

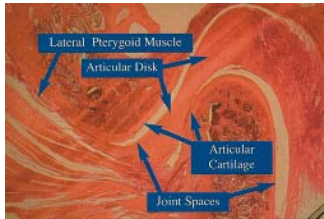
As in many musculoskeletal conditions, the signs and symptoms of TMJ disorders may be temporary and self limiting without serious long term effects. For these reasons, special effort should be made to avoid aggressive or nonreversible therapy such as surgery, extensive dental treatment or orthodontic treatment.

### **What can I do to help myself if I have a TMJ problem?**

The patient plays an important role in reducing TMJ related pain. Diet modification, correcting jaw posture, thermal application, avoiding parafunctional activities such as grinding/clenching are vital for a successful outcome.

### **TMJ Disorders and Headaches**

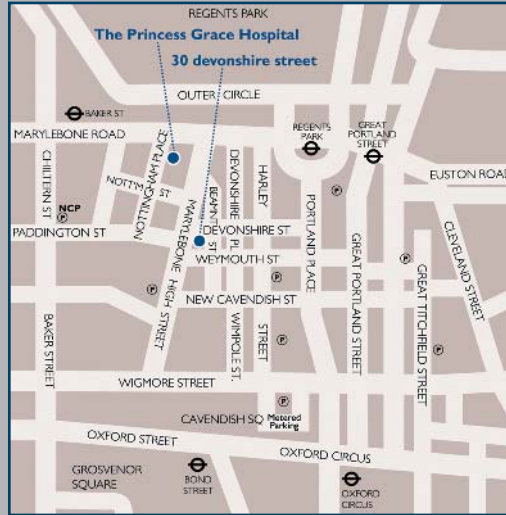
Patients with severe TMJ pain or disorders of the muscles of mastication may present with symptoms similar to other common headache disorders, such as migraine, cluster and muscle contraction-type headaches. It is important to differentiate these headache subtypes before implementing a specific treatment plan.



### **Conclusions**

Extensive research is being conducted on the safety and effectiveness of TMJ / Orofacial pain treatments. Most researchers and clinicians strongly recommend reversible and conservative treatments.

Even when TMJ symptoms are long standing and severe, most patients do not require invasive treatment. Treatments designed to permanently change the bite or reposition the jaw with orthodontics or dental reconstruction should be avoided. If irreversible treatment for TMJ/Orofacial pain is recommended, get a reliable second opinion.



### **Transport**

**London Underground:**The nearest tube stations are Baker Street and Regent's Park.

**British Rail:** Marylebone Station and Euston Station are both within 800 metres.

### **Car parking**

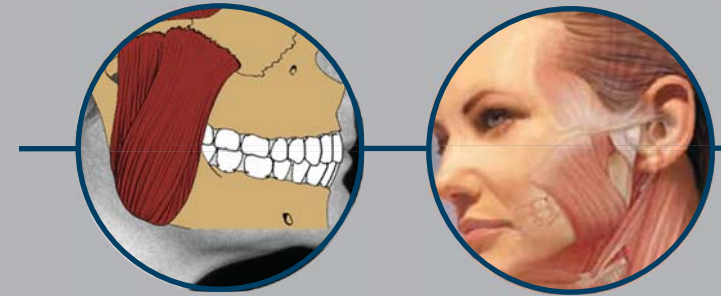
The nearest NCP is in Chiltern Street. There is also meter parking in the surrounding streets.

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# TMJ Disorders

## Temporomandibular Joint Disorders



TEMPOROMANDIBULAR JOINT DISORDERS are a common subgroup of orofacial pain disorders, often referred to as "TMJ". TMJ is the commonly used abbreviation for temporomandibular joint or jaw joint.

## TMJ Symptoms

TMJ symptoms include pain or discomfort in or around the ear, jaw joint, and/or muscles of the jaw, face, temples and neck on one or both sides. Very often patients complain of an 'ear ache' and present to their GP. The pain may arise suddenly or progress over months to years with intermittent frequency and intensity. Clicking, popping, grating, locking, limited or deviant jaw opening and chewing difficulties are also associated with TMJ disorders.

