



Newsletter

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www.chiropractorcapalaba.websytc.com.au

Publisher

Dr. Patrick J. Shwaluk ✓
Doctor of Chiropractic
Certified Chiropractic Sports Physician

**Educated - Safe - Effective
Spine Care**

TMJ Dysfunction

Temporomandibular joint = jaw joint or TMJ for short. TMJ dysfunction = abnormal function (motion pattern) of the jaw with or without pain.

With normal mandibular (jaw) motion the mouth opens and closes smoothly in a straight line and the upper and lower teeth line up in the center - normal occlusion, Figure 1. The normal mouth opening span is wide enough to accommodate three fingers inserted between the incisor teeth Figure 2.

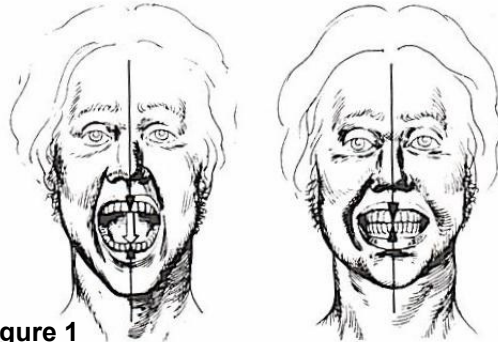


Figure 1



Figure 2

Insufficient opening of the mouth, less than three fingers is abnormal. An asymmetrical or distorted pattern of opening and closing the mouth, as when the mandible swings to one side, and mal-alignment of the upper and lower teeth are most likely indicators of TMJ dysfunction or dental problems, Figure 3.

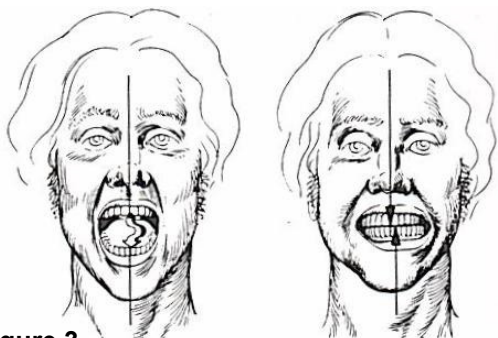


Figure 3

Dysfunction of the TMJ can also manifest as any of the following.

- Local pain in the TMJ and muscles of mastication (chewing);
- Head or neck pain due to compensatory responses to TMJ dysfunction;
- Compensatory postural changes - holding the head and/or neck at skewed angles;
- Pain with chewing, clicking or grinding sounds with moving the jaw;
- Arthritic degeneration of the TMJ;
- Otic (ear) symptoms and dysfunctions: symptoms may include dizziness, vertigo, fullness in the ear, ear popping, ear pain and tinnitus;
- Difficulty swallowing and chronic sinusitis.

Normalizing TMJ function / motion generally relieves the above symptoms.

Muscular and joint dysfunction of the head, neck and TMJ are the most common non-dental cause of TMJ dysfunction. Common injuries that alter head, neck and TMJ function include: whiplash, falling on your face, getting hit in the jaw, opening the mouth too wide and biting on a hard apple, holding the mouth open for prolonged periods of time as in getting teeth extracted, chewing tough steak and holding stress in the jaw.

Every joint in the body has a neutral / resting position. **The resting position for the TMJ is with the teeth slightly separated. The teeth should only touch in the process of chewing and with swallowing.** They should not touch while you sleep. If your teeth are touching most of the time you are applying excessive compressive forces to the TMJ predisposing it to pain and degenerative arthritis.

Appropriate care options may include one or more of the following: 1. become aware of the tension in your jaw and learn to relax the tense muscles; 2. get some chiropractic and acupuncture treatment on your neck and jaw to relax and balance the chronically tight muscles; or 3. get a splint /mouth guard from the chemist or your dentist to hold your TMJ in neutral during part of the day and while you sleep. If you grind your teeth while you sleep, bruxism, wearing a splint at night is appropriate.

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Many patients consider this newsletter as a reminder to come in for their monthly good spinal health check up. Now is a good time to book your "tune up" appointment.

Clinic Hours

Mon 10am - 7pm
Tues 9 am - 12pm
Wed 10am - 6pm
Thurs 3pm - 7pm
Fri 9am - 4pm
Sat 9:30 am - 12:30pm

Capalaba Business Center
Suite 8
39 Old Cleveland Rd
Capalaba QLD 4157

Phone:

(07) 3823 2282

Fax: (07) 3823 2520

Mobile: 0409878180

Email:

chiropractor@bytesite.com.au

**Remedial Massage
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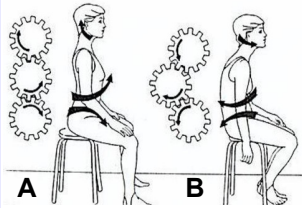


Psychology of TMJ Pain. Facial expression is a reflection of inner emotions. We recognize smiles and frowns as components of body language. We generally know if someone is happy to see us or not. Less commonly, some people hold or express their emotional stress / tension in their jaw. Typically, people suffering jaw tension “bite their tongue” rather than say something that they feel they need to say. They know what they want to say and who they want to say it to but they feel unsafe to say it. They keep the words “bottled up” in their jaw. **This stored tension needs to be released safely.** If it is not safe to speak directly to the person or organization you feel the need to speak to I suggest speaking to a friend, chiropractor, dentist, counselor, the universe or God. Get some help. Primal screaming can be a useful release of tension but be careful as to when, where and at what or to whom you scream. **Do it safely!** .

