

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

Occulusal disturbances

Risk Factors

Female

Bruxism

Gum Chewing

Jaw Play - stretching/moving jaw alot

Arm leaning

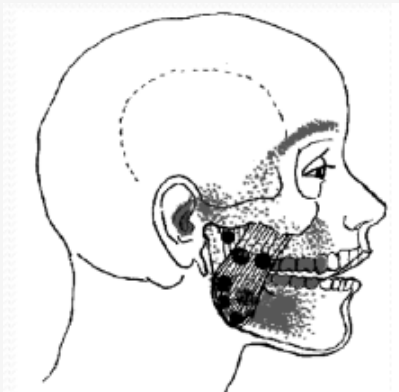
Somatisation

Life Dissatisfaction

Negative Psychological symptoms

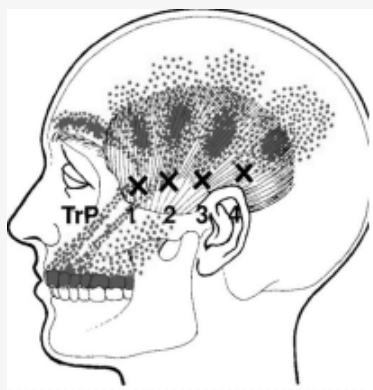
Muscles of Mastication + Trigger points

Masseter



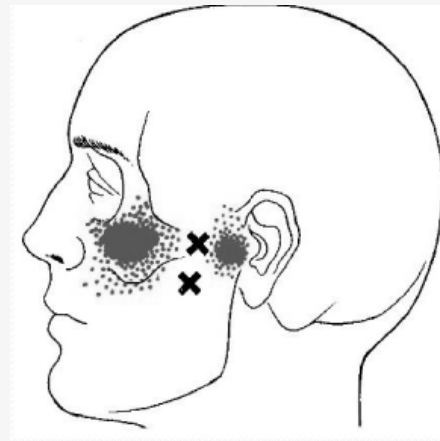
Elevates Mandible

Temporalis



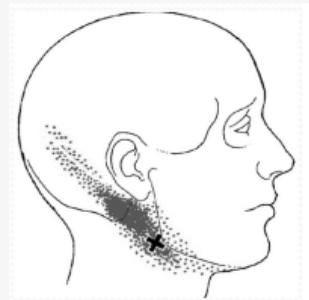
Attaches onto coronoid process - Elevates mandible

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

Elevators & Protruders

Depressors & Retractors

Masseters

Digastric

Medial & Lateral Pterygoid

Suprahyoid muscles

Temporalis

RED FLAGS

New/Abrupt onset of pain >50y

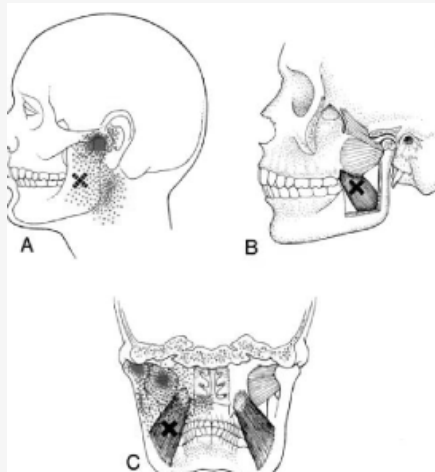
Progressively severe

Sleep loss due to pain

Systemic symptoms

Neurological S&S

Trauma



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

C

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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:	Treatment
Soft diet	NSAIDs/Paracetamol
Avoid Stimulants	SMT, Mobilisation of the TMD
Keep lips together, teeth apart + tongue up	Release tight muscles (PIR, TPT, MFR)
Upright posture - head retracted	Stabilisation exercises
Chew bilaterally	Correction of posture
Avoid gum chewing & grinding	Advanced
Avoid prone sleeping	Splint therapy
Avoid excessive mouth opening, lip biting, self manipulation, jaw stretching, fingernail biting	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
Occlusional 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	Abnormal
Tip of chin moves in a continuous, smooth line	Tip of the chin - moves in a non-smooth, non-continuous line
Goes inferiorly & Posteriorly	Protrusive movement/lack of posterior glide

