

# TMJ (Temporomandibular Joints) Syndrome

## What Are the Temporomandibular Joints?

If you place your fingertips against your face in front of the ears and move your jaw up and down, you can feel the movement of your temporomandibular joints. These are similar to hinges and connect the lower jaw to your skull. If the jaw is to perform properly, the upper and lower teeth must mesh properly when you close on the back teeth in a fixed or "normal" bite.

## What is TMJ Syndrome? What are the Symptoms?

TMJ problems have their primary base in the (TMJ) joint mechanism. The actual malfunction may involve the ligaments, muscles or the bone itself. For this reason, dentists now usually refer to these problems as myofascial or craniomandibular pain dysfunctions, indicating a much broader involvement of tissue. Symptoms are popping, clicking, or cracking near the ear, soreness of the jaw, severe pain in the joint area, dizziness, headaches, backaches, eye pain and chronic fatigue - to name a few.

**What Causes the Problem?** The causes may be external, internal, or both.

EXTERNAL causes: a blow to the face or jaw- or some sort of injury; for example, whiplash is a common cause of externally produced trauma to the TMJ.

INTERNAL causes: The most common cause arises from occlusal disharmonies (traumatic occlusion), commonly called "poor bite". Missing teeth not replaced can also produce disharmonies. Forms of arthritis also may be internal causative factors. Further, poorly fitting dentures and partial dentures or fixed bridges, which have outlived their usefulness, can create TMJ problems.

## Simple Ways to Detect a Disorder in the Temporomandibular Joint:

If a person suspects this type of disorder, he/she might try these things:

1. Press the area directly in front of the center of the ear. Pain or tenderness might indicate inflammation of the Temporomandibular Joint.
2. Insert the little fingers in the ears with the nails facing back. Press forward gently. If the joint is inflamed, pain might be felt.
3. Watching the chin in a mirror, open the mouth wide, then close. Does the chin move straight up and down? If it deviates to one side, it may indicate possible TMJ problems.
4. Are there clicking sounds when opening or closing the mouth?
5. Is there clenching or grinding the teeth during the day or during sleep?

## I read That TMJ Disorders Have Been Called the Great Impostor Syndrome. Please Explain.

Consider the incredible amount of use the jaw gets everyday in talking, eating, and even swallowing. It is not surprising that the pivotal point (the Temporomandibular Joint) can often be subject to problems. But the *Great Impostor* problem is that the pain itself may surface almost anywhere - head, neck, shoulders, etc., masquerading as acute or chronic diseases. This includes severe headaches, backaches, ringing in the ears or vertigo problems, etc. Because of its genius for disguise, the TMJ problem has been called the *Great Impostor*. Part of our function in dentistry is to develop techniques to help us catch the *Great Impostor* at his nasty game.

## Does Stress Play A Part In TMJ Syndrome?

Surely stress is often a factor. People under emotional stress may unconsciously try to reduce tension by grinding the teeth at night (called "bruxing"). This creates abnormal wear and, subsequently, may interfere with alignment of the upper and lower teeth, resulting in bite problems. If stress is a contributor to the TMJ syndrome, professional counseling, as well as dental treatment, may be needed to correct the problems.

## How are TMJ Problems Treated?

If external injury can be ruled out - the problems then may possibly stem from traumatic occlusion. This *bad bite* situation can result in stress induced muscle spasms in the Temporomandibular Joint area. These muscles are used whenever you chew, talk, swallow or otherwise move your jaw. In more difficult cases, muscle relaxants may be used to ease the tension on the involved muscles. We try to do the least invasive and most reversible treatments first, and progress from there if necessary. The almost universal first step is a splint. This splint is a clear piece of plastic, which fits over the top of the teeth to keep the upper and lower teeth from touching. This eliminates the pain within two weeks 90% of the time. Some people cope well with the problem just using the splint occasionally or just at night. Sometimes we must correct the bite through adjustments by reshaping the teeth by orthodontics, or by replacing bridges and dentures. If all of these treatments fail, the final step may be some sort of surgical correction. This is a rarely used treatment.