Dr. Mark Saracino
Board Certified
Chiropractic Neurologist

1150 First Avenue, Suite 120
King of Prussia PA 19406-1341
610 337 3335 voice
610 337 4858 fax
Mark.Saracino1@juno.com
www.DrSaracino.com

Chiropractic Neurologic Management of Temporomandibular Joint Syndrome: Part Two-Treatment

This, the second and final part of a series, discusses treatments and referral recommendations for temporomandibular joint syndrome (TMJ).

Primary Presentation

Painful chewing, often found and the most salient feature of TMJ should be treated palliative with rest until a final diagnosis is rendered. Ask the patient to chew on the other side of the mouth and perform home contrast therapy. Apply moist heat for 2 minutes followed by a refrigerator-chilled soft cold-pack for thirty seconds, repeating hot then cold, until the pain abates. Cold therapy should be applied when the pain is moderate. Severe pain and/or locking of the jaw require emergency care.

Secondary Presentation

Greater auricular nerve irritation, and the posterior mastoid fossa congestion caused by suboccipital muscular hypertonicity, is the most commonly reported symptom and palpated area found in chiropractic neurologists' offices especially as they relate to headache, neck, and/or face pain.

Methods

If the patient is not able to visit a specialist for a custom orthotic, an athletic mouth piece can be used temporarily and worn at night. In mild and moderate cases after displacement of the disc is ruled-out, home therapy should include, circular and figure-eight range-of-motion exercises. Ask that they be performed 10 repetitions in each direction twice a day.

Use a gloved-hand to insert lateral to the upper molars to locate the anterior aspect of the joint, masseter, proximal aspect of the lateral pterygoid and distal aspect of the medial pterygoid muscles. Apply light pressure atop the most sensitive trigger-points until the pain diminishes. It usually takes 10-15 seconds for a painful point to diminish. Apply very light pressure just enough to stimulate the pain response. Advise patients, in advance, that the various points will feel sensitive, and they should feel and report the pain diminishing promptly.

Externally, digitally palpate the posterior aspect of the TMJ, posterior mastoid fossa (where the greater auricular nerve transverses), temporalis, masseter, and insertion of the medial pterygoid. They, too, will likely produce that same kind of sensitivity as the internal trigger-points.

Difficult Cases

I do not suggest treating the digastricus, platysma and cervical anterior triangle muscles, and crepitus of the thyroid cartilage reported during swallowing as these tissues require special palpatory and neuromuscular therapy skills. For example, the stylohyodius, stylothyroidius, hyothyroidius must be relaxed prior to laterally deviating the thyroid cartilage for one to treat the longus coli. If the subclavius and first rib ARE involved, I suggest a referral to a chiropractic neurologist, a sub-specialist within the specialization of chiropractic, who performs extensive soft tissue therapy. The American Chiropractic Neurology Board's web site www.ACNB.org is a good source for finding a doctor near you.

Mark Saracino, DC, DACAN
1150 First Avenue, suite 120
(Adjacent to the Valley Forge Casino)
King of Prussia, PA 19406 1341
Diplomat American Chiropractic Academy of Neurology
www.DrSaracino.com