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Adult & Adolescent Medicine; Wound Care Specialist; Procedure Oriented

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TEMPOROMANDIBULAR JOINT (TMJ) SYNDROME

General Information

DESCRIPTION

Pain and inflammation in the temporomandibular joint (the joint on either side of the jaw that opens and closes the mouth) and adjoining muscles. It affects adults of both sexes, but is more common in women.

FREQUENT SIGNS AND SYMPTOMS

- Dull, aching pain on one side of the jaw (below or in front of the ear) that radiates to the temples, back of the head and along the jaw line.
- Tenderness of the muscles used to chew.
- "Clicking" or "popping" sounds when opening the mouth.
- Inability to open the jaw completely.
- Headache and toothache.
- Aching back, shoulders or neck.
- Pain brought on by yawning.

CAUSES

- Faulty alignment ("bite") between the upper and lower jaws (disk derangement).
- Displacement of the joint as a result of jaw, head, or neck injuries.
- TMJ inflammation.
- Myofacial pain dysfunction.
- Hypermobility or hypomobility of the TMJ.

RISK INCREASES WITH

- Grinding or clenching teeth.
- Tension of the masticatory (chewing) muscles.
- Stress.
- Poorly aligned teeth.
- Poorly fitting dentures.
- Osteoarthritis or rheumatoid arthritis.

PREVENTIVE MEASURES

Don't grind your teeth. Learn techniques for relaxing muscles and relieving tension, such as biofeedback, meditation and exercise.

EXPECTED OUTCOMES

With treatment, symptoms can be controlled, and behavior that produces symptoms can be modified. A jaw misalignment can also be corrected.

POSSIBLE COMPLICATIONS

- Without treatment, bone in the temporomandibular joint may erode and deteriorate.
- Secondary degenerative joint disease.
- Depression and chronic pain syndrome.

Treatment

GENERAL MEASURES

- Diagnostic tests may include jaw range-of-motion studies, dental x-rays, arthroscopy and MRI.
- Treatment program may involve correction of occlusal disorders, attainment of normal muscle function, pain control, stress management and behavior modification.
- Psychotherapy or counseling, including biofeedback training, to learn new ways to cope with stress.
- Ice and/or heat may be of slight benefit in relieving discomfort, but will not cure. Try one and then the other to see what works best for you.
- Massage the TMJ muscle area.
- Don't use a pillow for sleeping. Roll up a towel and place it under your neck. Sleep on your back.
- Try to limit jaw movements and learn to relax the jaw. Block a yawn by putting your fist under your chin.
- Correction of poorly aligned teeth with braces or other orthodontic device may be necessary.
- A dentist may manufacture, fit and install a night-guard prosthesis to prevent tooth-grinding while asleep. A night-guard prosthesis consists of removable splints that fit over the tops of the teeth to eliminate incorrect biting pressure.
- Severe cases that do not respond to simpler measures may need surgery to reconstruct the joint (rare).

MEDICATIONS

- Tranquilizers or muscle relaxants for a short time may be prescribed.
- Nonsteroidal anti-inflammatory drugs may be recommended.
- For minor pain, you may use non-prescription drugs, such as aspirin or acetaminophen.

ACTIVITY

No restrictions.

DIET

Eat a soft diet until symptoms subside. Avoid hard, chewy foods such as bagels.

Notify Our Office If

- You or a family member has symptoms of temporomandibular joint syndrome.
- Symptoms do not improve or worsen after self-care treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special Instructions: