



Learn more about Temporomandibular Dysfunction (TMD)

1. How many people are affected by TMD? Why is it sometimes called a "woman's disorder"?

It is estimated that 20 percent of the population, one out of every five people have TMJ symptoms. One common type of TM Disorder affects four to six women to every man (women in their thirties and forties are more often affected), and this has led some to think of TMD as a woman's disorder. However, women take better care of themselves and most men are in denial when it comes to pain. Children as young as six years old also suffer from this disease.

2. What are the most important symptoms I should be concerned about?

Headache, face and jaw pain, and jaw "locking" episodes.

3. What is a "locking" episode?

A "locking" episode can occur during mouth opening or closing. What happens is that the patient experiences an interruption of jaw movement - a "catch" or a "stop", and in order to complete the movement he/she must somehow jiggle or self manipulate their jaw.

4. Why does it happen?

What is happening is that the articular disc which fits on top of the condyle (ball) is getting stuck out of place and is preventing the condyle from moving normally. The disc is dislocating from its normal anatomical position.

5. If I can jiggle my jaw and reduce the dislocation, why should I be concerned?

Because each time it happens more damage is occurring to the tissues in the TMJ and the tissues controlling the movement of the articular disc. As a consequence there is the risk that if the problem is not addressed by appropriate treatment, one day you will be unable to reduce the dislocation yourself, and you will require an emergency visit to a TMJ practitioner if one is available in your community. In severe cases reduction can only be accomplished under general anesthesia.

6. Is TMD a "fad" disorder?

TMJ has been studied for over fifty years. It was first described by a Dr. Costen, a physician in St. Louis, MO, specializing in the treatment of diseases of the ears, nose and throat. It is now recognized as a specific disorder, and it can now be treated successfully. It is a real medical problem getting more attention as it is better understood. It is not a passing "fad". However, only a small number of dentists and almost no physicians are knowledgeable in the treatment of this problem.

7. How is whiplash a cause?

Whiplash is a traumatic episode in which the neck and head and thus the jaws, are uncontrollably and violently jarred. This causes bruising and tearing of sensitive and delicate tissues within the TM joint, as well as cervical muscles, muscles in the neck and spine, and the muscles that operate the jaw. The face or head does not have to strike the inside of the car for a whiplash patient to suffer TMJ trauma. Scientific medical and dental literature prove that cervical whiplash causes TMJ problems more than 90% of the time.



8. How are teeth grinding and clenching a factor in TMD?

Excessive grinding, also known as bruxism and clenching of the teeth exert extra pressure within the joint and on its component parts. Bruxism also causes a drying out of the sensitive tissues within the TM joint. When this happens and any movement occurs in the joint - opening the mouth or chewing - friction is produced and wear and tear of the delicate tissues soon follows causing pain. The grinding and clenching are a result of the TMJ problem. To eliminate nocturnal bruxism you must fix your TMJ problem.

9. What is a limited range of opening?

If you open your mouth as wide as you can and then place the middle three fingers of your hand (index, middle and ring) perpendicularly (with your thumb pointing upwards) between your upper and lower teeth, you have a normal range of opening, provided that you can do that without pain and/or deflection of your lower jaw to one side. In general, two fingers, or less, is a grossly impaired range of mouth opening.

10. I can get four fingers in. What does that mean?

Nothing. You may either have thin fingers or you have slight hyperelasticity of the TMJ tissues. In the absence of pain and other symptoms do not worry.

11. I can only get two fingers in. Does that mean I need treatment?

Yes.

12. I hear a lot of noises in my TM joints when I move my jaws. Sometimes there is a kind of click, and sometimes there is a crunching or grinding sound. What's happening?

A normal TMJ does not make any noise. Joint noises during jaw movement are a sign that the parts of the jaw joint are not working properly. Crunching grinding noises are called Crepitus and means you have osteoarthritis inside the jaw joint. "Clicking" means the disc is working loose and starting to dislocate. It is the stage before crepitus.

13. Is the presence of these joint sounds serious?

Yes, these joint sounds are a sign that the TMJ is not functioning normally and each sound indicates a micro trauma is occurring to the joint tissues. This means that as time goes by a full blown TM joint disorder will usually develop.

14. Why are ear symptoms associated with TM joint disorders?

Because of the close proximity of the ear tissues to the temporomandibular joint. It is not uncommon to find on x-ray that the condyle (ball) is improperly positioned in the joint space such that it is in intimate contact with the tympanic (ear) bone. The consequence often is ear pain in the absence of infection, a sense of fullness or stuffiness in one or both ears, and sometimes ringing or other noises in the ears. This is also frequently caused by an inwardly displaced disc that is pressing against the inner ear. Excess wax production and hearing loss (subjective) are additional ear symptoms.

15. If a young child needs "tubes" in his ears, does he/she have a TMJ problem?

Yes. Repeated bouts of ear infection (otitis media) are very frequently associated with dislocation of the TMJ disc. The child may be more effectively treated by a TMJ specialist than by the surgical implantation of tubes in the eardrums.