

### Causes of TMD

Functional - extra-articular (muscle imbalance - Trps in masticatory muscles)

Structural - intra-articular (tears of the disc, arthritis) - TRUE TMD

Psychological factors - Bruxism

Occlusal disturbances

### Risk Factors

Female

Bruxism

Gum Chewing

Jaw Play - stretching/moving jaw alot

Arm leaning

Somatisation

Life Dissatisfaction

Negative Psychological symptoms

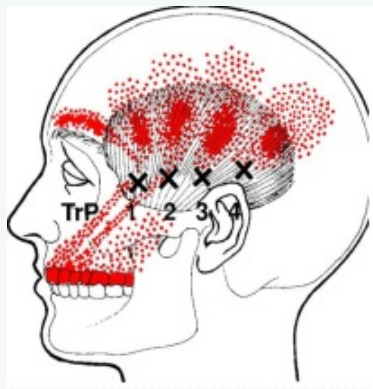
### Muscles of Mastication + Trigger points

#### Masseter



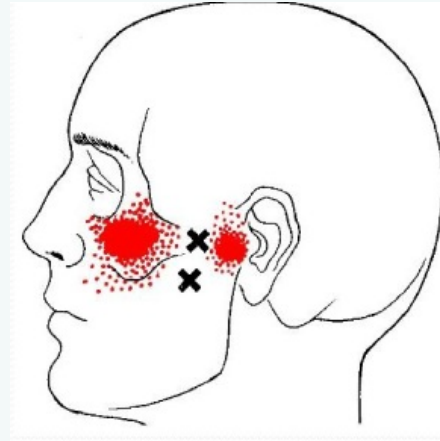
Elevates Mandible

#### Temporalis



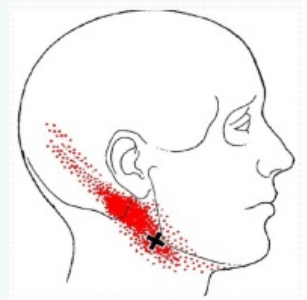
Attaches onto coronoid process - Elevates mandible

#### Lateral Pterygoid



Protrusion + Anterior translation of disc condyle - activates too early in opening of the jaw in TMD. Intraoral TrP therapy

#### Digastric



Depressor - posterior draw/stabilisation of the TMJ  
Underactive in TMD

#### Muscles imbalances

Tight	Weak
<b>Elevators &amp; Protruders</b>	<b>Depressors &amp; Retractors</b>
Masseters	Digastric
Medial & Lateral Pterygoid	Suprahyoid muscles
Temporalis	

#### RED FLAGS

New/Abrupt onset of pain >50y

Progressively severe

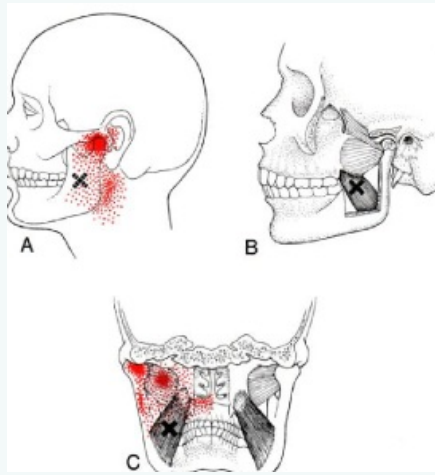
Sleep loss due to pain

Systemic symptoms

Neurological S&S

Trauma

## Medial Pterygoid



Elevates Mandible - forms a tendinous sling around the angle of mandible, Trp work done intra-orally

C

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Page 1 of 3.

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### Examination

#### Rule out other pathologies

Dental pain

Neck Pain + headaches

Clicking

ROM

Bruxing

Parafunctional habits

Ear disorders

Hx of trauma (Transient capsulitis)

#### Physical Exam

ROM (normal = 45-55mm)

Movement patterns

Condylar exclusion

Centric relation test (pain in joint = intra-articular pathology)

Palpate muscles of mastication

Occulsion/dentition

Cx spine - look for upper crossed

### Management

#### Advice:

Soft diet

Avoid Stimulants

Keep lips together, teeth apart + tongue up

Upright posture - head retracted

Chew bilaterally

Avoid gum chewing & grinding

Avoid prone sleeping

Avoid excessive mouth opening, lip biting, self manipulation, jaw stretching, fingernail biting

#### Treatment

NSAIDs/Paracetamol

SMT, Mobilisation of the TMD

Release tight muscles (PIR, TPT, MFR)

Stabilisation exercises

Correction of posture

#### Advanced

Splint therapy

Relaxation therapy

Acupuncture

Special Imaging

Occlusal therapy

### Joint disturbances

#### Anterior Disc Displacement

Recapture of an anteriorly displaced disc

Causes - clicking + lateral deviation

Sometimes, condyles cannot recapture the disc - reduced ROM

OA

RA

Occlusal imbalance

Disc tear/crack

#### Causes of Bruxism

Sleep Apnoea (Dry mouth causes teeth grinding to create saliva)

Alcohol and stimulants

Tobacco

Stress/Anxiety

Sleep disturbance

Abnormal occlusion

#### Normal/abnormal movement patterns

##### Normal

Tip of chin moves in a continuous, smooth line

Goes inferiorly & Posteriorly

##### Abnormal

Tip of the chin - moves in a non-smooth, non-continuous line

Protrusive movement/lack of posterior glide

