

Take a Bite Out Of TMJ

By Stuart C. Marmorstein, DC

Expand the scope of your practice by becoming the local chiropractic TMJ expert

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Offering temporomandibular joint (TMJ) services can expand your patient base and increase awareness of chiropractic treatment. Working with TMJ patients can be a creative and rewarding part of a holistic-based practice.

Chiropractors, not just maxillofacial surgeons or dentists, can help relieve the suffering of most TMJ patients.

Chiropractors are already treating patients with TMJ problems—whiplash injuries in auto accidents, after dental procedures where the mouth is forced open for long periods of time, minor head injuries from contact sports, patients who clench their teeth or grind them together (brux) at night, and patients who are anxious or tense with tight upper trapezius or sternocleidomastoid muscles carrying this tension in the jaw as well.

Vis-a-Vis

The TMJ is located between the temporal bone of the skull and the lower jaw (mandible). The condyle is the part of the joint at the head of the mandible. Between the condyle and the temporal bone, there is a meniscus or disk. Like any other joint in the body, the TMJ is prone to insult, injury, chronic disorders, and serious degenerative changes—osteoarthritis, rheumatoid arthritis, or cancer.

The most common type of these disorders that chiropractors will encounter is myofascial pain disorder, characterized by discomfort or pain in the jaw muscles and accompanied by neck and shoulder muscle tension. Also, we will see patients with some internal derangement of the joint itself. They may have a displaced disk within the joint capsule, or some type of injury to the condyle. Occasionally, we may see some dislocation of the jaw.

Often, patients will exhibit elements of all of these disturbance. Symptomatically, they may experience any or all of the following: jaw pain while the jaw is opening or closing or sometimes when still; jaw noise (clicking, popping, or grating) during motion; discomfort during biting, chewing, or yawning; deviations from normal jaw motion; and headaches. Sometimes there is also a feeling of stiffness in the facial muscles. If someone is bruxing, they may also develop wear facets on the teeth and fatigue in the muscles of mastication.

When the jaw functions properly, the right and left jaw joints move as one unit. If this coordination of movement is upset, the jaw may exhibit one-sided open-and-close movements leading to further joint and muscle stress and eventual breakdown. As in spinal situations, it is typical to find the patient caught in a cycle of localized stress and pain, muscle imbalance, and joint imbalance, all feeding one another.

There are two major reasons why chiropractors can treat patients with a TMJ disorder:

1. We deal with functional disturbances originating from structural (neuromusculoskeletal) aberrations. Our philosophy and analytic and therapeutic methods may contribute greatly toward relieving them.
2. The TMJ cannot be isolated from the rest of the body/mind system. Ignoring the TMJ will compromise resolving or managing neck, back, shoulder, and other structural and physiological dysfunctions.

DC and DDS?

There is no standard or uniform protocol for evaluating TMJ function or dysfunction. Sometimes there is obvious malocclusion (bad bite), which may need dental intervention. Dentists will often make a custom acrylic splint for the patient. The patient will rarely require surgery. Other than that, the dentist will probably use chemical agents to relax muscles and lower inflammation, or use some sort of physical therapy to relax the muscles or lower inflammation.

You can offer treatment by bringing the rest of the body into better structural balance. If you decide to use homeopathic, herbal, or nutritional products to lower inflammation and help the patient relax, you will also spare them the toxic side effects of pharmaceutical substances. Find dental professionals with whom you can establish a good rapport.

As a practical matter, I do not use diagnostic codes on my chiropractic receipts that would indicate that the primary problem is TMJ. Sometimes I will give a diagnosis of “Cervical Strain 847.0, with attending 524.6 TMJ syndrome.”

One of the first things I learned is that chiropractors should avoid causing TMJ problems. I was injured by a colleague when he performed a cervical adjustment on me while grasping my mandible. With one strong thrust, my TMJ was severely traumatized. The joint became so hypermobile that if I shifted my body position while sleeping, the mandible would often move enough to irritate the sensory nerves in the TMJ area.

Some of the dental procedures designed to improve my plight had the opposite effect. I do not recommend equilibration to anyone. This method of finding high spots on the teeth using something like carbon paper, and then grinding them would temporarily allow my jaw to close with more ease. Invariably, the symptoms would worsen after an all-too-brief period of adaptation. The material removed from my teeth cannot be replaced.

