

Temporomandibular Disorder

Temporomandibular Disorder (TMD) is a complex disorder that creates very broad symptoms affecting the entire body making it very difficult for practitioners who are not specifically trained in Temporomandibular Disorder to join the dots and make a proper diagnosis. It's common for TMD sufferers to have seen multiple practitioners from neurologists to psychologists without answers or results. TMD affects 1 in 8 people with women 4 times more likely to be affected.

Head Pain, Migraine

1. Forehead
2. Temples
3. Migraine type
4. Sinus type
5. Shooting pain up back of head
6. Hair/scalp painful to touch

Eyes

1. Pain behind eyes
2. Bloodshot eyes
3. May bulge out
4. Sensitive to sunlight

Mouth

1. Discomfort
2. Limited opening
3. Inability to open smoothly
4. Jaw deviates to one side when opening
5. Locks shut or open
6. Can't find bite

Teeth

1. Clenching
2. Looseness and soreness of back teeth

Ear Problems

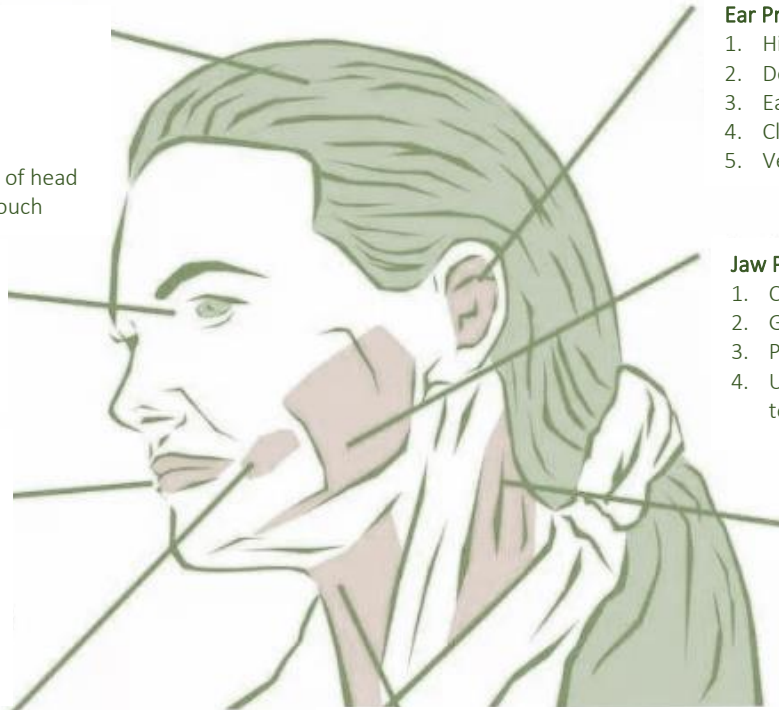
1. Hissing, buzzing or ringing
2. Decreased hearing
3. Ear pain, ear ache, no infection
4. Clogged "itchy" ears
5. Vertigo, dizziness

Jaw Problems

1. Clicking popping jaw joints
2. Grating sounds
3. Pain in cheek muscles
4. Uncomfortable jaw &/or tongue movements

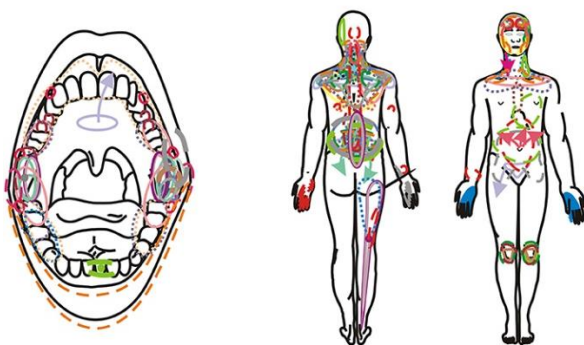
Neck Problems

1. Lack of mobility, stiffness
2. Neck pain
3. Tired sore muscles
4. Shoulder and backaches
5. Arm and finger numbness &/or pain

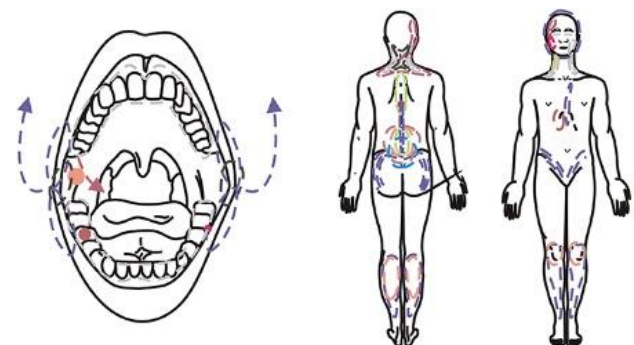


Throat

1. Swallowing difficulties
2. Laryngitis
3. Sore throat with no infection
4. Voice irregularities or changes
5. Frequent coughing or constant clearing of throat
6. Feeling of foreign object in throat constantly



PAIN PRESENTATION IN WOMEN



PAIN PRESENTATION IN MEN



What Causes Temporomandibular Disorder?

