

## Symptomatic Care for Temporomandibular Disorders (TMD)

People experiencing TMD usually have an acute inflammation of one or both joint capsules and/or inflammation of the muscles that are responsible for chewing. The problem is thus musculo-skeletal in nature, and requires removal of any causative factors, and then rest of the jaws, to allow the inflammation to subside, and then healing (and relief of symptoms) to occur. Following the conservative management program listed below will decrease symptoms and enable healing to occur in the majority of individuals.

### **REST:**

During the initial phase of treatment, particularly if symptoms are acute, stay on a soft diet. If a food is too chewy, or very sticky, then you should avoid it. (Please see associated sheet on soft diets).

When the symptoms start to improve you may gradually resume eating more substantial foods, however you should cut all food into very small bite-size pieces and do not open your mouth any wider than the thickness of your thumb. The aim is to do most of the chewing out of the mouth!

Do not eat hard crusts of bread, tough meats, raw vegetables, or any other food that requires prolonged chewing. Avoid chewing gum or lollies completely.

The other aspect of resting the joints and muscles is to limit speaking. This means limiting discussions at home or on the phone. If your work requires you to do a lot of speaking, we can provide you with a Medical Certificate to explain this requirement to your employer. Remember, it is only a short term requirement for the next 14 days or so, not indefinite!

### **ANTI INFLAMMATORY MEDICATION:**

Aspirin is the drug of choice (unless medically contraindicated) for inflammation of any joint so you should initially take two 325 milligram tablets (total of 650mg) and then one aspirin tablet every six hours or as directed. You should do this for two weeks. As symptoms improve, you may reduce the amount of aspirin you take. Alternatively you can take Nurofen (Ibuprofen 200mg), 4 times per day. Aspirin and Nurofen may cause stomach upsets and should be taken with plenty of water or food. They should not be taken if you have a stomach ulcer, Asthma, or if you are already on another form of anticoagulant therapy (e.g. warfarin). If you have any concerns, please consult your Medical G.P. or Physician and ask them for another anti-inflammatory medication that is safe for you to take for two weeks. Voltaren Gel applied topically to the skin above the joints and muscles may help, though there is little research on this as yet. **DO NOT CONSUME ALCOHOL WHILST ON ANY OF THESE MEDICATIONS.**

The aim is to ensure a blood serum level of anti-inflammatory drug is maintained for at least 2 weeks, so the medication you use must be taken 6 hourly, not merely when you feel symptoms are worse.

### **MOIST HEAT**

Moist heat applied to the area around a painful joint or painful muscle will provide more relief than dry heat. It also aids blood flow to the area to speed up healing.

There are many methods. One is to fill a washbasin with water as hot as the skin can stand and soak two large towels in it. Take one out, wring it out, and apply it to the painful area. When the first towel cools, apply the second towel. A second method is to carefully use a microwave oven to heat the towel. A third method is to buy a commercial moist-heat pad. This procedure should be done for 20 minutes up to three times per day allowing at least a 20-minute interval between applications.

# perfect smiles

## **DISENGAGEMENT:**

One of the most important steps in breaking the habit of clenching and grinding your teeth together, is to keep the teeth apart. During the day you must make a conscious effort to separate your teeth. This simple step will relax the very muscles that have become tense and taut, as well as permitting a more normal positioning of your jaw joints. Remember that the only time your teeth should touch is during swallowing and chewing. Your teeth should actually be apart at all other times of the day.

## **NIGHT GUARD:**

When you are asleep, it is not possible to control the position of your teeth, and many people will clench or grind in their sleep. This additional muscle and joint activity may completely counteract the beneficial effects of the steps described above, and so you may not see much if any improvement, if you are grinding at night time.

To assist, we can make you a night guard which you place over your top teeth before going to sleep. When used correctly, the guard will limit or sometimes completely stop any night time grinding and clenching.

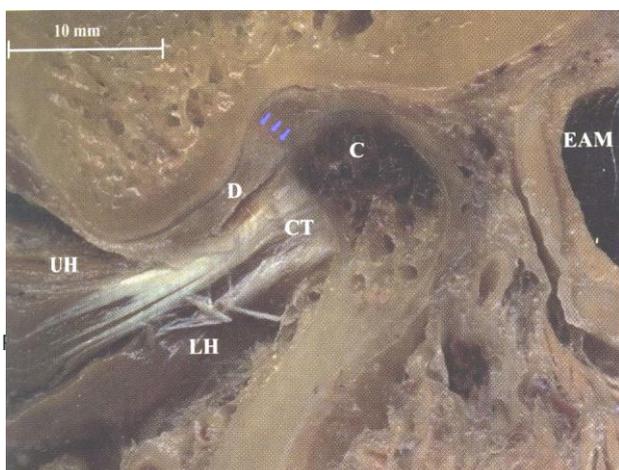
## **ADJUNCTIVE THERAPY:**

As the TMD is a musculoskeletal condition, you may benefit from seeing a specialist in this field. Accordingly, if you are not seeing enough improvement by adhering to the regime described above, or if you would like to “jump start” your care program, then please advise us so that we can arrange to refer you to a Head and Neck Physiotherapist. The Physiotherapist will be able to further assist by rendering treatments such as Ultrasound, Tens, I.R., manipulation and exercises.

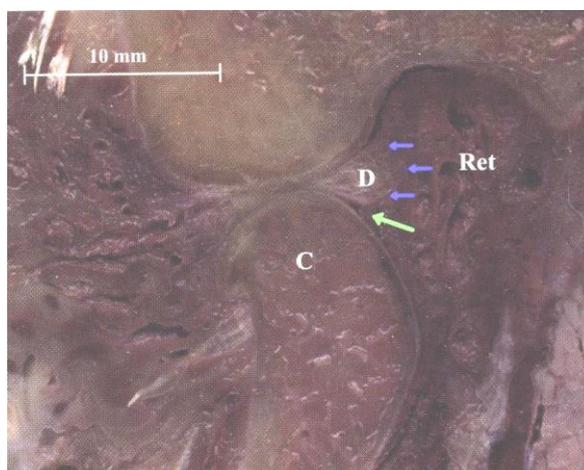
## **SUMMARY:**

The above treatment regime is designed to be applied diligently for 2 weeks. Most people experiencing TMD symptoms will benefit significantly from these conservative self-care procedures and after two to three weeks of consistent and deliberate action, the majority of patients will report significant or even total relief of symptoms. Once symptoms begin to improve, most people slowly ease back into a normal diet, and begin to limit the use of heat, anti-inflammatories and their night guard. If you experience a “flare-up”, you will know how to revert back to these treatment methods to slowly nurse yourself back to a symptomless state.

Occasionally, some patients fail to respond and further care from a Physiotherapist specializing in the Head and Neck, and then some minor surgical intervention may become indicated. You are of course welcome to return to see us at anytime for a review to monitor your progress.



A cross-sectional view of a real T.M. Joint, showing the ball head of the jaw (c) in its normal position, but with the disc (D) displaced forwards. This patient would have had a click in their joint.



A cross-sectional view of a real T.M. Joint, showing the ball head of the jaw (C) in a forwards position, indicating the jaw is opened. The disc (D) is in its correct location and this patient would not have had clicking.