



7 Insights on TMD

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The TMJ is a bilaterally hinged joint that is designed to move equally, evenly, and smoothly on both sides. TMJ dysfunction results in uneven force load distribution throughout this complex joint. This can result in a multi faceted symptom presentation and possible need for referral. The approach we use at Norton Chiropractic Wellness Center has been in development for over 15 years and our clinical goal is restoring the neurobiomechanical function of the TMJ and cervical spine, which may have occlusal or dentition consequences. Concurrent care with the referring provider is necessary.

The 5th (Trigeminal) Cranial Nerve, Mandibular branch supplies sensory (teeth, gums of the mandible, skin of the temporal region, lower lip, lower part of face, anterior 2/3 of the tongue) and motor (Masseter, Temporalis, Int. and Ext. Pterygoid muscles) innervation.

1. Abnormal biomechanics of the TMJ can affect the Eustachian tube, resulting in the inability to equalize the external and middle ear pressure, chronic infection, and severe discomfort flying or SCUBA diving.
2. Hyper-extension – Hyper-flexion injuries (Whiplash) ALWAYS affect the TMJ's function.
3. TMD can result in pain referral patterns to the head, base of skull, cervical spine, face, and shoulder muscles... cervical spine dysfunction may mimic or co-mingle in this pain referral pattern.
4. The true (virtual) axis of TMJ motion is not at the joint itself due to the translation of the condyles and the disc. The axis of TMJ motion is commonly at the C1 – C2 lamina pedicle junction.
5. The Stylomandibular ligament runs from near the tip of the styloid process of the mastoid to the posterior angle of the mandible and limits anterior extension. This ligament may be strained/sprained (Ernest or Eagle's syndrome) by opening the mouth too widely or trauma.
6. There are 5 common misalignments or aberrant motion patterns for the TMJ: anterior extension, superiority, laterality, posteriority, and anteriority. Any combination of these can manifest on either side or bilaterally. Our protocol is able to assess and correct, to as near normal as possible, each of these adaptive patterns.
7. Differential Diagnosis might include: mastoiditis, tooth abscess or infection, osteomyelitis, occipital neuralgia, cervical spine dysfunction, stylomandibular strain/sprain (Ernest or Eagle's syndrome), and temporal tendonitis.