Due to my experience, I had the opportunity to learn how the chiropractors and dentists worked with TMJ cases. I have continued to pursue this area of study through reading, postgraduate classes, and research for more than 20 years.

Problem Identification

You can identify patients with TMJ disorder primarily through history. Pay close attention to details about emotional stress, recent dental work, and recent facial or head trauma (including biting hard on tough food or objects). Certain medications, including common antidepressants such as Zoloft, have bruxism as a side effect. Also, patients will complain about a tight jaw for as long as they can remember.

Watch patients open and close their mouth from head-on. If the jaw swings to one side as they open, or if they can't open the mouth at least as wide as their three middle knuckles placed next to each other, they have a problem.

Some minor clicking of the jaw can occur in relatively normal patients. The clicking noise is a result of the disc slipping out of place, sticking, or malfunctioning. Reassure the patient that most clicking sounds are quite common and are seldom significant unless accompanied by pain or major grating noises.

In general, the body will make better adaptations to anything if structural stress is reduced. Use current adjusting methods to ensure that the patient is free from spinal subluxations. A careful analysis of what C2 is doing is a major key to reducing TMJ stress. Look carefully for any combination of vectors of misalignment in C2, including lateral sideslip, posterior body, and posterior rotation of the segment, and adjust to correct all of them.

I am comfortable using applied kinesiology to challenge the vertebrae for adjusting vectors. If you prefer to use static palpation, motion palpation, or leg checks to find a specific subluxation listing, you will usually do some good.

I prefer muscle testing here so the patient can receive unmistakably clear sensory feedback that you have found a specific problem. Seeing a stronger indicator muscle group on a post-adjustment challenge can build confidence in recovery and in you as a doctor.

Some chiropractors claim that kinesiology is not reproducible in double-blind studies, and is therefore not objective. I consider this approach to be part of the art of chiropractic, and tell

patients that I am trying to find out what their body seems to be asking for from me.

It is critical to relax the local muscles. If you have studied BEST (Bio-Energetic Synchronization Technique), the Double Crown technique is good after bringing the body back into better balance. This technique is noninvasive and uses the polarity of the doctor's fingers to ease some of the soft tissues in the mandibular area. Herbal compounds containing Valerian can be used on a short-term basis (when there are no contraindications) to relax muscles. Alternating heat and cold applications can reduce local congestion. Enzyme formulations can also be used to reduce joint inflammation.

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Hear Ye, Hear Ye

Auriculotherapy (working electrically with ear acupuncture points corresponding with anatomical structures) can afford relief—gently, safely, and without needles.

There are many good acupoints for TMJ around the earlobes. You can also stimulate the Shen Men point, and cervical spine and muscle points. Adhesive tabs containing small smooth metal balls can be used by the patient to stimulate these points after they have left your office. Portable handheld units can be purchased for under \$200 with electronic point finders.

For patients who brux, I use a soft, adjustable mouth splint. This splint fits over dental and orthodontic appliances, and gives feedback to the muscles by pushing back when the patient grinds. This retrains the muscles to let go of the bruxing habit.

If you suspect that emotional stress is a major contributor to TMJ disorder syndrome, stress reduction approaches and substances, including Bach flower remedies or other flower essences, self-help books, yoga, meditation, or counseling, are recommended.

More receptive TMJ patients can also benefit from an evaluation of their dietary and exercise habits—both of which influence the health of the joints and muscles, as well as the tendency to accumulate rather than dissipate or express stress.

With a stronger kinesiology background, you can work directly with the muscles of mastication. Spindle cell and Golgi tendon apparatus stimulation (by hand) can help the masseter, temporalis, medial, and lateral pterygoid muscles to relax, frequently bringing about a dramatic improvement.

Fitting the patient for custom orthotics can help the TMJ if it contributes to structural stability. Kinesiology, in general, helps overall structural balance through balancing the body's muscles, and offers the practitioner a good lens through which to view the interrelated events taking place in the body/mind system.

For the best results, it is imperative to consider the cranium. If the shape of the cranium is distorted, the condyles of the mandible do not have a good place to sit. In addition, dural tension originating within the skull will pull on the upper cervical area, the sacral area, and everywhere else through the fasciae. ■

About the Author

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