



After a thorough assessment of the temporomandibular joints (TMJ) by a dental professional, a referral for manual and/or modality therapy by a physiotherapist, athletic therapist, or registered massage therapist may be an appropriate adjunctive treatment. In 2012, Rashid, et al, conducted a British survey of 356 dental consultants listed on the British Association of Oral and Maxillofacial Surgeons' website. 72% of those who responded considered physiotherapy to be effective for treating such disorders. The respondents considered jaw exercises, ultrasound, manual therapy, acupuncture and laser therapy effective forms of treatment. If a dental professional did not consider physiotherapy effective, some reasons for this included lack of knowledge or expertise of the physiotherapist and lack of awareness of the benefits of physiotherapy.

Contact:

Address:

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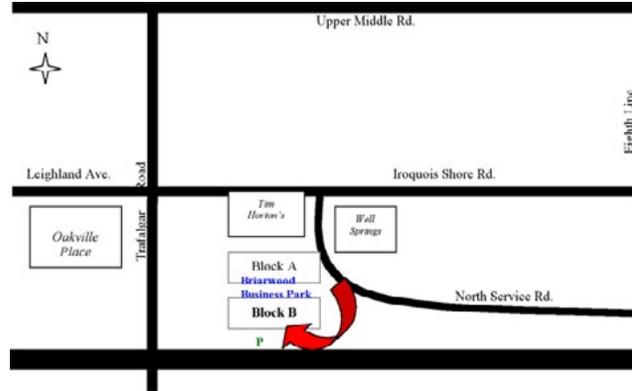
Fax: 905-842-1028

Hours:

Mon.-Thurs.: 7am - 7pm

Friday: 7am - 3:30pm

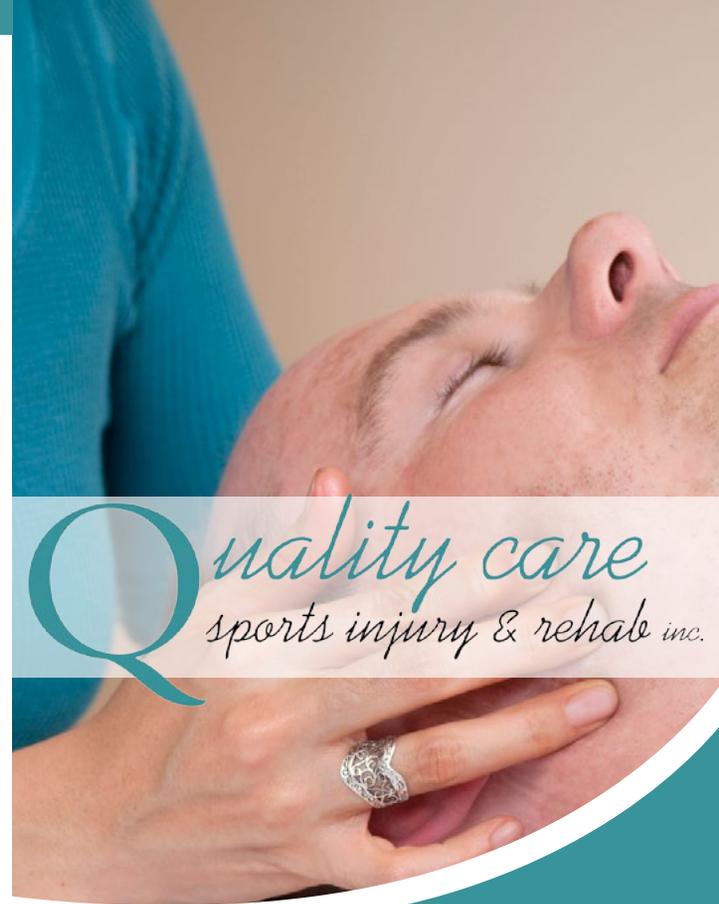
Saturday: 8am - 2pm



Directions: From Trafalgar Rd. go east on Iroquois Shores Rd. Turn right onto North Service Rd. From the bend in the road on the North Service Road, turn in to Briarwood Business Park. Take an immediate left and follow the parking lot around to the side of the building facing the QEW. The entrance to the clinic is directly under the big "Remax" sign.



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TEMPOROMANDIBULAR JOINT PAIN

How Therapy May Help!

The temporomandibular joints are two of the most frequently used joints in the body, but they probably receive the least amount of attention.

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During the initial assessment, the therapist will determine the degree of opening, closing, protrusion (retrusion) and lateral excursion of the mandible as well as the accessory movements of the TMJ's, including anterior, lateral, medial and posterior glides. An assessment of cervical movement, most specifically cranio-cervical positioning is also performed. Research has demonstrated the biomechanical relationship between the cranio-cervical region and the dynamics of the TMJ.

During treatment, the client may receive any or all of the following:

Modality Therapy

Several studies have shown the potential efficacy of using low level laser therapy to reduce pain and inflammation of TMJ issues.

Joint Mobilizations

Posterior glide of the atlanto-occipital joint is often decreased due to forward head posture common with computer work. Direct mobilization of the OA joints, unilaterally and bilaterally, can be followed by oscillatory or sustained medial and lateral glides in side-lying and traction of the mandible from the temporal bone, both extra and intra-orally. Traction manoeuvres can be taught to the client as part of his/her home program exercises.



Craniosacral Therapy

Emerging science relating the positioning/movement of the cranial bones with respect to the motion of the pumping of cerebrospinal fluid has added to the treatment options available for diminishing TMJ pain. Since the TMJ sits anterior to the axis of rotation of the temporal bones, improper position of the temporal bone may cause the TMJ to be displaced which may lead to dysfunction. Chronic tension of the Temporalis muscle causes the temporal bone to be pulled down and the mandible to be pulled up, increasing compression of the joint. This also could put pressure on the Trigeminal Nerve, via a reflex loop with the Reticular Activating System, the specialized cells in the brainstem that respond to the mechanical stimuli of jaw clenching. The altered movement of the cranial bones could be caused by things like past concussions/hits to the head, infections, teeth clenching/grinding, stress, quick growth spurts and/or poor posture.

Massage Therapy and Myofascial Release

Massage of the Masseter, Suprahyoid and Temporalis muscles, as well as intra-oral massage of the Pterygoid muscles have been shown to help reduce TMJ associated pain as well as diminish clicking in the joint. Hypertonic Pterygoid muscles can pull the disc forward and hold it there. Over time, this constant pull alters the elasticity of the muscles/ligaments and therefore, they will no longer pull the disc back into

proper position. The condyle of the mandible then rubs on the elastic tissue, furthering the damage. 72 percent of survey respondents rated massage the most frequent and among the most satisfactory and helpful of complementary and alternative medicine approaches they had tried. As well, after studying 20 patients, Vicente-Barrero et al found that "acupuncture was an effective complement and/or an acceptable alternative to decompression splints in the treatment of myofascial pain and TMJ joint pain-dysfunction syndrome". Acupuncture of myofascial trigger points may reduce the muscle spasm associated with TMJ problems.

A Home Program

Correction of posture/head position along with isometric or contract/relax type exercises will complement clinical treatment. The client will be taught self massage, both extra and intra-orally, for the above muscles. Self skin rolling and compaction/decompaction of the joint may also help. Pushing the tongue to the roof of the mouth and holding for 10 seconds will help relax jaw tension due to stress. Asking the client to hold the tongue to the roof of the mouth while opening and closing can help to re-establish normal active range of motion. Additionally, ice cube massage of the joint can be very beneficial.

*References Available upon Request

Please do not hesitate to contact us if we can be of assistance!

