
Treatment Modalities

After diagnosing the problem, a variety of treatments may be recommended. Initial phases of treatment are aimed to eliminate the TMJ Pain—the symptoms resulting from the actual problem. In the second stage, the actual treatment to correct the problem is implemented. Various TMJ treatments are explained briefly below.

Occlusal Equilibration

In occlusal equilibration, the tops of the teeth are reshaped. This is done to alleviate pressure on individual teeth. The reshaping procedure has been found to be the solution for many conditions which cause discomfort in the head, neck and shoulders and breakdown of the dental structures.

Occlusal equilibration can be likened to a pebble in your shoe. When there is an irritant present (the pebble), your foot automatically adapts to the pebble—e.g. you may walk with a limp. With malocclusion, an existing interference (as with a tooth too high for comfort), the jaw also adapts to the particular uncomfortable tooth fit. During equilibration, the irritant (too high of a tooth) is reshaped for a better fit.

Occlusal Restoration

Occlusal restoration involves the replacement or reconstruction of teeth in addition to the reshaping procedures (which eliminate high spots on the teeth), thus allowing the face and jaw muscles to relax.

Splint/Jaw Repositioner Appliances

Splint/jaw repositioning appliances are not only used in diagnosis, but they are also used as treatment to temporarily eliminate the bite disharmony and resulting pain. Then, during the second stage of treatment, orthodontics, crowns or equilibration may be recommended to build the bite to a permanent, health relationship.

Muscle Stimulation/Ultrasound

Muscle stimulation and ultrasound therapy may be prescribed to alleviate the pain before and during the actual treatment procedure.

Early Treatment is Important

The importance of early treatment cannot be overstated. TMJ problems can advance in stages and grow progressively worse. Thus, a minor problem now could become a major source of pain in the future. Additionally, chances of successful treatment increase substantially the earlier treatment is accomplished.

Insurance Coverage of TMJ Treatment

Many people who have TMJ syndrome are reluctant to obtain treatment because they are afraid they will be unable to afford the expense. However, with the expansion of TMJ knowledge and treatment, the field of TMJ is being more widely recognized and it is thus easier to obtain insurance coverage.

Although dental insurance provides limited coverage, other types of coverage are now available. Since the TMJ treatment approach often involves standard medical procedures, insurance coverage for necessary TMJ treatment is becoming more commonly obtainable through health insurance.



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TMJ Pain



Dizziness, Earaches, Face, Head, Neck,
Shoulder and Back Pain.

Understanding the Cause and the Cure

TMJ Dysfunction

Many people suffer from dizziness, earaches, face, head, neck, shoulder and back pain, without knowing the cause of their pain. Previously, many patients seeking medical cures for these types of problems were told it was “all in their mind.” They would go from “specialist” to “specialist” seeking a cure. Then after years of unsuccessful treatment, they learned to live with the pain, usually with the aid of over the counter drugs, mainly aspirin.

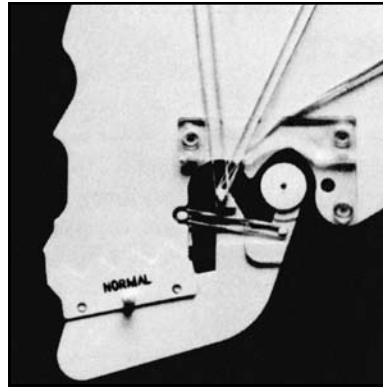
Today, however, it is now known that a condition termed TMJ (temporomandibular joint) syndrome accounts for a large number of these previously uncured and painful ailments. The above types of pains are symptoms of the syndrome—not the problem itself. Correcting the problem rather than the symptom is at the heart of TMJ treatment.

Today, with new knowledge and technology, dentists are able to diagnose and treat TMJ problems which previously have been overlooked. Additionally, the medical profession is becoming more aware of dentistry’s involvement and physicians are referring patients to dentists knowledgeable in TMJ treatment.

Malocclusion and the Temporomandibular Joint

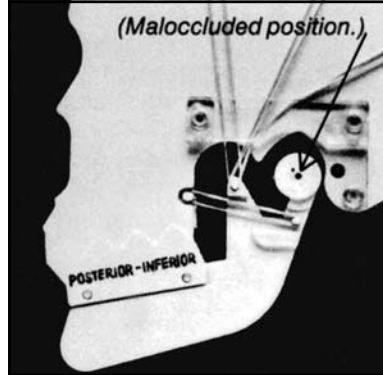
Your jaw joint, which holds your lower jaw in place, is suspended beneath your skull by an intricate system of muscles and tendons. The jaw joints, also known as the temporomandibular joints (TMJ), are some of the most complex in the body. The jaw joint, surrounding muscles, and the fit of your teeth are closely interrelated, each affecting the other as you make everyday jaw movements such as speaking and chewing.

The way your teeth fit together is called Occlusion. When your teeth are not in proper relation to each other and to you jaw joints, the jaw automatically shifts to a new position in an attempt to compensate for the misalignment of your teeth—a condition known as malocclusion (teeth do not fit together properly).



Ideal occlusion is when the teeth fit together in a comfortable relationship and there is no need for the jaw to reposition itself in order to avoid pain and muscle discomfort.

When malocclusion exists, even what looks like a good bite could be at the expense of putting pressure on other jaw joint areas as the jaw shifts to accommodate the teeth. Symptoms of misaligned teeth may be clenching, grinding, premature tooth wear, stress on the muscles and tendons, some of which may occur during sleep. Results of these symptoms are headaches, and muscular aches and pains in the face, neck, shoulders and back, dizziness, earaches, ring in the ears and many other problems.



With malocclusion, in order to achieve closure and avoid pain, the jaw shifts to accommodate the teeth causing stress in and around the jaw joint and muscles.

In addition to these common conditions which often (but not always) relate to malocclusion and cause pain in and around the temporomandibular joint, there are other conditions which can affect the function and comfort of this joint and the total body health. These conditions include disease, nutritional deficiencies (e.g. gout), tumors, trauma and infections.

Diagnosing the Problem

Before prescribing the proper treatment for your particular problem, a variety of diagnostic procedures may be necessary. A radiograph (x-ray) may be taken of your jaw joint. This provides a clear picture of your own particular TMJ anatomy and position of the various structures within the jaw joint. The visual radiograph is also used as a means for detecting disease in the jaw joint.

Jaw repositioners may be used. These appliances are worn for a given period of time. The appliance is refined and adjusted until it eliminates the bite disharmony and pain. In this way, the bite need to be permanently altered until the problem is accurately diagnosed via the splint and other procedures. Permanent treatment would then be prescribed to duplicate the effects of the appliance, e.g. equilibration or occlusal adjustment, orthodontics or restorative procedures such as crowns.

In order to study the relationship of the patient’s teeth and joints, it is necessary to see how the joints guide the jaw without interference from the reflexes and muscles which are always accommodating to the fit of the teeth. To do this a record is taken measuring the relationship of the teeth to the jaw. Once this record of the joint guidance is taken, it can be reproduced on an instrument called an articulator, which simulates your own particular jaw movements and bite relationship. Then without interferences from reflexes and muscles, the bite can be studied for disharmonies and other interferences. Necessary restorative procedures—crowns and bridges may be built outside of the mouth, analyzed on the articulator and later positioned accurately in the mouth allowing proper fit and function.

Using instrumentation such as this saves you time and discomfort as it eliminates the need to sit in the dental chair while the fit and function is being adjusted.