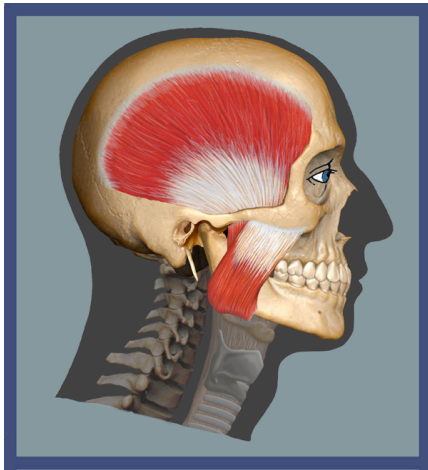


Managing Your TMJ Disorder and Facial Pain



Presented by

TMJ Oregon

Exercises to Increase Mouth Opening

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The findings of your history and examination were consistent with the diagnosis of a TMJ disc displacement, with the articular disc located forward or ahead of the normal position. (Fig. 4) Adhesions or bands of scar tissue may have developed, preventing the disc from moving freely in the jaw joint socket. When this happens it can limit how wide you can open your mouth. The objective of this exercise is to gradually increase your mouth opening.

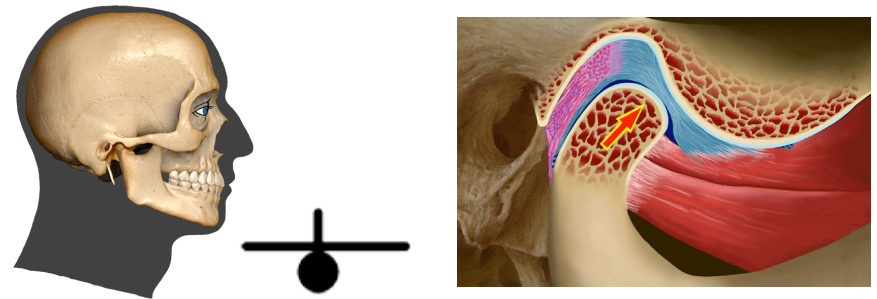


Fig. 1 — No Movement

Normal jaw opening is a combination of rotation and sliding movements of the head of the jaw bone (condyle) (Fig. 1, 2 & 3). The initial phase of movement is primarily rotation (Fig. 2), followed by sliding forward of the condyle and the articular disc (Fig. 3).

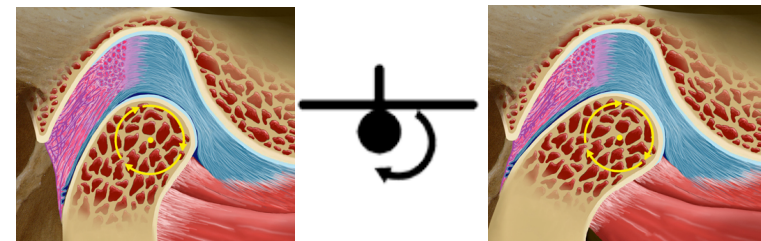


Fig. 2 — Rotation

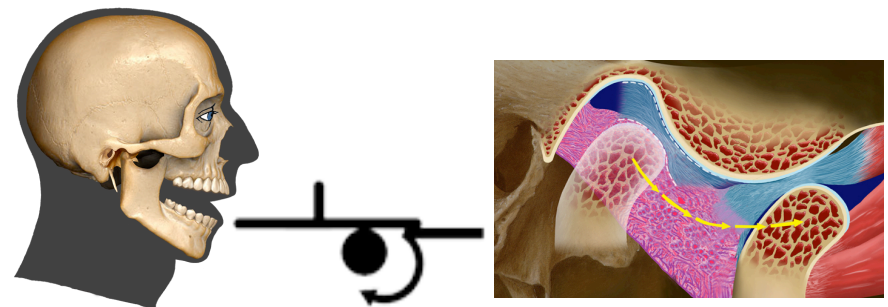
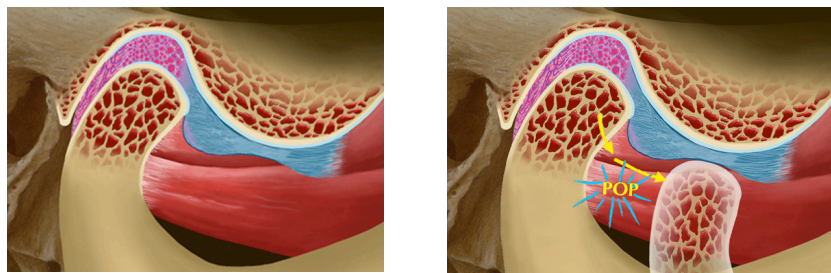


