

Orofacial Pain and TMJ Newsletter

Heal Your Body. Strengthen Your Life.™

Measuring and Diagnosing the TMJ

Screening for TMJ can identify problems early on, and help prevent more serious complications. Listening for joint noise over the TMJ with a stethoscope can be very useful for identifying dysfunction. Also, palpating over the TMJ to feel for abnormal movments, popping, clicking, crepitus, or tenderness can be diagnostic. Patients that complain of "Ear Pain," or "Pressure," or "Fullness," or even "Ringing," could have symptoms related to TMJ, especially in the absence ear infection findings.

To assess ROM and screen patients for possible soft tissue or joint problems we recommend these four steps:

- 1. Just say aaahhhhhhh. Measure oral opening. Normal is 40-45 mm. We use the TheraBite range of motion scale available through www.craniorehab.com. It fits on the bottom incisors and easily records oral opening. At JCPT we can provide your patients with a program of effective stretching to help prevent strains due to limited oral opening. If you'd like to sample the TheraBite scale, let us know.
- 2. First to the right, then to the left. The TheraBite scale is also used to measure lateral glides. For every 4 mm of opening there should be 1 mm of lateral glide. In a patient with 40 mm of opening lateral glides should be 10 mm.

A restricted lateral glide to one side indicates that the opposite



TMJ is tight. Performing a dental procedure on such a patient presents a potential problem with disc displacement or joint strain to either or both joints.

TheraBite 1

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Pats on the back...

No, we're not referring to a new therapeutic technique for TMJ. We've earned recognition for our efforts to provide the best physical therapy care and create a great environment for patients and staff.

Jackson County Physical
Therapy recently made the
2011 list of "100 Best Companies
to Work For" in Oregon! It's the
18th year that Oregon Business



Magazine has published the list, which is based on employee surveys and a company benefits report.

The 2010 Mail Tribune
Readers' Choice Awards
included Jackson County Physical
Therapy as "Favorite Physical
Therapist/Clinic."

And, Bill Esser, MS, PT, CCTT, has succeeded in achieving a level of certification shared by fewer than three dozen people in the world. Bill's nearly 30 years of clinical work, advanced training, and knowledge as demonstrated by exam have earned him the designation of Certified Cervical and Temporomandibular Therapist by the Physical Therapy Board of Craniofacial and Cervical Therapeutics, an international group organized within the American Academy of Orofacial Pain.



Care for TMJ
patients is offered
at two of Jackson
County Physical
Therapy's four
locations.

In <u>Medford</u>, by Bill Esser, PT, MS, CCTT Justin Carson, DPT, CSCS, OCS Matt Jurek, DPT, CSCS

In <u>Ashland</u>, by Tim Palmesano, MSPT, SCS

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A springtime chuckle:

- Q. When do primates fall from the sky?
- A. During those
 Ape-ril showers.

Wishing you a bright and beautiful Spring!



SCREENING, continued

3. Little pinkies come in handy. Frank Spears, DDS, in his basic occlusion class teaches a useful technique to help determine if the posterior attachment

on the disc is lax which allows anterior disc displacement. Place your little fingers gently in the patient's ears and apply anterior pressure as the patient opens and closes. Dr. Spears relates that 1/3 of individuals who don't routinely click are found to click during this test. Why? If the posterior ligament attaching the disc to the condylar head is loose in the back, the disc



can be displaced by finger pressure anteriorly. The disc often clicks as it repositions with the opening/closing procedure. This is useful information to share with the patient (that they have a loose disc) and that a chance always exists that a prolonged dental procedure could result in development of a click in the joint. The dentist doesn't then get blamed for *causing* the joint to click by the procedure. Oral mechanics and contributors to joint/disc instability should be evaluated and therapeutic intervention implemented to stabilize the condition.

4. Finally, load the joint. Gently loading of the joint cephalid with opening and closing can often pick up instability of the disc/condyle complex. Gently maintain pressure on the mandible as the patient opens, closes, protrudes and moves laterally. Pressure superiorly with mandibular movements can pick up disc problems which otherwise are missed as the condyle simply passes under the disc in the joint's loose-packed position.

Research Corner...Screening headache patients for TMD:

"Effect of Orthopedic Manual Therapy on TMD Headache." Journal of Craniomandibular Practice, January 2011, Vol. 29, No. 1

Forty-three patients diagnosed with cervicogenic headaches were also screened for the following signs of TMD: joint sounds, deviation in mouth opening, at least two trigger points in the extra-oral musculature and pain with passive mouth opening. To be included in the study, headaches had to be present for at least 3 months, no orthodontic intervention could have occurred. Seventy percent reported unchanged headaches of >12 month duration.

Physical therapy intervention consisted of trigger point work for facial muscles, mobilization to restore joint movement of the TMJ, training in joint mechanics, and a home exercise program. The maximum of 6 treatments were given over a period not exceeding 42 days.

Patients with cervicogenic headaches who are screened for TMD and receive physical therapy intervention show a marked improvement—both at the end of 6 treatments and at 6 month follow-up—versus a control group of cervicogenic headache patients whose TMD was not treated.

Need a past issue? We are pleased to begin the third year of this newsletter emphasizing care for patients with orofacial pain, headaches, and neck pain. Past issues addressed Caring for the Close-Locked TMJ (Fall 2009), TMJ Mechanics (Winter 2010), The Dysfunctional TMJ (Spring 2010) and Managing Early Disc Displacement (Fall 2010). Copies available; contact us at (541) 776-2333 or by email at justinc@jc-pt.com.