Temporomandibular Disorder (TMD)

The Difference between TMD and “TMJ”
Your temporomandibular joint is a hinge that connects your jaw to the temporal bones of your skull, which are in front of each ear. It lets you move your jaw up and down and side to side, so you can talk, chew, and yawn.

Problems with your jaw and the muscles in your face that control it are known as temporomandibular disorders (TMD), often mistakenly referred to as “TMJ”, which refers to the joint.

Research in 2014 found that more than 35% of the population experience TMD symptoms, while only 5-10% will seek treatment.

What leads to having TMD?
- Trauma to face and or head
- Teeth grinding or bruxism
- Neck dysfunction
- Poor posture

What are the symptoms of having TMD?
- Pain on the sides of face and head
- Popping or clicking of the jaw
- Locking of the jaw
- Headaches
- Ringing in the ear
- Tension Headaches
- Cervicogenic Headaches (secondary headache caused by dysfunction in the cervical spine)
- Dizziness

While many of the above symptoms are reported, there can be a wide variations of symptoms including muscle tension or weakness, temporomandibular disc displacement, joint inflammation and other neurological disorders.

What will a specially trained physical therapist do to help relieve these symptoms?
After performing a full evaluation, a therapist with advanced training in TMD will create an individualized plan consisting of manual therapy, postural training and exercises with the goal of decreasing pain and restoring function to the affected areas.

Turn over for additional information about TMJ structure, function and physical therapy goals.
Temporomandibular Disorder Information for Healthcare Professionals

Temporomandibular (TMJ) joint structure and function
- Each TMJ is anatomically separate however function together as closed chain unit
  - ex. a hypomobile right TMJ may lead to hypermobilie facilitated left TMJ
- The temporomandibular joints are synovial joints with specialized arthrokineamatics and musculature designed to perform powerful and fine motor control (mastication and speaking)
- Physical therapy interventions can be applied in presence of TMJ dysfunction

Temporomandibular joint and cervical spine
- The temporomandibular system and cervical spine are often called a functional unit
- Head and neck positions may affect tension in the cervical muscles, which may affect the position or function of mandible
- Innervation of posterior mandibular joint comes from cervical spine levels C2-C3
- Studies demonstrate TMD and cervical spine pain as coexisting conditions
- Cervical spine posture can affect TMJ function
- Manual therapy to cervical spine can reduce jaw pain

Examples of situations when physical therapy may be beneficial:
- The patient has neck pain and or cervicogenic headaches
- The patient has significant forward head posture and symptoms change with postural correction
- Patient did not obtain adequate relief from TMD symptoms from initial therapies that did not include physical therapy

Goals for physical therapy:
- Correct underlying joint dysfunctions in TMJ, cervical and thoracic spine
  - Mobilization/manipulation
  - Muscle energy techniques
- Release myofascial trigger points
  - Functional Dry Needling or IMT (shown at right, top)
  - Graston Technique® (shown at right, bottom)
- Lengthened soft tissues that have adaptively shortened
  - Manual and self-stretching
- Educate patient on home management
- Prescribe corrective exercises for upper quarter based on biomechanical examination and evaluation

Turn over for additional information about Gaylord Physical Therapy Orthopedics and Sports Medicine staff and capabilities.