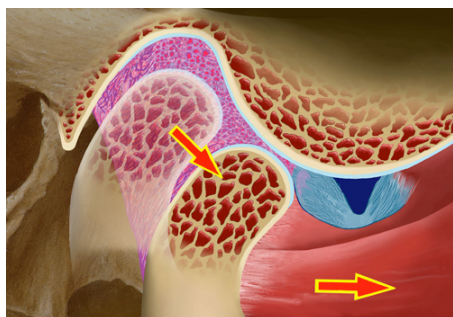
Fig. 3 — Wide Open - Rotation with Sliding

In your situation, when you attempt to open wide, the head of the jaw bone does not easily slide onto the displaced disc. If the condyle does travel onto the disc, a loud click or pop may occur, sometimes accompanied by pain (Fig. 4).



**Fig. 4 — Articular Disc Displacement
A Click or Pop on Opening**

However, at times the condyle does not travel onto the disc and this results in a limited opening and causes strain on the ligaments (Fig. 5).



**Fig. 5 — Articular Disc Displacement
Locking (Non-reducing)**

This exercise will improve the coordination of your jaw muscles as the condyle moves forward onto the displaced disc. If adhesions are present, the repetitive, controlled sliding movement of the condyle over the disc should stretch the adhesions.

This exercise reverses the normal sequence of jaw movement by having you first **slide your lower jaw forward** and then **rotate** your jaw open. To start the exercise, separate your teeth slightly so that they will not be in contact as you slide your chin as far forward as you can. Hold your lower jaw in this far-forward position for **5 seconds**, even if you feel strain in your muscles or mild discomfort in your jaw joint.

Maintaining this far-forward position, now **slowly rotate your jaw open** as wide as you can, stopping before any clicking occurs during this rotation. When you have achieved full mouth opening, or have stopped just before the click occurs, hold your jaw in this position for **10 seconds**. Now slowly close, **maintaining your jaw in this forward position as you close**. Keeping your jaw forward, slowly repeat **10 open-close cycles in this forward position**.

Repeat this series **3 times per day**. Before meals is a good time to do the exercise as it will loosen up your jaw prior to chewing. However, this exercise can easily be done when reading, driving, or watching TV.

Depending upon the location and shape of your articular disc, you may not hear any sounds during this exercise. In some cases the clicking will occur while sliding your jaw forward, and this is okay.

If you feel a sharp, shooting pain near your ear while you are doing the exercise you should stop. If you hear jaw joint **grating or grinding sounds** or **experience sudden jaw locking** while exercising, stop until you have discussed the situation with us by telephone or at your next office visit.

Anticipate mild discomfort while you maintain the wide-open position for the 10 seconds. If discomfort does occur, apply moist heat and massage over the sore areas.

It may be several weeks before you notice any improvement, but over time you should be able to open wider without discomfort. Continue doing the exercise for at least three months, and then if your condition improves to your satisfaction, stop the exercise. If you notice a return of limited mouth opening, you should start the exercise again.

This exercise will not bring the articular disc back into its normal position, as this can only be attempted using surgery. If your condition worsens over time you might benefit from arthrocentesis, a flushing procedure to remove tissue breakdown products from the joint space and reduce inflammation. Removal of adhesions can also be done arthroscopically, utilizing a very thin, flexible camera guided into the joint, followed by instrumentation. At the end of these procedures, some surgeons flush the joint with steroids. Both arthroscopy and arthrocentesis require sedation or a general anesthesia. Both have comparable postoperative complications, and are not risk-free procedures, but involve less risk than “open jaw joint surgery” (arthrotomy or arthroplasty). These are all treatment options if your jaw opening and pain does not improve.