TMJ relaxation techniques

Keeping the jaw or any other part of the body relaxed is easier said than done. Awareness of the pain and tension is just the starting point. If you feel tension in your jaw practice the following techniques:

Good TMJ posture starts with good neck and shoulder posture = shoulders back, neck up in neutral. A not B



To relax the jaw place the tip of the tongue just behind the top teeth and gently open and close the mouth without touching the teeth together. The resting or neutral position for the TMJ is with the teeth slightly separated, the lips together and the tip of the tongue resting just behind the upper teeth.

Gently massaging the muscles above and below the cheek bone and under the mandible is soothing. We can show you how to do it. The following video clip illustrates some self massage techniques to relax the TMJ muscles.
<http://www.youtube.com/watch?v=mrXpuEsHHiA>

TMJ Dysfunction and the Cervical Spine
 Head, neck and TMJ posture are intimately interconnected. The interactions are dynamic, multiple and complex. As head and neck posture changes the alignment of the jaw and teeth changes. Figure 4 displays the interplay between the muscles of the jaw, head and neck. The double sided arrows point to the attachment points of the major muscles that control head, neck and TMJ movement.

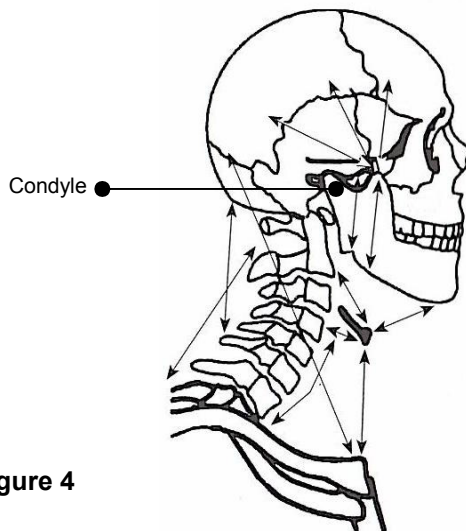


Figure 4

Try this experiment. Sit upright and open and close your mouth. Your teeth should line up perfectly. Now relax your jaw and flex your head forward. You should feel the mandible, the jaw bone, shift down and forward. The teeth of the mandible will contact more anteriorly relative to the upper teeth. Next, look up at the ceiling. You should feel the mandible and the contact points between the teeth shift slightly posterior. Lateral side bending of the head will create greater contact between the teeth on the side that the head is tilted to. If you tilt your head to the right the teeth on the right will touch first.

If one of the joints or muscles controlling head, neck or TMJ function is tight / dysfunctional it will cause compensatory reactions in the other muscles and joints resulting in muscular and / or joint pain. Chronic TMJ dysfunction will lead to degenerative / arthritic joint disease. Correcting the muscle and joint dysfunction requires skilled chiropractic care. Complicated cases may require an interdisciplinary approach including dental, acupuncture, psychological and surgical care.

Clicking in the Jaw is due to an internal derangements or displacements of the articular disc within the joint. Figure 5 shows how the disc sits on top of the condyle, the bony part of the jaw joint, and slides forward as the mouth opens. The disc is supposed to slide back as the mouth closes but it can get stuck in the forward position. If the disc is stuck anteriorly, Figure 6, the patient will get a popping / clicking sound every time the condyle slides backward or forward over the posterior edge of the disc. Sometimes the jaw can be manipulated by a chiropractor or dentist to restore movement of the disk and stop the clicking / popping sound. In advanced cases of degeneration the clicking may stop but the patient is unable to open their mouth very wide. In these rare cases surgical correction is the best option.

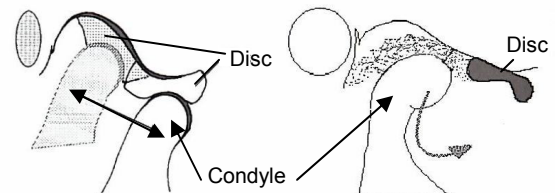


Figure 5

Figure 6

OTOMANDIBULAR SYNDROME refers to ear related symptoms secondary to TMJ dysfunction. Spasm of the muscles of mastication can flow over to effect the muscles associated with ear function. The tensor villi palatine muscle lies in the soft palate of the mouth and its function is to open the eustachian tube. Chronic dysfunction of the muscles of mastication and activation of the trigeminal nerve may lead to dysfunction of the eustachian tube and congestion in the ears. The subsequent symptoms include tinnitus (ringing in the ear), dizziness, stuffy ear, itching in the ear, muffled or decreased hearing, and sounds during swallowing. Some people develop difficulty equalizing their ears when flying, going down elevators or descending in scuba diving.

Chiropractic treatment of TMJ dysfunction includes manipulation of the ears, jaw and neck as well as soft tissue therapy of the neck and jaw muscles. I find dry needling / western acupuncture particularly useful to relieve the muscular pain and tightness. If I can't relieve the symptoms I can refer you to a dentist skilled in the management of TMJ dysfunction.