TMD is caused by dysfunction of the jaw joint and the muscles that support its proper function. Sometimes this is from acute injuries, like whiplash or sudden stress, and other times it sneaks up gradually from long-term habits like clenching, grinding, mouth breathing or sleep disordered breathing (UARS and sleep apnoea).

TMD is reasonably easy to treat in acute cases. However, when the condition becomes chronic (lasts longer than three months), TMD can change the way your nervous system responds to stimuli causing pain to persist long after the initial physical stimulus has subsided – this is known as peripheral or central sensitization.

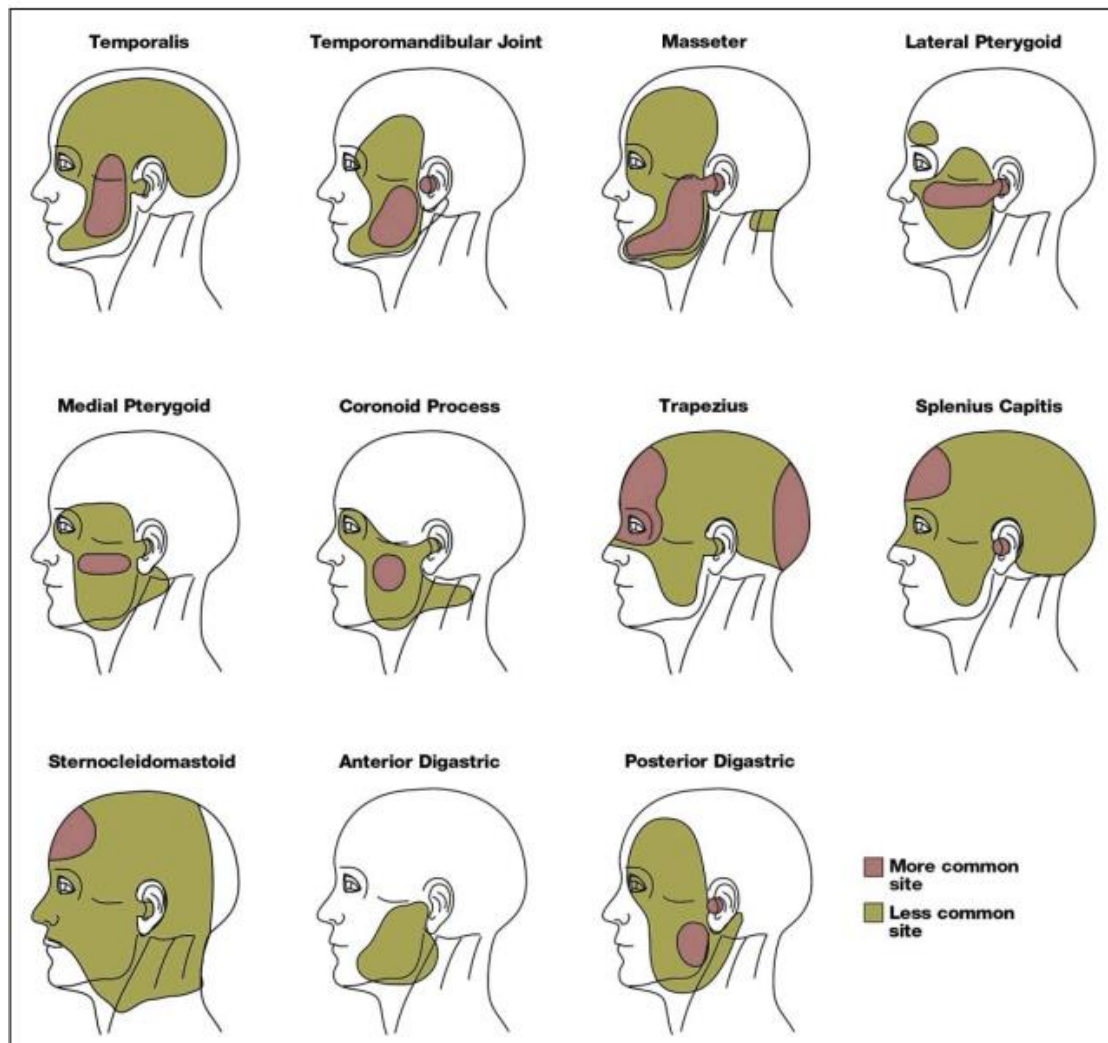
Peripheral and central sensitization are tricky to treat because pain is referred and felt in areas of the body that are not the underlying cause of pain. This is why treatments like massage, chiro, physio or migraine medication may provide limited to temporary relief. Treating TMD effectively requires that the source of the pain be treated. This may involve use of an oral orthotic to unload the jaw joint and rehabilitate the jaw muscles of mastication.



Treating Temporomandibular Disorder

Treatment begins with a diagnosis – is it the jaw joint and muscles causing your pain or something else altogether? Once a diagnosis is established, treatment focuses on rehabilitating the jaw joint and the

jaw muscles with a combination of oral orthotics (like a splint), oral myology (laser, dry needling and physiotherapy) and pharmacology. This may involve health professionals other than your dentist when required and/or long-term use of oral orthotics.



You can expect a significant improvement in your symptoms after treatment. However, depending on your diagnosis and level of disease, some pain may persist and future flare-ups may occur.