Symptoms:

Headache

Earache

Jaw Pain

Neck Pain



Signs:

### TMJ Noise

Click  
Pop  
Grate

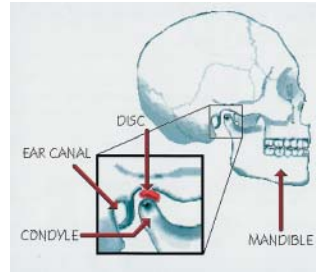
### Abnormal Jaw Opening

Catching  
Deviation  
Locking

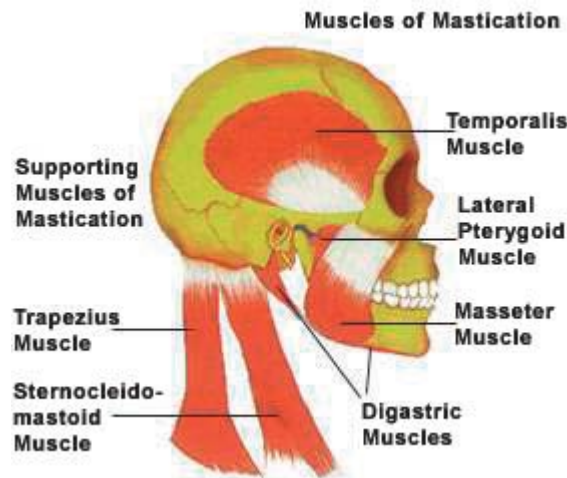
An estimated 75% of the population have experienced one or more signs or symptoms of a TMJ Disorder. Most TMJ symptoms are temporary and fluctuate over time, requiring little or no professional intervention. An estimated 5-10% of the population will require professional treatment. TMJ disorders usually involve more than a single symptom and rarely has a single cause.

## TMJ Anatomy

The TMJ is a "loose-fitting", rotating-sliding joint with a fibrocartilage covered, oval shaped rugby ball (condyle), fibrous pad (disc), fibrocartilage lined socket (fossa), ligaments, tendons, blood vessels and nerves. The fibrous disc functions as a moving shock absorber and stabilizer between the condyle and the fossa. As the jaw opens, the condyle rotates and slides forward with the disc.



THE MUSCLES OF MASTICATION (jaw muscles) connect the mandible (lower jaw) to the maxillae (upper jaw), skull and neck. The muscles of mastication open, close, rotate and protrude the jaw, enabling you to talk, chew and swallow. The supporting muscles of mastication (neck and shoulder muscles) stabilize the skull on the neck during jaw function.



## What Causes TMJ Problems?

CAUSES for TMJ related pain are unclear as it usually involves more than a single symptom and rarely has a single cause. TMJ pain is believed to result from several factors acting together, including jaw injuries (trauma) and joint disease (arthritis). Tooth clenching/grinding (bruxism) and head/neck muscle tension, while not scientifically proven to be a cause may perpetuate TMJ symptoms and often need to be controlled to allow for effective management.

## How do you evaluate for TMJ problems?

SCREENING FOR TMJ should be an essential part of routine dental examinations. A brief TMJ screening evaluation may include:

- BRIEF HISTORY of jaw pain, noises in the TMJ's, catching/locking of the jaws, injuries to the jaw/head/neck and prior TMJ/Orofacial pain treatment.



- A SCREENING EXAM with measurements of jaw opening, jaw deviation on opening, palpation of the TMJ's/ jaw/head muscles to localize painful areas, identify joint noises. If significant findings for TMD are identified, a more comprehensive history and clinical examination should be conducted.

## How do you treat TMJ problems?

Because there is no known "cure" for TMJ problems, management of patients with symptoms is similar to management of patients with other orthopaedic or rheumatologic disorders, such as a sprained ankle.

The goals of management include decrease in adverse pressure or loading on the jaw joints, restoration of function of the jaw and normal daily activities. These goals are best achieved by identifying all contributing factors and implementation of a well defined management program to treat all factors.

## How long will I suffer from TMJ problems?

Most patients suffering from TMJ related pain achieve good long term relief with conservative (reversible) therapy. Scientific research demonstrates that the majority of TMJ patients treated with conservative management have few or no ongoing symptoms.