The initial treatment for TMJ (temporal-mandibular joint) disorders usually involves resting the jaw and eating a soft consistency diet. Along with this, there are a number of non-surgical treatments that may be indicated. These may include some or all of the following:

1. Medications (non-narcotic and not habit forming)
   a. Non-steroidal, anti-inflammatory medications (e.g., Motrin, Advil, Naprosin)
   b. Muscle relaxant medications (e.g., Parafon Forte DSC, Soma, Flexeril)

2. Physical therapy for treatment of the muscles around the joint. Note that physical therapy has not been successful in treating disorders inside of the joint (internal derangements).

3. Stress management

4. TMJ splint therapy. It is important to note that the splint must be properly designed and balanced.

5. Treatment of acquired jaw habits of clenching or grinding the teeth. These acquired habits are usually stress induced and may require stress management or hypnotherapy.

It is important to note that the great majority (more than 95%) of TMJ disorders are successfully treated with non-surgical treatment. However, there are a small number of cases that require surgical treatment to resolve TMJ symptoms.

TMJ disorders that are not resolved by non-surgical treatment may require surgery. Surgery may be considered only for TMJ disorders that are intracapsular (inside of the joint) and symptomatic with pain and/or jaw dysfunction. There are three types of TMJ surgical procedures.

The first is a **TMJ lavage**. This is a hydraulic distension and flushing of the joint with sterile saline and/or mobilization of the joint. If the disc has become adhered (stuck) to the fossa surface or locked for a short period of time, this procedure may remobilize the disc. Lavage is an office procedure performed under intravenous sedation, which may be used to decrease discomfort and inflammation.

The second is Arthrocentesis. This procedure consists of irrigating the jaw joint and is the least invasive TMJ surgery. It is performed in a few minutes in the office while you are under general anesthesia. It is a treatment indicated for sudden-onset, closed lock cases (restricted jaw opening), when there has been no significant prior history of TMJ problems. It involves inserting needles inside of the affected joint and washing out the joint with sterile fluids. On some occasions, the procedure can also include inserting a blunt instrument inside of the joint. The instrument is used in a sweeping motion to remove tissue.
adhesion bands and to dislodge a disc that is stuck in front of the condyle (ball) inside of the joint. You may feel nauseous from the anesthesia when you first wake up, and you will probably experience some swelling. If your jaw pain goes away after arthrocentesis, the surgery was a success. If the pain does not subside, more invasive procedures are probably necessary.

The other types of TMJ surgery are arthroscopy and open TMJ surgery. **Arthroscopy** is a surgical technique that is much less invasive than open TMJ surgery. The procedure requires very small skin incisions of about one-quarter of an inch instead of the 2 to 3-inch incisions that are used in open TMJ surgery. Arthroscopy also has been associated with fewer complications than with open TMJ surgery, and it requires a shorter time in the hospital (day-care surgery only). TMJ arthroscopy is performed with a smaller version of the sophisticated instruments that have revolutionized knee surgery during the past three decades. The results of TMJ arthroscopy have been very rewarding, with a high success rate, minimal complications, and short recovery times.

This procedure is usually done in a hospital setting and requires general anesthesia and is routinely done on an outpatient basis. Most TMJ derangements can be treated by arthroscopic surgery. Adhesions and scarring may be removed to increase joint mobility. If the disc is displaced, causing painful popping or locking, a repositioning procedure can be accomplished arthroscopically. Until the last several years, this required an open joint procedure but with the current state of the arthroscopic "art", many disc repositioning procedures including suturing of the disc itself, are performed without open surgery. In cases of more severe degeneration such as torn discs, discs with holes worn in them, or arthritic and generative joints, arthroscopic surgery is highly effective. This procedure requires a small 2mm incision over the joint and in front of the ear. Through this incision, the arthroscope is inserted into the joint space. Additional needles may be placed to perform the necessary procedures.

Post-operative instructions will be given to you by your doctor regarding care of your incisions, suture removal, diet, physical therapy and medications. Medication will be given for pain control, muscle relaxation, and prevention of infection. Additionally, postoperative physical therapy is an integral part of the rehabilitation after treatment. Doctors are always on-call for problems or questions and a post-operative appointment is usually scheduled 1-5 days after the procedure.

Your physical therapy experience will consist of a four-stage rehabilitation protocol currently used by the authors in the physical therapy management of a postarthroscopy TMJ patient with a diagnosis of bilateral capsular impingement and adhesions. Stage I exercises are started in the recovery room to maintain mandibular mobility. Stage II exercises consisted of hands-on and take-home stretching exercises. Stage III and IV exercises are provided by your physical therapist to improve muscular function. After a month patient's are usually discharged from physical therapy with full range of motion and diminished pain and headaches. At 1-year follow-up, the patient demonstrated full range of motion without pain, further treatment, or medications.


**Postarthroscopy physical therapy management of a patient with temporomandibular joint dysfunction.**

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Source
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