activity is what ultimately leads to facial pain and temporal headaches. Keeping the jaw open to alleviate the discomfort begins to initiate a forward head posture. This posture causes extra strain on both the jaw joint and vertebral column. The head weighs approximately 16 pounds; the altered head posture creates stress and strain on the back and neck which can cause significant discomfort.

Eventually this mechanical alignment may lead to impingement of the nerves by the first two vertebrae, possibly creating head pain at the base of the skull and over the eyes. The forward head position may be balanced by back muscles, possibly leading to both high and low back problems.

The degeneration at the back of the joint begins to put pressure on blood vessels and nerves which run behind the jaw bone. This change can create several symptoms: pain behind the eyes; earaches; and ringing in the ear. An increase in the temporal headaches, which now throb and pulsate, may account for the misdiagnosis of vascular migraine headaches.

Temporomandibular joint problems may start as early as childhood; but are compensated for, in the young, through postural and muscular changes. These compensatory patterns are effective until adulthood, when the client begins to seek treatment. During the intervening years, the original problem

becomes overlaid with other problems which also require treatment if complete recovery is desired. It is the overlaying of problems which make TMJ therapy complex and often require the efforts of other specialists. Treatment is like peeling an onion; you have to remove one layer at a time.

Although the average client has suffered for a number of years and has sought the advice of many specialists, we offer no miracles. Instead we offer a new diagnosis to an old problem. Thus we offer a new approach to solving this problem.

THE TREATMENT

Successful treatment requires the recognition of compensating patterns and their effect on the whole person. To leave secondary problems may very well mean a reoccurrence of symptoms in a matter of time.

Our treatment of this malady is best understood in phases. The first phase involves correctly diagnosing all aspects of the problem relevant to resolving the symptoms. This may take 3 to 6 months and may involve a number of therapies: passive orthopedic dental appliance therapy; nutritional counseling; physical therapy; chiropractic therapy; osteopathic manual therapy; Rolfing; massage therapy; Feldenkrais therapy; counseling; exercise therapy; and pharmacology.

Phase One involves utilizing a passive orthopedic appliance. This appliance functions to align the internal structure of the jaw joint by altering the position of the mandible. As the jaw is positioned in the proper spatial relationship, the internal components of the joint become balanced and the muscles relax and lengthen. These appliances are referred to as passive because the alterations they make are totally reversible. The misalignment of the jaw joint returns when the appliance is removed.

The passive orthopedic appliance is worn 24 hours a day. The appliance places the body in proper mechanical alignment. Treatment is considered successful when the client's symptoms have disappeared, or been significantly reduced.

If the symptoms are relieved with the splint in, but gradually return when the amount of time the appliance is worn decreases, the client must consider permanent alteration of the jaw and teeth to the position established by the passive orthopedic appliance.

Phase Two involves establishing, in a permanent manner, the changes created in Phase One. This work requires 18-30 months. This phase utilizes active orthopedic appliances and orthodontic therapies.

Phase Three involves any dentistry necessary to maintain the correction of the first two phases. This may involve replacing missing teeth, crowns, bridges, bite adjustments, cosmetic bonding, and cosmetic recontouring of teeth.

The treatment of jaw problems can be complex. Despite this complexity, when properly diagnosed and treated, we have experienced over a 90% success rate.

If you have any questions please call. I have experience that spans over 15 years managing this disorder with the aid of a caring skilled staff.

Dr. Kevin Flood, DDS