

“I have TMJ.” This is a statement I hear from a new patient at least a couple times a month. What they really mean is, “I have temporomandibular joint dysfunction.” The temporomandibular joint (TMJ) is the jaw. The actual joint is just below the ear on either side. Disorders of the TMJ affect about 10 million Americans, women more than men. The symptoms include jaw stiffness and locking, radiating pain to the face and neck, clicking, popping or grinding with movements of the jaw, headaches, deviation of the jaw to the side when opening or closing and a change in the way the teeth align. TMJ dysfunction is often found to be more likely in people with fibromyalgia, sleep disorders and chronic fatigue syndrome.

The TMJ is a very complex joint that allows for a sliding foreword and back, with a gliding along a disc, a hinge like opening and closing and a side to side motion to grind. The TMJ can be damaged at several places within the joint (internal derangement). As well, the muscles are usually affected showing trigger points and tension. This can all lead to arthritis in the TMJ, where the joint is literally worn out.

I like to break TMJ disorders down into two categories, acquired and congenital. If the TMJ problem is acquired that means that something changed a jaw that was working well. A broken jaw, dental work, excessive grinding of teeth, new teeth coming in, sleeping with the mouth open with pressure on the jaw, direct trauma jarring the mouth and whiplash are all causes of acquired TMJ disorders. Congenital disorders of the TMJ are problems with the jaw that people were born with. This happens when the jaw is different from one side to the other, joints are malformed, the muscles are significantly different from side to side or the discs in the joint are absent or in a poor position. Acquired TMJ disorders are easier to treat and have a much higher success rate. If the jaw aligned and moved properly once, unless it has been considerably damaged, it should be capable of doing so again. If the TMJ dysfunction is due to congenital disorders the symptoms can be treated but the jaw will most likely always have some ongoing problems that will need maintenance care by a health care professional and a home regimen to prevent painful exacerbations.

The National Institute of Dental and Craniofacial Research, a component of the National Institutes of Health (NIH), recommends that the most conservative and reversible treatments be the done. This means treatments that do not include surgery, implants, grinding down teeth, repositioning splints or orthodontics to change the bite. All these treatments are irreversible and are not proven to be effective and may make the problem worse. Conservative treatments include chiropractic adjustments, the use of over the counter anti-inflammatories, ice packs, avoid gum chewing, jaw stretching and relaxation techniques, a bite guard made by the dentist and massage.

There is no certified specialty for TMJ disorders in either dentistry or medicine, so finding the right care can be difficult. Look for a health care provider that has experience and training treating musculoskeletal syndromes (affecting muscle, bone and joints) and who is trained in treating pain conditions such as a chiropractor, orthodontist or pain management specialist. Also, don't be afraid to ask your dentist for a second opinion if you feel uncomfortable with a TMJ treatment plan.